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# COMMITTEES

# Health Committee:

Chairman: Ald. William Parry.

Vice-Chairman: Ald. Mrs. C. Lloyd.

Members: All members of the County Council,

together with the Chairman and Vice-Chairman of each of the

District Health Committees, and

the following

Co-opted Members: Mrs. R. I. Affleck, Wrexham.

Mrs. Christoper Davies, Wrexham.

Miss E. M. Evans, Ruthin.

Mrs. W. A. Evans, Denbigh.

Mrs. Llewelyn Hughes, Llangollen.

Dr. Trevor Hughes, Ruthin. Mrs. Cyril O. Jones, Gresford.

Mrs. May Jones, Wrexham.

# Health Sub-Committee:

Chairman: Ald. William Parry.

Members: Ald. E. A. Cross.

Ald. Mrs. C. Lloyd.

Ald. Edward Williams.

Ald. Mrs. Florence Jones.

Coun. J. H. Williams,

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# Foreword

I have the honour to present the Annual Report on the Health Services in the County for the year 1954.

From the statistical tables in Part I it will be noted that there was a decrease in the birth rate, infant mortality rate and the maternal mortality rate, while the death rate had increased. There were no significant changes in the causes of death, although there was an epidemic of influenza towards the end of 1954, which, fortunately, did not prove exceedingly lethal.

The administration of the Department changed but little during the year. Mr. G. L. Britton, who was appointed Senior Administrative Officer, commenced duties on the 5th April, 1954, and brought to the Department a wealth of experience gained in the service of the West Riding County Council.

The maternity and child welfare services have continued as previously with but a few variations. The proposals of this Local Health Authority were amended to permit mothers and their children being sent for recuperation to a suitable home. The Brentwood Recuperative Centre has been established for this purpose and, in addition, instruction is given in how to run a home efficiently. These facilities, used wisely, can be a most valuable adjunct to the Local Health Authority services in preventing the degeneration and disintegration of families.

The introduction of a male district nurse in Wrexham was another important development. It was soon evident that this appointment met a great need, and consideration will have to be given to introducing male nurses to other areas. The two-fold ncrease in the number of patients attended by district nurses shows that the staff has been able to meet additional demands, but obviously they are extended to the limit and if the small increase in the percentage of domiciliary births should continue, then additional nurses would be needed.

The establishment of a Part II Midwifery Training School in Wrexham reflects credit on the domiciliary midwifery service and also upon the organising ability of the Superintendent Nursing Officer, Miss W. M. Chune, who has been the motive force behind this new development. The hospital authorities have also acknowledged their indebtedness for the help they received from Miss Chune.

The transfer of responsibility for welfare foods to this Authority was carefully planned and accomplished smoothly. Once again the Health Department had to rely on the invaluable services of the voluntary helpers, who, both at child welfare clinics and in their own homes, undertook to sell these foods. Locally, the supervision of this work devolves upon the already overloaded health visitors. However, it is pleasing to note that despite the heavy demands on their time, the health visitors paid more first visits to infants than previously.

The number of children vaccinated against smallpox and immunised against diphtheria and whooping cough is far from satisfactory. Children can be protected with little disturbance or risk, but the neglect of parents is depriving approximately half of the next generation of an adequate immunity to these diseases—an ideal situation for an epidemic; but, apart from this, the prevalent disease of today—whooping cough—undoubtedly can permanently harm the lungs, and the number of children in this area diagnosed as suffering from bronchiectasis is far too numerous for complacency.

The Ambulance Service transported over 9,000 more patients than in the previous year, but, by co-ordinating journeys, it was possible to keep the total mileage to nearly the same level. The miles per patient was reduced from 10.9 in 1953 to 8.9 in 1954. The establishment of the Abergele ambulance station was largely due to Dr. McKendrick's initiative and the success of this station is assured. While I acknowledge with gratitude my indebtedness to the volunteers, I would pay special tribute to the paid drivers and to members of my staff who have undoubtedly raised the efficiency of the service while economising to the limit. The welfare food truck, which can be used as a sitting case car, or one stretcher ambulance, has proved invaluable to meet emergencies in the Wrexham area. Regularly each week this vehicle has been the only one available for collecting a road accident. This by itself has fully vindicated the purchase of a dual purpose vehicle of this nature.

During the year the Mental Health Service re-organisation was completed under the guidance of Dr. T. K. Hughes, and now that its foundations have been appropriately placed in the Health Department it should develop satisfactorily. For a criterion of the work done, I would refer to the case reports on page 65.

Food supplies must be constantly supervised, particularly when potentially dangerous situations arise, and the vigilance of the Health Authorities was exemplified during the anthrax outbreak. The occurrence of undulant fever in young boys emphasised once

again the importance of pasteurisation of milk. How much invalidism has resulted from this disease can only be surmised, but undoubtedly it is an infection that could be prevented.

In this foreword it has been my endeavour to draw attention to matters of particular interest, but for a full appreciation of the work of the Department I would commend the details in the body of the Report.

It is my pleasure to record my appreciation to the members of my staff, the Clerk and chief officers of the County Council, and the members of the Health Committee.

Finally, I would convey my sincere gratitude to Alderman William Parry, Chairman of the Health Committee and, on this occasion, only to you Sir, for at the time of writing this foreword the vice-chair is vacant due to the death of Alderman Mrs. Lloyd. To the many tributes already paid, I would add the sincere appreciation of an official who leaned heavily on the wisdom, kindness and experience of a generous lady. Alderman Mrs. Lloyd had a deep and abiding love for the Health Department, especially the Nursing Service, to which she devoted so much of her energies. Of her manifold activities her main interest lay in the furtherance of good health and the relief of suffering. She has left an indelible impression upon the Health Department of this Authority which will always be an inspiraton to all who serve mankind.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department, 16 Grosvenor Road, WREXHAM.

September, 1955.

# ANNUAL REPORT FOR 1954

# PART I

# Statistics and Social Conditions of the County

Area of Administrative County		 	 427,677 acres
Population (Census 1951)		 	 170,699
Estimated Population Mid-year		 	 170,500
Rateable Value		 	 £923,731
Estimated Product of Penny Ra	te	 	 £3,589

# BIRTHS AND DEATHS.

Live Births.	M	F	Total
Legitimate	1186 39	1224 65	2410 104
Total	1225	1289	2514

Live birth rate per 1,000 of the estimated population .. 14.7

	M	F	Total
Still-births	35	27	62

Still-birth rate per 1,000 births (live and still births) .. 24.1

	M	F	Total
Deaths	1177	1106	2283

Death rate per 1,000 of the estimated population .. ... 13.3

Maternal Mortality (Deaths from	Carry of the
pregnancy or child-birth)	1

Maternal mortality rate (deaths per 1,000 live and still-birth's ... ... .38

Infant Mortality	М	F	Total
Deaths of Infants under 1 year	41	29	70
Deaths of Legitimate Infants under 1 year	37	28	65
Deaths of Illegitimate Infants under 1 year	4	1	5

Infant mortality rate ... ... ... ... ... ... 27.8

# COMPARATIVE RATES

Rate	Denbigh- shire	England and Wales
Birth Rate	14.7	15.2
Death Rate	13.3	11.3
Maternal Mortality Rate	.38	.69
Infant Mortality Rate	27.8	25.5

# BIRTHS AND BIRTH RATES

2.514 live births were registered during the year, as compared with 2,545 in 1953. This gives a birth rate of 14.7 per 1,000 population as compared with 14.9 in the previous year. The birth rate for England and Wales was 15.2.

The following table gives the number of births, deaths and infant deaths for each of the past ten years:

TABLE I.

Year	Estimated Population No. of Live Births				Birth-rate per 1000			Death-rate per 1000	No of deathe	ler 1	Infant death-	rate per 1000 births
1945	162390		2636		16.2		2168	 13.4		160		60.0
1946	165020		2952		17.8		2177	 13.1		130		44.0
1947	166430		3340		20.0		2227	 13.3		145		43.4
1948	167493		3029		18.0		2024	 12.0		116		38.2
1949	168452		2869		17.0		2195	 13.0		116		40.4
1950	169686		2820		16.6		2253	 13.2		121		42.9
1951	170400		2558		15.0		2490	 14.6		91		35.5
1952	170700		2687		15.1		2054	 12.0		91		33.8
1953	170400		2545		14.9		2104	 12.3		78		30.6
1954	170500		2514		14.7		2283	 13.3		70		27.8

The birth rate for the County has continued to decline, and this has been particularly so in the rural areas, which is a further indication of not only de-population but also de-vitalisation of the countryside. Furthermore, the death rate has increased on the previous year, which, to some measure, is to be expected with an ageing population.

The infant mortality rate has been further diminished, but even this satisfaction is marred by knowing that the County rate is still higher than that for England and Wales.

TABLE II.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1954

Death Rate	14.5 17.4 10.4	24.4 18.1 15.1 12.4 12.2	12.2 10.9 16.7	10.4	13.3
No. of Deaths	104 386 74	25 8 8 7 1	768 53	339	2283
Rate of Infant Mortality	20.6 20.9 11.1	18.1 25.0 47.6 48.2 18.7	39.4	18.5	27.8
No. of Infant Deaths	241	21246	91 1	10	70
Birth-rate	13.5 8.6 12.7	13.8 15.1 11.6 16.1 16.8	16.2 15.1 11.0	16.6	14.7
No. of Live Births	97 191 90	110 84 161 161	1014 112 35	539	2514
Estimated Population	7160 22090 7060	7930 2640 3630 5140 9560	62460 7380 3160	32290	170500
Districts.	Western No. 1: Abergele Urban Colwyn Bay Borough . Aled Rural	Western No. 2: Denbigh Borough Llanrwst Urban Ruthin Borough Hiraethog Rural	Eastern No. 1: Wrexham Rural Ceiriog Rural Llangollen Urban	Eastern No. 2: Wrexham Borough	Total County

# MATERNAL MORTALITY

Only one mother died during pregnancy in 1954, and the maternal mortality rate was 38. While this reflects credit on the various services concerned, there is room for further improvement. There should be a closer collaboration in domiciliary and institutional midwifery. General medical practitioners and midwives do not invariably co-operate to their utmost, and while maternity hospitals do alert the Local Health Authority when a mother is being discharged, they seldom give any information concerning ante-natal cases. Much could be done for mothers who are to be confined in hospital before admission, and serious emergencies could have been obviated if the domiciliary midwife had been forewarned.

The following table shows the maternal mortality rate in Denbighshire for the past ten years:

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Maternal Mortality	2.5	2.6	1.4	0.9	1.3	1.4	1.5	.36	1.5	.38

TABLE III.
CAUSES OF INFANT DEATHS, 1954

Disease	Males	Females
Meningococcal Infection	1	1
Pneumonia	10	5
Bronchitis	-	1
Congenital Malformations	7	7
Other Defined and Ill-defined Diseases	22	15
Accidents (other than motor vehicle accidents)	1	-
Totals	41	29

# CHIEF CAUSES OF DEATH.

The principal causes of death are shown in the following table:

TABLE IV.

Causes of Death.	No. of deaths.	3 er cent. of tal deaths.		4 er cent. of tal deaths.
Heart Disease	674	 32.0	725	 31.7
Cancer	305	 14.4	362	 15.8
Vascular lesions of nervous system	344	 16.3	379	 15.8
Pneumonia	70	 3.3	85	 3.7
Tuberculosis (all forms)	29	 1.3	38	 1.6
Bronchitis	72	 3.4	88	 3.8
Nephritis	40	 1.9	30	 1.3
Other circulatory dis- eases	89	 4.2	84	 3.6
Other defined and ill- defined diseases	218	 10.3	237	 14.7
Hyperplasia of prostrate	38	 1.8	38	 1.6

# **HEART DISEASE**

Heart disease continues to be the principal cause of death. 725 were registered in 1954, as compared with 674 in 1953. This shows a percentage of 31.7 of the total deaths from all causes and is equivalent to a death rate of 4.2 per 1,000 of the estimated population.

Of this figure of 725 total deaths due to heart disease, 572 (or 78.8 per cent) occurred amongst persons of 65 years or over.

The following table analyses the deaths from heart disease at various age groups for the past five years:

TABLE V.

