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Contributors

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Vice-Chairman: Ald. 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

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Miss E. M. Evans, Ruthin. Mrs. W. A. Evans, Denbigh.

Mrs. Llewelyn Hughes, Llangollen.

Dr. Trevor Hughes, Ruthin. Mrs. Cyril O. Jones, Wrexham. Mrs. May Jones, Wrexham.

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Ald. Mrs. Florence Jones.

Ald. E. A. Cross.

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Coun. Llewelyn Charles.

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Foreword

I have the honour to present the Annual Report on the Health Services in the County for the year 1957.

Perusal of the contents of this report will reveal that the health of the community has been maintained at a satisfactory level, despite the occurrence of the Influenza Epidemic. It is pleasing to note that the Infant Mortality Rate has remained low, and that the neo-natal mortality rate and the still-birth rate have decreased. The Maternal Mortality Rate was double that for 1956 as, unfortunately, two mothers died in childbirth during 1957.

Once again, Cardio-vascular disease is the main cause of death, and this is followed by Cancer. It has been appreciated that Carcinoma of the stomach is more prevalent in certain parts of North Wales, including Denbighshire, than anywhere else in Britain, but it would seem from Table VIII that Carcinoma of the Bronchus is nearly as common, at least amongst men. This would appear to substantiate the contention that there is a definite connection between cigarette smoking and carcinoma of the lung.

While the total deaths in the County from Cancer in males and females are nearly equal, it is significant to observe that the number of deaths in males from Carcinoma of the stomach is nearly twice, and from Carcinoma of the bronchus is five times, greater than in females.

It is also interesting to note that in the age-group 45-64, the ratio of deaths from Carcinoma of the Bronchus in males to that in females is 4.4 to 1, while in the age-group 65-74 the ratio is 6.6 to 1.

The association between cigarette smoking and carcinoma of the bronchus is now being accepted, and there seems to be a correlation between the ratio of male to female deaths and the number of male and female smokers of cigarettes. However, unless the present trends are reversed, there may well be a decreasing difference, and this is suggested by the fact that the ratio in the age-group 45-64 (4.4 to 1) is less than in the 65-74 age-group (6.6 to 1). The women of the older generation are not cigarette smokers, whereas those in the 45-64 age-group are increasingly becoming addicted.

It is, therefore, of vital importance that all those who have not succumbed to the cigarette smoking habit, should be warned against the dangers resulting from such practices.

There were 74 deaths in the County due to vehicular and other accidents. Of these, 36 were over 65 years of age, and occurred mainly in the home, which emphasises that the risks in the home to old people, and also to young children, have not been sufficiently appreciated in the past. Throughout the year, members of the staff have paid particular attention to safety precautions in the homes visited, and have given advice regarding measures to be taken to prevent accidents.

Deafness must be diagnosed in early infancy if the associated disabilities are to be reduced to a minimum. Two members of the staff attended a Course at The University, Manchester, to learn the technique of ascertaining and estimating the degree of deafness. All the children at Child Welfare Clinics will, in future, have their hearing tested, and any infant found with a hearing loss will be referred for further investigation by the Ear, Nose and Throat Consultant.

The attendances at the majority of Clinics have been well maintained, but consideration will have to be given to either closing or reducing the number of sessions at some of the smaller and poorly attended clinics. The Health Visitors have been striving to stimulate interest in Health Education and focusing attention on the risks of accidents in the home. As has been reported earlier, a growing proportion of their time is being devoted to the welfare of the Aged and to Problem Families. These two demanding groups absorb much of the time and energy of the social services. The District Nurses give approximately half of their time to the elderly. To meet these demands, another Male Nurse was appointed in the Wrexham district. In addition to these services, the Health Department co-ordinates to a great extent the various voluntary agencies. Many members of the staff are intimately associated with their activities, not only while on duty, but also in their leisure hours. In this way considerable integration of effort is achieved, Voluntary Agencies can give help beyond the scope of statutory services, and such help can be invaluable. The offer of a grant from the Marie Curie Foundation was gladly accepted and expended to succour those dying from Cancer. Many additional comforts were provided from this Fund which helped materially to relieve the pain and discomfort of several patients.

