

[Report 1972] / Medical Officer of Health, Lampeter Borough.

Contributors

Lampeter (Wales). Borough Council.

Publication/Creation

1972

Persistent URL

<https://wellcomecollection.org/works/db9h6nxf>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

BOROUGH OF LAMPETER

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT 1972



MEDICAL OFFICER OF HEALTH:

W. J. St. E.-G. Rhys, M.A., M.B., B.S., B.Sc., M.R.C.O.G., D.P.H., M.F.C.M.

PUBLIC HEALTH INSPECTOR:

J. Y. Anderson, M.A.P.H.I., M.B.S.H.

THE UNIVERSITY OF CHICAGO

LIBRARY

OF THE



1900

THE UNIVERSITY OF CHICAGO

LIBRARY

OF THE

(i)

BOROUGH OF LAMPETER

Mayor 1971/72

Councillor A. E. Young

Mayor 1972/73

Councillor Mrs. J. I. Lewis

The Council consists of sixteen members including
the Mayor

HEALTH AND HOUSING COMMITTEE

Chairman 1971/72

Councillor Mrs. C. F. Barton

Chairman 1972/73

Councillor F. Samuel

Town Clerk: D. Llewelyn Evans, Esq.,
Town Hall,
LAMPETER.

Telephone: Lampeter 426

MEMBERS OF COUNCILMayor 1972/73

Councillor Mrs. J. I. Lewis

Mayor 1973/74

Councillor A. E. Young

The Council consists of sixteen members including
the MayorCHAIRMAN AND VICE CHAIRMANChairman 1972/73

Councillor M. Samuel

Chairman 1973/74

Councillor Mrs. C. T. Barton

Town Clerk: D. H. H. Evans, Esq.,

Town Hall,

1972/73

Telephone: 4470

To The Mayor, Aldermen and Members of
Lampeter Borough Council

PREFACE

I have pleasure in presenting the Annual Report of the Public Health Department for 1972.

The number of live births registered during the year was ten, representing a decrease of six from the figure for the previous year. There were no registered stillbirths and no infant deaths. No woman died as a result of pregnancy, childbirth or abortion.

The number of registered deaths was thirty-four, a decrease of four from the figure for the previous year. Twelve people died of heart disease, seven of cancer and five of 'stroke'.

No unusual notifications of infectious diseases were received during the year. No new case of tuberculosis was notified and no person died of the disease. In order to trace all contacts of a notified case of tuberculosis, the Department works in conjunction with the local chest physician.

It was hoped to incorporate in this Annual Report for 1972, an analysis of the Vital Statistics for 1973 as well, but it has now become obvious that the Office of Population Censuses and Surveys will be unable to supply the basic information necessary for any assessment, before this Council ceases to exist as such.

Consequently this is the last Annual Report I shall have the pleasure of presenting as your Medical Officer of Health. I have attempted over the years to draw your attention to various problems affecting the public health, and on

this last occasion I would like to highlight some of those problems that are likely to be encountered in the future, against a backcloth of those that occurred in the past.

Let us then look at the conditions existing in Britain when the first Medical Officers of Health were appointed in the middle of the last century. By 1850 the Industrial Revolution was complete, and whereas in 1780, about 75 per cent of Britain's population worked on the land, by 1850 only 40 per cent did so; the rest worked in factories and existed in the disgraceful conditions brought about by the Industrial Revolution. Mothers and children slaved in industry, and many families occupied one small room, in which children witnessed birth, death and the horrors of Smallpox. Pauper children were sent by the cartload to work for 15 hours a day, 6 days a week as cheap labour in industry, and were kept in barracks near the factories.

The fear of infectious disease was real - in 1849 there were 53,000 deaths from cholera in this country. The official social conscience was nonexistent, as evidenced by the Andover Scandal in 1845, and the treatments carried out in the name of medicine and surgery are best left untold.

Against this backcloth of squalid life and merciful death, where at least 200. and often 250 children out of 1,000 born were due to die before their first birthday, and people did not hope to live beyond the age of forty, was set up the first Public Health Act of 1848, and Sir John Simon was appointed the first Medical Officer of Health of London. No one, before or since, has done more for the health of this country. The broad social outlook of his reports, the part he played in reforming the training of doctors and the methods used in the General Register Office are witnesses to the comprehensiveness of his approach to the problems of the public health. From the £2,000 a year he

received for his investigations has grown the whole organized system of medical research in Britain. He set up a Royal Sanitary Commission and for the first time emphasis was laid on prevention of pollution of water, cleanliness of dwellings, disposal of refuse and smoke, inspection of food, the burying of the dead without injury to the living and registration of sickness and death.

The introduction of compulsory education in 1871 meant that young children could no longer be sent out to work to earn money, but had to be maintained by their parents until school-leaving age - as a result the birth rate (35 per 1,000 population in 1871) started to fall and, apart from a rise associated with the second world war, has continued to fall each year ever since, until in 1972 it was only 15 per 1,000 population. However during this hundred year period the population of England and Wales has doubled from 24 million in 1871, to 49 million in 1972. This paradox is the result of the corresponding fall in infant mortality per 1,000 live births, from 149 in 1871 to 17 in 1972, and the concomitant decline in death rate per 1,000 living, from 21 in 1871 to 12 in 1972.

Slowly the reforms of the 19th century began to take effect, so that by the early years of this present century the country was ready to accept the broad social policies of Mr. Lloyd George - it is salutary to realize that the 10s. 0d. a week benefit paid to a sick man in 1911 represented a higher proportion of the average wage, and more purchasing power than the amount paid today.