Year	A	ll age	es	0—5	5	5—	15	15—4	45 4	15—63	5	65 and	upward
1950		723		_		1		28		119		575	
1951		810		-		-		18		130		662	
1952		743		_		1		14		130		598	
1953		674		-		-		8		127		539	
1954		725		_		_		14		139		572	

# CANCER

Cancer accounted for 362 deaths during the year, as compared with 305 in 1953.

The following table gives the number of deaths from cancer, together with death rates in the Administrative County for the past ten years:

TABLE VI.

Year.	N	o, of Deaths.	Death-	rate per 1000 population
1945		345		2.2
1946		343		2.0
1947		344		2.0
1948		361		2.1
1949		347		2.0
1950		328		1.9
1951		334		1.9
1952		328		1.9
1953		305		1.7
1954		362		2,1

TABLE VII.

The following table gives the death rates from all causes of Cancer according to Sanitary Districts:

		Deaths.		Rate per
District.	Males.	Females.	Total.	- 1000 popula- tion.
Western No. 1.				
Abergele	11	9	20	2.7
Colwyn Bay	33	36	69	3.1
Aled	3	2	5	.7
Western No. 2.				
Denbigh	6	10	16	2.0
Llanrwst	5	6	11	4.1
Ruthin B	2	8	10	2.7
Hiraethog	6	6	12	2.3
Ruthin R	12	10	22	2.3
Eastern No. 1.				
Wrexham R	69	46	115	1.8
Ceiriog	7	6	13	1.7
Llangollen	7	3	10	3.1
Eastern No. 2.				
Wrexham B	35	24	59	1.8
Total County	. 196	166	362	2.1

TABLE VIII.

CANCER—AGE AND SEX DISTRIBUTION.

Males.	Females.	Total.
_	_	_
_	-	-
-	-	-
1	-	1
8	10	18
68	57	125
119	99	218
	-	-
196	166	362
	- - 1 8 68	

# ACCIDENTS.

# TABLE IX.

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1954, giving Age and Sex Distribution.

		Vehicul	ar	Oth	er Acci	idents
Age Group.	M.	F.	Total	М.	F.	Total
0-1 year	-	_	_	1	-	1
1 - 5 years	-	1	1	_	_	-
5 - 15 years	1	1	2	2	-	2
15 - 25 years	3	1	4	3	_	3
25 - 45 years	8	-	8	7	_	7
45 - 65 years	3	1	4	6	1	7
65 - 75 years	2	- 1	3	4	4	8
75 years and upwards	3	-	3	8	16	24
	20	5	25	31	21	52

# TABLE X. CAUSES OF DEATH, 1954

# The following Table gives the causes of death and distribution according to districts.

			- 1			-							
Causes.	Abergele Urban	Alcd R.D.	Ceiriog R.D.	Colwyn Bay Boro	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	TOTAL
Tuberculosis respira-				100	1000						1250		
tory	***	2	2	4	5	1		3			6	12	35
Tuberculosis Other				***	1	***	***			***	2	***	3
Syphilitic disease		***	***	1	2					1	3	1	8
Diphtheria				***	•••							***	
Whooping Cough	***			***				***	***				
Meningococcal infec-			-										0
tions			***	***				***			1	2	3
Acute Poliomyelitis .				200							***		
Measles													
Other Infective and		4.1					1	- 33					
Parasitic Diseases .		1		1	2			1		***	1	3	9
Malignant Neoplasm													01
-Stomach	4	2	3	10	3	6		3	1	6	12	31	81
Malignant Neoplasm												1 2 3	
-Lung, Bronchus .	4		3	8			2	1		1	7	24	50
Malignant Neoplasm			100									Hen	07
-Breast	1		1	6	1		1	1	1		8	7	27
Malignant Neoplasm			1				1000						10
-Uterus			1	2	1			1	1		3	1	10
Other Malignant and		17.13											
Lymphatic Neo-					20			- 0				1	
plasms	11	3	5	43	11	6	7	5	7	15	29	52	194
Leukaemia, Aleukae-		100	1000	10000			100000			Torse.			
mia	***	***	1	1					1		1	2	6
Diabetes				4							2	5	11
Vascular lesions of			100	1		10000		1000					
nervous system	10	16	14	60	20	17	12	7	13	25	61	124	379
Coronary disease,						100000		1					
angina	23	11	9	65	25	9	3	7	8	11	46	85	302
Hypertension with								740					1
Heart Disease	1	1		10	6		6			7		11	45
Other Heart Disease	8	13	12	59	56	9	10	7	2	25	50	127	378
Other Circulatory		1										***	
Disease	10	5	3	22	2	4	2		3	6	8	19	84
Influenza	_ 1	1	1	3						1		2	9
Pneumonia	3	3	1	15	19	2	2		2	2	13	23	85
Bronchitis	4	1	4	13	2	1		2	2	3	15	41	88
Other diseases of						1			10000			100	1 Blow
Respiratory System	1		3	4	4	1			2		2	9	26
Ulcer of Stomach,						Ur Stale							Mad
Duodenum	1			5	4	1			2	1	2	8	24
Gastritis, Enteritis	1000	The state of	10000	100				0400				1	1
and Diarrhoea	1									I	3	4	9
													1
				40-									

Table X. Causes of Death, 1953 (continued).

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro'	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro	Ruthin Rural	Wrexham Boro'	Wrexham Rural	Totals
Nephritis and Neph-				1									
rosis Hyperplasia of Pros-	1	1	1	4	4		1	1		1	5	11	30
Pregnancy, child-	3		3	3	2		1	1	1		13	11	38
birth, abortion Congenital malfor-					1								1
Other defined and ill-	9				1	2					2	11	18
defined diseases Motor vehicle	14	10	13	20	14	4	2	6	7	7	34	106	237
accidents		1	1	5	1			1			3	13	25
All other accidents	1	2		13	6		3		2	4	4	17	52
Suicide		1		5	1	1	1				1	6	16
Homicide and opera- tions of war													
All causes	104	74	81	386	194	64	53	48	55	117	339	768	2283

TABLE XI.

The percentages of deaths at different age periods are given below:

Age Periods.	2 20	o. of Death		Percentage of Total
	М.	F.	T.	Deaths
0-1 years	41	29	70	3.0
1 - 5 years	4	6	10	.4
5 - 15 years	5	2	7	.3
15 - 25 years	15	5	20	.8
25 - 45 years	46	45	91	3.9
45 - 65 years	304	215	519	22.7
65 - 75 years	344	269	613	26.8
75 years & upwards	418	535	953	41.7

# PART II

# Administration

Towards the end of 1954, the staffing situation in the Health Department, due to the return of staff from sick leave and new appointments, approached its full complement. Mr. D. O. Thomas was appointed Assistant Dental Officer, which further eased the staffing situation in the Dental Service.

The post of Senior Administrative Officer was filled in April, 1954, by Mr. G. L. Britton, who came to this Authority from the West Riding. Mr. G. Davies was promoted to the vacant post of Deputy Senior Administrative Officer.

One important re-organisation was the appointment of Mr. J. E. Evans and Mr. H. E. Romney as whole-time Duly Authorised Officers, which permitted the entire centralisation of the Mental Health Service in the Health Department.

Additional appointments were made to deal with Welfare Foods. Miss B. Richards was promoted to take charge of the entire Welfare Foods Scheme throughout the County, while Mr. H. Down became responsible for the distribution of the foods.

STAFF OF THE HEALTH DEPARTMENT

Designation of Post	No. holding post	No. on Establish- ment	Name of Officer	Location
Medical.				
County M.O.H. and School M.O.	1	1	Dr. M. T. Islwyn Jones Wrexham	Wrexham
Deputy C.M.O.H. and School M.O.	1	1	Dr. R. G. Davies	Wrexham
District M.O.H. and Assist. C.M.O.H.	4	4	Dr. W. McKendrick Dr. M. Jones Roberts Dr. T. K. Hughes	Colwyn Bay Denbigh Wrexham
Assist, C.M.O. and Assist, School M.O.	6	4		Wrexham Llangollen Wrexham Colwyn Bay

-					
Location		Wrexham	Colwyn Bay Abergele Wrexham	Wrexham Wrexham Wrexham	Gresford Chirk Wrexham Ruthin Denbigh Llangol'en Llangol'en
Name of Officer		Mr. J. G. Roberts	Mr. H. E. Fussell Mr. J. P. Reid Mr. D. O. Thomas	Miss W. M. Chune Miss Eirlys Jones Miss F. V. Ramsey	Miss E. A. Bodsworth Miss D. Brown Miss D. Bryant Mrs. E. A. Beech Davies Miss S. C. Evans Miss M. Wynne Evans Miss E. Foulkes
No. on Establish- ment		1	9		19
No. holding post		1	···		19
Designation of Post	Dental:	Senior Dental Officer	Assistant Dental Officer	Supt. Nursing Officer Deputy S.N.O. Assistant S.N.O.	Health Visitors and School Nurses:

Designation of Post	No. holding post	No. on Establish- ment	Name of Officer	Location
Health Visitors and School Nurses (cont.)			Mrs. I. E. Garner Miss E. Griffiths Mrs. A. E. Jones Miss A. E. Jones Miss K. Jones Miss M. E. Jones Miss W. L. Parry Mrs. V. Richards Miss M. Robinson Mrs. W. Williams Mrs. A. Martin Mrs. A. Martin	Abergele Ruabon Broughton Coedpoeth Rhos Colwyn Bay Wrexham Wrexham Wrexham Wrexham Wrexham
Tuberculosis Visitors:	2	2	Miss M. Lloyd Edwards Wrexham Miss M. Thomas	Wrexham Abergele
District Nurses and Midwives:	54	54	Nurse E. M. Beattie " A. B. Blackweil " M. Cheney " N. M. Crump A. Davies	Holt Wrexham Old Colwyn Gwersyllt Trefnant

	AND THE RESIDENCE OF THE PARTY
Location .	Llay Llansannan Wrexham Wrexham Wrexham Ruabon Glan Conway Gresford Llansilin Clawddnewydd Wrexham Wrexham Glynceiriog Denbigh Nantglyn Cefn Mawr Pentrevoelas Llanrwst Llanrwst Llanrwst Llanrwst Llanrwst Llanrwst Grexham Gen Mawr Pentrevoelas Llanrwst Cefn Mawr Pentrevoelas Llanrwst Cefn Mawr Pentrevoelas Llanrwst Cefn Mawr Pentrevoelas Llanrwst Cefn Mawr Pentrevoelas Cefn Mawr Pentrevoelas Cefn Mawr Pentrevoelas Cefn Mawr Cefn Mawr Pentrevoelas Llanrwst
Name of Officer	Nurse C. Davies  ". E. Davies ". M. Edwards ". D. Edkins ". A. M. Ellwood ". J. Gallagher ". N. B. Holly ". M. Holland ". W. Hudson ". W. G. Hudson ". J. H. Jones ". J. H. Jones ". J. H. Jones ". G. Llewelyn ". F. M. Lloyd E. E. Manning ". M. E. Mansley ". M. A. Matthias
No. on Establish- ment	
No. holding post	
Designation of Post	District Nurses and Midwives (cont.)

