

Contributors

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COMMITTEES

Health Committee:

Chairman: Ald. William Parry.

Vice-Chairman: Coun. J. H. Williams.

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. Christopher 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. Mrs. Florence Jones.
Ald. Edward Williams.
Ald. E. A. Cross.
Ald. W. I. Morris.
Coun. J. H. Williams.
Coun. F. H. Andleby Jones.
Coun. M. E. Morris.
Coun. Ernest Price.
Dr. I. H. Davies.
Coun. Llewelyn Charles.
Coun. J. Barlow.
Coun. Thomas Jones.

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Foreword

It is my privilege to present the Annual Report on the Health Services in the County for the year 1956.

There were few significant changes in the vital statistics of the county. The Birth Rate increased on the previous year from 13.7 to 15.1 while the Death Rate declined. The Infant Mortality Rate reached the lowest level on record and significantly, for the first time, is below the rate for England and Wales. This is a very sensitive index to the social conditions and the efficacy of the welfare services in a locality and it is gratifying to find that the Infant Mortality Rate for Denbighshire is so low.

Infectious diseases were not prevalent during 1956 with the exception of Dysentery which appeared in Llangollen during February, 1956. The outbreak was quickly controlled but spread to a minor extent to neighbouring localities. Chickenpox was also present in some parts of the County and this materially interfered with the Poliomyelitis Vaccination programme. The availability of Poliomyelitis Vaccine, even in limited supplies, heralded a new advance in preventive medicine. Over 6,000 parents volunteered to have their children vaccinated but only 600 children received the full dosage before the end of the year. Those parents should be commended for their foresight and readiness to accept for their children a prophylactic which, although thoroughly tested in the laboratory, was a new and an untried vaccine. Preliminary reports indicate that the Vaccine is both safe and efficacious. I trust parents will not fail to ensure that their children are vaccinated against poliomyelitis, for this disease can so completely handicap children for the remainder of their lives.

Several Spastic children from the Wrexham area have been travelling by ambulance to the Birkenhead Spastic Centre but, with petrol rationing, arrangements were made for them to travel by train. This threw an additional burden on the parents. The

Wrexham Handicapped Children's Society has been agitating for a Day Spastic Centre in Wrexham, and it is to be hoped that the Wrexham Hospital Management Committee will be able to help.

The Maternity Services were carefully reviewed and undoubtedly the deliberations of the various Committees will have led to better appreciation of the difficulties and to closer co-operation. The low Maternal Mortality Rate clearly indicates that there can be little fundamentally wrong with these services in Denbighshire, and it would be correct to infer that the foresight of the County Council in establishing a County Maternity Service in 1935 has been amply justified. Some administrative adjustments were made which should further prevent the possibility of any mother passing through pregnancy without adequate ante-natal supervision.

Due mainly to the indefatigable zeal of the Health Visitors, nearly all infants were visited before they were a month old and they attended at least once the Child Welfare Clinics. This is a real achievement which contributed substantially to the reduction in Infant Mortality. Furthermore, following a lecture demonstration by Mr. Tempest, F.R.C.S., Chepstow, on burns, the staff have renewed their efforts to reduce the tragic loss of life through accidents in the Home.

The Nursing Service has again been fully utilised and the demands on this service continue to grow. The appointment of a male nurse for Wrexham has been an unqualified success. With an ageing population, the Home Nursing service will need developing if the demands on Welfare Homes and Hospitals are to be kept within manageable limits. Closely associated with this problem is the Home Help Service which once again has rendered excellent service, particularly to the Aged.

The Ambulance Service has coped well with still more patients, but travelled slightly fewer miles. Each year attention is drawn to the need for establishing a Central Control at 16 Grosvenor Road but apart from clearing the site, realisation seems as distant as ever. The re-organisation and introduction of Radio

Control, are entirely dependent on having accommodation for an Ambulance Station at 16 Grosvenor Road.

It is of some satisfaction that, at least, the Ambulance Service in West Denbighshire has been centred in the Colwyn Bay Health Department and that this arrangement is operating so efficiently. During the year a directly supplied service was provided at Llangollen and this has already substantially reduced the expenditure on taxis, and similar arrangements contemplated for other areas, will I am sure, lead to further economies.

The Mental Health Services have developed satisfactorily. The close liaison with the Mental Hospital has been maintained, although personally I regretted not being allowed to continue as a member of the Hospital Management Committee, because of a Regional Hospital Board ruling debarring County Medical Officers of Health as being eligible for selection as a member of Hospital Management Committees.

Much has been done to improve the supervision and care of Mental Defectives. The opening of Oakwood Park as a Colony will improve considerably the position in North Wales.

Gwersyllt Occupation Centre has been functioning for a full year and the results are most gratifying.

In the body of the report an endeavour has been made to indicate broadly what has been achieved, during the year under review, but this can but inadequately reflect the volume and complexity of the work. The co-ordinating roll of the Health Department is being more widely acknowledged, but this is no small task, for medico-social problems are manifold. The development of this trend, while undoubtedly of considerable benefit to the public, must under present circumstances be limited by the resources available. However, this work has been fruitful and congenial due, in no small measure, to the humanity, kindness and generous assistance of many Voluntary and Statutory Agencies.

Finally it gives me pleasure to record my appreciation for the diligence and loyalty of the staff of the Health Department and to thank the Chairman, Ald. William Parry, the Vice-Chairman, Ald. J. H. Williams, and members of the Health Committee for inspiration and guidance throughout the year.

M. T. ISLWYN JONES,

County Medical Officer.

November, 1957.

ANNUAL REPORT FOR 1956

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	... ..	170,700
Rateable Value	... ..	£1,735,178
Estimated Product of Penny Rate	... ..	£6,874

BIRTHS AND DEATHS.

Live Births.	M	F	Total
Legitimate	1290	1190	2480
Illegitimate	57	41	98
Total	1347	1231	2578

Live-birth rate per 1,000 of the estimated population .. 15.1

	M	F	Total
Still-births	36	43	79

Still-birth rate per 1,000 births (live and still births) .. 29.7

	M	F	Total
Deaths	1201	1068	2269

Death rate per 1,000 of the estimated population 13.3

Maternal Mortality (Deaths from pregnancy or child-birth)	1
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Maternal mortality rate (deaths per 1,000 live and still-births38

Infant Mortality	M	F	Total
Deaths of infants under 4 weeks	24	20	44
Deaths of Infants under 1 year	33	26	59
Deaths of Legitimate Infants under 1 year ...	30	26	56
Deaths of Illegitimate Infants under 1 year ...	3	—	3

Neo-Natal mortality rate 17.0

Infant mortality rate 22.8

COMPARATIVE RATES

Rate	Denbigh-shire	England and Wales
Birth Rate	15.1	15.7
Death Rate	13.3	11.7
Maternal Mortality Rate	.38	.56
Infant Mortality Rate ...	22.8	23.8

BIRTHS AND BIRTH RATES

2,578 live births were registered during the year, as compared with 2,347 in 1955. This gives a birth rate of 15.1 per 1,000 population as compared with 13.7 in the previous year. The birth rate for England and Wales was 15.7.

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 est. population	No. of Deaths	Death-rate per 1000 est. population	No. of deaths under 1 year of age	Infant death-rate per 1000 births
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
1955 ...	170300 ...	2347 ...	13.7 ...	2362 ...	13.8 ...	78 ...	33.2
1956 ...	170700 ...	2578 ...	15.1 ...	2269 ...	13.3 ...	59 ...	22.8

The birth rate for the County has risen from 13.7 in 1955 to 15.1 in 1956 but even so it is below the rate of 15.6 for England and Wales.

The death rate has decreased from 13.8 in 1955 to 13.3 in 1956 but it does not compare favourably with the death rate of 11.7 for England and Wales.

The Infant Mortality rate has fallen from 33.2 in 1955 to 22.8 in 1956 and this for the first time is below the Infant Mortality rate of 23.8 for England and Wales. This is the first occasion when the Infant Mortality rate for the County has been less than for the whole country.

TABLE II.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND
RATES ACCORDING TO DISTRICTS FOR 1956

Districts.	Estimated Population	No. of Live Births	Birth-rate	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate
Western No. 1:							
Abergele Urban	7230	83	11.4	4	48.2	137	18.9
Colwyn Bay Borough .	22200	220	9.9	4	18.1	404	18.2
Aled Rural	6990	86	12.3	3	34.8	69	9.9
Western No. 2:							
Denbigh Borough	7900	116	14.6	2	17.2	154	19.4
Llanrwst Urban	2650	39	14.7	—	—	62	23.4
Ruthin Borough	3670	62	16.9	1	16.1	52	14.1
Hiraethog Rural	5090	78	15.3	3	38.4	56	11.0
Ruthin Rural	9460	145	15.3	3	20.7	114	12.0
Eastern No. 1:							
Wrexham Rural	62190	988	15.8	22	22.2	775	12.4
Ceiriog Rural	7360	133	18.0	3	22.5	102	13.8
Llangollen Urban	3150	58	18.3	1	17.2	31	9.8
Eastern No. 2:							
Wrexham Borough ...	32810	570	17.3	13	22.8	313	9.8
Total County ...	170700	2578	15.1	59	22.8	2269	13.3

MATERNAL MORTALITY

There was only one maternal death during the year, the same as in 1955. The Maternal Mortality rate of 0.38 compares favourably with the rate of 0.56 for England and Wales. Each Maternal Death is carefully investigated and a report is transmitted to an assessor, who from the information available will determine what measures should have been taken to diminish the risk of maternal deaths. In this case the mother received full medical attention but in other deaths, mothers have neglected themselves and not used the services at their disposal.

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

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Maternal Mortality	1.4	0.9	1.3	1.4	1.5	.36	1.5	.38	.41	.38

TABLE III.
CAUSES OF INFANT DEATHS, 1956

Disease	Males	Females
Gastritis, Enteritis and Diarrhoea	—	1
Infective and Parasitic Diseases	—	1
Pneumonia	2	2
Congenital Malformations ...	7	5
Other Defined and Ill-defined Diseases	21	17
Accidents (other than motor vehicle accidents)	2	—
Bronchitis	1	—
Totals	33	26

CHIEF CAUSES OF DEATH.

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

TABLE IV.