The Ministry of Health was formed in 1919, and soon inaugurated maternity and child care clinics and campaigns against infectious diseases. It was almost inevitable that this medical and social reform should gain momentum, and culminate in the National Health Service Acts of 1946 and 1973.

Let us now look at some of the present and future problems against this sketchily painted backcloth of the past. One of the most important problems

Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28852643>

that will face us in the future will be the problem of old age. At the beginning of this century only 4 per cent of the population in Britain was over 65 years of age, now 13 per cent are over 65 and in 1990, 17 per cent will be over 65. It is heartening to realize that only 3 per cent of people over 65 years of age are at present in homes for the aged, the vast majority continuing to live in their own community receiving support from their families. However, as families in this country continue to get smaller and smaller, and the number of old people continues to get bigger and bigger, the real problem of loneliness in old age will loom larger and larger, as there will be fewer and fewer middle aged people to care for more and more elderly people in their own homes, and the percentage of old people in homes for the aged will unfortunately rise. However it is our duty to provide services and support to enable the elderly person, who is otherwise healthy, and wishes to spend the evening of her life at her own familiar hearth, to do so, and when her time comes, let the place be her own loved home. I use the word 'her' advisedly because women live longer than men - in fact for every 1,000 women over 75 years of age in this country in 1972, there were only 457 men.

In Cardiganshire we have already reached the projected figure, for the year 1990 in Britain, of 17 per cent of people over 65 years of age, according to a comprehensive survey carried out in 1973 by the Director of Social Services. It is interesting also to note from this survey that, according to the elderly themselves, far and away the most popular of all the services provided for them, is the Domiciliary Library Service which was inaugurated many years ago by our own County Librarian.

If the problems of ageing concern us, so also should the problems of maintaining the quality of life. Because our cities and towns are so large

they, like the dinosaurs, are nonviable, and so satellite towns are built, but these are palliative only, and so the cancer of urbanization spreads into what is left of the countryside proper, converting it into an urban slum (or 'slurb'). This has happened in the United States of America, where an area of countryside, equal in size to Britain, lying between Boston and Washington has already been converted into one enormous slurb.

The people who live in the nonviable cities and industrial towns, attempt to move away from the polluted atmosphere they have created, in order to preserve what is left of their physical health, and they move into the surrounding country villages, which they "develop" into the concrete jungles called dormitory towns, which breed not physical, but psychiatric illness, due to the complete absence of community life. The need to escape from all this, results in a recurring movement of population out from the dormitory housing estates into the unspoilt ("undeveloped") countryside, with the inevitable consequence that "development" occurs in the form of huge caravan sites and holiday villages, complete with all the paraphernalia that appears to be necessary to urban existence, as opposed to urbane living. These population movements will increasingly pose very real public health problems, as more and more hitherto unspoiled rivers and streams become polluted, and it is true to say that the Affluent Society is fast becoming an Effluent Society which is destroying our environment.

Another problem to consider is the changing pattern of disease. A hundred years ago most people in this country breathed pure air, but drank polluted water. They died of nutritional and infectious diseases, which were associated with poverty and fatigue. Nowadays most people in this country drink pure water, but breathe polluted air. They die of coronary heart disease, cancer

or 'stroke', which have been called the diseases of affluence in our car-borne, smoking, overfed, centrally heated, automated, leisure-ridden society, where boredom with its associated psychiatric disturbances, has replaced fatigue with its associated somatic disturbances.

It is interesting to speculate about the diseases of the future. The introduction of more detergents and synthetics may cause new diseases of allergy, further advances in chemotherapy may lead to the emergence of new resistant strains of disease - causing organisms, new drugs may cause new toxic states, the increasing use of new insecticides and the further sophistication of food-stuffs may lead to new metabolic diseases and ionizing radiation may cause new forms of cancer.

It is a sobering thought that good advice given many centuries ago cannot be bettered today. In the 5th century B.C., Hippocrates, the father of medicine, advised moderation in eating and drinking. Galen (130-200 A.D.) emphasized the effect of social conditions on health, and concluded that physical work short of fatigue, the enjoyment of sun and fresh air, a moderate diet and the pleasant exercise of the mind in conversation were all beneficial to health. This same advice echoes down through the centuries to us today from our own Physicians of Myddfai, who said in the 12th century "Tri chymedroldeb a barant hir oes - ym-borth, llafar a myfyrdod".

Hippocrates wrote two and a half thousand years ago "It is changes that are chiefly responsible for diseases" and this remains true today. Total environment affects disease patterns, and since we are rapidly destroying our own environment, we are in danger of becoming the cancer of our own country and destroying ourselves at the same time.

Whereas a hundred years ago, one was ill because one was poor, today one is more likely to be ill because one is rich, and there appear to be grounds now, as far as health is concerned, for advocating a mode of life which embraces a medically orientated puritanism.

A more detailed account of the work of the Public Health Department, including a portion by the Public Health Inspector, will be found in the following pages.

At Faer, Henaduriaid ac Aelodau Cyngor
Bwrdeisdref Llanbedr-Pont-Steffan

RHAGAIR

Y mae'n bleser gennyf gyflwyno Adroddiad Blynyddol yr Adran Iechyd Cyhoeddus am 1972.