Designation of Post No. holding No. on post Establish-ment	District Nurses and Midwives (cont.)	Duly Authorised Officers: 2 Mr	Dental Attendants: 4 6 Mrs. Miss Miss Miss Miss	Clerical: Senior Administrative Officer 1 Mr	Deputy Administrative Officer 1 Mr	Senior Section Clerks 2 4 Mr
Name of Officer	se S. C. Williams L. I. Jones F. G. Wynne	Mr. J. E. Evans Mr. H. E. Romney	M. Jarvis I. E. Sanderson A. Cudworth J. M. Crabbe	Mr. G. L. Britton	Mr. Gwilym Davies	Mr. Gerald Howard Miss E. Hughes
Location	Rhos Llanarmon-yn-Ial Rhos	Wrexham Colwyn Bay	Wrexham Colwyn Bay Wrexham Abergele	Wrexham	Wrexham	Wrexham Wrexham

Designation of Post	No. holding post	No. on Establish- ment	Name of Officer	Location
General Clerks	20	20	Miss D. G. Jones Miss M. D. Whittaker	Wrexham
			Mrs. G. Davies Mr. David Davies	Wrexham
			Mr. Brian Davies Mr. H. Down	Wrexham
			Mr. I. Wyn Jones	Wrexham
			Miss Iola Parry	Wrexham
			Mr. Bryan Davies	Wrexham
			Miss B. Richards	Wrexham
			Mrs. A. C. J. Bain	Wrexham
			Miss J. A. Jones Miss Barbara Bailev	Wrexham
			Mr. B. G. Roberts	Wrexham
			Mr. Wyn Owen	Wrexham
			Miss M. Kirby Mr R Hawke	Wrexham
			Mr. E. Wright	Wrexham
			Colwyn Bay Office:	
			Mrs. P. G. Storrs	Colwyn Bay
				Colwyn Bay
		No.	Miss M. Hallworth	Colwyn Bay

# PART III

# General Provision of Health Services

# CARE OF MOTHERS AND YOUNG CHILDREN

The changes that followed the National Health Service Act have now, in great measure, been stabilised; but the need for a closer integration of these services is appreciated in many quarters. With this in mind, the Denbighshire and Flintshire Division of the British Medical Association invited the County Medical Officers of Health of both counties to meet their representatives in order to discuss ways and means of ensuring a closer co-operation between the general medical practitioner and the Local Health Authority services. This fruitful meeting succeeded in establishing a closer relationship and better understanding which will be further improved by local meetings of doctors and staff of the Health Department.

The attendances at the consultative ante-natal clinics have been well maintained and the midwives and health visitors who are always present have seized every opportunity of instructing the mothers on health matters of concern to them and their babies. It has been possible during the past year to organise formal teaching and demonstrations at the Wrexham ante-natal clinic. Mothers have learnt much from such instruction and facilities of this nature should be available at all the ante-natal clinics.

The Assistant Medical Officers' ante-natal clinics have declined proportionately to the decrease in domiciliary births and to the increased keenness of the general medical practitioner in domiciliary obstetrics. As it becomes more universally appreciated that the Local Health Authority clinics are complementary to, rather than a replacement for, general medical practitioner services, so will the attendances at the Local Health Authority ante-natal clinics improve.

The Proposals of the Authority under this Section were amended so that mothers and children could be sent for recuperation to suitable homes. During the year one mother and her two children were sent to such a home for a period of three months. Not only is the physical condition of the mother and children given attention, but every opportunity is taken to teach the art of household management. Thus a debilitated, harassed and overwrought mother is given a respite from a situation that has overwhelmed her and she is returned home not only better in health but with a much clearer conception of how to perform her household duties.

# ANTE-NATAL AND POST-NATAL CLINICS

The post-natal clinics are incorporated with the ante-natal clinics and no special sessions are held for this purpose.

The County Obstetric Officer attends at ante-natal and postnatal clinics as follows:—

TABLE XII

Location Day and Time	Number of sessions per month	Average number of new cases per session	Average number of re-examin- ations per session
Colwyn Bay Thurs., a.m. & p.m,	2	1	4
Denbigh Fri., a.m.	2	5	6
Cefn Fri., a.m.	2	2	16
Llangollen Tues., p.m.	2	4	12
Llanrwst Thurs., a.m.	1	1	4
Rhos Thurs., a.m.	2	3	10
1 Grosvenor Rd., Wrex- ham Wed., a.m.	4	10	22

The Assistant Medical Officers attend the ante- and post-natal clinics as follows:

TABLE XIII

Location	Day and Time	Number of sessions per month	Medical Officer in attendance
Llanrwst	Tuesday, a.m.	2	Dr. D. J. Wilson
Denbigh	Wedn'day, a.m.	2	Dr. M. Jones Roberts
Colwyn Bay	Friday, p.m.	4	Dr. D. J. Wilson
Cerrig	Friday, a.m.	1	Dr. D. J. Wilson

The Wrexham, Powys and Mawddach Hospital Management Committee ante-natal clinics held in Local Health Authority premises are:—

TABLE XIV

Location	Day & time	Number of sessions per month	Average number of new cases per session	Average number of re-examin- ations per session
1, Grosvenor Rd., Wrex- ham	Wed., a.m.	4	10	22
Plas - yn - R h o s , R h o s , Wrexham	Thur., a.m.	2	3	10
C'nty Clinic, Cefn.	Fri., a.m.	2	2	16

# Family Planning.

The Family Planning Association has continued to provide a weekly clinic both at Colwyn Bay and Wrexham. These clinics function in conformity with prescribed policy and in association with the Local Health Authority service. During the year there were 194 new cases at Wrexham, with a total attendance of 507, and 163 new cases attended at Colwyn Bay, with a total attendance of 642.

# Puerperal Pyrexia.

12 cases of puerperal pyrexia were notified, and of these 8 occurred in hospital and four in domiciliary cases. Those occurring in domiciliary practice were thoroughly investigated and the appropriate action taken where necessary.

# Ophthalmia Neonatorum.

One case was notified during the year and this responded satisfactorily to treatment and there was no detectable residual damage to the eyes.

# CHILD WELFARE

#### Notification of Births.

In accordance with statutory requirements, 2,718 live births and 69 still births were notified during the current year. A list of notifications is dispatched at the end of the week to the Registrar of Births.

# Child Welfare Clinics.

Only a few alterations were made during the year. Weekly instead of fortnightly sessions were introduced at Llanrwst and Ruthin, although the staff situation had not improved. The needs of the rural areas were constantly stressed in the Health Committee and the claims for clinics at many villages were strongly submitted, but, with the present staff fully committed, it was impossible to accede to such representations. In certain areas a more suitable solution has been to arrange transport from scattered hamlets to a central clinic. Provision of this nature

was made in the district of Llanrhaiadr Y.M. A vehicle conveyed, throughout 1954, mothers from Llansilin and intervening points to and from the clinic at Llanrhaiadr. This service has been greatly appreciated and has met the need of the area satisfactorily. A similar service was arranged in the Llansannan and Llanfair T.H. districts pending the opening of a clinic at Llansannan.

# CHILD WELFARE CLINIC ATTENDANCES

# Age 0-1 year:

Number of first attendances ... 2,151

Total number of attendances ... 22,687

# Age 1-5 years:

Total number of attendances ... 11,956

TABLE XV

# MATERNITY AND CHILD WELFARE

The following table furnishes information for 1954 with regard to the Maternity and Child Welfare Centres established in the County

Present arrangements for medical supervision	Assistant fed. Officer "
	Wed.
chil fren who durit g the year wer 2 born in 1953 1952-49	65 22 24 24 46 46 46 46 46 46 47 48 48 48 48 48 48 48 48 48 48 48 48 48
- 0	88 84 24 14 44 44 44 44 44 44 44 44 44 44 44 44
No. of attended and who	22 13 19 18 20 18 25 17 25 18 26 18 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29
Average attendance per session (children)	29 31 32 33 34 35 35 36 37 38 38 38 38 38 38 38 38 38 38 38 38 38
time	p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m.
Day and time of meeting	Thursday Monday Thursday Monday Friday Thursday, Monday Monday Wednesday Monday Wednesday Wednesday Friday Friday
Whether Sessions are held weekly, fortnightly or monthly	Weekly Fortmightly Monthly Fortmightly Fortmightly Weekly Weekly Tortmightly " " " " "
Address	Abergele, Pentre Mawr
	Abergele, Broughton, Brymbo, Cefn, C'druidion, Chirk, Coedpoeth, Colwyn Bay Glan C'way, Glan C'way, Glynceiriog, Gresford, Holt, Johnstown,

Table XV (continued).

		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-
Present arrangements for medical supervision	Assistant	Med Officer	=					2			2				, ,	2	2	:		13
children who luring the year were born in 1953 1952-49	14	26	27	37		4	15	∞	6	14	13	88	95	29	72	55	87	117	16	07
childre luring were 1953	==	13	38	75		10	53	20	47	24	53	28	100	34	26	36	92	164	10	70
No. of attended o and who 1954	∞	13	46	57		==	09	110	4	28	24	34	75	42	===	35	124	193	9	0
Average attendance per session (children)	12	17	29	33		∞	27	43	23	25	20	28	26	26	45	21	36	35	9	0
and time meeting	p.m.	p.in.	p.m.	p.m.		p.m.	p.m.	y p.m.	p.m.	p.m.	ty p.m.	p.m.	p.m.	p.m.	p.m.	y p.m.	p.m.	d. p.m.	E	d.III.
Day and tim of meeting	Monday	Thursday	Tuesday	Tuesday		Monday	Tuesday	Wednesday	Friday	Monday	Wednesday	Thursday	Tuesday	Thursday	Monday	Wednesday	Thursday	Mon., Wed. p.m.	Tuesday	rucanay
Whether Sessions are held weekly, formightly or monthly	Fortnightly	Monthly	Fortnightly	Weekly		Fortnightly		Weekly	Fortnightly	=	:		Weekly	Fortnightly	Weekly		2		Fortnightly	roungilly.
Address	Llanddulas, C.M. Chapel	Clangern'w, Memorial Hall	Llangollen, Welfare House	County Clinic		Y.M., Public Hall	County Clinic	Plas-yn-Rhos Cty. Clinic	Rhosrobin, County Clinic	Church Hall	Men's Institute	Old People's Hall	Baptist Chapel	Church Institute	Gatefield	Garden Village	Queen's Park	1 Grosvenor Road	one-limitive Change	Timility Chapel
	Llanddulas,	Llangern'w,	Llangollen,	Llanrwst,	Llanrhaiadr	Y.M.,	Llay,	Rhos,	Rhosrobin,	Rhostyllen,	Rossett,	Ruabon,	Ruthin,	Southsea,	Wrexham,				Vron-	cysymic,

# DENTAL CARE

# TABLE XVI ANNUAL RETURN OF WORK. EXPECTANT AND NURSING MOTHERS.

January to December, 1954

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	
No. referred for treatment	70	50	162	60	342
No. accepting treatment	65	44	161	60	330
No. completed treatment	39	21	134	47	241
Attendances for treatment	82	45	715	270	1132
Sessions devoted to treatment	161	171	85	55	174
Broken appointments	17	28	41	5	91
Anaesthetics:					
General anaesthetics	10	14	218	64	306
Local anaesthetics	12	6	2	13	33
Extractions:					
Permanent extractions	69	54	1111	318	1552
Temporary extractions	5	17	-	-	22
Fillings	28	21	21	13	83
Dentures supplied	13	2	146	59	220
Adjustments	2	1	45	10	58
Repairs	-	-	7	_	7
Sundries	1	3	6	6	16
Advice	10	8	70	21	109
Scaling and gum treatment	13	4	6	10	33

TABLE XVII

# MATERNITY AND CHILD WELFARE. DENTAL TREATMENT, 1954

(a) Number provided with Dental Treatment.

	No. examined.	No. needing treatment	No. treated.	No. made dentally fit.	
expectant and Nursing Mothers	342	331	330	241	
Children under 5 years of age	148	125	125	125	

(b) Forms of Dental Treatment provided.

220	1
21	1
1	1
∞	1
33	1
88	=======================================
306	911
33	1
1552	288
Expectant and N u r s i n g Mothers	Children under 5 years of age
	1552   33   306   83   33   8   —   21

# CARE OF PREMATURE INFANTS

During the year, 163 premature babies were born, of which 138 survived until one month old. The following table shows where the premature babies surviving to one month old were born:

Home	Private Nursing Homes	Regional Hospital Board Accommodation
26	1	111

# WELFARE FOODS

On the 28th June, 1954, the Ministry of Food transferred, at short notice, the responsibility for the distribution of

National Dried Milk, Orange Juice, Cod Liver Oil, Vitamin Tablets

to the Local Health Authority. It was decided as a matter of principle to associate the distribution of the Welfare Foods, as far as possible, with the various clinic activities, for in this way mothers already attending clinics were accommodated, and those who were not were given a reason for a periodic visit. Furthermore, the majority of child welfare clinics are well served by a band of faithful, interested and competent voluntary helpers, upon whom the additional task could devolve. Besides, the Health Visitor could maintain supervision over the distribution and ensure that the various returns were promptly completed. As the clinics were only held weekly or fortnightly, this service required reinforcing in some areas and the ready assistance of voluntary helpers who were prepared to distribute from private or business addresses was again enlisted.