Causes of Death.	1955		1956	
	No. of deaths.	Per cent. of total deaths.	No. of deaths.	Per cent. of total deaths.
Heart Disease	798	33.7	762	33.6
Cancer	403	17.0	369	16.2
Vascular lesions of nervous system	353	14.9	391	17.3
Pneumonia	80	3.3	59	2.6
Tuberculosis (all forms)	29	1.2	18	.8
Bronchitis	104	4.4	78	3.4
Nephritis	27	1.1	37	1.6
Other circulatory diseases	95	4.0	88	3.8
Other defined and ill-defined diseases	215	9.1	243	10.7
Hyperplasia of prostate	33	1.3	29	1.3
Accidents	67	2.8	65	2.9

HEART DISEASE

Heart disease continues to be the principal cause of death. 762 were registered in 1956, as compared with 798 in 1955. This shows a percentage of 33.6 of the total deaths from all causes and is equivalent to a death rate of 4.4 per 1,000 of the estimated population.

Of this figure of 762 total deaths due to heart disease, 611 (or 80.2 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	All ages	0—5	5—15	15—45	45—65	65 and upwards
1952	... 743 ...	— ...	1 ...	14 ...	130 ...	598
1953	... 674 ...	— ...	— ...	8 ...	127 ...	539
1954	... 725 ...	— ...	— ...	14 ...	139 ...	572
1955	... 798 ...	— ...	1 ...	19 ...	145 ...	633
1956	... 762 ...	— ...	1 ...	11 ...	139 ...	611

CANCER

Cancer accounted for 369 deaths during the year, as compared with 403 in 1955.

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.	No. of Deaths.	Death-rate per 1000 population.
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
1955	... 403 ...	2.3
1956	... 369 ...	2.2

TABLE VII.

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

District.	Deaths.		Total.	Rate per 1000 popula- tion.
	Males.	Females.		
Western No. 1.				
Abergele	8	10	18	2.4
Colwyn Bay	34	37	71	3.2
Aled	7	5	12	1.7
Western No. 2.				
Denbigh	8	11	19	2.4
Llanrwst	1	9	10	3.8
Ruthin B.	6	9	15	4.1
Hiraethog	2	4	6	1.2
Ruthin R.	6	9	15	1.6
Eastern No. 1.				
Wrexham R. ...	73	52	125	2.0
Ceiriog	3	10	13	1.7
Llangollen	2	1	3	1.0
Eastern No. 2.				
Wrexham B. ...	31	31	62	1.9
<hr/>				
Total County	181	188	369	2.2
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TABLE VIII.
CANCER—AGE AND SEX DISTRIBUTION.

Age Groups.	Males.	Females.	Total.
Under 1 year	—	—	—
1 - 5 years	—	—	—
5 - 15 years	2	—	2
15 - 25 years	—	—	—
25 - 45 years	17	10	27
45 - 65 years	71	66	137
65 years and upwards	91	112	203
Totals	181	188	369

ACCIDENTS.

TABLE IX.

**Deaths from Vehicular and Other Accidents which occurred
in Denbighshire during 1956, giving Age and Sex
Distribution.**

Age Group.	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0 - 1 year	—	—	—	2	—	2
1 - 5 years	—	—	—	2	1	3
5 - 15 years	2	—	2	—	—	—
15 - 25 years	5	1	6	—	—	—
25 - 45 years	5	—	5	2	2	4
45 - 65 years	5	1	6	6	2	8
65 - 75 years	1	—	1	3	5	8
75 years and upwards	1	—	1	4	15	19
	19	2	21	19	25	44

TABLE X.
CAUSES OF DEATH, 1956

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

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	TOTAL
Tuberculosis respiratory	3	..	1	..	4	1	..	..	..	..	1	6	16
Tuberculosis Other ..	..	..	..	..	..	..	..	..	..	1	..	1	2
Syphilitic disease	1	..	1	1	..	..	..	..	..	..	1	..	4
Diphtheria .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ....	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis .	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Infective and Parasitic Diseases .	..	1	..	..	2	..	1	..	..	..	..	2	6
Malignant Neoplasm —Stomach	4	4	2	15	6	1	1	2	6	2	14	27	84
Malignant Neoplasm —Lung, Bronchus .	2	1	..	9	2	1	..	..	1	..	11	22	49
Malignant Neoplasm —Breast	4	..	1	13	2	..	..	2	..	2	8	11	43
Malignant Neoplasm —Uterus .....	..	..	..	1	1	1	..	..	..	..	1	5	9
Other Malignant and Lymphatic Neoplasms	8	7	10	33	8	3	2	6	8	11	28	60	184
Leukaemia, Aleukaemia .....	..	..	1	4	1	..	..	..	..	..	3	2	11
Diabetes .....	..	1	1	1	..	..	..	..	1	1	2	5	12
Vascular lesions of nervous system	21	12	15	78	12	7	11	13	14	17	58	133	391
Coronary disease, angina	33	8	14	58	19	12	2	12	6	15	40	101	320
Hypertension with Heart Disease	2	5	2	9	9	1	1	3	..	3	5	10	50
Other Heart Disease	14	8	20	72	41	13	5	8	4	25	56	126	392
Other Circulatory Disease	8	6	4	24	4	..	..	1	6	5	10	20	88
Influenza	2	1	2	3	..	1	..	..	1	..	..	2	12
Pneumonia	2	1	6	6	8	2	..	..	1	4	7	22	59
Bronchitis	3	1	6	10	1	1	1	2	..	4	8	41	78
Other diseases of Respiratory System	..	..	2	1	3	1	..	..	..	1	..	12	20
Ulcer of Stomach, Duodenum .....	..	1	..	5	2	..	1	..	..	..	5	13	27
Gastritis, Enteritis and Diarrhoea .....	..	..	..	2	..	..	..	..	..	1	1	..	4

(Table continued overleaf).

Table X. Causes of Death, 1956 (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 Nephrosis	1	2	...	7	4	...	...	1	...	1	4	17	37
Hyperplasia of Prostate	2	2	...	11	2	...	...	...	1	1	...	10	29
Pregnancy, child-birth, abortion .....	...	...	...	...	...	...	...	...	...	...	...	1	1
Congenital malformations	1	...	1	1	...	...	...	...	...	...	5	9	17
Other defined and ill-defined diseases ...	17	7	11	31	19	9	4	9	3	14	33	86	243
Motor vehicle accidents .....	...	...	...	3	...	...	1	...	...	3	2	12	21
All other accidents ...	8	...	1	6	3	1	1	2	...	1	6	15	44
Suicide	1	1	1	...	1	1	...	1	...	2	4	4	16
Homicide and operations of war .....	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes	137	69	102	404	154	56	31	62	52	114	313	775	2269

TABLE XI.

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

Age Periods.	No. of Deaths			Percentage of Total Deaths
	M.	F.	T.	
0 - 1 years	33	26	59	2.6
1 - 5 years	7	4	11	.5
5 - 15 years	6	4	10	.4
15 - 25 years	11	7	18	.8
25 - 45 years	46	32	78	3.5
45 - 65 years	319	202	521	22.9
65 - 75 years	298	245	543	23.9
75 years & upwards	481	548	1029	45.4

PART II.

Administration

The constantly increasing demands on the social services has necessitated a relative growth in the staff of the Health Department. As a particular service developed so the necessary field workers were provided, but the additional administrative work had to be assimilated by the existing staff. In order to meet the increasing strain a comprehensive review of the administrative methods was instituted and even in the initial stages it was evident that the Clerical establishment was well below the requisite standard.

Accordingly a report was submitted to the Health Committee indicating the immediate needs and the inadvisability of launching new additional services until the administrative establishment had been increased. Eventually two clerks were engaged which met the immediate needs.

The review of administrative methods was completed and the necessary re-adjustments made before the end of the year. These should result in improved efficiency and economies, but to plan, supervise and control adequately, a sufficient number of competent trained staff must be available.

Several members of the clerical staff were promoted during the year and it is most gratifying to me that these young men fostered in the department have, by hard work, diligence, and evening study, fully deserved their appointments.

Miss Dilys Jones, now Mrs. Davies, who resigned to get married will be difficult to replace for she had many years experience in the Department. Combining secretarial duties for the County Medical Officer of Health, with her other work, gave scope for her natural ability and discretion.

Miss Bodsworth retired at the end of 1956 after years of loyal and industrious service as a Health Visitor with this authority. Her comprehensive knowledge of the community she served had been gleaned over the years and many children in the area were the second generation that she had served.

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and
Principal School Medical Officer:

M. T. Islwyn Jones, M.D., D.P.H.

Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer:

H. Mervyn Thomas, M.B., Ch.B., D.P.H., D.C.H.

District Medical Officers of Health and
Assistant County Medical Officers of Health:

W. McKendrick, M.D., D.P.H.

M. Jones Roberts, M.B., Ch.B., D.P.H.

T. Kenrick Hughes, M.B., Ch.B., D.P.H.

Evan Williams, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers of Health and
School Medical Officers:

S. O. Edwards, M.B., Ch.B., D.P.H.

A. J. Smith, M.B., Ch.B.

D. Lloyd Williams, L.R.C.S., L.R.C.P.

J. Williams, M.R.C.S., L.R.C.P.

Senior Dental Officer:

J. G. Roberts, L.D.S.

Dental Officers:

H. E. Fussell, L.D.S.

J. P. Reid, L.D.S.

D. O. Thomas, L.D.S.

N. A. James, L.D.S.

T. H. M. Wynne, B.D.S.

(On leave of absence from 1st November, 1956).

R. H. N. Osmond, L.D.S., R.C.S. (Part-time).

Consultant Orthodontist:

B. T. Broadbent, F.D.S., B.D.S.

Superintendent Nursing Officer:

Miss W. M. Chune, S.R.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officer:

Miss F. V. Ramsey, S.R.N., S.C.M., H.V.Cert.

Senior Administrative Officer:

G. L. Britton, D.P.A.

Deputy Administrative Officer:

Gwilym Davies.

Supervisor of Occupation Centre:

Miss O. M. Langford.

Duly Authorised Officers:

J. E. Evans.

H. E. Romney.

PART III.

General Provision of Health Services

CARE OF MOTHERS AND YOUNG CHILDREN

In previous reports reference has been made to the excellent provisions made by the County Council many years ago, for the Care of Mothers and Young Children and undoubtedly the benefits of such foresight are being repeated even at present, but changing conditions altered what was virtually an unified service to the present three separately administered parts. Consequently, it has been necessary to constantly review the services to ensure the utmost co-ordination, and with this aim, meetings of Consultants, General Medical Practitioners and Local Health Authority Staff were convened, at which difficulties were discussed and proposals for closer co-operation and co-ordination were considered.

In May, 1956, the Ministry of Health Circular 9/56 together with a memorandum from the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council on the subject of ante natal care were received. The resultant meetings and discussions concurred in great measure with the existing arrangements as well as the changes instituted in 1955. An Ante-Natal card was evolved which would provide a comprehensive record of Ante and Post Natal examinations as well as information concerning the confinement. It was agreed that this case record should be retained by the patient's midwife who would be responsible for its production on the appropriate occasions.