Nifer y rhai a gofrestrwyd yn fyw ar eu genedigaeth yn ystod y flwyddyn oedd deg, chwech yn llai na'r nifer am y flwyddyn flaenorol. Ni chofrestrwyd un marw-anedig nac un marwolaeth baban cyn cyrraedd diwedd y flwyddyn gyntaf o fywyd. Ni fu un fenyw farw oherwydd ei bod yn feichiog, nac wrth eni plentyn, na thrwy erthyliad.

Cofrestrwyd tri-deg-pedwar o farwolaethau, pedwar yn llai na'r flwyddyn cynt. Bu farw deuddeg o glefyd y galon, saith o'r cancr a pump o'r strôc.

Ni dderbyniwyd hysbysiad anarferol o glefyd heintus yn ystod y flwyddyn. Nodwyd ddim un ddigwyddiad newydd o'r ddarfodedigaeth yn ystod y flwyddyn a ni bu farw un person o'r clefyd hwn. Er mwyn dod o hyd i bob person a fu mewn cyffyrddiad a'r achos gwybyddus o'r ddarfodedigaeth y mae'r Adran yn cydweithredu a'r arbenigwr lleol yn y maes hwn.

Gobeithiwyd cyfuno yn yr Adroddiad Blynyddol hwn am 1972 ddadansoddiad o'r ystadegau hanfodol am 1973 yn ogystal, ond bellach mae'n gwbl amlwg naall y Swyddfa Cyfrifiad ac Arolwg Poblogaeth roi'r wybodaeth sylfaenol angenrheidiol ar gyfer unrhyw ddadansoddiad cyn y daw'r Cyngor presennol hwn i ben.

O ganlyniad, dyma'r adroddiad olaf y caf y pleser o'i gyflwyno fel eich Swyddog Iechyd. Ceisiais ar hyd y blynyddoedd dynnu eich sylw at nifer o broblemau a oedd yn dylanwadu ar iechyd cyhoeddus, ac ar yr achlysur olaf hwn hoffwn amlygu rai o'r problemau y deuir wyneb yn wyneb a hwy yn y dyfodol, a meddwl amdanynt yng nghefnidir problemau'r gorffennol.

Gadewch i ni felly edrych ar y sefyllfa ym Mhrydain yng nghanol y ganrif ddiwethaf pan gafodd y Swyddogion Iechyd cyntaf eu hapwyntio. Erbyn 1850 roedd y Chwyldro Diwydiannol yn gyflawn, a thra roedd saith-deg-pump y cant o boblogaeth Prydain ym 1780 yn gweithio ar y tir, dim ond pedwar-deg y cant a wna hynny erbyn 1850; gweithiai'r gweddill mewn diwydiant a byw dan amodau gwarthus a ddaeth yn sgil y Chwyldro Diwydiannol. Llafuriai mamau a phlant mewn diwydiant, a gorfodid llawer o deuluoedd i fyw mewn un ystafell fechan lle roedd y plant yn llygad - dystion o enedigaeth, marwolaeth a'r frech wen. Cludwyd llwythi o blant y tlodion mewn ceirt i weithio'n rhad am bymtheg awr y dydd a chwe niwrnod yr wythnos mewn diwydiant, ac fe'u lletywyd mewn gwersylloedd milwrol gerllaw'r ffatrioedd.

Roedd arswyd rhag afiechyd heintus yn beth byw iawn - yn 1849 bu 53.000 farw o golera yn y wlad hon. Dengys yr Andover Scandal yn 1845 absenoldeb llwyr unrhyw gydwybod gymdeithasol swyddogol, a gwell fyddai peidio a son am driniaethau a weinyddwyd yn enw meddygaeth a llawfeddygaeth.

Yn erbyn y cefndir hwn o fywyd aflan a marwolaeth drugarog, pan ddisgwyliid i o leiaf 200 ac yn aml 250 o blant allan o bob mil a anwyd, i farw cyn eu penblwydd cyntaf, a lle nad oedd obaith i bobl fyw dros ddeugain oed, y cafwyd y Ddeddf Iechyd Cyhoeddus gyntaf yn 1848 a phenodwyd Syr John Simon yn Swyddog Iechyd cyntaf Llundain. Ni wnaeth neb, na chynt na wedyn, fwy dros iechyd y wlad hon. Mae rhagolwg cymdeithasol eang ei adroddiadau, y rhan a chwaraeodd mewn diwygio hofforddiant meddygon, a'r dulliau a ddefnyddid yn y Prif Swyddfa Gofrestru yn fynegiant o'i agwedd gynhwys fawr tuag at broblemau Iechyd Cyhoeddus. O'r £2,000 a dderbyniodd i noddi ei ymchwiliadau y tyfodd holl drefn ymchwil feddygol ym Mhrydain. Sefydlodd Gomisiwn Iechyd Brenhinol, ac am y tro cyntaf rhoddwyd pwyslais ar atal halogi dwr, glendid tai annedd, cael gwared ar

sbwriel a mwg, archwilio byrd, claddu'r meirw heb wneud niwed i'r byw, a chofrestru afiechyd a marwolaeth.