Administratively it was considered that this considerable volume of work could be absorbed by the Department with only three additional staff, one of whom would be responsible for the distribution of the stocks from main stores to subsidiary points. A suitable vehicle was purchased for this purpose. The detailed administrative plan was formulated by the Chief Administrative Officer and it is particularly to his credit that, although new to his post, the scheme was launched so smoothly.

Objections raised to the proposed scheme proved later to have no foundation and mothers approved the arrangements as soon as they became accustomed to them. In the initial period there was, inevitably, some confusion, but this cleared with the issue of new vouchers and a better understanding of the system. Evidently those entitled to the benefits are catered for adequately, and the present method of distribution reduces abuses to the minimum.

The sale of proprietory welfare foods has continued as previously, the only change being an administrative one; for the same members of the staff are now responsible for all the welfare foods.

# PROVISION OF MATERNITY OUTFITS

Supplies of maternity outfits, containing requisites in accordance with the Ministry's guidance, have been provided for domiciliary confinements. These outfits are supplied from the Health Department direct to the midwives.

576 maternity outfits were issued during 1954.

# CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The demands on Bersham Hall have not been as great during the past year as was anticipated, and the average number in residence has been low, but this does not reflect the substantial contribution the Home has made to the welfare of the unmarried mothers. Many of those admitted were comparatively young girls and the Home provided a haven during a period of tribulation, which otherwise would have been denied them. Furthermore, under the skilful direction of the staff, their activities were turned to useful channels so that, on leaving, they would have learnt to live a better life. Each mother has her daily set duties, and instruction is given in housewifery and mothercraft.

Bersham Hall has a warm, friendly and homely atmosphere which, in all probability, does more to rehabilitate these unmarried mothers than any formal instruction. Although the high number of babies adopted is rather disappointing—as the loss of the baby removes one stabilising factor—I feel that many of these mothers will leave Bersham Hall with a new conception of home and a desire to have one of their own. With such an

incentive implanted in their hearts, there is a good chance of a mending of the way, with resultant benefits to the community. It is gratifying that some of the mothers have subsequently married and established their own homes.

The following table shows the number of unmarried mothers admitted to Bersham from Denbighshire during 1954, and the number, age, sex and disposal of the children:

No.	No. of	Births		Sex	Remained with	Adopted	Mana 20
Admitted	Live	Dead	Male	Female		Relation	Adoption
6	5	1	3	3	1	VOTA	4

### MIDWIFERY SERVICES

For the first time since 1948, the proportion of babies born at home has increased. Due to the considerable decrease in domiciliary midwifery, nurses have been able to undertake a larger proportion of district nursing work. An analysis of the work done by the District Nurse Midwife shows that the staff is completely committed and that, in the event of an appreciable increase in domiciliary midwifery, the present establishment of District Nurse Midwives would have to be revised.

Although the percentage increase in domiciliary confinements in 1954 over the previous year is small it is not without significance, for it shows the public is recognising the sterling qualities of the Domiciliary Midwifery Service. Under the direction of the Supervisor of Midwives, Miss W. M. Chune, the staff has been carefully selected, given a complete set of modern equipment, and kept abreast of recent developments by attending local and special courses at approved centres. It is gratifying that the Local Health Authority midwives in Denbighshire have been attending refresher courses periodically for many years in accordance with a policy which has now become obligatory.

### Supervision of Midwives.

All midwives notify their intention to practice to the Local Supervising Authority, which has specific duties to perform. These have devolved upon Miss Chune. Previously there has been some doubt as to the responsibilities of a Local Supervising Authority with regard to midwives in hospitals, but these have now been resolved by a Ministerial Circular.

	No. o	f Midwiv
Employed by Le (whole-time or		62
In private practic		2
In hospitals	 	45

### Training of Pupil Midwives.

Towards the end of 1954, final arrangements were made for the establishment of a Part II Training Centre at Wrexham. Previously, the Central Midwives Board had approved the facilities provided by the County Council for the training of pupil midwives, and five Bangor students completed their training in Denbighshire during the year. Trevalyn Maternity Home was eventually approved and the necessary provisions were made and a Sister Tutor appointed, but the first complete course could not be started before the end of the year.

The Hospital Authorities have expressed their appreciation for the invaluable assistance given by Miss Chune in planning and arranging for the Part II Training Centre in Wrexham.

### Analgesia.

Forty-five domiciliary midwives have been trained to administer gas and air, and the requisite apparatus has been provided. The results of various trials of the use of Trilene suggested that this method of inducing analgesia had certain advantages, and it was decided to obtain the appropriate apparatus at an early date.

Of the 560 domiciliary births, 558 were attended by the Local Health Authority midwives, either in their capacity as a midwife or maternity nurse. Gas and air was administered in 243 confinements, while pethidine was given in 202 confinements.

### Comparative Table of Live and Still Births for 1954 Occurring at Home or in Maternity Accommodation.

	Live Births	Still Births
Domiciliary	547	13
Maternity accommodation	2171	56

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day	1539
Breast Feeding:	
Number of domiciliary cases in which the infant was wholly breast-fed at the fourteenth day	435
Midwives Act, 1951, Section 14	
Medical Aid:	
Number of patients for whom medical aid was summoned by a certified midwife	171
Total amount of medical claims paid by Local Health Authority	£219 6s. 6c

# DELIVERIES ATTENDED BY MIDWIVES

## **DURING 1954**

sar			Totals	555	1	555
area during the year		Doctor booked	Doctor not pre- sent at time of delivery of child	188		188
Number of deliveries attended by Midwives in the area during the year	ary Cases	Doctor	present at Doctor not pre- of delivery sent at time of child (either sent at time of delivery of child the booked doc or another)	28	1	28
deliveries attended	Domiciliary booked	ot booked	Doctor not pre- sent at time of delivery of child	294	1	294
Number of		Doctor not booked	Doctor present at time of delivery of child	15	1	15
				Midwives employed by the Authority	Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	Totals

### HEALTH VISITING

When it is realised that the Health Visitors are also School Nurses and that the School Health Service has greatly expanded not only in volume but also in scope, that additional child welfare clinics were held during the year, and that additional responsibilities in respect of welfare foods were placed on the Health Visitors, one can only wonder how they have succeeded in having any time left for their basic duties. Yet a scrutiny of Table XVIII shows that the total number of visits to children under one year of age is greater than in the previous year. Furthermore, it is gratifying that general medical practitioners are relying more and more on the services of the Health Visitors, and from this it is evident that their position as a social worker with an invaluable contribution to the medical welfare of the family is being accepted in that quarter.

The need has been stressed previously for an increased establishment of Health Visitors for the County. The present case load is too heavy and, with increasing demands, the situation is untenable. The increasing number of child welfare clinics has already been mentioned; reference has been made to the closer co-operation between general medical practitioner and Health Visitor, while the community care of the aged is a growing problem, and all of which entail additional responsibilities for the Health Visitor.

### TABLE XVIII.

### Table (a)

First visits to children under 1 year of age	3055
Total visits to children under 1 year of age	20708
Total visits to children between 1 and 5 years	20513
First visits to expectant mothers	439
Total visits to expectant mothers	565
Total visits to other cases	2407

TABLE XIX

Summary of Work of Health Visitors.

Table (b).

District	No. of visits under 1	of visits to children under 1 year.	No. of visits	Expectant	Expectant mothers.
District	First visits.	Total visits.	1—5 years.	First visits.	Total visits.
Rhos, Penycae and Johnstown	183	1424	1936	35	08
Rhostyllen, Ruabon, Marchwiel, Isycoed, Abenbury and Holt	253	1599	1121	9	9
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	113	1035	1225	111	116
Brymbo, Broughton, Summerhill	217	1828	1377	1	1
Llay, Gresford, Rhosrobin	219	1537	798	9	9
Llangollen and Cefn	267	2253	1194	4	57
Abergele and Part of Aled	125	1098	1259	47	28
Denbigh and Part of Aled	400	1226	1128	80	6
Llanrwst Area, Hiraethog	114	993	1674	20	88
Llansilin, Chirk, Glynceiriog and Vroncysyllte	144	1083	1564	17	25
Ruthin Borough, Ruthin Rural and Cerrig	238	1642	1619	9	9
Borough of Colwyn Bay	223	1889	2033	14	15
Borough of Wrexham	529	3101	3585	74	102
Totals	3055	20708	20513	439	565

### HOME NURSING

The demands on this service continue to increase and it is gratifying to realise that the number of cases attended in 1954 was nearly double that in 1953, while in addition, 11,000 more visits were paid than in the previous year. This was achieved by the same staff, who had also to cope with a slight increase in domiciliary midwifery. These increases were obtained by greater industry and also by ensuring, at my instigation, a more accurate statistical return from the nurses.

These figures indicate only the extent of the work, and that the quality is also of a high order can be deduced from the numerous letters received in the Health Department from patients who, after recovery, write to acknowledge their appreciation of the excellent services they have received.

During the year a male District Nurse was employed in the Wrexham area. This was in the nature of an experiment, but it soon became evident that this catered for a particular need. The demands on the male nurse were heavy and many difficult cases have been treated at home who would otherwise have been admitted to hospital.

Forty-seven Home Nurses have transport and in the course of their duties travel many miles, which further adds to their burden, especially in rural areas, but the respect and appreciation of the patients does much to maintain their morale. Many nurses participate actively in the social life of their locality and by voluntary effort contribute further to the well-being of the community which they serve.

Periodically each nurse attends a refresher course, thus keeping abreast of developments and maintaining techniques at a high level. They have been supplied with all essential equipment, which is always kept up to standard. Additional or special nursing equipment can be obtained from the central depot. Finally, it is satisfying to see members of the nursing staff carrying out their duties looking trim, spruce and professional in the nursing uniforms.

TABLE XX

SUMMARY OF CASES ATTENDED AND VISITED BY HOME

# **NURSES DURING 1954**

Patients incl. in (2)-(2) who have had more than 24 visits during year	(11)	1101	54436
Children incl. in (2)-(7) who were under 5 at time of fret visit during year	(01)	557	3909
Patients incl. in (2)-(2) who were 65 or over at time of first visit during year	(6)	2104	47445
Totals	(8)	10254	134178
Others	(4)	3673	8066
Maternal Complications	(9)	140	1136
Tuberculosis	(5)	174	3504
Infectious Diseases	(4)	88	168
Surgical	(3)	2041	31918
Medical	(2)	4198	89386
	(1)	Number of cases attended by Home Nurses during the year	Number of visits paid by Home Nurses during the year

### VACCINATION

Facilities are available for vaccination against smallpox at all the child welfare clinics, but, despite strenuous efforts by the Department, the percentage of infants vaccinated remains low.

### TABLE XXI

### Vaccinations performed during 1954

Primary Vaccination	ns	Re-vaccinations.	
Under 1 year	700	Under 1 year	_
1 - 4 years	92	1 - 4 years	_
5 - 14 years	34	5 - 14 years	38
15 years and over	73	15 years and over	145

### **DIPHTHERIA IMMUNISATION**

Despite strenuous efforts by the staff of the Department, the attitude of the public to diphtheria immunisation is apathetic. The low incidence of this disease has led to a feeling of false security. The need to maintain immunity against diphtheria is constantly being impressed upon the public by every means at the disposal of the Health Department.

The number of children immunised in the County during the year 1954 was as follows:

HERRESEA	Under 5 years	5 - 15 years	Total
No. immunised with Diphtheria Prophylactic	211	213	424
No. immunised with combined Diphtheria/Pertussis Prophylactic	1601	17	1618
Total no. immunised against Diphtheria	1812	230	2042
"Repeat" doses			1437

### WHOOPING COUGH IMMUNISATION

In 1954, the majority of children were immunised with the combined diphtheria/pertussis vaccine. Many parents were interested only in obtaining immunity against whooping cough, but accepted this combined antigen as it did not entail additional injections.

The distressing symptoms of whooping cough are well known and are the main concern of the parent, but medically the unfortunate sequelae of this disease are of even greater importance. There are indications that the respiratory system may be permanently damaged by whooping cough, especially in young infants, and the fairly frequent diagnosis of bronchiectasis in children has caused me concern.