Following the joint meetings of Hospital, General Medical Practitioners and Local Health Authority representatives, it was agreed that the General Medical Practitioner should decide whether the mother should be confined at home or in hospital, having in appropriate cases consulted the other services concerned. It is hoped, in this way, to ensure that no mother passes through the Ante-Natal period without full supervision. Midwives have been instructed to advise all mothers being confined at home to book a doctor, either their family doctor or one who is on the Local Obstetric List. Difficulties do arise occasionally in this direction, but the overriding governing principle must be the welfare of the patient. Many doctors do not undertake domiciliary midwifery; others are willing but have few opportunities to do so. It is, therefore, desirable that the limited domiciliary cases should be concentrated as far as possible in the hands of those who have met the fairly stringent requirements of the Local Obstetric Sub-Committee of the Executive Council.

A perusal of maternal and neonatal mortality statistics for Denbighshire indicate that a high standard of maternal and child care has been achieved, but even so further improvement is possible. It is regrettable that maternity units are pressed to the utmost of their capacity, straining accommodation, staff and equipment, when many mothers could equally well have been confined at home. The full implications of these circumstances cannot be assessed, as all the necessary information is not being collated, but the incidence of infection in Maternity Units only becomes overt under the pressure of epidemic conditions. There are indications that Puerperal Pyrexia and Ophthalmia Neonatorum are not scrupulously notified, the infections being masked by liberal use of antibiotics. The number of infants being bottle-fed or receiving supplementary artificial feeds is high due again to pressure on staff.

The present administrative structure of the Maternity Services is undergoing review and it is to be hoped that adjustments will take place that will lead to closer integration.

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 post-natal 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-examinations per session
Colwyn Bay ...	Thurs., a.m. & p.m.	2	1	3
Denbigh	Fri., a.m.	2	4	7
Cefn	Fri., a.m.	2	2	9
Llangollen ...	Tues., p.m.	2	3	9
Llanrwst ...	Thurs., a.m.	1	1	3
Rhos	Thurs., a.m.	2	2	9
1 Grosvenor Rd., Wrexham ...	Wed., a.m.	4	10	24

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. Lloyd Williams
Denbigh	Wedn'day, a.m.	2	Dr. M. Jones Roberts
Colwyn Bay	Friday, p.m.	4	Dr. D. Lloyd Williams
Cerrig	Friday, a.m.	1	Dr. D. Lloyd Williams

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-examinations per session
1, Grosvenor Rd., Wrexham	Tues. a.m. & p.m.	8	3	15
Plas - yn - Rhos, Rhos, Wrexham	Thur., a.m.	2	2	8
C'ty Clinic, Cefn.	Fri., a.m.	2	2	5

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 164 new cases at Wrexham, with a total attendance of 716 and 47 new cases at Colwyn Bay, with a total attendance of 716.

Puerperal Pyrexia.

This is defined as "any febrile conditions occurring in a woman in whom a temperature of 100.4° F. or more has occurred within 14 days after childbirth or miscarriage." In 2,694 births, only 6 cases were notified in accordance with these regulations; of these 5 occurred in hospital and 1 case in domiciliary practice.

Ophthalmia Neonatorum.

One case was notified during the year. Yet the eyes of several infants had received treatment prior to leaving hospital.

CHILD WELFARE

Notification of Births.

In accordance with statutory requirements, 2,694 live births and 76 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.

It is gratifying that the attendances at the Clinics have improved, and that in most areas the numbers of babies attending for the first time nearly equals the number of births. This indicates that the facilities provided at the Child Welfare Clinics are appreciated. Undoubtedly to the young mother with her first child, the Child Welfare Clinic can be a haven where she not only has the baby examined, receives advice, but is given the reassurance which is so vital to an inexperienced and conscientious mother.

In the Child Welfare Clinics mothers have their babies weighed and examined, receive individual advice and are taught in small groups. The Health Visitor or Medical Officer in formulating

their advice take into account the personality, emotional stability, ability and aptitude of the mother as well as environmental factors. The basic principles of health are always followed but the extent and method of application are varied from one family to another.

To the mother the value of the clinic is the individual advice and guidance on personal problems and to find that staff have the time, knowledge, and inclination to discuss and dispel difficulties. Yet the staff, to achieve the best results must work in congenial and well-equipped premises. Of the 36 premises used for Child Welfare Clinics, 10 are owned by the County Council, but of these only 3 have been actually designed and built specifically for this purpose, while the other 7 have, with varying success, been adapted and converted. The remaining 26 Clinics are held in premises that serve a variety of purposes, ranging from village halls to social clubs. This restricts the scope of the clinics because all material and equipment must be removed at the end of each session. Furthermore the emphasis in health teaching on cleanliness, ventilation and hygiene can be largely nullified if the clinic premises leaves much to be desired in this respect. Propaganda material for Prevention of Accidents in the home loses much of its import if there is a lack of safeguards in the clinic. However, this is the only solution possible and it is gratifying that despite any limitations imposed by conditions, the number of attendances rose appreciably during 1956.

The problem of meeting the needs of the rural area was again reviewed. The desirability of a Mobile Child Welfare Clinic was re-considered but from the information available and experience gained, it was concluded that a more economical and efficient service would be given by concentrating operations on established Clinics and transporting mothers and babies from scattered rural areas into the nearest clinics.

CHILD WELFARE CLINIC ATTENDANCES

Age 0 - 1 year:

Number of first attendances ... 2,138

Total number of attendances ... 23,085

Age 1 - 5 years:

Total number of attendances ... 10,698

TABLE XV

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1956 with regard to the Maternity and Child Welfare Centres established in the County

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average (children) attendance per session	No. of children who attended during the year and who were born in 1956	No. of children who were born in 1954-51	Present arrangements for medical supervision
Abergele, Pentre Mawr	Weekly	Thursday p.m.	27	41	56	67
Broughton, Church Hall	Fortnightly	Monday p.m.	41	67	50	15
Brymbo, Council School	"	Thursday p.m.	26	42	28	25
Cefn, County Clinic	Weekly	Monday p.m.	35	83	67	41
C'druidion, Presbyterian Church ...	Monthly	Friday a.m.	6	11	6	7
Chirk, Ambulance H.Q.	Fortnightly	Thursday, p.m.	34	42	30	38
Coedpoeth, Church Hall	"	Monday p.m.	22	63	20	14
Colwyn Bay, Nantyglyn Road	Weekly	Tues., a.m., p.m.	36	189	138	180
Church Room, Mochdre	Fortnightly	Monday p.m.	28	37	22	35
Church House, Llysfaen	"	Monday p.m.	15	45	18	23
Denbigh, County Clinic	Weekly	Wednesday p.m.	30	46	91	69
Glan C'way, Church Institute	Fortnightly	Monday p.m.	25	17	9	28
Glynceiriog, Ceiriog Institute	"	Tuesday p.m.	7	33	11	8
Gresford, Church House	"	Friday p.m.	19	53	26	10
Holt, Kenyon Hall	"	Wednesday p.m.	19	28	18	36
Johnstown, Christchurch Chapel School Room	"	Friday p.m.	13	32	17	15

Table XV (continued).

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in	Present arrangements for medical supervision
Llansannan Village Hall	Monthly	Thursday p.m.	12	8	Assistant Med Officer
Llanddulas, C.M. Chapel	Fortnightly	Monday p.m.	15	11	"
Llangern'w, Memorial Hall	Monthly	Thursday p.m.	11	10	"
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	30	34	"
Llanrwst, County Clinic	Weekly	Tuesday p.m.	33	69	"
Llanrhaiadr Y.M., Public Hall	Fortnightly	Monday p.m.	9	22	"
Llay, County Clinic	"	Tuesday p.m.	23	61	"
Rhos, County Clinic	Weekly	Wednesday p.m.	30	89	"
Rhosrobin, County Clinic	Fortnightly	Friday p.m.	19	60	"
Rhostyllen, Church Hall	"	Monday p.m.	26	41	"
Rossett, Men's Institute	"	Wednesday p.m.	11	42	"
Ruabon, Old People's Hall	"	Thursday p.m.	26	57	"
Ruthin, Baptist Chapel	Weekly	Tuesday p.m.	25	35	"
Southsea, Church Institute	Fortnightly	Thursday p.m.	21	39	"
Towyn, Village Hall	Fortnightly	Wednesday p.m.	9	15	"
Wrexham, Gatefield	Weekly	Monday p.m.	55	73	Gen. Med. Pract.
Garden Village	"	Wednesday p.m.	23	29	Assistant
Queen's Park	"	Thursday p.m.	37	120	Med Officer
1 Grosvenor Road	"	Mon., Wed. p.m.	30	165	"
cysyllte, Vron-Primitive Chapel	Monthly	Tuesday a.m.	10	14	"

MATERNAL AND CHILD WELFARE

DENTAL TREATMENT

Although the Dental staff was further depleted, the number of mothers treated increased from 441 in 1955 to 625 in 1956.

Table XVI shows that there is a very heavy demand for this service, there being 179 mothers from Wrexham Borough alone, and a further 384 from the surrounding areas.

To meet the increasing work, dental surgeries have been improved and equipped in accordance with approved standards. At No. 1, Grosvenor Road, Wrexham, a Dental X-Ray machine was installed, and a second Dental Surgery brought into use. This became necessary as a result of the increased demand on both dental and orthodontic services. Taking this and the requirements of the Schoolchildren into consideration, it was evident that a dental mechanic should be employed, but Wrexham Borough Council refused to allocate the necessary accommodation, so further developments will have to be postponed indefinitely.

DENTAL CARE
TABLE XVI
ANNUAL RETURN OF WORK.
EXPECTANT AND NURSING MOTHERS.
January to December, 1956

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	28	37	395	192	652
No. accepting treatment	28	34	384	179	625
No. completed treatment	29	34	146	83	292
Attendances for treatment ...	65	94	649	306	1114
Sessions devoted to treatment	14	18	105	71	208
Broken appointments	11	36	17	22	86
Anaesthetics:					
General anaesthetics	18	13	209	115	355
Local anaesthetics	3	5	—	—	8
Extractions:					
Permanent extractions	18	15	775	517	1325
Temporary extractions ...	23	13	30	—	66
Fillings	60	70	76	50	256
Dentures supplied	3	2	143	73	221
Adjustments	3	—	12	6	21
Repairs	—	—	1	1	2
Sundries	2	1	3	2	8
Advice	3	11	88	42	144
Scaling and gum treatment ...	2	6	28	11	47

TABLE XVII
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1956

(a) Number provided with Dental Treatment.

	No. examined.	No. needing treatment	No. treated.	No. made dentally fit.
Expectant and Nursing Mothers	652	627	625	292
Children under 5 years of age	92	46	20	20

(b) Forms of Dental Treatment provided.