Yn 1871 daeth addysg orfodol i rym a golygai hyn na ellid mwyach anfon plant allen i ennill, a'i bod yn ofynnol i'w rhieni eu cadw tan iddynt gyrraedd oedran gadael ysgol. Canlyniad hyn oedd i nifer y genedigaethau (a oedd yn 35 y 1,000 poblogaeth yn 1871) ddisgyn yn gyson bob blwyddyn, ar wahan i godiad a gysylltir a'r Ail Ryfel Byd, tan 1972 pan nad oedd ond 15 y 1,000 poblogaeth. Er hynny, yn ystod y can mlynedd hyn bu i boblogaeth Cymru a Lloegr ddyblu o 24 miliwn yn 1871 i 49 miliwn yn 1972. Gellir egluro'r gwrthgyferbyniad hwn yn wyneb y lleihad cyfatebol a fu yn nifer marwolaethau plant yn ol y 1,000 o enedigaethau byw o 149 yn 1871 i 17 yn 1972, a'r lleihad cyson yn nifer y marwolaethau o 21 yn 1871 i 12 yn 1972 y 1,000 poblogaeth.

Yn araf, teimlwyd effaith diwygiadau'r G9edd, nes bod y wlad yn barod erbyn Blynnyddoedd cynnar y ganrif hon i dderbyn polisiau cymdeithasol eangfrydig Mr. Lloyd George - mae'n ddiddorol i ni sylwi fod y budd-dal o chweugain a delid i ddyn tost yn 1911 yn cynrychioli cyfran uwch o'r gyflog gyffredin, ac yn uwch ei gwerth ar y farchnad na'rswm a deli'r heddiw.

Yn 1919 sefydlwyd y Weinyddiaeth Iechyd, ac yn fuan wedyn glinigau a gofal dros famau a phlant a'i ymgyrchoedd rhag afiechydon heintus. Doedd hi'n anochel i'r diwygiadau meddygol a chymdeithasol hyn ennill grym a chyrraedd eu hanterth yn neddïau Gwasanaethau Cymdeithasol 1946 a 1973.

Gadewch i ni'n awr edrych ar rai o broblemau'r presennol a'r dyfodol yng nghefnidir yr amlinelliad bras a gafwyd o'r gorffennol. Un o'r problemau pwysicaf a fydd yn ein hwynebu i'r dyfodol fydd problem yr henoed. Ar ddechrau'r ganrif hon dim ond pedwar y cant o boblogaeth Prydain oedd dros 65 oed, ac yn 1990 fe fydd dau-ar-bymtheg y cant dros 65. Mae'n galonogol sylwi mai dim ond

tri y cant o'r bobl dros 65 oed sydd ar hyn o bryd mewn cartrefi henoed a'r mwyafrif llethol yn dal i fyw yn eu cymdogaeth eu hunain ac yn cael eu cynnal gan eu teuluoedd. Beth bynnag, am fod teuluoedd y wlad hon yn mynd yn llai ac yn llai, a nifer yr henoed yn mynd yn fwy ac yn fwy, fe fydd gwir broblem uni-grwydd henaint yn cynyddu, oherwydd ceir llai a llai o bobl canol oed i ofalu am fwy a mwy o henoed yn eu cartrefi eu hunain, ac yn anffodus fe gyfyd cyfartaledd nifer yr hen bobl mewn cartrefi henoed. Serch hynny, ein dyletswydd ni yw sierhau gwasanaethau i alluogi i'r person oedrannus iach sy'n dymuno Treulio hwyrnos bywyd ar ei haelwyd gyfarwydd hi ei hun fedru gwneud hynny, a phan ddaw angau, y gelyn olaf heibio bydded iddi gael ffarwelio a'r ddaear hon o'i hanawyl gartref ei hun. O fwriad defnyddiaf y rhagenw "hi" oblegid mae gwragedd yn byw yn hwy na dynion - fel mater o ffaith am bob 1,000 o wragedd dros 75 oed yn y wlad hon yn 1972, nid oedd ond 457 o ddynion.

Yn Sir Aberteifi, yn ol arolwg cynhwysfawr Cyfarwyddwr y Gwasanaethau Cymdeithasol am 1973, rydym eisoes wedi cyrraedd yr amcangyfrif dros Brydain am y flwyddyn 1990, sef dau-ar byntheig y cant dros 65 oed. Mae'n ddiddorol sylwi hefyd ar un ffaith arall sy'n deillio o'r arolwg hwn sef bod yr henoed, yn ol eu tystiolaeth hwy eu hunain yn ystyried mai un o'r gwasanaethau mwyaf poblogaidd o bell ffordd o'r rhai a gynigir iddynt yw'r Llyfrgell Deithiol, a gychwynwyd gan Llyfrgellydd y Sir hon.flynyddoedd maith yn ol.

Os ydy problem mynd yn hen yn ein poeni ni, yna fe ddylai'r broblem o ddiogelu ansewdd bywyd ein poeni ni hefyd. Am fod ein dinasoedd a'n trefi mor fawr, maent fel y dinosors, yn anhyfyn, neu'n anabl i fodoli, felly adeiledir cylchdrefi, ond dim ond lliniaru dipyn ar bethau a wnant hwy felly mae'r caner trefoli yn ymledu i'r hyn sy'n weddill o gefn gwlad a'i weddnewid yn slym trefoli. Fe ddigwyddodd hyn eisoes yn America lle cafodd darn o gefngwlad rhwng Boston a Washington sy'n gyfartal o ran maint a Phrydain ei droi'n un slym enfawr.