Whooping cough immunisation was first introduced into this County in 1947 by Dr. McKendrick at Colwyn Bay, and Table XXII shows the notifications in Colwyn and Wrexham Borough. The lower incidence in Colwyn Bay indicates that the vaccine is providing the necessary immunity.

TABLE XXII

### Number of cases of Whooping Cough notified since 1947 in Wrexham and Colwyn Bay Boroughs and the Administrative County

Year	Wrexham Borough	Colwyn Bay Borough	County
1947	31	21	207
1948	197	12	697
1949	20	44	143
1950	238	14	213
1951	70	17	321
1952	115	12	161
1953	111	. 15	191
1954	45	17	237
	Wantson vil		

No. immunised with Pertussis Prophylactic	6
No. immunised with combined Diphtheria/ Pertussis Prophylactic	1618
Total no. immunised against whooping cough	1624

### AMBULANCE SERVICE

The agency agreements with the Welsh Home Service Ambulance Committee and the Colwyn Bay Voluntary Ambulance Corps were continued, and the only change was the re-opening of the Abergele ambulance station in August, 1954. This was achieved after overcoming many difficulties, and even during the short period under review it was evident that the new arrangements were ideally suited for the area.

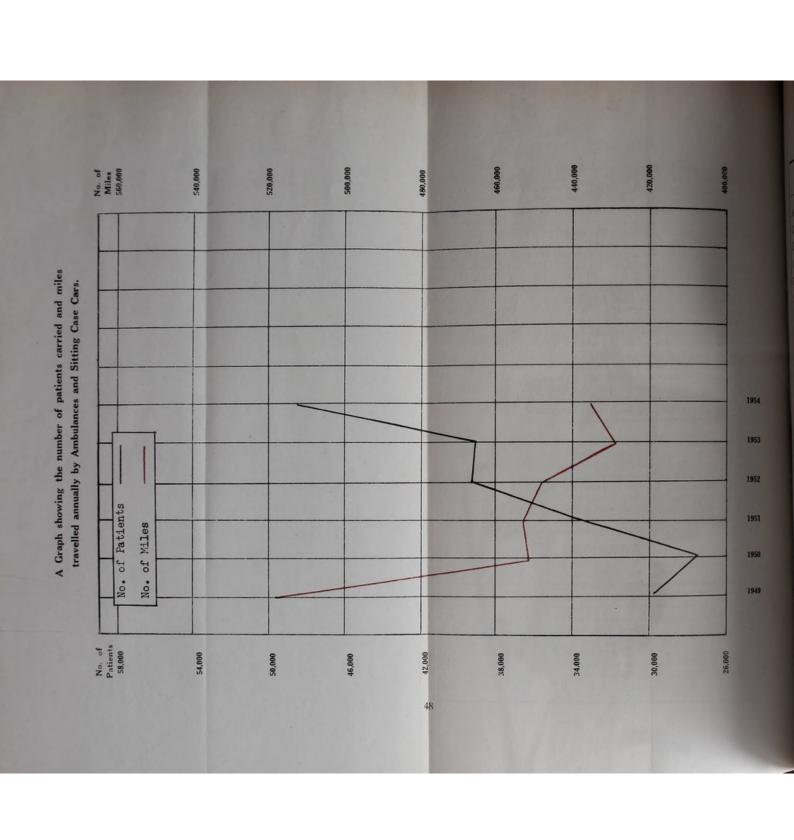
The Abergele ambulance station is manned by one paid driver and a number of volunteers who are members of the Abergele Voluntary Ambulance Corps. A light ambulance has been provided by the County Council and use is made of the clinic premises for the volunteers on duty. It will be seen in Table XXIII that the Abergele ambulance carried in four months as many Abergele and district patients as were carried for the whole of 1953. This considerable increase in work could not have been done but for the close co-operation between the volunteers and the paid driver.

The demands on the service generally have continued to grow despite rigorous supervision. Although the total number of patients carried increased from 39,099 in 1953 to 48,634, the increase in mileage was only 5,921. This has been accomplished by centralising the work in East Denbighshire as much as possible on 16, Grosvenor Road, Wrexham. Although the Wrexham ambulances have not been moved completely to 16, Grosvenor Road, they now operate from that address during the day. This has made possible economies in the use of transport throughout the Wrexham area and simultaneously increased efficiency. A further improvement will result when the ambulance station is eventually located at 16 Grosvenor Road and it becomes possible to have a full 24-hour central control, for, despite appeals and administrative instructions, some ambulance stations and doctors are a law unto themselves and the only possible remedy is to have continuous central control.

The demands on the Ambulance Service come mainly from hospitals, being approximately three times as great as those made by the general medical practitioners. While the enormous strain on the hospital services is appreciated, it must be realised that the Ambulance Service is primarily for the benefit of transporting the patient and not a means of relieving administrative confusion. Many difficulties were ironed out during the year and it is to be hoped that, with increased co-ordination, there will be less frivolous calls on the Ambulance Service.

The following table shows the trend in the use of the Ambulance Service over the past six years:

	1954	1953	1952	1951	1950	1949
Total no. of patients conveyed	48634	39099	39258	33846	27500	29886
Total no. of miles	434640	428719	447676	452748	451087	518355
No. of miles per patient	8.9	10.9	11.4	13.4	16.4	18 4



### TABLE XXIII

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele	516	9300
Colwyn Bay	1249	20419 .
Colwyn Bay Isolation Hospital	58	724
Cerrigydrudion	50	2565
Denbigh	439	9159
Llangerniew	257	7382
Llanrwst	116	4087
Ruthin	300	9057
Brymbo	1922	15810
Cefn	3587	24059
Chirk	450	7381
Llay	1686	13171
Rhos	5985	29252
Wrexham	15901	65384
Wrexham Isolation Hospital	200	1123
	32716	218873

### SITTING CASE CAR SERVICE

It will be noted that there has been an appreciable increase in the number of patients conveyed by sitting-case cars and in the mileage travelled. Whenever possible, especially in rural areas, taxis are used in preference to ambulances for reasons of economy, and also so that an ambulance is kept in its station in readiness for a serious emergency.

Regular use has been made of the voluntary car pool, but calls on this service are declining as greater use is made of rail-

way facilities. Frequently, transporting patients by train is the most suitable arrangement and, whenever possible, the excellent facilities offered by British Railways are used.

The Voluntary Car Pool Service has continued to render valuable assistance, particularly for female patients who have to travel long distances. The number of cases conveyed was 2,148, and the total mileage was 40,104.

TABLE XXIV.

	1	Cases			Mileage	
Month !	Taxis	W.V.S.	Total	Taxis	W.V.S.	Total
Jan	1008	196	1204	10534	1988	12522
Feb	995	241	1236	12565	4028	16593
March	1329	266	1595	15441	5300	20741
April	1399	218	1617	16058	3982	20040
May	1322	208	1530	14795	3472	18267
June	1322	170	1492	16124	3248	19372
July	1284	144	1428	17506	3216	20722
August	1133	105	1238	17135	2408	19543
Sept	1157	127	1284	16248	3301	19549
Oct	1050	113	1163	13901	2889	16790
Nov	969	189	1158	13353	3668	17021
Dec	902	171	1073	12008	2624	14632
Totals	13770	2148	15918	175668	40104	215767

### PREVENTION OF ILLNESS, CARE & AFTER-CARE

### Tuberculosis.

The elimination of this disease within a generation is a possibility if the problem were tackled vigorously, for in recent years new methods of detecting, controlling, curing and eradicating the disease are constantly being discovered. Yet the situation is by no means satisfactory, for in 1954 the death rate for the County and the number on the register have increased.

The slight increase in the death rate is not of serious import, but the increased number on the register indicates that the disease is more prevalent in the community and that, therefore, preventive measures are inadequate. In a period of full employment, of improving housing and social conditions, the disease should be retreating instead of spreading. With so much time and energy being devoted to this disease, is it not opportune to enquire whether the facilities available are being used to the best advantage?

In April, 1954, the Health Committee considered Ministry of Health Circular 22/53 on B.C.G. vaccination. It was resolved to await the results of various trials before embarking on a comprehensive scheme as envisaged in the Circular. In the meantime, opportunities would arise of reviewing the present preventive measures and, where necessary, re-marshalling forces before embarking on a new campaign.

The chest physicians in the County have vaccinated with B.C.G. all susceptible contacts.

The Mass Radiography Unit visited Denbighshire to examine special groups and the general population. The response of the public has been disappointing in some areas, depending to some measure on the extent of the publicity given to the Unit's visit. A fuller use of local agents would result in a better response.

### Total no. of cases on register, 1954:

Pulmonary			 1419
Non-pulmonary			 371
Total no. of notifications			 264
No. of new contacts seen of new cases	notif	fied	 448
No. of contacts notified of this number			 17
No. of old contacts seen of old cases			 1903

As in previous years, Health Education has been propagated at clinics, schools and exhibitions. Re-housing of tuberculous patients has been given priority by the majority of authorities and the routine X-ray examination of those coming into contact with the children has been the accepted policy.

District Nurses and Home Helps have continued to attend patients in their own homes. During the year, 168 patients received additional nutriments, bedding and comforts. Mainly, patients are given milk, and a few have beds, etc., on loan, while voluntary agencies have given further assistance.

Difficulties have been encountered upon the discharge of patients from sanatoria where home conditions have not been conducive to continued recovery. Garden shelters have been of value in providing isolation for infectious patients being treated at home. During the year three shelters were in continuous use, one shelter being transferred from a recovered patient to another patient newly discharged from hospital.

TABLE XXV

Cases on Tuberculosis Register on 31st December, 1954

R	espirator	y.	N	on-respira	tory.
M.	F.	Total	M.	F.	Total
785	634	1419	205	166	371

TABLE XXVI.

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England & Wales, for 1954 and each of the preceding ten years.

Year	Urban	Rural	Whole County	England & Wales
1944	59.4	46.0	52.2	52
1945	56.3	49.8	52.9	52
1946	49.2	48.9	47.9	47
1947	55.5	46.2	50.5	44
1948	42.8	42.0	42.3	40
1949	43.8	42.8	43.3	32
1950	34.4	35.0	34.7	28
1951	29.2	19.5	24.0	31
1952	21.6	20.6	21.1	_
1953	17.7	13.1	15.2	-
1954	22.8	18.5	20.5	16

During the year under review, the number of cases notified was 133 males and 131 females. The age and sex distribution are given in the following table:

TABLE XXVII

	R	espirato	ry	Non-	Respira	tory
Age	М	F	Т	M	F	T
0	-	1	1	-	_	-
1	1	2	3	-	_	-
2	3	4	7	2	1	3
5	4	3	7	2	3	5
10	2	6	8	4	5	9
15	8	15	23	2	5	7
20	9	19	28	1	1	2
25	17	18	35	1	5	6
35	13	11	24	3	5	8
45	20	11	31	5	1	6
55	19	4	23	3	_	3
65	12	8	20	_	1	1
75	2	2	4	-	_	-
Totals	110	104	214	23	27	50

# TABLE (XXVIII

### Tuberculosis

Active Cases on Registers according to Sanitary Areas on 31st December, 1954.

re- the end	Non- Pulmon.	,	2 <b>(2)</b>	200	44		13	2	2 -	22	11	
of cases on er at the the year	Pu	1	: :	: :	::		1:	: :	: :		: :	:
No. of maining Register of the	Pulmon.		388	84	22 23	0,	88	13	17	19	33	17
es re- n the during r.	Non- Pulmon.		1-	1 2	11		- <del>4</del>	12	11			10
of cases d from ter du			: :	:	:::		::	: :	:	1 1	: :	:
No. of moved Register the	Pulmon.		0 7	=°	4		153	v 4	m 4	. 1.	40	x
of cases added the Register ring the year.	Non- Pulmon.		12	1-	-02		- 5		1-		100	3
as th			: :	:	:::		::	::	:	::	: :	:
No. of ca to the during	Pulmon.		w 6	15	102		13.53	0 9	1"	nmy	010	9
cases of sis on at the ement of year.	Non- Pulmon.		m 7	11	2-2		021	160	2	100	00	13
of cases erculosis ister at mencement the year.			: :	:	:::		1:	: :	:	::	: :	:
No. of cases Tuberculosis Register at commencement the year.	Pulmon.		12 33	56	12 12		45	14	12:	32:	3,5	53
					: : : : : : : : : : : : : : : : : : :					· · · · · · · · · · · · · · · · · · ·	ss	sa
ict.			Males	Males	Males Females		Males	Males	h Males	Female: Males	Females	Females
District.		Western No. 1.	Abergele	Colwyn Bay	Aled	Western No. 2.	Denbigh	Llanrwst	Ruthin Borough Males	Hiraethog	Ruthin Rural	
2 3 3 6		Wei	A	ŭ	A	Wei	D	L	Rı	H	R	

Table XXVIII (cont.)