	Extractions.	Local Anaesthetics.	General Anaesthetics.	Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Radio-graphs.	Complete dentures provided.
Expectant and Nursing Mothers	1568	8	355	256	47	3	14	12	221
Children under 5 years of age	78	—	46	3	—	—	—	1	—

CARE OF PREMATURE INFANTS

During the year, 171 premature live babies were born, of whom 148 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
19	—	129

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.

459 Maternity Outfits were issued during 1956.

WELFARE FOODS

The administrative arrangements for the distribution of Welfare Foods continued as in the previous year.

The valuable assistance of many Voluntary Distributors has been greatly appreciated, particularly as some of them have to contend with inconsiderate mothers who, instead of purchasing their Welfare Foods at convenient times, persistently call, often without the requisite stamps, late at night or at the weekend.

The Health Department staff has again, throughout the year, impressed upon the mothers the importance to health of adequate Vitamin intake, both for the infants and pregnant mothers.

The total quantities distributed during 1956 were:—

National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
56076	15097	6113	80959

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year, 42 mothers were admitted to Bersham Hall and of these, 16 mothers were from Denbighshire. The number admitted has increased, but nowhere near to the full capacity of the Home. Yet it has met a need that could not have been provided satisfactorily elsewhere, and admission to the Home has been a boon to many of the Unmarried Mothers whose difficulties, emotionally and materially, can be extremely complex. Once admitted, the mother is under constant medical and social care. Arrangements are made for her Ante-Natal care and confinement in Hospital; financial problems are investigated and the aid of statutory or voluntary agencies enlisted. The future of the baby is planned and the mother's return home or to her employment arranged. Throughout this period, instruction is given in the normal household duties, knitting—mainly the layette, sewing—for the mother herself, and other occupational training is being introduced.

After the confinement the mother spends much of her time caring for the baby under the supervision of the staff. Arrangements for the future are initiated; occasionally the mother marries; sometimes she returns to her parental home, but most frequently the baby is placed for Adoption.

It is gratifying that many of the Unmarried Mothers who have been at Bersham Hall, still write to the Matron, or pay periodic visits, and of even greater satisfaction is to learn in this way that many have subsequently settled down to a happy married life.

MIDWIFERY SERVICES

The domiciliary midwifery service has operated as in previous years, except for minor re-adjustments.

Staff discussions emphasised the need for a closer integration of the service, and with this end in view a new Case Record Card was introduced. Furthermore, the doctor/midwife relationship was examined carefully, with a view to further improvements and with this objective, the Midwives encouraged every mother to "book" a doctor for her confinement. It will be noted that a far higher proportion of the 1956 domiciliary cases were "booked doctors" cases than in the previous years. From the General Medical Practitioner's side, there has been a resurgence of interest in domiciliary midwifery, and some General Medical Practitioners who did not undertake midwifery, have subsequently decided to do so. Generally, there has been a closer integration of the service.

During the year 12 Local Health Authority Midwives attended Refresher Courses at approved Centres and subsequently two, who had received the appropriate instruction, introduced relaxation exercises to the Ante-Natal Clinics where their patients attend. Midwives, as far as possible, attend the Ante-Natal Clinics in their district where they devote a good proportion of their time to health education.

Supervision of Midwives.

The duties of a Local Supervising Authority are vested in the Denbighshire County Council. Many of these duties devolve upon the Non-Medical Supervisor of Midwives, and undoubtedly much of the credit for the high standard of the Midwifery service in this County is due to her close attention to these duties.

	No. of Midwives
Employed by Local Health Authority (whole-time or part-time)	63
In private practice, domiciliary, private nursing homes	—
In hospitals	46

Training of Pupil Midwives.

During the year 22 Pupil Midwives completed their course at the Part II Training Centre, Wrexham. The resignation of the Sister Tutor, before the completion of one course, was unfortunate, but Miss Chune, helped by members of the staff, ensured that the curriculum was in no way disturbed.

Each of the eight teaching District Midwives, approved by the Central Midwives Board, accepts a pupil on her district for a period of three months, and during that time the pupil midwife has to deliver at least 10 babies.

Analgesia.

Fifty domiciliary midwives have been trained to administer gas and air, and the requisite apparatus has been provided.

Of the 480 domiciliary confinements attended by the Local Health Authority midwives, either in their capacity as a midwife or maternity nurse, gas and air was administered in 310 confinements, while pethidine was given in 279 confinements.

**Comparative Table of Live and Still Births for 1956
Occurring at Home or in Maternity Accommodation.**

	Live Births	Still Births
Domiciliary 	477	4
Maternity accommodation	2217	72

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 1592

Breast Feeding:

Number of domiciliary cases in which the infant was wholly breast-fed at the fourteenth day ... 396

Midwives Act, 1951, Section 14

Medical Aid:

Number of patients for whom medical aid was summoned by a certified midwife 97

Total amount of medical claims paid by Local Health Authority £162 4s. 10d.

DELIVERIES ATTENDED BY MIDWIVES

DURING 1956

	Number of deliveries attended by Midwives in the area during the year				
	Domiciliary Cases				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority	6	123	74	277	480
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—
Totals	6	123	74	277	480

HEALTH VISITING

The pressure on the Health Visitors has in no way abated, and it will be noted that the total number of home visits has increased substantially on the previous year. The average number of home visits paid by each Health Visitor during the year was approximately 2,400, which is well above what is considered to be a reasonable case load. There has had to be, of necessity, a degree of selective visiting, for it must be remembered that the Health Visitors in Denbighshire are also School Nurses, and the School Health Service is constantly expanding.

Problem families, characterised by fecklessness, squalor, neglect and indifference, have always absorbed a disproportionate amount of the social services but, with a general rise in the standard of living, the poverty and helplessness of these families stand out more vividly against the social background, resulting in still more help being given to them. The Health Visitor has to co-ordinate these social services and this is an arduous and time-consuming task which cannot be evaluated statistically.

Research frequently takes into account the social environment and the Health Visitor is again pressed into service. The Environmental Cancer Research, having been concluded, is now followed by research into Perinatal deaths. The value of these extraneous and additional duties must not be under-estimated, but with the limited number of Health Visitors available, it follows that some functions must be curtailed. It is to be hoped that the Health Visitors' establishment will be adjusted in the near future.

In Colwyn Bay the appointment of a Senior Health Visitor has eased the situation appreciably, so that the full range of duties can be covered adequately. It is gratifying that arrangements have been made for the Health Visitors to call at regular intervals on the General Medical Practitioner for case discussions. These have been found to be of value particularly as the Health Visitors devote a growing proportion of their time to the Elderly. It would be beneficial if this practice were adopted throughout the County.

TABLE XVIII.

Table (a)

First visits to children under 1 year of age	...	2528
Total visits to children under 1 year of age	...	19610
Total visits to children between 1 and 5 years	...	21105
First visits to expectant mothers	... ..	408
Total visits to expectant mothers	... ..	666
Total visits to other cases	... ..	3910

TABLE XIX
Summary of Work of Health Visitors.

Table (b).

District.	No. of visits to children under 1 year.		No. of visits to children 1-5 years.	Expectant mothers.	
	First visits.	Total visits.		First visits.	Total visits.
Rhos, Penycae and Johnstown	150	1575	1746	66	113
Rhostyllen, Ruabon, Marchwiel, Isycoed, Abenbury and Holt	162	1616	1029	4	4
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	147	930	646	8	11
Brymbo, Broughton, Summerhill	162	1232	1226	45	45
Llay, Gresford, Rhosrobin	193	1228	800	2	3
Llangollen and Cefn	178	1682	856	49	65
Abergele and Part of Aled	132	939	1070	24	59
Denbigh and Part of Aled	263	1232	2015	22	53
Llanrwst Area, Hiraethog	120	1672	2607	55	109
Llansilin, Chirk, Glynceiriog and Vroncysyllte	141	1175	1397	4	6
Ruthin Borough, Ruthin Rural and Cerrig	248	1619	872	23	23
Borough of Colwyn Bay	211	1819	3277	29	49
Borough of Wrexham	421	2891	3564	77	126
Totals	2528	19610	21105	408	666

HOME NURSING

Table XX summarises the cases attended and visited by Home Nurses during 1956, and it will be noted that the number of cases attended, as compared with 1955, has decreased slightly, but that there has been an increase in the total number of visits.

It is also significant that 30 per cent. of the cases attended were over 65 years of age at the time of the first visit, and that 50 per cent. of the visits were paid to this group. Furthermore, 15 per cent. of the patients had more than 24 visits during the year. These figures substantiate reports received that an ever-increasing number of old people are being nursed at home, and that each case, due to its nature, makes heavy demands on the time and skill of the Nursing staff. Shortage of Chronic Sick accommodation precludes the admission of many cases, and hastens the discharge of others whose condition is incurable, or not alleviated by further hospital treatment. Such cases are time-absorbing, but it is gratifying to receive acknowledgments from patients and General Practitioners of the skill, kindness and devotion of the District Nurses.

In rural areas, daily visits entail long car journeys and cross-country treks either on foot or by transport of a varied sort. Such visits are time-consuming, but it is vital that those residing in remote rural areas can rest assured that when sick, they can call on the services of a district nurse, irrespective of their isolation and inaccessibility.

Many messages and letters expressing appreciation of this service are received but the constantly increasing demand is a better indication of the satisfaction given by the Nursing Service.

The nurses cover the full range of district nursing, the only exception being the Male District Nurse in Wrexham, who concentrates on male patients, particularly those with urinary afflictions.

TABLE XX
SUMMARY OF CASES ATTENDED AND VISITED BY HOME
NURSES DURING 1956

(1)	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients incl. in (2)-(7) who were 65 or over at time of first visit during year	(10) Children incl. in (2)-(7) who were under 5 at time of first visit during year	(11) Patients incl. in (2)-(7) who have had more than 24 visits during year
Number of cases attended by Home Nurses during the year	4574	2118	29	166	131	2007	9025	2689	456	1455
Number of visits paid by Home Nurses during the year	107458	32441	189	4983	896	9682	155649	75903	2744	72561

VACCINATION AND IMMUNISATION

The County proposals under Section 26 of the National Health Service Act, 1946, were amended in March, 1956, as follows:—

“ Other diseases. The Council proposes also to make arrangements for offering to persons in its area, or to any group of such persons, vaccination or immunisation against any other disease in respect of which authority is sought from or given by the Minister of Health. The Medical Officer of Health will be responsible for keeping records directed towards assessing the value of any such forms of vaccination or immunisation.”