Ceisiau poblogaeth y dinasoedd a'r trefi anhyfyn symud allan i'r pentrefi gwledig cyfagos i fyw er lles ac iechyd corfforol gan droi eu cefnau ar yr amgylchfyd a halogwyd ganddynt hwy eu hunain. "Datblygid" y pentrefi yn faestrefi sy'n ddim amgenach nag anialdir concrit sy'n magu nid afiechydon corfforol ond afiechydon seiciatryddol oherwydd nas ceir ynddynt unrhyw fywyd cymdeithasol yn yr angen i ddianc rhag hyn mae'r boblogaeth yn symud allan o'i maestrefi i'r wlad nas "datblygwyd" na'i halogi, gyda'r canlyniad anochel y gwelir "datblygiad" ar ffurf meysydd carafaniau helaeth a phentrefi gwylliau sy'n llawn o'r paraffanalia a ystyrir yn angenrheidiol i fywyd trefol, ond sy'n hollol wrthun i fywyd gwar. Fe grea'r symudiadau cyson hyn mewn poblogaeth broblemau dyrys mewn iechyd cyhoeddus, oherwydd wrth i'r Gymdeithas Eoethus hon halogi afonydd a ffrydiau oedd gynt yn anllygredig try'n gymdeithas esgeulus sy'n dinistrio'n hangylchfyd.

Problem arall i'w hystyried yw'r newid ym mhatrwm afiechyd. Gan mlynedd yn ol roedd y mwyafrif o bobl y wlad hon yn anadlu awyr bur, ond yn yfed dwr brwnt. Roeddent yn marw o afiechydon heintus a maethlon a gysylltid a thlodi a gwendid. Heddiw, yf mwyafrif o bobl y wlad hon ddwr pur, ond anadlant awyr wedi ei lygru. Maent yn marw o afiechydon y galon y cancr neu stroc. Disgrifiwyd yr afiechydon hyn yn afiechydon y goludlawn mewn cymdeithas sy'n moduro yn smocio ac yn gorfwyta, gyda'i gwres canolog a'i bywyd hunanysgogol a gorniodedl o oriau hamdden. Yn lle blinder a gysylltir ag afiechydon corfforol, ceir diflastod a gysylltir ag afiechyd meddyliol.

Mae'n ddiddorol dyfalu beth fydd afiechydon y dyfodol. Fe all rhoi ar y farchnad ragor o lanedyddion a synthetigion greu afiechydon alergol newydd, fe all datblygiadau pellach mewn cemotherapeg greu mathau newydd o afiechydon sy'n gwrthsefyll unrhyw foddion ac achosi organebau, fe all drygiau newydd wenywne, fe all y defnydd cynyddol ar bryfleiddiadau a'r llygru pellach ar

fwydydd arwain i afiechydon metabolig, a gall polydredd ionig achosi mathau newydd o ganer.

Fe'n sobrir o gofio na ellir gwella ar y cyngor da a roddwyd lawer canrif yn ol gan Hippocrates, tad meddygaeth, yn y pumed ganrif, ar i ni fod yn gymhedrol wrth fwyta ac yfed. Pwysleisiodd Galen (130 - 200 O.C.) effaith amodau cymdeithasol ar iechyd a dyfarnodd fod gwaith corfforol heb ormod o flinder, mwynhau haul ac awyr iach, bwyta cymhedrol a sgwrs i hogi'r meddwl, yn llesol i iechyd. Daeth yr un neges i lawr atom drwy'r canrifoedd, a chawn Feddygon Hyddfai yn y deuddegfed ganrif yn dweud; "Tri chymedroldeb a barant hir oes - ymborth, llafar a myfyrdod".

Ddwyl fil a hanner o flynyddoedd yn ol sgrifennodd Hippocrates; "It is changes that are chiefly responsible for diseases", a deil hyn yn wir heddiw. Mae'r amgylchfyd cyfan yn effeithio ar batrymau afiechyd a chan ein bod yn cyflym ddinistrio ein hamgylchfyd ein hunain, rydym mewn perygl o ddifrodi ein gwlad a dinistrio ein hunain yr un pryd.

Gan mlynedd yn ol ceid afiechyd ochr yn ochr a thlodi, ond heddiw y cyfaethog sy'n fwyaf tebygol o fod yn afiach, ac ymddengys fod yna le mawr i ddadlau cyn belled ag y mae iechyd yn y cwestiwn y dylai meddygaeth amlygu ffordd biwritanaidd o fyw.

Gwelir adroddiad mwy manwl o waith yr Adran Iechyd Cyhoeddus sy'n cynnwys darn gan yr Arrolgwyr Iechyd Cyhoeddus yn y tudalennau canlynol.

6. DEATHS UNDER FOUR WEEKS

Total	1	0	0
Legs	1	0	0
Ill-legs	0	0	0
Rate per 1,000 total live births	42	0	0

(1)

VITAL STATISTICS

	1970	1971	1972
7. <u>DEATHS</u> (deaths under one year)			
1. <u>LIVE BIRTHS</u>			
Total	24	16	10
Leg: ..	24	15	10
Illeg: ..	0	1	0
Rate per 1,000 population (crude)	11.3	7.5	4.7
Rate per 1,000 population (adjusted)	14.7	9.8	4.8
Rate per 1,000 population Wales and England ..	16.0	16.0	14.8
Illegitimate live births per cent of total live births	0	6	0
2. <u>STILLBIRTHS</u>			
Total	0	0	0
Leg: ..	0	0	0
Illeg: ..	0	0	0
Rate per 1,000 live and stillbirths	0	0	0
Rate per 1,000 live and stillbirths Wales and England ..	13	12	12
3. <u>TOTAL LIVE AND STILLBIRTHS</u>	24	16	10
4. <u>PERI-NATAL DEATHS</u> (Stillbirths plus early neo-natal deaths)			
Total	1	0	0
Leg: ..	1	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live and stillbirths	42	0	0
5. <u>EARLY NEO-NATAL DEATHS</u> (deaths under one week)			
Total	1	0	0
Leg: ..	1	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births	42	0	0
6. <u>NEO-NATAL DEATHS</u> (deaths under four weeks)			
Total	1	0	0
Leg: ..	1	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births	42	0	0