Tuberculosis (continued).

Non-Pulmon. No. of cases re-maining on the Register at the end of the year. 102 27 371 23 : : Pulmon. 8122333 1419 124 Non-Pulmon. No. of cases re-moved from the during 50-8 the year. : : : : : : : Register Pulmon. 204 80/ 101 70 Non-Pulmon. No. of cases added to the Register during the year. 8 1001 410 : : Pulmon. 35.546 261 21 Non-Pulmon. of the of 129 365 143 commencement cases the year. No. of case Tuberculosis Register at : : : Pulmon. 811830 113 1362 ...Males ...... Females ..... Wrexham Bor. "Males ...... Wrexham R.D.C.Males ...... ....... Males Females ..... District. Ceiriog ..... Totals Eastern No. 1. Eastern No. 2. Llangollen

The following table gives details of the work done by the Mass Radiography Unit in Denbighshire during 1954.

TABLE XXIX

Location		No. X-rayed	No. re-X-rayed with larger picture	No. referred to Chest Clinic as query T.B.
Ruthin	Males Females	409 515	41 66	
The state of the s	Total	924	107	3
Rhos	Males Females	2039 2005	224 94	14 4
	Total	4044	318	18
Coedpoeth	Males Females	316 288	72 32	1 1
	Total	604	104	2
Brymbo	Males Females	99 98	19 9	1 _
	Total	197	28	1
Grand Total	Males Females	2863 2906	356 201	16 8
S. A. E. Pro- 9	Total	5769	557	24

### OTHER ILLNESSES

### After-care.

The gradual expansion of activities in this sphere continued during the year under review. Both the St. John Ambulance Brigade and the British Red Cross Society have equipment depots which adequately cover the County. The co-operation of these voluntary organisations is greatly appreciated, and it is pleasing to reciprocate by advising local organisations of the equipment to hold, methods of storage and sterilisation.

Periodically requests are received for special nursing equipment and such items are supplied from the Health Department central depot. One recurring need is for Dunlopillo mattresses for patients returned home who have suffered permanent injury to the spine. These cases require not only nursing of a high order but special equipment, and all this has been supplied by the Local Health Authority for every patient in such need throughout the County. Furthermore, each District Nurse holds a supply of nursing equipment sufficient to meet ordinary needs.

Representations made by the staff of the Department have resulted in deserving patients obtaining either equipment, furnishings or comforts from other than official sources. By coordinating the efforts of the various organisations participating in this work the utmost use is being made of the available resources for the benefit of the patient.

### Venereal Disease.

While satisfaction can be gleaned from the decrease since the war in this group of communicable diseases, it is disturbing to find a residual core which persists. Yet it is seldom that a request is received from the Consultant Venerealogist for a Health Visitor to follow-up any patients. During 1954 a few patients who had failed to attend for treatment were interviewed by Health Visitors and convinced of the need to continue treatment until finally cured.

The number of Denbighshire patients dealt with for the first time during 1954 at treatment centres was 143, which were classified as follows:

	Syp	hilis	Gonor	rhoea	Otl	her itions
	M	F	M	F	M	F
Llandudno Gen. Hospital	2	2	 3	2	15	2
St. Asaph Gen. Hospital	3	1	 3	2	13	8
Wrexham War Memorial Hospital	1	4	 15	1	40	26
Total	6	7	 21	5	68	36

### Community Care of the Aged.

It is gratifying that there has been such a close collaboration between all those who, in any way, have a responsibility for the care of the aged living in the community. Some people never grow old and are fortunate in retaining good physical and mental health to their dying day, but only a few are so fortunate.

Most people are beset with various disabilities in old age and it is for this group of people that so much can be done. The District Nurse and the Home Help are the mainstay of the domiciliary care of the aged, together with the general medical practitioner.

Various statutory and voluntary associations also help in other directions and it would be only just to refer to the sympathetic approach of the National Assistance Board officers who have cooperated so well with my Department in this work.

The provision of Old People's Clubs undoubtedly meets a need but somehow those most desperately needing help hardly ever belong to such organisations. It is for this group that the Health Visitor can do so much by bringing the personal touch to an individual problem. Undoubtedly, the curse of old age is the feeling of being useless, unwanted, uncared for, and to have nothing to contribute to a community life.

To overcome such feelings, arrangements have been made for old folk to be registered as out-workers for certain industries. thus providing light employment and a small income. It is hoped that this experiment will grow and prove successful, for, undoubtedly, the old folk are happiest while living in the community. The Health Department endeavours to keep the old people for as long as possible in their own homes, but in the majority of instances the admission to a welfare home or a hospital for chronic aged sick is deferred too long. Periodically statutory powers have to be used in order to remove an old, sick and neglected person to accommodation where they can be properly cared for and treated. It is in this type of case particularly, where the cordial relationship of all responsible officers contributes so much to th welfare of the patient. District Medical Officers of Health who have powers under Sect. 47 of the National Assistance Act have been consulted by the staff of the County Health Department from the initial stages and are, therefore, completely informed regarding patients that are submitted to them for authority to remove.

In the majority of cases it would seem that once they have been admitted to institutional care there is little prospect of them being returned to the community. I regret that it is rarely that an aged patient being discharged from institutional care is referred to the Health Department for after-care, and I am sure that closer co-ordination of the various services would be of considerable benefit to the patient.

### Blind Persons.

During 1954, the Health Department, which is responsible for ascertainment of the blind, examined 104 blind persons and informed the Welfare Department that 60 should be registered as blind persons.

	Males	Females
No. of cases on Register	199	251
No. of cases ascertained during 1954	34	26
No. of cases ascertained during 1954 with:		
(a) Cataract	19	17
(b) Glaucoma	. 6	4
No. of cases of Blindness due to Retro- lental Fibroplasia		_

### Epileptics.

### Number of Ascertained Epileptics According to Age and Sex Distribution, and in Residential Accommodation

	Number	Ascertained	Nun Residential A	iber in
Age	Males	Females	Males	Females
0 - 10	3	2	1	
10 - 15	2	3	1	
15 - 25	4	3	1	2
25 - 50	2	6	2	6
50 and over	3	3	3	3

### Spastics.

### Number of Ascertained Spastics according to Age and Sex Distribution, and in Residential Accommodation

	Number	Ascertained	Number in Residential Accommodation				
Age	Males	Females	Males	Females			
0 - 10	2	7		_			
10 - 15	1	3	(1916) <u>- 196</u>				
15 - 25	3	1	<del>-</del> /	1			

### Convalescent Homes.

During 1954, arrangements were made for ten patients to go to convalescent homes for an average period of two weeks.

### DOMESTIC HELP SERVICE

With each successive year the volume and diversity of work by this service has gradually increased and but for very careful supervision there would have been an inordinate expansion if all demands had been met. The differences between this service and a domestic agency have to be explained constantly. Many receiving this service pay part or whole of the charge, but a large proportion receive a free service. It is galling to find that a few families who, according to the County Assessment Scale, should pay a small weekly sum ignore all demands for payment. The money recovered for this service is small, but this is not surprising as approximately 75 per cent of recipients are old age pensioners.

The majority of recruits to this Service are not only interested in the wages earned, but also are anxious to participate in a social service. For this reason the service given is excellent and greatly appreciated, especially by the old folk.

The co-operation of the National Assistance Board has gone a long way towards solving the difficult border-line case and it is pleasing to record that those needing help can be assured of getting it, either from the National Assistance Board or the Health Department.

The number of Domestic Helps employed on the 31st December, 1954, was:

(a)	Whole-time	2	 	 	 1
(b)	Part-time		 	 	 105

The number of cases where domestic help was provided during the year was:

(a)	Maternity (inc. expectant mothers)	59
(b)	Tuberculosis	30
(c)	Chronic Sick (inc. aged and infirm)	167
(d)	Others	107
		363

### MENTAL HEALTH SERVICE

In the previous year the administration of this service had been centralised in the Health Department, with a resultant improvement in co-ordination. This was further improved when two whole-time Duly Authorised Officers were appointed, while a small proportion of four other officers' time was retained for Duly Authorised Officers' duties.

The focusing of energies by two officers on mental health has resulted in closer collaboration with the staff of the North Wales Mental Hospital. These two Local Health Authority officers attend hospital staff conferences, maintain regular contact with psychiatric social workers and take over the supervision of discharged patients. This arrangement has been of value to all concerned.

During the year, the number of patients from the North Wales counties admitted to the Mental Hospital under Section 20 of the Lunacy Act increased appreciably and this threw a heavier load on my Duly Authorised Officers and the local magistrates. Of those patients admitted under Section 20, approximately 75 per cent only need formal certification. While this will probably reduce the total number of patients certified in North Wales, it does entail additional work for the Denbighshire Duly Authorised Officers.

### Lunacy and Mental Treatment Acts.

### TABLE XXX

### Cases dealt with by the Duly Authorised Officers.

	M.	F.	T.
Lunacy Act, 1890.			
Summary Reception Order	17	31	48
"Three Day" Order, Sect. 20	7	7	14
Urgency Order, Sec. 41	-	-	_
Mental Treatment Act, 1930.			
As Voluntary Patient	98	150	248
As Temporary Patient	120	_	13-

### TABLE XXXI

### Mental Hospital Admissions, Discharges and Deaths.

	M.	F.	T.
No. of patients certified under the above Acts and removed to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year			
1954	17	31	48
No. of patients discharged during the year	23	35	58
No. of patients who died during the year	8	14	22
Voluntary Patients.			
No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1954	97	150	247
No. of voluntary patients who left the Hospital dur- ing the year 1954	93	151	244
No. of voluntary patients who died during the year 1954	1	2	3
Temporary Patients.			
No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Dis- orders, Denbigh, during the year 1954	1	_	1
No. of temporary patients discharged during the year	_	1	1
No. of temporary patients who died during the year 1954	-	1	1

### Mental Deficiency.

Mental defectives are ascertained by Health Visitors, School Medical Officers and Paediatricians. Some defectives can be ascertained at an early age but the decision to take statutory action is deferred until the child is between five and seven years of age. Many defectives are discovered in school and, after being notified to the Education Committee as being ineducable, they are excluded from the educational system and transferred to the care of the Health Committee.

### Community Care of Mental Defectives, resolves itself to:

- (a) Statutory Supervision. Where the defective is adequately protected, supervised and cared for in good home surroundings, there is little needed except a periodic visit to advise the parents on any particular problem that might arise.
- (b) Guardianship. This course can be adopted when there are no close relatives to take responsibility for the defective, or where additional powers are needed for maintaining satisfactorily the defective in the community.
- (c) Licence. Defectives who have had a period of training in hospitals are allowed into the community on trial. Usually they are placed on licence either with their parents or a suitable person and are kept under the periodic supervision of the Local Health Authority.

During 1954, in Denbighshire, 131 defectives were under Statutory Supervision, 10 under Guardianship and 22 on Licence.

At the present time, the Local Health Authority renders material assistance to defectives by supplying nursing equipment, Home Helps, and by helping to obtain from other statutory bodies either monetary assistance in the form of a weekly allowance or in kind, such as the issue of bedding or night clothes. Several defectives were successfully placed in residential employment who had previously never earned. Placings of this nature have to be carefully selected and constantly supervised, for without patience and understanding on the part of the employers the trial is very liable to fail. In addition to difficulties arising from the work, it is also necessary to supervise the defective's leisure hours, entailing advice on money, purchases, clothing, entertainment and holidays.