SMALLPOX VACCINATION

Although once again the staff have urged vaccination against Smallpox, the public response has been apathetic. The dangers of smallpox are too remote for most parents to incur the risk of having their nights disturbed. Memories of smallpox epidemics have faded, but recollections of complications, that sometimes followed vaccination during the early years of this century, remain.

Propaganda is directed to emphasising the importance of maintaining a high level of immunity against smallpox in the community, indicating the personal risk, if unvaccinated, particularly while travelling in certain foreign countries or during epidemics in this country, and finally to reassure the Mother that, with modern vaccine and techniques, the reactions to vaccination performed in early infancy would be insignificant.

Approximately 30 per cent. of infants born in the County in 1956 were vaccinated. The proportion in West Denbighshire was significantly higher than in the more densely populated East Denbighshire which, of course, is the reverse of what one would desire.

TABLE XXI

Vaccinations performed during 1956

Primary Vaccinations	Re-vaccinations.
Under 1 year 794	Under 1 year —
1 - 4 years 98	1 - 4 years 3
5 - 14 years 36	5 - 14 years 29
15 years and over ... 79	15 years and over ... 84

DIPHTHERIA IMMUNISATION

The public response to this preventive measure was the same as to smallpox, but the situation was relieved to some degree by the use of a combined Diphtheria and Whooping Cough antigen. The repeat doses are given shortly after admission to School, and in this way it is possible to ensure that immunity is maintained at an effective level.

	Under 5 years	5 - 15 years	Total
No. immunised with Diphtheria Prophylactic	191	346	537
No. immunised with combined Diphtheria/Pertussis Prophylactic	1804	105	1909
Total no. immunised against Diphtheria ...	1995	451	2446
" Repeat " doses			3292

WHOOPING COUGH IMMUNISATION

This disease is still prevalent and parents are aware of the prolonged discomfort it may cause. Consequently a high proportion of infants receive a combined antigen, giving them immunity against diphtheria and whooping cough. These injections are suspended as soon as poliomyelitis occurs in the district, so obviating any risk of precipitating paralysis in any child that may develop the disease.

TABLE XXII

**Number of cases of Whooping Cough notified
since 1948 in Wrexham and Colwyn Bay Boroughs
and the Administrative County**

Year	Wrexham Borough	Colwyn Bay Borough	County
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
1955	71	9	212
1956	35	1	154

POLIOMYELITIS VACCINATION

The decision of the Minister of Health to make available Poliomyelitis Vaccine for an arbitrarily selected group of children in the 1947-54 age range, was welcomed gladly. Any therapeutic measure which would minimise or mitigate the destructive effects of poliomyelitis would, in my opinion be well-worth utilising, even at some risk.

The queries regarding the safety of the vaccine were answered to my satisfaction, despite the unfortunate mishap in America. The only imponderable was the efficacy of the vaccine, and this could only be answered by a field trial. To obtain accurate statistical information was most essential and for that reason, the vaccine was issued to the County Medical Officer of Health. Following consultation with the Local Medical Committee, it was decided that all Poliomyelitis Vaccination in Denbighshire should be performed by the Medical Officers of the Health Department, except where patients expressed a wish for their own doctor to do so.

It was evident that the programme would have to be carefully planned and controlled. Although initially the quantity of vaccine was unknown, it was apparent that the compilation of a register and the keeping of records would be a major task, and that a substantial load would be placed on the Medical Officers and Health Visitors. Having assessed the situation, it was estimated that the medical and health visiting staff could absorb the additional duties, but it was evident that the administrative staff could not possibly undertake the extra work involved. This was reported to the Health Committee, and eventually two additional clerks were engaged.

The primary task was the compilation of the Register. The parents of every child under 5 years of age were sent a letter asking them to return a signed Consent Form, stating that they wished to have their child vaccinated against poliomyelitis.

Consent Forms were distributed at School to all children in the 5-9 years Age Group. The teaching staff were most helpful, and I acknowledge my indebtedness. Many Headteachers took particular care and trouble to ensure that every child received a card, and many keenly participated in the propaganda. 6,072 children out of about 20,000 children volunteered. The allocation of vaccine was in proportion to the number of volunteers, so this County obtained a fair share of what was available.

The first supply was delivered on 4th May, 1956, and had to be given to children born in the months of November, 1947 to 1954, and March, 1951 to 1954. These were widely scattered throughout the County and it seemed that the selection had deliberately studied the County map to find children living in the most inaccessible parts. As many as possible were invited to attend at Clinics, some at Schools and a few had to be vaccinated in their own homes. Itineraries had to be carefully planned because the vaccine deteriorated if not kept at 0-4° C. Medical Officers carried the vaccine packed in ice, but once a phial had been opened, it had to be used within 24 hours. To complicate the situation, it was decided that no child should be vaccinated unless in good health and had not been in contact with infectious disease, but unfortunately Chickenpox and Measles were prevalent in several areas, so that many children had to be turned down. Consequently an itinerary planned for 20 or so children had to be extended until the vaccine had been used. Despite these difficulties, very little of the vaccine was wasted, and by the end of June, 610 children had been given the requisite 2 doses and 26 children had received one dose.

General Medical Practitioners were informed as soon as one of their patients had been vaccinated and were requested to

inform me if any abnormal reactions had been detected. Three reports were received where a child's health had been affected within a few days of the injection, but in each instance the diagnosis became apparent later when their infectious disease developed. In fact, no child vaccinated suffered any ill-effects from the vaccination.

Further supplies were expected towards the end of 1956, but these did not materialise. No vaccinated child developed poliomyelitis, but this was not significant as there were only 4 cases of the disease during the year.

In May, 1957, a preliminary Medical Research Council report on the experience gained during 1956 indicates that the vaccine is safe, and gives a substantial protection against the paralytic form of poliomyelitis. If the blighting of one life can be avoided by vaccination against poliomyelitis, it will have been well-worth while for, apart from the personal tragedy, it will mean fewer handicapped persons, less demand on medical and hospital services, a diminished need for Special Schools and a more productive community. This, undoubtedly, is yet another tangible progressive step in preventive medicine.

AMBULANCE SERVICE

The arrangements for the provision of this Service were not materially altered except for the appointment of a whole-time paid driver at Denbigh. This had become imperative with the closing of the Llangernyw Ambulance Station.

The demands on the service continued unabated, but these were met promptly and satisfactorily. On the whole, the abuse of the service is less, but many patients are still carried who would appear to be capable, without detriment, of travelling by ordinary transport.

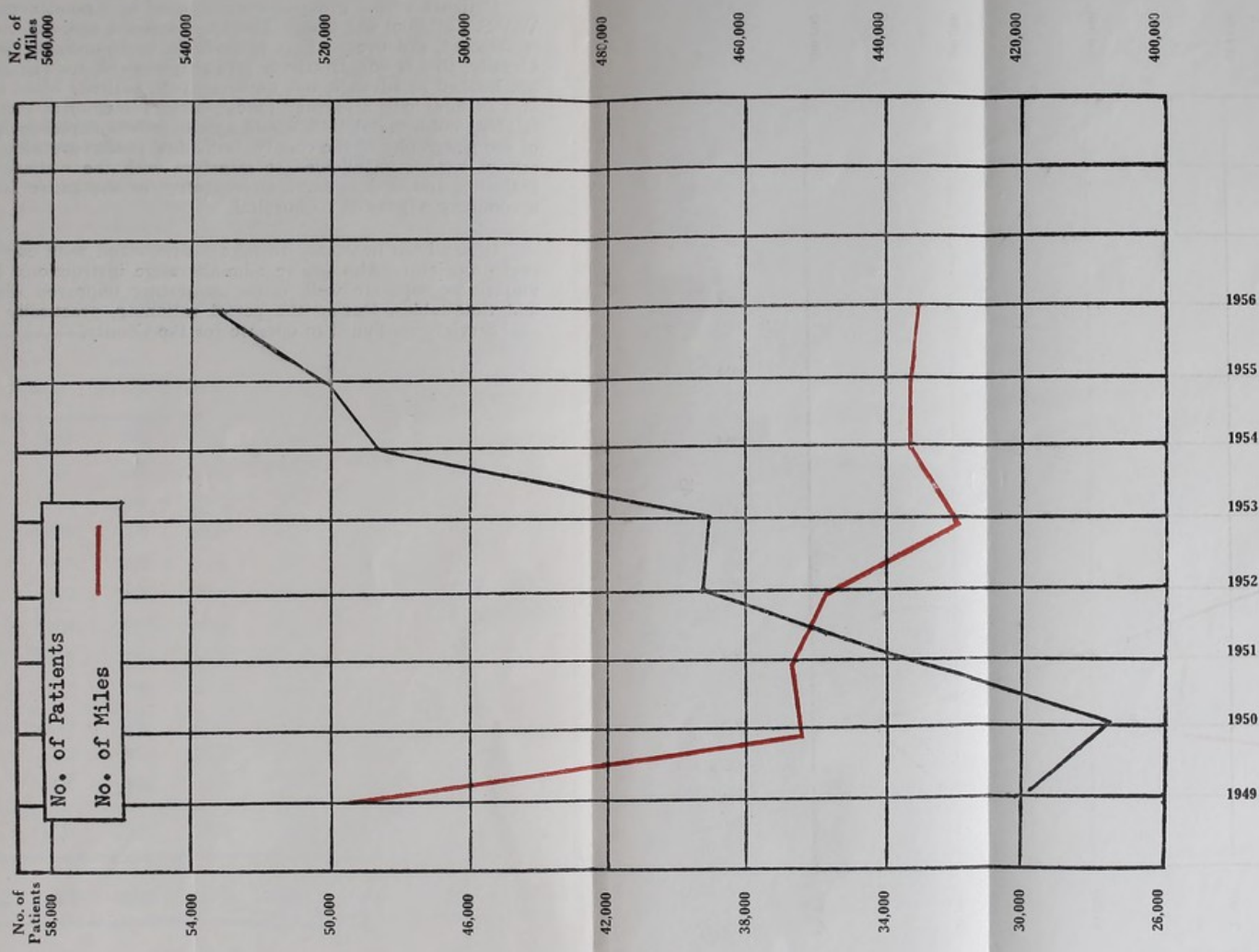
Journeys have been co-ordinated to the utmost, and this had kept the mileage travelled at a slightly lower figure than in the previous year. The Volunteers have again participated wholeheartedly in providing this service, and it would be only just to acknowledge the indebtedness of the Local Health Authority and the public to these men whose devotion to the alleviation of suffering is becoming proverbial. It is reassuring to know that the Voluntary spirit is so alive in Denbighshire, and that this valuable reserve can be tapped and diverted into helping mankind.