(2)

	1970	1971	1972
7. <u>INFANT DEATHS</u> (deaths under one year)			
Total	2	0	0
Leg: ..	2	0	0
Illeg: ..	0	0	0
Rate per 1,000 total live births	83	0	0
Legitimate infant deaths per 1,000 legitimate live births ..	83	0	0
Illegitimate infant deaths per 1,000 illegitimate live births	0	0	0

8. <u>MATERNAL DEATHS</u> (including abortion)			
Total	0	0	0
Rate per 1,000 total live and stillbirths	0	0	0

DEATHS

Total	37	38	34
Rate per 1,000 population (crude)	17.5	17.8	16.0
Rate per 1,000 population (adjusted)	12.1	12.3	11.7
Rate per 1,000 population Wales and England ..	11.7	11.6	12.1

Area comparability factor for births	1.30	1.30	1.03
Area comparability factor for deaths	0.69	0.69	0.73

POPULATION STATISTICS

Area (in acres)	1,754
Population (census 1961)	1,855
Population (Registrar General's Estimated Mid-Year Population for 1972)	2,130

(3)

CAUSES OF DEATH

(Headings with no deaths allocated are omitted)

<u>Causes of Death</u>	<u>Number of Deaths</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant Neoplasm, Stomach	3	1	4
Malignant Neoplasm, Lung, Bronchus	1	-	1
Malignant Neoplasm, Breast	-	1	1
Malignant Neoplasm, Prostate	1	-	1
Chronic Rheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	7	3	10
Other Forms of Heart Disease	1	-	1
Cerebrovascular Disease	1	4	5
Other Diseases of Circulatory System	2	2	4
Pneumonia	-	2	2
Nephritis and Nephrosis	1	-	1
Motor Vehicle Accidents	1	-	1
All Other Accidents	-	1	1
Suicide and Self-Inflicted Injuries	1	-	1
	<hr/>		
TOTAL:	19	15	34
	<hr/>		

(L)

INFECTIOUS DISEASES

The following is a list of the notifications of infectious disease, other than tuberculosis, received during the year:-

[illegible]

(5)

TUBERCULOSIS

The following table shows the sex and age distribution of the new cases notified during the year:-

AGE GROUP	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
5 - 14	-	-	-	-
15 - 24	-	-	-	-
25 - 44	-	-	-	-
45 - 64	-	-	-	-
65 +	-	-	-	-
TOTAL	-	-	-	-

SECTION 47 OF THE NATIONAL ASSISTANCE ACT 1948

No action was required to be taken under this Section during the year.

GENERAL PROVISION OF PREVENTIVE PERSONAL HEALTH SERVICES IN THE AREA

These remain essentially the same as in previous years and are under the control of the County Council.

W. J. St. E.-G. REYS

MEDICAL OFFICER OF HEALTH

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1972

1. SEWAGE

The Borough is served by a partially separate system with as much surface water as possible being diverted elsewhere. During the year the second half of the descaling contract commenced in 1971 was completed and this has resulted in all round improvement of the system, including the considerable benefit of being able to discontinue the use of several stormwater overflows.

2. SEWAGE DISPOSAL

The daily dry weather capacity of the treatment works is 115,000 gallons, with excess flows given partial treatment in storm retention tanks before discharge to the River Teifi. A general improvement in effluent standard has been obtained but as the works are now dealing with flows approaching and even exceeding the design capacity it is clear that major extensions will have to be put in hand in the near future if further local housing development is not to be stifled. Much has been made in the past of the smell nuisance arising from the works and although this appears to have been more successfully controlled of late, the works are in fact unfortunately sited and the present overall situation makes one wonder whether or not this is the time to resite the disposal works in a more favourable position. On a wider basis the centralization of disposal works also comes to mind, it being obvious that in this particular instance it would be technically possible, economically favourable and otherwise desirable to resite the new works in a position which would allow the reception of sewage from neighbouring villages over a relatively wide area. On an environmental basis alone, one feels that river pollution risk would be much reduced in any circumstances and certainly there could not fail to be improvement over the present position whereby several small works discharge generally unsatisfactory effluents over a long stretch of river. However, with the best of intentions, it is difficult to foresee the necessary degree of co-operation between Authorities as at present, although one hopes that impending re-organization of Local Government will go some way towards making unified schemes possible.

3. WATER SUPPLY

Water is supplied throughout the area by the Cardiganshire Water Board from a service reservoir on the Aberacron Road. Samples taken during the year proved satisfactory and those complaints received always concerned the apparent visual quality of the water following mains maintenance.

4. DRAINAGE AND NEW BUILDINGS

	<u>1972</u>	<u>1973</u>
Number of plans submitted under Building Regulations ..	39	45
Number of plans approved under Building Regulations ...	37	42
Number with drainage	20	31
Number tested and approved	20	31

5. PUBLIC CLEANING

The revised collection services, both household and trade, introduced last year continue to operate satisfactorily. It is unfortunate that the same cannot be said for the collection vehicle which continues to provide a steady source of income to local garages. The nationwide trend to produce more refuse is also apparent locally with the result that the tractor utilised to level the tip is no longer up to the work involved and it will again become necessary to employ outside plant for this purpose. On the brighter side, active consideration is being given to replace the present collection vehicle with a new S. & D. lorry and it is hoped to place a firm order for this vehicle shortly.