The following case reports from the Mental Health Social Worker exemplify the problems that have to be dealt with constantly. Case No. 547, B.H., Male, 30 years.—B.H. was reported by an officer of the National Assistance Board as being a person in need of care and attention. A domiciliary visit was paid, when it was found that B.H. was a feeble-minded person living in what can only be described as appalling conditions. The house was virtually uninhabitable, with no heating or lighting, and it was elicited that B.H. lived mainly on bread and margarine. He was formally ascertained by the Health Committee as a mental defective in need of care and attention and placed under the supervision of the Duly Authorised Officer.

Shortly afterwards he was admitted to the local hospital suffering from bronchitis, and on admission his clothes and effects had to be burnt. While in hospital, residential employment of an unskilled nature was secured for him. The National Assistance Board made a special grant towards re-clothing him and upon discharge from hospital he took up his employment. At present, despite being untrained, he is retaining his employment under continued supervision. Regular consultation with, and advice to, the employer are still very necessary.

Case No. 514, R.M., Male, 23 years.—R.M. was referred to the Health Department by the Probation Officer. Upon examination he was found to be a physically strong feeble-minded youth who was in lodgings which were exceedingly poor, both morally and materially. His "land-lady" took R.M's. wage packet each week—his earnings were £6 8s. nett—and returned 5/- for pocket money. He was formally ascertained as a mental defective and then immediately transferred to a relative who was paid an agreed sum for caring for him. His clothing consisted of one dilapidated suit, one coat and one pair of shoes-he had no underclothes, His financial affairs were then taken over by the Duly Authorised Officer and a Post Office saving account commenced for him. In exactly three months he has spent £28 on clothes (under supervision) and is now adequately dressed and has £5 to his credit in his Post Office savings bank. Direct saving has now earnestly started and he is now realising the value and use of money. He continues to report to the Duly Authorised Officer each week and it can plainly be seen that the direct guidance and supervision he receives has successfully proved to him the benefits of a well regulated life.

TABLE XXXII

Mental Deficiency Acts, 1913-1938.

	M.	F.	T.
No. of mental defectives in institutions at 31/12/54	62	86	148
No. of mental defectives under guardianship at 31/12/54	5	5	10
No. of mental defectives in "Place of Safety" at 31/12/54	-	-	-
No. of mental defectives under Statutory Supervision at 31/12/54	65	66	131
No. of mental defectives awaiting removal to an institution during the year 1954	19	32	51
No. of mental defectives (new cases) reported during the year 1954	18	17	35
No. of mental defectives admitted to institutions during the year 1954	2	3	5
No. of mental defectives taken to "Places of Safety" during the year 1954	-	-	-
No. of mental defectives placed under Statutory Super- vision during the year 1954	13	13	26
No. of mental defectives that ceased to be under care			
by reason of death or removal from the area during the year 1954	6	2	8

### PART IV

### Environmental Hygiene

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

### Influenza.

Towards the end of 1954 an influenza epidemic affected the schoolchildren of the County. The outbreak first affected the western part of the County around Colwyn Bay about the 15th October, 1954, from where it spread steadily east, reaching the Wrexham district at about Christmas-time.

In response to a request from the Virus Reference Laboratory, the course of the epidemic was plotted by obtaining from schools the attendance figures from the beginning of the term, and subsequently to submit percentage returns to the County Health Office only when attendances fell below 80%. Several head teachers enclosed with the statistical return explanatory notes which further assisted in plotting accurately the course of the epidemic. The first indication of a school being affected was a gradual fall in attendance to 80%, which was then followed by a dramatic fall to as low as 33% attendance, with a subsequent gradual return to normal as the epidemic passed on. The primary infection wave afflicted the 7 - 11 year age group, but usually there followed a secondary wave which had a predeliction for the infants and senior pupils. The disease started with naso-pharyngeal or gastrointestinal symptoms, accompanied by a high temperature, with some photophobia. Temperature afterwards fell by lysis, leaving the child with lassitude and weakness for a week or so. Fortunately, no deaths occurred in school children attributable to this disease. Warnings were given to head teachers of the impending spread of the epidemic, which, in several instances, enabled suitable adjustments to be made in the school curriculum. Furthermore, being able to predict the advance of the epidemic permitted the Health Department to mobilise its forces. Prior arrangements were made for a reserve of District Nurses and Home Helps to be available for the area afflicted. These services were fully committed when the epidemic was at its peak but all demands were met, which appreciably relieved the strain on the Hospital Service.

TABLE XXXIII
INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1954 and, for comparative purposes, the nine preceding years are shown.

······································		- fanna	1		. 0					
	1945	1946	1947	1948	1949	1950	1921	1952	1953	1954
Scarlet Fever	276	157	149	273	249	264	123	141	123	69
Whooping Cough	175	256	259	906	202	465	408	907	110	107
Diphtheria	88	88	52	202	000	4	10,01	717	2140	1 5
Measles	7577	620	1317	155/	200	140	200	21/	120	63
Meningoggal Infection	100	1/1	101	100	150	149	50	0	9	34
Acute Poliomyelitis:	•	,	2	27	,				,	
Paralytic	2		36	-	4	7 26	9	12	7	20
Non-Paralytic	0	,	3	•	+	1 29	2	-	4	7
Acute Encephalitis:							,			
Infective	1	1	1	1	1	1,	7	-	1	0
Post-Infectious			,			· ·	1:	18	10	1,
Dysentery	49	46	2	6	4	45	41	3	χο.	0
Ophthalmia Neonatorum	0	4	9	1,	1	1	10	0:	- :	15
Puerperal Pyrexia	15	00	3	1	-	1	9	13	18	10
Smallpox	1	1	1	1	1	1	1	1'	1	1
Paratyphoid Fever	7		2	4	-	1.	-	2	1	1
Enteric or Typhoid Fever)		,				10.	1:	1	1,	1=
Food Poisoning	15	5	18	1:	1:	61	7117	4 5	25	11
Erysipelas	47	3/	39	22	41	31	14	32	97	19
Chickenpox	1	1	1	10	-	15	5	1	10	1
Malaria	1	1	1	1	1	1	1	1	1	1
Pulmonary Tuberculosis	212	214	195	173	212	169	165	231	202	231
Non-Pulmonary Tuberculosis	37	30	41	40	46	41	21	37	25	51
Totals	3333	1631	2277	3238	1749	3228	2866	1598	3028	1216

TABLE XXXIV

The allocation of the several Infectious Diseases to the Sanitary Districts is shown in the following table:—

Non-Pulmonary Tuberculosis	210 5	32-1-6	22   8	15
Pulmonary Tuberculosis.	1272	5000	3 1 18	- 231
Malaria.		ПТП	TTTT	
Chickenpox.	TITI	ППП	TTIT	
Erysipelas.		7111	0110	19
Food Poisoning.	111	ITTI	∞     w	=
Enteric or Typhoid Fever.	TIT	ПП	1111	T
Paratyphoid Fever.	111	ППП	1111	1
Smallpox,	TTT	IIII	1111	1
Puerperal Pyrexia.	1.6.1	11111	w.   w	12
Ophthalmia Neonatorum.	TITT	TTTT	111-	
Dysentery.	112	11111	1111	3
Acute Encephalitis (Post-Infectious).		11111	1111	T
Acute Encephalitis (Infective).		IIIII	اااس	3
Acute Poliomyelitis (Non-paralytic).		1111-	111 -	2
Acute Poliomyelitis (Paralytic).	-11	-1111	1111	2
Meningococcal Infection.	111	IIIII	~	4
Acute Pneumonia.	www.	2-21-	∞     ×	63
Measles.	878	8100	1 - 3	511
Diphtheria.	111	TITT	TITI	T
Whooping Cough.	1173	214	02.8,1.74	237
Scarlet Fever.	201	11000	014   8	8
	Western No. 1. Abergele Colwyn Bay Aled Western No. 2.	Denbigh Llanrwst Ruthin Borough Hiraethog Ruthin Rural	Eastern No. 1. Wrexham R.D. Ceiriog Llangollen Eastern No. 2. Wrestlang Benerk	Totals

The following table gives the number of deaths from infectious diseases during 1954, together with comparative figures for previous years:

TABLE XXXV

	1947	1948	1949	1950	1951	1952	1953	1954
Meningococcal Infection	1	2	3	1	1	4	2	
	1		3		1	4	4	3
Measles	-	2	-	2	1	-	1	-
Whooping Cough	2	2	1	2	4	-	1	-
Diphtheria	1	-	-	-	-	-	-	-
Acute Poliomyelitis .	3	-	-	5	2	-	-	-
Tuberculosis: Pulmonary	69	63	62	51	36	26	26	35
Non-pulmonary	15	8	11	8	5	8	3	3
Pneumonia	80	73	75	63	63	44	70	85

### Tuberculosis.

Thirty-five deaths from pulmonary tuberculosis occurred during the year, as compared with 26 in 1953. Only three deaths from non-pulmonary causes were recorded, the same number as in 1953.

The death rate per million of the population of the County was 222.2.

TABLE XXXVI TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1945-1954

Death Rate per Million of Population	County of Denbigh	7003	329.0	479.0	505.0	423.8	433.2	347.7	240.6	193.3	170.1	222.2
	Total	70	8	79	28	71	73	59	41	34	29	38
Deaths	Non- Pulm.		14	12	15	∞	11	00	25	00	3	3
	Pulm.	5	7/	29	95	83	62	51	36	26	26	35
ı	Total	2000	5877	2213	5266	2186	1727	1821	1828	1854	1709	1790
No. on Register	Non- Pulm.	007	760	645	650	595	434	450	435	418	362	371
N	Pulm.	1000	1593	1568	1616	1591	1293	1371	1393	1436	1347	1419
	Year		1945	1946	1947	1948	1949	1950	1921	1952	1953	1954

#### SANITARY CIRCUMSTANCES

### Water Supply and Sewerage.

Throughout the year, at regular intervals, samples have been collected from the various water supplies in the County for bacteriological examination. Copies of the reports are forwarded to me by the Public Health Laboratory Service. With few exceptions, these have been most satisfactory, but it has been necessary in a few instances to investigate the reason for a piped supply not being up to the requisite standard. Defective mains or inadequate supervision of chlorination is more often than not the cause for an unsatisfactory bacteriological report. The independent sampling of water supplies ensures unbiased information and a more stringent supervision of the supply.

The County Sanitary Officer reports as follows:

- "Water Supply and Sewerage.—An adequate supply of pure water and the safe removal of waste products are the basis and the essentials of public health.
- "Some progress has been made during the year under the Rural Water Supplies and Sewerage Acts, 1944-51, in providing a piped supply of water to many districts which previously were without a supply.
- "All the County District Councils are very much alive to their duty to provide schemes that will serve the entire needs of their districts.
- "They are, however, finding that the financial burdens imposed by such schemes are becoming excessive. This is particularly evident in the truly rural areas, where taking supplies to sparsely populated areas is always expensive and the income derived can never be commensurate with the outlay. The grants made by the Ministry of Housing and Local Government and the County Council are of assistance to the County District Councils. It is, however, found that as the programme of new works proceeds. the accumulated cost of each successive scheme adds to the rateburden of the Local Authority, which must be reflected in the rate to be levied. The question which naturally arises-when will the rate-point of saturation be reached? Before or after the completion of all schemes?. The needs of every village and hamlet are identical and they must be respected and met by providing the essentials to healthy living and the well-being of the people. This may make it necessary for the Ministry and County Council to review their grants to the rural authorities in the not too distant future.

- "The following new works have been put in hand during the year:
- "Aled Rural District Council.—The scheme based on Llyn Bran, which is situated on the Bylchau Pentrefoelas road, to supply the parishes of Bylchau, Llansannan, Llannefydd and Nantglyn, is nearing completion. The Council have decided to proceed with further extensions of the scheme and approval has been given to proceed with the first part of that contract."
- "Graig Glan Conway.—The County Council have approved a water scheme to serve Graig and district in the Parish of Llan santffraid Glan Conway, at an estimated cost of £3,743. It is proposed to take a supply from the Conway and Colwyn Bay Joint Water Supply Board by making a new connection to their trunk main and from a ring distribution main. The demand for water in this area is considerable.
- "Ruthin Rural District Council.—The scheme to provide a mains supply for parts of the parishes of Llanfair D.C. and Llanelidan has been completed at a cost of £25,534.
- "The Council have also completed all works on the borehole and pumping station in the Parish of Llanynys. Their work in bringing into use an existing borehole will considerably increase the quantity of water available for distribution from the network of mains at present supplied by the Clywedog and Nantyre sources. It will also make it possible for extensions to be made from the existing mains to other parts of their district. The total cost of the borehole and pumping station was £12,400.
- "Proposed new schemes of water supply have been approved and the Rural Council have now gone to tender for:
  - Llanferres Llanarmon Llandegla Bryneglwys—estimated cost, £26,000;
  - (2) Wern Aberwheeler, and new storage reservoir above Llangwyfan Hospital—£40,141;
  - (3) Meifod Gyffylliog Llanynys-£20,446.
- "Schemes of Sewerage and Sewage Disposal.—Aled Rural District Council.—A new sewerage scheme has been installed at Llanfairtalhaiarn at a cost of £7,466.
- "The following schemes have been approved during the year:

"Ruthin Rural District Council.—The new scheme of sewerage and sewage disposal designed to serve the village of Llanferres has been completed at a cost of £8,104.