This service is wide open to criticism, for minutes seem hours when waiting for an ambulance, but the few grumbles which have been made during the past year have had no basis in fact. However, as I have indicated previously, efficiency would improve if East Denbighshire Ambulance Stations were all under one central control, in the same way as West Denbighshire is under the Colwyn Bay Central Control. In justice to the service, it should be recorded that many patients take the trouble to inform me of their gratitude for the excellent treatment, kindness and understanding they have received from the Ambulance Staff.

TABLE XXIII

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele	2841	25036
Colwyn Bay	1450	17631
Colwyn Bay Isolation Hospital	96	889
Cerrigydrudion	70	2566
Denbigh	1503	19086
Llanrwst	94	3324
Ruthin	504	9739
Brymbo	1808	11684
Cefn	5379	30622
Chirk	663	8159
Llay	1692	12194
Rhos	4446	19942
Wrexham	14990	69482
Wrexham Isolation Hospital ..	123	903
LCA 854	3542	11197
Grand Total	39201	242454

A Graph showing the number of patients carried and miles travelled annually by Ambulances and Sitting Case Cars.



SITTING CASES

Patients in this group are transported by Ambulances, Taxis, W.V.S. Car Pool and trains. The most suitable mode of transport is selected, and every effort is made to co-ordinate journeys. Usually, this is comparatively straight-forward, for the journeys are booked in advance, but unfortunately, patients often have no idea of how long a journey takes; doctors' memories seem to be fallible, and hospital staff would appear to be completely ignorant of the geography of the county. Individual preference and idiosyncrasies cannot be allowed to interfere with the welfare of the majority, and it does seem unnecessary for the entire family to accompany a patient to hospital.

It has been necessary to take a firm stand with one or two taxi proprietors who ignore administrative instructions, but the majority co-operate well, often suggesting improved itineraries and time-tables. During the petrol rationing, practically all the taxi services continued to operate for the County.

The W.V.S. Car Pool serves a particularly useful purpose in undertaking long journeys with single female passengers. The type of vehicles varies, but care is taken to select a suitable driver and transport. The majority of these are lady drivers who possess qualities that particularly suit them for the care of sick or infirm persons on a long car journey. Furthermore, they act in a voluntary capacity, recovering only their expenses.

From Table XXIII, it will be noted that L.C.A. 854 transported 3,542 patients. These were mainly the children attending Gwersyllt Occupation Centre who, during the year, travelled 16,203 miles in the ambulances. This will be considerably reduced in future for, with the petrol rationing, it was decided to ask all parents to send their children to Wrexham by 'bus, where they are collected and taken to Gwersyllt by ambulance.

TABLE XXIV.

Month	Cases			Mileage		
	Taxis	W.V.S.	Total	Taxis	W.V.S.	Total
Jan.	1109	205	1314	14914	3828	18742
Feb.	1012	221	1233	13097	4079	17176
March	1059	187	1246	13431	4249	17680
April	929	221	1150	12255	3196	15451
May	957	249	1206	13002	3708	16710
June	849	291	1140	11970	3885	15855
July	1069	214	1283	13449	3164	16613
August ...	900	274	1174	11884	3441	15325
Sept.	717	198	915	9832	3679	13511
Oct.	908	228	1136	11306	4136	15442
Nov.	912	294	1206	11931	4045	15976
Dec.	730	168	898	8551	2373	10924
Totals	11151	2750	13901	145622	43783	189405
Totals for 1955	11808	2245	14053	162333	38469	200802

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Tuberculosis.

The administrative arrangements were not changed and the close co-operation between the Chest Physicians and the staff of the Local Health Authority has been maintained. As previously the Tuberculosis Health Visitors have worked as full members of the Chest Clinic team which has been to mutual benefit.

There were 18 deaths from Tuberculosis in Denbighshire during 1956. The continued reduction of mortality suggests that the disease is diagnosed earlier and treated more effectively. However, to counter balance this improvement, attention must be drawn to the increase in the number on the register. This may be due either to a greater incidence of the disease or that case finding techniques have improved. In my opinion the increase is probably due to more and better use being made of the Mass Miniature Radiography Service and to a more comprehensive check on contacts. The importance of this aspect of the Chest Physicians' duties has not been overlooked, for special Contact Clinics have been arranged and the X-ray facilities of the Chest Clinic are open to any general medical practitioner, but perhaps the most important factor of all is the changed attitude of the public to Tuberculosis. It would seem that the public is beginning to appreciate the importance of early diagnosis. This is the result of many years of propaganda. In this respect the diligence and perseverance of the Tuberculosis Health Visitors should be commended, for they have been faced with a major task. Valuable assistance has been given by most of the Housing Authorities who, practically without exception, will give priority to an applicant suffering from Tuberculosis.

Early admission to hospital and antibiotics account for the lowered mortality; but it is disturbing that open infectious cases are still being discharged to the community, although in most sanatoria there are empty beds. This type of case can disseminate tuberculosis widely and it is necessary, in the interests of the community, that stronger measures be taken to minimize such risks.

The Mass Miniature Radiography Service visited Llanrhaeadr Y.M. and Glynceiriog for the first time. Propaganda followed the usual lines but in addition the Councillors—County and District—publicised widely the proposed visit and took every opportunity from public platforms and at personal level to impress the value of an X-ray examination. The response in both these areas was excellent.

Total no. of cases on register, 1956:

Pulmonary	...	...	...	...	...	...	...	1507
Non-pulmonary	...	...	...	...	...	...	...	363
Total no. of notifications	...	...	...	...	...	...	...	156
No. of new contacts seen of new cases notified	...	...	...	...	...	...	...	579
No. of contacts notified of this number	...	...	...	...	...	...	...	14
No. of old contacts seen of old cases	...	...	...	...	...	...	...	2308

TABLE XXV

Cases on Tuberculosis Register on 31st December, 1956.

Respiratory.			Non-respiratory.		
M.	F.	Total	M.	F.	Total
826	681	1507	199	164	363

TABLE XXVI.

**Comparative Death Rates from Pulmonary Tuberculosis
in the Rural and Urban Districts, Administrative County,
and England & Wales, for 1956 and each of the preceding
ten years.**

Year	Death Rate per 100,000 of the Population:			
	Urban	Rural	Whole County	England & Wales
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	21
1953	17.7	13.1	15.2	18
1954	22.8	18.5	20.5	16
1955	11.4	18.6	15.2	13
1956	10.0	8.8	9.1	11

During the year under review, the number of cases notified was 88 males and 68 females. The age and sex distribution are given in the following table:

TABLE XXVII

Age	Respiratory			Non-Respiratory		
	M	F	T	M	F	T
0—	—	—	—	—	—	—
1—	—	1	1	—	—	—
2—	2	1	3	1	—	1
5—	3	1	4	3	1	4
10—	3	1	4	—	2	2
15—	3	12	15	1	—	1
20—	6	11	17	1	3	4
25—	12	12	24	1	3	4
35—	12	4	16	1	1	2
45—	12	4	16	2	1	3
55—	15	7	22	1	—	1
65—	8	1	9	—	—	—
75 & over	1	2	3	—	—	—
Totals	77	57	134	11	11	22

TABLE XXVIII

Tuberculosis

Active Cases on Registers according to County Districts
on 31st December, 1956

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Western No. 1.								
Abergele	37	3	7	1	8	—	36	4
Colwyn Bay	19	2	2	—	2	—	19	2
Aled	58	7	13	—	10	1	61	6
	49	4	7	2	5	—	51	6
	17	4	3	1	2	1	18	4
	25	3	2	1	1	—	26	4
Western No. 2.								
Denbigh	77	10	9	1	5	3	81	8
Llanrwst	40	12	6	—	5	2	41	10
Ruthin Borough	9	1	2	—	1	—	10	1
Hiraethog	12	2	1	—	4	1	9	1
Ruthin Rural	11	2	3	—	—	—	14	2
	17	1	2	1	2	2	17	—
	13	2	—	—	3	1	10	1
	16	2	3	1	3	1	16	2
	32	13	5	1	6	1	31	13
	34	7	4	2	4	3	34	6

Table XXVIII (cont.)

Tuberculosis (continued).

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Eastern No. 1.								
Wrexham R.D. Males	383	141	35	3	18	3	400	141
Females	310	101	28	2	11	3	327	100
Ceiriog	28	4	3	1	1	1	30	4
Females	26	8	3	—	3	—	26	8
Llangollen	12	1	—	—	2	—	10	1
Females	10	1	1	1	—	—	11	2
Eastern No. 2.								
Wrexham Bor. Males	108	10	22	5	5	1	125	14
Females	97	23	11	1	4	1	104	23
Totals	1440	364	172	24	105	25	1507	363

The following table gives details of the work done by the Mass Radiography Unit in Denbighshire during 1956.

TABLE XXIX

Location		No. X-rayed	No. referred to Chest Clinic as query T.B.
Chirk	Males	249	10
	Females	224	2
	Total	473	12
Glynceiriog	Males	166	3
	Females	151	7
	Total	317	10
Llanrhaeadr Y.M.	Males	76	1
	Females	97	1
	Total	173	2
Llansilin	Males	52	—
	Females	64	—
	Total	116	—
Rhosllanerchrugog	Males	432	6
	Females	306	4
	Total	738	10
Llangollen	Males	390	9
	Females	506	5
	Total	896	14
Ruabon	Males	344	6
	Females	413	1
	Total	757	7
Johnstown	Males	81	6
	Females	57	—
	Total	138	6
Grand Total	Males	1790	41
	Females	1818	20
	Total	3608	61

OTHER ILLNESSES

Venereal Disease.

The number of Denbighshire patients dealt with for the first time during 1956 at treatment centres was 68, which were classified as follows:

	Syphilis			Gonorrhoea			Other Conditions	
	M	F		M	F		M	F
Llandudno Gen. Hospital.	1	—	...	1	—	...	4	4
St. Asaph Gen. Hospital.	—	1	...	2	—	...	—	—
Wrexham War Memorial Hospital	3	4	...	4	1	...	24	19
Totals	4	5	...	7	1	...	28	23

Community Care of the Aged.

Several of the services of the Health Department give much of their time to the Aged. Health Visitors call on elderly folk to ensure that they utilize the various social services fully. The co-ordinating roll of the Health Department has developed gradually so that now, wide and varied problems are constantly having to be dealt with, despite the fact that perhaps only one facet of the problem is actually the responsibility of the department. With the various social agencies so segmented and departmentalised it is only too easy to deny responsibility and pass on the problem, usually to the confusion and detriment of the applicant. Fortunately due to the proximity of other departments and excellent co-operation, a constant stream of requirements of persons in need are dealt with by the Health Department. A high percentage of applicants are elderly, usually needing Home Nursing or Home Help. Approximately 50 per cent. of the time of the District Nurses and 75 per cent. of Home Helps are given to the elderly. Furthermore District Medical Officers of Health are constantly striving to get better and more suitable housing for the elderly, and occasionally are having to employ their powers under Section 47 of the National Assistance Act. The Mental Health Social Worker is frequently involved because mental deterioration in the elderly is frequently a concomitant of any illness.