Lampeter, in common with most towns of a comparable size and indeed many of a larger population, operates the traditional kerbside collection system for refuse bins. It is meant as no reflection to say that although this is the common method it is by no means the most desirable or effective. The introduction of the "paper sack" method utilising a special frame to hold a paper sack was the first attempt to overcome the inherent disadvantages of the traditional method, but this system had its own disadvantages, not the least being that of cost. It is doubtful that more than 30 per cent of the original paper sack schemes are still in operation as such, but many lessons were learned and progression of methods followed which showed that the disadvantages could be overcome and even running costs brought to an acceptable level. Again it is to be hoped that the advent of local government re-organization will allow the implementation of modernized collection systems through the reduction of costs made possible by the bulk buying facilities enjoyed by larger Authorities.

6. VERMINOUS PREMISES

No cases were reported but the Department did deal with a variety of insect infestations.

7. PUBLIC CONVENIENCES

It is unfortunate to have to report that public misuse of conveniences is still more than evident and indeed appears to be on the increase. One regrettable aspect of complaints received is that they are in the main made by visitors to the town and this must mean that unfavourable memories are carried away. I have however, reservations regarding many such complaints, having myself seen a busload of forty trippers reducing what had been a clean convenience to a most unsavoury condition. In the circumstances, it is difficult to afford a complainant from the end of the queue the abject apologies obviously expected.

The policy introduced last year of cleaning the conveniences twice a day has been continued but one must return to the opinion that a single, supervised convenience is the only answer to the problem.

8. OFFENSIVE TRADES

There are no offensive trades within the Borough.

9. SCRAP METAL DEALERS ACT 1964

One dealer in the area is registered but as he does not operate a depot no problems arise.

10. INFECTIOUS DISEASES

The Medical Officer of Health did not require me to act in any case during the year.

11. FOOD POISONING

There were no cases notified during the year.

12. ICE-CREAM

Five samples taken from the only manufacturer in the area all proved satisfactory.

13. MILK

There is one registered producer/retailer in the district and the two samples taken from his supply proved negative for Brucella Abortus.

14. SLAUGHTERHOUSE

The financial position of these premises has again been held to show a small margin of profit, a position which in view of constantly rising costs and little variation in throughput since last year, must be considered satisfactory. There is little doubt but that these premises provide a valuable service to a wide area but it is apparent that much of the present favourable position is due to almost individual catering for the needs of the present users. This has resulted in the slaughtering pattern now familiar i.e. heavy killing early in the week rapidly declining to nothing. In turn, this reflects on the staffing side of the question, running up labour costs because of the overlong hours worked on Mondays and Tuesdays thus requiring additional labour to be provided on those days. It would be interesting to experiment with more rigid working hours which would have the effect of spreading slaughtering over a wider range of the week. My own opinion is that no present user of the premises would suffer any inconvenience in these circumstances and I am equally sure that noticeable savings in running expenditure would result. The alternative, equally pleasant to contemplate, is by some means to increase the throughput to the point where the premises are being fully utilised five or even six days a week. Several approaches to this end have been followed up but regrettably none has come to fruition. However, these are local indications that could

materially achieve the required result but it will be some time yet before anything definite can be arranged.

The following table shows the throughput for the last five years:-

	<u>Steers</u> <u>Cows</u> <u>Heifers</u>	<u>Calves</u>	<u>Sheep</u>	<u>Pigs</u>	<u>Total</u>
1968	336	3	8,937	2,087	11,834
1969	862	57	8,581	2,332	11,832
1970	924	7	8,335	2,303	11,569
1971	914	4	7,906	2,031	10,855
1972	782	6	7,753	2,797	11,338

15. MEAT INSPECTION

Every carcass and its organs is inspected. Local veterinary surgeons assist during my absence.

Meat and Offal Condemned

Tuberculosis Only

	<u>Cattle</u>	<u>Pigs</u>
Carcass and all organs	-	-
Lungs, Head and Tongue	-	3

Diseases Other Than Tuberculosis

Cattle

2 whole carcasses	Pyrexia
1 whole carcass	Multiple Injuries (Casualty)
635 lbs. carcass meat	Bruising and Laceration
262 livers or parts	Distomatosis
19 lungs	Pneumonia
11 hearts	Pericarditis

Sheep

7 whole carcasses	Pathological Emaciation
712 livers	Distomatosis
211 lungs	Cystic

In addition the carcasses of three sheep were condemned as the result of worrying by dogs.

Pigs

3 whole carcasses	Multiple Abscesses
189 lbs. carcass meat	Bruising and Laceration
63 lbs. carcass meat	Abscesses
21 hearts and lungs	Pericarditis and Pneumonia
93 livers	"White Spot"

16. FOOD INSPECTION AND HYGIENE

The following goods were surrendered, condemned and destroyed:-

Canned meat and fish	93 cans
Canned vegetables	11 cans
Canned fruits	42 cans
Canned milk and cream	4 cans
Others	71 cans

During the year fifty-two advisory visits were made to local food premises and no enforcement action was found necessary.