"The joint scheme to serve the villages of Rhewl and Gellifor is nearing completion. The estimated cost of the scheme was £29,211."

#### Laboratory Facilities.

The following laboratories undertake a variety of examinations for the County Council:

The Pathological Laboratory, Maelor General Hospital;

Public Health Service Bacteriological Laboratory, Conway;

The Pathological Laboratory, Chester Royal Infirmary.

### Food and Drugs Act.

Analyses are also undertaken by Mr. F. A. Lowe, County Analyst, Chester.

#### PART V

# Food Control

The District Medical Officers of Health have taken a lively interest in all matters concerning the supply of clean, wholesome food to the public. In some measure the Food and Drugs Amendment Act, 1954, has clarified and strengthened the law dealing with the preparation, storage and sale of food and drugs containing ingredients which might be injurious to health. With the passing of the Slaughterhouses Act, the responsibility for meat inspection at slaughterhouses has been returned to local authorities. This has entailed a considerable increase in the work of Sanitary Inspectors, who are to be commended for tackling these duties with such zeal.

The Local Education Authority is responsible for the preparation of more meals than any other establishment in the County. During the past year every canteen has been inspected by a School Medical Officer, who was frequently accompanied by a Sanitary Inspector. Lectures on food hygiene have been given by Medical Officers and every member of the canteen staff has been medically examined during the past year.

The Milk in Schools Scheme has been carefully supervised in accordance with the Ministry of Education instructions. All milk supplies were inspected before a tender was accepted and, throughout the year, samples of milk were taken for laboratory examination, all of which proved satisfactory.

## Milk Supply.

With each passing year, the position regarding milk production in Denbighshire appears to be improving. It is pleasing to know that every milk producing farm in the County has been thoroughly inspected, that reports have been considered and that action for improving the milk supply has been taken. While appreciable progress has been made, there is yet ample room for improvement. The majority of milk producers maintain a good standard of cleanliness, but a few, even of the designated producers, hardly have a conception of the elementary principles of cleanliness. Ministry of Agriculture pamphlets give simple, clear and concise instructions on clean milk production and these

are further reinforced by advisory visits from specialist members of the staff, yet little improvement results and in a short time their methods gravitate to the old low level. Fortunately, the attitude of the Milk Sub-Committee in Denbighshire is hardening to persistent offenders and in due course the general standard will be raised appreciably.

The County Sanitary Officer has been intimately concerned with the milk supplied in the County, and he reports on his work as follows:—

- "Pasteurising Plants.—The County Council have granted to seven dealers Pasteuriser's Licence, but one plant has been idle for part of the year.
- "During the year 330 samples were taken by the Department and sent to the Public Health Laboratory for examination; all were reported satisfactory and conformed with the prescribed tests as set out in the regulations.
- "Samples were also taken to test the efficiency of the mechanical bottle washing plants and the Laboratory reports were highly satisfactory. There has been a marked improvement in the proper running and maintenance of plants during the past year. The operatives are becoming more skilled and the effects of a long and constant educational policy by the supervising authority is now bearing fruit.
- "Unfortunately, we have not yet reached the stage when all empty milk bottles are returned to the dairies clean and properly rinsed. In some instances it has been necessary to destroy returned bottles because they could not be properly sterilised. It is therefore necessary that the mechanical washing plants are kept under close supervision.
- "Tests are carried out at regular periods on all plant in the processing dairies and the indicating and recording thermometers periodically checked.
- "Milk in Schools Scheme.—Regular sampling is carried out of milk supplied under the Milk in Schools Scheme and all laboratory reports were satisfactory.
- "Biological Examination of Milk.—During the year composite samples of milk were taken from 682 herds for biological examination. It is gratifying to report that no sample showed any evidence of tuberculosis.

"The Laboratory reports, however, showed that the milk of 17 herds was infected with brucella abortus. The majority of the herds affected were included in the Tuberculosis (Attested Herds) Scheme. One case only of brucellosis in humans was brought to the notice of the County Medical Officer and the milk supply, on examination, was found to be infected. All infected milk was diverted for pasteurisation.

"Brucellosis in man and in animals is not a notifiable disease, therefore full information on its extent is not available. Compulsory notification would be an important factor in the control and possible elimination of the disease in man.

"Specified Areas.—The Ministry of Food made an Order declaring the North Wales coast district a Specified Area under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and became operative on 1st April, 1954. The areas in the County affected by the Order are the Borough of Colwyn Bay and the Urban District of Abergele.

"It was found necessary at the outset to take firm action so as to enforce the provisions of the Order.

"The Order has now been accepted by all, both retailer and consumer, as a necessity and is working smoothly. It has not been necessary to take any statutory action.

### "Clinical Examination of Dairy Cattle.—

		of No. of d Cattle ions Examined
(a)	Tuberculin Tested 1038	3 42829
	Accredited and Standard Herds 212	2 5680
	Non-designated Herds 1499	15599
(b)	Tuberculin Testing of Herds Licensed to p duce Tuberculin Tested and Certified Milk. No. of Cattle Tested	42829 70
(c)	Tuberculous Milk Veterinary Investigations No. of initial reports from Medical Offi	
	No. of cases of tuberculosis of the Ud No. of investigations not yet complete	der —
Tub	erculosis (Attested Herds) Scheme 1950.	
	No. of Attested Herds	2231
	No. of Supervised Herds	123

#### Anthrax.

Towards the end of 1954 several cows in the Wrexham district were notified as having died of anthrax, and this necessitated a careful supervision of the milk. In dealing with each outbreak, the District Medical Officers of Health and myself worked together closely, which was just as well, for the legislation dealing with this disease is ambiguous with regard to the authority responsible for various essential procedures.

As soon as a suspected case was reported, the District Medical Officer prohibited any milk being sold from the farm until the Anthrax Order was removed unless the milk could be sterilised-pasteurisation does not kill the spores. Within a period of 4-6 weeks, 19 cases of anthrax were notified, and of these five cases were confirmed. While this worried the veterinary surgeons, it was also troublesome to the Health Department, for the financial implications were considerable, because it was necessary to consider the entire herd suspect and many of these cases were large producers. Due to stormy weather, many branches of yew trees broke off and fell in fields, to be eaten by cows, causing death from yew tree poisoning. Strangely, only one animal died from anthrax on each farm, with one exception where evidence suggested that two had died but unfortunately the first had been sent to the knacker's yard. The second had definitely died from anthrax but only the hide of a cow which had died the week previously remained. This hide and other contaminated hides were destroyed. Despite careful investigation, no evidence could be found to suggest the source of this outbreak. Furthermore, there is scanty evidence to suggest that the disease had been transmitted by milk; yet it was considered advisable to stop the sale of all suspect milk.

At this time, one clinically diagnosed case of human anthrax, but not supported by pathological investigations, was under treatment at the Wrexham Isolation Hospital. This responded to antibiotics. A small abrasion may have been infected from mixing a bone meal for animals on the farm. Unfortunately, due to early antibiotic treatment, the clinical evidence could not be substantiated by the laboratory.

#### Undulant Fever.

The disease, caused by brucella abortus, is commonly a disease of cattle, but can be transmitted to humans. It is estimated that a fairly high percentage of herds in this country are infected with this disease. At certain stages of the disease, cows excrete the brucella abortus in large numbers in the milk, which, if drunk raw, can then infect humans.

Two cases were brought to my notice and the milk suppliers were carefully investigated. In one instance, the milk supplier was a retail producer and until negative biological reports were obtained it was necessary for the milk to be pasteurised. The attitude of this producer seemed to lack a sense of responsibility to the consumer, for, as soon as possible, he reverted to selling his own raw tuberculin tested milk.

This milk-borne disease can be destroyed by pasteurisation and although the known incidence of the disease is not high, undoubtedly many cases labelled rheumatism are suffering from this disease, which can be present in many varying forms and degrees of severity. Chronic invalidism can result from this infection and as yet it is uncertain whether any of the antibiotics can completely eradicate the disease. Pasteurisation and the gradual eradication of the disease from the herds can remove the risk of infection to humans.

### Adulteration of Food and Drugs.

The County Council's duties in connection with sampling under the Food and Drugs Acts, 1938-50, are undertaken by the staff of the Weights and Measures Department.

During the year under review 508 samples were analysed by the Public Analyst, the particulars being as follows:

## TABLE XXXVII

Article.	No. obtained.	No. certified as adulterated or sub-standard.	Article.	No. obtained.	No. certified as adulterated or sub-standard.
MON			Pickled Onions	1	_
Milk: Retail	324	45	Dried Mint	1	
On Delivery	4	2	Sugar	2	_
Appeal to Cow	2		Sweets	4	_
Butter	15	-	Jam	13	- - 2
Margarine	4	- - - - - - - - - - - - - - - - - - -	Marmalade		-
Cooking Fat	2	-	Honey	1	
Lard	1	-	Condensed Milk .	4	_
Cheese	2 1 2 2 2 2 1	-	Ice Cream		_ _ _ 2 _ _ _ _ _
Baking Powder	2	-	Fresh Cream	22 5 3 2 2	_
Bread	2	-	Salad Cream	3	_
Flour	2	-	Coffee	2	_
Buns	1	-	Cocoa	2	_
Cakes		-	Tea	1	_
Sponge Mixture	2	_	Soft Drink	1	_
Custard Powder	1		Lemon Crystals	1	_
Blanc Mange	1		Lemonade	1	_
Powder	1		Orange Squash	- 1	_
Table Jelly	1	_ _ _ 2 1	Beer	5	_
Oatmeal	2	2	Brandy	5 2 1 2 3	1
Pearl Barley	1	1	Rum	1	
Sago	2		Whisky	2	_
Rice	1	_	Gin	3	_
Mincemeat	î	_	Port Wine	1	_
Mixed Vegetables .	1	_	Wine (Port type)	1	_
Tinned Carrots	î		Saccharin Tablets	1	_
Tinned Peas	2	_	Calomel Tablets	1	
Tinned Beans	1	_	Bicarb. of Soda	1	_
Tinned Tomatoes .	1	_	Pure Borax	1	_
Tinned Fish	2	-	Aspirin	1	111
Fish Paste	2	-	Gripe Mixture	1	_
Potted Salmon	1		Sweet Spirit of Nitre	1	-
Meat Paste	2 3	-	Amm. Tinc. of		
Luncheon Meat		-	Quinine	1	-
Sausage	14	3	Olive Oil	1	_
Suet	1	-	Cream of Tartar	1	-
Vinegar	4	-	Hyd'gen Peroxide .	1	-
Pepper	2 2	-	Tinc. of Iodine	1	-
Mustard	2	-	Camphorated Oil	1	-
Totals	414	55	Totals	94	5

#### PART VI

# Miscellaneous

#### REGISTRATION OF NURSING HOMES.

(Sections 187 to 194 of the Public Health Act, 1936).

#### TABLE XXXVIII

	Number of Number of beds provided f						
	Homes.	Maternity.	Others.	Total.			
Homes first registered during the year	-	_	-	-			
Total Homes on the register at the end of the year	5	4	66	70			

These Homes were regularly inspected by the Superintendent Nursing Officer, who reports that the standard in each one is satisfactory.

#### STAFF MEDICAL EXAMINATION

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1954 the number of such medical examinations totalled 328. In addition, members of the staff absent for prolonged periods owing to sickness have been examined by myself.

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