Various other statutory services co-operate in the care of the elderly. The staff of the National Assistant Board work in close harmony with the Health Department, and it is a pleasure to acknowledge the excellent co-operation that has been received.

Vacancies in institutions, either Hospitals for Chronic Aged Sick or Welfare Homes, are extremely difficult to obtain.

Many voluntary organisations help the elderly in many ways, but there is need for co-ordination. The W.V.S. provide meals on wheels in several parts of the County. This is a most valuable and appreciated service. B.R.C.S. and St. John have depots for loaning out equipment. The Darby and Joan Clubs fulfil a useful function, but there is a group of needy elderly that falls outside every provision—the frail aged and it would seem that this group could best be looked after and supervised by other elderly folk. The frail elderly often cannot leave the house and they become isolated. Surely other elderly folk could maintain contact with this group and call in statutory aid as required. Many Home Helps become friendly with their patients and keep up social contact even when they have finished attending. Other members of the staff, nurses and social workers, keep in friendly touch. On several occasions, during the past year, it has been a member of the staff of this department, that has found an old person ill at home, without anybody knowing or in attendance.

The Health Department staff strive to keep the elderly fit enough to remain in the community for as long as possible, thus giving happiness and relieving the strain on institutional accommodation. However, there is a need for Geriatric Services in this area and the establishment of a Day Hospital for the Elderly would be of great benefit.

Problem Families.

During 1956, the department was engaged constantly with 62 families which entailed the application of more than two other agencies. Short term supervision was accounted for and included in the routine work of the various members of the staff.

Blind Persons.

During 1956, the Health Department, which is responsible for ascertainment of the blind, examined 78 persons and informed the Welfare Department that 42 should be registered as blind persons.

Blind Persons.

	Males	Females
No. of cases on Register	187	250
No. of cases ascertained during 1956	17	25
No. of cases ascertained during 1956 with:		
(a) Cataract	9	11
(b) Glaucoma	3	2
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**

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0 - 10	6	8	1	—
10 - 15	4	5	1	—
15 - 25	—	—	3	—
25 - 50	1	—	3	6
50 and over	—	—	2	4

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

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0 - 10	9	9	—	—
10 - 25	1	2	—	—
15 - 25	2	4	—	—
25 - 50	2	—	2	—

CONVALESCENCE

The precise functions of the Recuperative and the Convalescent Homes cannot be easily defined. Consequently, many requests for convalescence are received from hospitals which in my opinion are not the responsibility of the Local Health Authority. Vacancies in Recuperative Homes are limited but during the year 11 patients were sent to various homes for an average period of two weeks. Each case sent by the County Council is assessed and charged accordingly.

DOMESTIC HELP SERVICE

There have been no changes in the administrative arrangements. This Service has again proved invaluable in dealing with domiciliary sickness. The demands continue to grow and they have been received from all parts of the County.

The number of Domestic Helps employed on the 31st December, 1956, was:

(a) Whole-time	...	...	...	...	2
(b) Part-time	...	...	...	...	134

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

(a) Maternity (inc. expectant mothers)	...	23
(b) Tuberculosis	...	19
(c) Chronic Sick (incl. aged and infirm)	...	304
(d) Others	...	122
		—
		468
		—

MENTAL HEALTH SERVICE

Administratively this service has continued as in previous years. The close collaboration between the North Wales Mental Hospital and the Local Health Authority has been maintained with resultant benefits to the patients.

During the petrol rationing it was not possible for the Duly Authorised Officer to attend the monthly case conferences, which had proved so valuable in the past, but contact was maintained between the Psychiatric Social Worker and the Duly Authorised Officer.

The Department has been able to assist patients after leaving the Mental Hospital. Difficulties regarding housing have been overcome and disharmony in employment resolved. The need for sympathy, understanding and full co-operation in dealing with mental patients was registered strongly when a young man, who had threatened to take his own life, committed suicide. Much had been done for the man but better co-operation between the three services might have saved his life.

Lunacy and Mental Treatment Acts.

TABLE XXX

Cases dealt with by the Duly Authorised Officers.

	M.	F.	T.
Lunacy Act, 1890.			
Summary Reception Order	40	59	99
"Three Day" Order, Sect. 20	32	44	76
Urgency Order, Sec. 11	—	—	—
Mental Treatment Act, 1930.			
As Voluntary Patient	148	180	328
As Temporary Patient	—	—	—

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 1956	40	59	99
No. of patients discharged during the year	20	39	59
No. of patients who died during the year	13	5	18
Voluntary Patients.			
No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1956	148	180	328
No. of voluntary patients who left the Hospital during the year 1956	134	177	311
No. of voluntary patients who died during the year 1956	5	3	8
Temporary Patients.			
No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1956	—	—	—
No. of temporary patients discharged during the year 1956	—	—	—
No. of temporary patients who died during the year 1956	—	—	—

Mental Deficiency.

A study of Table XXXII shews that during 1955 the ascertainment of defectives has continued and that the care and supervision of defectives has been maintained. A substantial number of vacancies in Institutions were obtained and this removed the very urgent cases from the waiting list.

The position has been considerably relieved since the Gwersyllt Occupation Centre was opened, for, many parents feel that they can now cope with having a mental defective in the home. The

benefit obtained by the children from their attendance is readily discernible. From the unruly children that arrived when the Centre was first opened, there has gradually developed children who are disciplined, considerate and well-behaved. They have acquired a poise and assurance which was previously lacking, and also the ability to play and work with others.

Originally, the children were collected by Ambulance each morning, but I had always hoped that, in due course, they could travel by 'bus. The petrol rationing left no alternative, and since then, all the children come to Wrexham by 'bus, where they are met and taken out by Ambulance to Gwersyllt.

The Supervisor reports as follows:

"Occupation Centre.

1956 has been a year of progress at the Occupation Centre, Gwersyllt. The progress in the children has been outstanding and most satisfying to the staff. At eleven years of age, one of the children started to walk, and at the end of 1956 she could walk anywhere.

The children are learning each day to be more independent, dressing themselves, fastening a button for the first time, cleaning their teeth and generally keeping themselves clean. Their table manners are very good too; this improvement is also noticed in their own homes.

Handwork is practised by all the children. This includes knitting, sewing, rug, stool and lamp making.

Outdoor activities include nature walks, playing in sand-pit, making good use of the shute and tricycles.

Music plays a great part in the life of our children. Singing, dancing, radio and percussion band. Our grateful thanks go to the parents who gave us the piano and a large selection of records.

Pets. One blue rabbit which is admired and loved by all the children. This was also given by a parent.

Social activities. A most enjoyable trip to Rhyl and a visit to Bertram Mills Circus.

The Christmas party was a great success. Each child received a gift from Santa Claus; thanks once again to the County Council and parents.

1956 has been a good year. Let us hope that 1957 will see further progress in our children.

There are 29 children attending the Centre."

TABLE XXXII

Mental Deficiency Acts, 1913-1938.

	M.	F.	T.
No. of mental defectives in institutions at 31/12/56	71	101	172
No. of mental defectives under guardianship at 31/12/56	10	10	20
No. of mental defectives in "Place of Safety" at 31/12/56	—	1	1
No. of mental defectives under Statutory Supervision at 31/12/56	85	80	165
No. of mental defectives awaiting removal to an institution during the year 1956	25	23	48
No. of mental defectives (new cases) reported during the year 1956	20	27	47
No. of mental defectives admitted to institutions during the year 1956	1	3	4
No. of mental defectives taken to "Places of Safety" during the year 1956	—	—	—
No. of mental defectives placed under Statutory Supervision during the year 1956	14	17	31
No. of mental defectives that ceased to be under care by reason of death or removal from the area during the year 1956	2	11	13

PART IV

Environmental Hygiene

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Dysentery.

The comparatively high total of 207 cases of Dysentery were notified during the year. A total of 88 cases occurred during the troublesome epidemic which struck Llangollen at the beginning of the year.

The source of this explosive outbreak was not ascertained, but the infection was somehow introduced into the local infants' school and there spread with great rapidity. There is no doubt that the overcrowded conditions and poor toilet facilities at this school were an important factor in the spread of infection from one child to another. From each of the 154 children and the staff at this school specimens were obtained for laboratory examination. Those found to be infected were excluded from school, their home contacts investigated, and treatment given where necessary.

Special precautionary measures were instituted at the school to prevent further spread of infection. The disease was completely eradicated from the town in good time for the International Eisteddfod.

The prompt and effective control of this epidemic reflects much credit on the Departments and individuals concerned; the District Medical Officer of Health, the Sanitary Inspector and local General Medical Practitioners, for their willing co-operation; the Public Health Laboratories at Shrewsbury and Conway for the readiness with which their resources were placed at our disposal; the Head Teacher and her staff for their great help and forbearance during what amounted to a major disruption of normal school routine, and not least the School Nurse for her diligence in ensuring that the necessary advice and instructions were transmitted to parents and children.