The problem of ensuring that merchants employed proper stock rotation continued and it is clear that much remains to be achieved in this area. It is interesting to report, however, that the only two complaints received during the year regarding the quality of food purchased were found on investigation to be attributable in one instance to the supplier and in the other to the purchaser. Complaints of this nature arising from the original supplier are relatively easy to deal with, but deterioration of food caused by bad handling after purchase presents a totally different and much more difficult problem. Modern packaging has done much to preserve food quality as well as appearance when the product is stored under proper conditions, but many housewives are unable to provide these conditions at home and several forms of packaging are conducive to rapid product spoilage under normal home storage temperature ranges. Manufacturers are of course aware of this problem and many print sound advice on after-purchase treatment of the product on the package itself. This advice ranges from maximum storage periods under optimum conditions to removal of the product from its wrapping immediately after purchase but it is obvious that too often this advice is either ignored or unseen, with unfortunate results. Food wastage and very probably the incidence of minor cases of food poisoning is likely to be quite high arising from this problem, it being accepted that some 90 per cent of food "going off" is unreported and of the remaining 10 per cent most complaints are made to the retailer and not to the local Health Department. The answer is clearly better education of the housewife in food handling but obviously this is more easily said than done.

17. MARKETS

The Council own and lease to local auctioneers a cattle market which operates on Mondays and Tuesdays of alternate weeks. The premises are now approaching a reasonably sound financial basis but as reported last year, it is becoming more and more apparent that the site is completely inadequate and consideration must be given to providing adequate facilities elsewhere.

18 HOUSING

The following table shows the position at the end of the year:-

Number of dwellings in the area	1,084
Number of Council owned dwellings	136

Number of houses completed during the year:-

(a) Council	0
(b) Private	2

Number of houses under construction at end of year:-

(a) Council	0
(b) Private	14

Housing Need

During the year seven families from the waiting list were allocated houses. At the end of the year one hundred and ten names remained on the waiting list.

Improvement Grants(a) Discretionary

Number of applications received	13
Number of applications approved	11
Number of applications completed	11
Amount paid in grant	£15,227

(b) Standard

Number of applications received	0
Number of applications approved	0
Number of applications completed	0
Amount paid in grant	0

Up to date the Borough Council has paid in grant the total of £32,049.

It is again pleasing to report the advantage being taken of the improvement grant scheme and this is resulting in a noticeable general improvement of local housing stock. Accepting that the present trend continues, it is estimated that some 95 per cent of all houses in the Borough will be at an acceptable standard within the next five years. Generally speaking, the remaining 5 per cent will have been dealt with by other means and it can therefore be said with some certainty that the overall picture of local housing presents a favourable appearance.

19. CARAVAN ACT

There is one licensed site in the area and twelve caravans are permitted thereon.

20. OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The following table shows the work carried out to the end of the year:-

Class of Premises	Number of premises registered during the year	Total number registered at end of year	Number of registered premises receiving a general inspection during the year
Offices	2	42	29
Retail Shops	1	53	22
Wholesale Shops, Warehouses	-	-	-
Catering establishments open to the public, canteens	-	10	16
Fuel Storage Depots	-	-	-

Number of Exemptions Nil Number of Prosecutions Nil

21. CIVIC AMENITIES ACT

Five derelict vehicles were disposed of under the terms of the Act

22. RODENT CONTROL

Work in this field has continued and as a result of routine baiting very few complaints have been received and it can be accepted that an effective level of control has been reached.

23. FACTORIES INSPECTION(1) Inspection for purposes of provisions as to health

Premises (1)	Number of Register (2)	Number of		
		Inspection (3)	Written Notices (4)	Occupiers Prosecuted (5)
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by the Local Authority	Nil	Nil	Nil	Nil
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	24	25	Nil	Nil
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	1	1	Nil	Nil
TOTAL	25	26	Nil	Nil

(2) Cases in which defects were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S.1)	Nil	Nil	Nil	Nil	Nil
Overcrowding (S.2)	Nil	Nil	Nil	Nil	Nil
Unreasonable temperature (S.3)	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation (S.4)	Nil	Nil	Nil	Nil	Nil
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil	Nil
<u>Sanitary Conveniences (S.7)</u>					
(a) Insufficient	Nil	Nil	Nil	Nil	Nil
(b) Unsuitable or defective	Nil	Nil	Nil	Nil	Nil
(c) Not separate for sexes	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not including offences relating to out-workers)	Nil	Nil	Nil	Nil	Nil
TOTAL	Nil	Nil	Nil	Nil	Nil

24. CONCLUSION

It remains a pleasure to take this opportunity of thanking members of the Council for their continuing support throughout the year.

Differences in opinion are bound to arise and it is good that they do so, but I have always appreciated the manner in which these differences have been resolved. My thanks are also due to my assistant, Mr. Owen, who once more has proved invaluable over the year.

J. Y. ANDERSON
M.A.P.H.I., M.B.S.H.,
PUBLIC HEALTH INSPECTOR

Public Health Department,
Town Hall,
LANPETER.

It remains a pleasure to take this opportunity of thanking members of the Council for their continuing support throughout the year.

Differences in opinion are bound to arise and it is good that they do so, but I have always appreciated the manner in which these differences have been resolved. My thanks are also due to my assistant, Mr. Owen, who once more has proved invaluable over the year.

J. Y. ANDERSON

M.A.P.H.I., M.B.S.N.,

PUBLIC HEALTH INSPECTOR

Public Health Department,
Town Hall,
LIVERPOOL.