TABLE XXXIII
INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1956 and, for comparative purposes, the nine preceding years are shown.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Scarlet Fever	149	273	249	264	123	141	123	69	147	156
Whooping Cough	259	906	207	465	408	288	317	237	212	160
Diphtheria	25	8	7	4	—	1	—	—	1	—
Measles	1317	1537	820	1979	1849	712	2149	511	3056	473
Acute Pneumonia	197	205	150	149	204	81	129	63	73	67
Meningococcal Infection	10	10	3	4	9	9	6	4	6	3
Acute Poliomyelitis:										
Paralytic	25	1	4	{ 26	6	12	7	2	8	2
Non-Paralytic				{ 29	2	1	4	2	2	2
Acute Encephalitis:										
Infective	—	—	—	{ —	2	1	—	3	—	—
Post-Infectious				{ 5	—	—	—	—	—	—
Dysentery	2	9	4	45	41	23	8	3	23	207
Ophthalmia Neonatorum	6	—	—	—	10	6	1	—	5	1
Puerperal Pyrexia	3	7	1	1	6	13	18	10	9	6
Paratyphoid Fever	2	4	1	{ —	1	5	—	—	—	—
Enteric or Typhoid Fever				{ 1	—	—	—	—	—	1
Food Poisoning	—	—	—	19	112	—	—	—	—	6
Erysipelas	39	55	41	31	14	4	3	11	10	13
Chickenpox	7	10	1	15	5	32	26	19	17	—
Malaria	—	—	—	—	—	—	10	—	—	—
Pulmonary Tuberculosis	195	173	212	169	165	231	202	231	161	138
Non-Pulmonary Tuberculosis	41	40	49	41	21	37	25	51	15	21
Totals	2277	3238	1749	3228	2866	1598	3028	1216	3745	1256

TABLE XXXIV

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

	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles.	Acute Pneumonia.	Meningococcal Infection.	Acute Poliomyelitis (Paralytic).	Acute Poliomyelitis (Non-paralytic).	Acute Encephalitis (Infective).	Acute Encephalitis (Post-Infectious).	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.	Chickenpox.	Malaria.	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	
Western No. 1.																							
Abergele	8	10	—	42	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1
Colwyn Bay	16	1	—	234	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	2
Aled	—	17	—	9	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2
Western No. 2.																							
Denbigh	1	22	—	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	—
Llanrwst	2	3	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Ruthin Borough	—	3	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1
Hiraethog	1	—	—	28	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1
Ruthin Rural	3	27	—	37	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Eastern No. 1.																							
Wrexham R.D.	52	35	—	43	14	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63	5
Ceiriog	3	7	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1
Llangollen	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Eastern No. 2.																							
Wrexham Borough ...	70	35	—	62	20	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	20	5
Totals	157	160	—	480	67	3	2	2	—	—	207	1	6	—	—	1	6	13	—	—	—	138	21

The following table gives the number of deaths from infectious diseases during 1956, together with comparative figures for previous years:

TABLE XXXV

	1948	1949	1950	1951	1952	1953	1954	1955	1956
Meningococcal									
Infection	2	3	1	1	4	2	3	1	—
Measles	2	—	2	1	—	1	—	1	—
Whooping Cough .	2	1	2	4	—	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	5	2	—	—	—	1	—
Tuberculosis:									
Pulmonary	63	62	51	36	26	26	35	26	16
Non-pulmonary	8	11	8	5	8	3	3	3	2
Pneumonia	73	75	63	63	44	70	85	80	59

Tuberculosis.

Sixteen deaths from pulmonary tuberculosis occurred during the year, as compared with 26 in 1955. Only 2 deaths from non-pulmonary causes were recorded, one less than in 1955.

The death rate per million of the population of the County was 105.4.

TABLE XXXVI TUBERCULOSIS.
Number of Cases on the County Tuberculosis Register for the years 1947-1956.

Year	No. on Register			Deaths			Death Rate per Million of Population	County of Denbigh
	Pulm.	Non- Pulm.	Total	Pulm.	Non- Pulm.	Total		
1947	1616	650	2266	69	15	84	505.0	
1948	1591	595	2186	63	8	71	423.8	
1949	1293	434	1727	62	11	73	433.2	
1950	1371	450	1821	51	8	59	347.7	
1951	1393	435	1828	36	5	41	240.6	
1952	1436	418	1854	26	8	34	193.3	
1953	1347	362	1709	26	3	29	170.1	
1954	1419	371	1790	35	3	38	222.2	
1955	1440	364	1804	26	3	29	170.2	
1956	1507	363	1870	16	2	18	105.4	

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 Public Health Officer reports as follows:

"Water Supply and Sewerage.

There is very little progress to report in the provision of new Schemes of Water Supply.

"In my Annual report for 1955 I reported that an Inquiry had been held by the Ministry of Housing and Local Government into the application of the Llyn Conwy Joint Water Supply Committee, for a Draft Order to abstract water from Llyn Conway and from the Upper River Conway and Nantyllyn, and to construct river intake and treatment works. Authority to proceed with the Llyn Conwy Scheme has not yet been received. I am informed that this delay is due to the great difficulty of negotiating the terms of the lease for the land to be acquired with the National Trust.

"The provision of a proper Scheme of Water Supply for the Hiraethog Rural District and the parishes of Llanfairtalhaiarn, Betws-yn-Rhos and Llanellian is long overdue. It is hoped that a satisfactory solution will soon be found.

The following Schemes of Water Supply has been completed:

Hiraethog Rural District.

Pandy Tudur £ 13844

Ruthin Rural District.

					£
Llanarmon-Llandegla (link main)	...	...	...	...	15000
Meifod-Gyffylliog-Llanynys	...	...	...	...	54053

"Work is in progress on a Scheme to serve Llandegla and Bryneglwys at an estimated cost of £110,000. The old source and reservoir above Hafod Bilston is to be discarded and the new supply will come from the Wrexham and East Denbighshire Water Company's main near Pendinas, Llandegla.

"The County Council have approved a Scheme submitted by the Hiraethog Rural District Council to supply the Dinmael and Maerdy district estimated to cost £17,654.

"They have also considered a scheme submitted by the Aled Rural District Council for part of Glan Conway and Llanelian-yn-Rhos which is estimated to cost £68,567.

"Schemes of Sewerage.

Work is in progress on the following Schemes of Sewerage and Sewage Disposal:—

Hiraethog Rural District.

						£
Pentrefoelas	...	...	...	...	...	15456

Ruthin Rural District.

Llanfair D.C.	...	...	...	...	...	10000
Eryrys, Llanarmon	...	...	...	...	...	9152
Llanarmon Village	...	...	...	...	...	12642
Llandegla	...	...	...	...	...	7314

"The Hiraethog Rural District have prepared a Scheme of Sewerage for Pandy Tudur, the Scheme has been considered by the County Council and approved under the provisions of the Rural Water Supplies and Sewerage Acts, 1944-55."

Laboratory Facilities.

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

The Pathological Laboratory, Maelor General Hospital.

The Public Health Service Bacteriological Laboratory,
Conway;

The Public Health Service Bacteriological Laboratory,
Shrewsbury;

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 County Public Health Officer had been intimately concerned with the milk supplied in the County, and reports on his work as follows:

"Pasteurising Establishments.

The County Council granted six Dealers' Pasteurisers' Licences, but two of the Dairy Companies amalgamated during the year and one licence was surrendered.

"The standard of plant maintenance at the pasteurising establishments has been satisfactory, but, it has been necessary to keep them under constant supervision. Failure to pass phosphatase tests have been very rare over a long period of years. During the early months of the year three samples taken at one dairy were found to be unsatisfactory. The Laboratory reports only confirmed the opinion which I had formed during my inspection of the dairy. The output of the dairy had been doubled and the steam pressure and refrigeration were found to be inadequate to deal with the increased output. Prompt attention was given to plant failures and to stricter supervision of dairy staff. Subsequent samples were all satisfactory. Regular tests are carried out to ascertain the efficiency of the mechanical bottle washing plants. The laboratory reports were all highly satisfactory.

"Milk in Schools.

The Laboratory reports on the 74 samples of School milk were satisfactory.

"Biological Examination of Milk.

The increased consumption of heat-treated milk and the coming into effect of the Milk (Special Designations) (Specified Areas) Orders, has made it possible to reduce the number of samples taken for biological examination. Composite samples were taken from 191 herds, no evidence was found of tuberculosis, but two samples showed evidence of brucella infection.

This is a highly satisfactory position but I am still concerned about the proper control of Brucellosis. I must again call attention to the fact that the disease is not notifiable and until such steps are taken no immediate and adequate control will be found.

"Milk and Dairies—Clinical Examination of Dairy Cattle.

	No. of Herd Inspections	No. of Cattle Examined
(a) Tuberculin Tested	983	38162
Non-Designated Herds and Attested ...	1563	14866
(b) Tuberculin Testing of Herds licensed to produce Tuberculin Tested and Certified Milk.		
No. of Cattle tested	38162	
No. of Reactors	129	
(c) Tuberculous Milk.		
No. of Veterinary Investigations ...	—	
No. of Investigations outstanding....	—	
No. of initial reports from Medical Officer of Health	—	
No. of Herds involved	—	
No. of cases of tuberculosis of the Udder	—	
No. of investigations not yet complete	—	
Tuberculosis (Attested Herds) Scheme, 1950.		
No. of Attested Herds	3271	
No. of Supervised Herds	40	
Calves vaccinated against Brucellosis	4235	

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 517 samples were analysed by the Public Analyst, the particulars being as follows:

TABLE XXXVII

Article	No taken	No. certified as adulterated or sub-standard	Article	No taken	No. certified as adulterated or sub-standard
Milk:			Sugar	1	—
On delivery	3	3	Sweets	3	—
Retail	327	10	Jam	10	—
Appeal to cow ...	1	—	Marmalade	2	—
Butter	15	—	Honey	2	—
Margarine.	5	—	Condensed Milk	4	—
Lard	3	—	Ice Cream	24	—
Cheese	5	—	Fresh Cream	7	—
Cheese Spread	1	—	Sterilized Cream ...	1	—
Baking Powder	1	—	Coffee Mixture	1	—
Bread	4	—	Coffee	1	—
Flour	4	—	Cocoa	1	—
Cake Mixture	1	—	Tea	2	—
Custard Powder ...	1	—	Soft Drinks	4	—
Blanc Mange Powder	1	—	Beer	8	1
Table Jelly	1	—	Brandy	2	—
Oatmeal	1	—	Whiskey	3	—
Pearl Barley	1	—	Rum	2	—
Rice	2	—	Gin	2	—
Plum Pudding	1	—	Wine (Port Type)..	1	—
Mincemeat	3	1	Saccharine Tablets ..	1	—
Tinned Peas	3	—	Calomel Tabs.	1	—
Tinned Beans	1	—	Aspirin	1	—
Tinned Tomatoes ...	1	—	Carb. of Magnesia ..	1	—
Tinned Fish	1	—	Gripe Mixture	1	—
Fish Paste	1	—	Cream of Tartar ...	1	—
Meat Paste	2	—	Amm. Tinc. of		
Lucheon Meat	1	—	Quinine	1	—
Sausages	15	—	Tincture of Iodine...	1	—
Suet	2	—	Tartaric Acid	1	—
Vinegar	2	—	Camphorated Oil ...	1	—
Mixed Vegetables ...	1	—	Olive Oil	1	—
Pickled Onions	1	—	Cod Liver Oil	1	—
Sauce	1	—	Bicarbonate of Soda.	1	—
Salad Cream	2	—	Powdered Borax ...	2	—
Pepper	2	—	Hydrogen Peroxide .	1	—
Salt	1	—	Glycerine	1	—
Mustard	1	—			
Dried Mint	1	—	Totals	517	15

PART VI

Miscellaneous

REGISTRATION OF NURSING HOMES.

TABLE XXXVIII

	Number of Homes.	Number of beds provided for		
		Maternity.	Others.	Total.
Homes first registered during the year	—	—	—	—
Total Homes on the register at the end of the year	6	—	108	108

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 1956 the number of such medical examinations totalled 300. In addition, members of the staff absent for prolonged periods owing to sickness have been examined by myself.

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