The constantly declining risks from infectious diseases to the community has led to an attitude of complacency to the various preventive inoculations available. Vaccination against smallpox has improved slightly, in comparison with 1956. The number

immunised against Diphtheria and Whooping Cough was less than in the previous year. This was partly accounted for by the introduction of Poliomyelitis vaccination, upon which the public attention was constantly focused. Many parents are under the impression that if a child has been immunised, he is protected against all ills, and it often needs careful explanation that each disease requires an individual immunity. Perhaps this confusion of thought has resulted from the use of Combined Diphtheria and Whooping Cough Antigen which, despite the evidence suggesting that it may be associated with a localisation of paralysis in Poliomyelitis, is still being used in Denbighshire. Amongst the reasons for continuing its use is the inescapable fact that the majority of parents would not submit their infants to repeated injections.

The Ambulance Service has been modified, and the changes are beginning to show their effect. For the first time, there was a decrease in the total number of patients carried, while the total mileage travelled continued to diminish. Considering that there is neither a full Ambulance Control nor Radio Control in the County, it reflects credit on all concerned that this Service is being run so economically. Furthermore, it is gratifying that a high standard of efficiency is being maintained and esprit de corps is being fostered.

The Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency was one of the most important publications of the year. The intricacies, difficulties and restrictions of the various Acts dealing with mental illness were confusing and often frustrating.

The Royal Commission indicated the need for a re-adjustment and new developments, and outlined how these could be achieved. This enlightened document should have far-reaching effects. It is gratifying that in this County, many of the recommendations are established practices. A high percentage of mental patients are admitted as Voluntary Patients, and of the remainder, the majority are admitted under Section 20 of the Lunacy Act which authorises the detention of the patient for up to 17 days. From amongst this group, only about 20 per cent. so admitted require formal certification under the Lunacy Act.

There exists a close co-ordination of the Prevention of Illness, Care and After-Care Services of the Hospital and Local Health Authority.

This has been achieved:-

By the nomination of the County Medical Officer of Health, by the Medical Staff of the North Wales Mental Hospital to the Hospital Management Committee. Since 1957, when the Welsh Regional Hospital Board prohibited County Medical Officers of Health being members of Hospital Management Committees, the County Medical Officer of Health has attended the Hospital Management Committee in an advisory capacity.

The Denbighshire Duly Authorised Officers attend the monthly Case Conference at the North Wales Mental Hospital, and regularly meet the Hospital Psychiatric Social Workers to co-ordinate their work. The Hospital Psychiatric Social Workers are partly employed by the Local Health Authority, and continue their After-Care beyond the responsibilities of the Hospital before finally handing over the care of patients to the Duly Authorised Officers.

The Local Health Authority Medical Officers attend, together with the Duly Authorised Officers, to certify patients of the Hospital who have been admitted under Section 20 of the Lunacy Act. This ensures a regular contact between the medical staff when patients and their problems can be discussed.

Furthermore, County Councillors are also members of the Hospital Management Committee which helps to ensure cooperation.

The Mental Deficiency Service has continued to develop. It will be noted that the number ascertained in recent years has stabilised. Many of these are cared for under supervision in the community, while the more difficult ones are admitted to Institutions. With the opening of Oakwood Park and extended accommodation elsewhere, more vacancies have become available, which has eased the pressure on the urgent cases. Now that voluntary admissions can be arranged, the to and fro movement of patients can be expedited. The training of defectives has continued at Gwersyllt Occupation Centre and at Day Centres in Chirk and Wrexham. The Day Centre at Chirk has been most successful, as it caters for children who could not possibly attend Gwersyllt. The need for an Adult Centre is becoming more manifest as an increasing number of children come up to 16 years of age.

It has been possible to place many defectives in useful employment, but this would be much facilitated if they had been specially trained for a simple job. Employers are beginning to realise that many of these defectives are well capable of, and suited for, performing repetitive work, and if the necessary training facilities were available, many more could be found suitable work. During 1957, a very careful review of the administrative methods of the Health Department was undertaken. It was evident that even after introducing every economy and eradicating duplication, the department was short of the clerical staff essential to a reasonable standard of administration. I wish to record my appreciation to all the administrative staff for their assistance in the re-organisation of the Department which, I am sure, has resulted in a greater output and a higher efficiency. Indeed, without the loyalty and support of the entire staff, the commitments of the Health Department could not have been met.

Finally, I thank my colleagues for their co-operation, and the Chairman and Vice-Chairman of the Health Committee, and the Health Standing Sub-Committee for their invaluable advice and support.

M. T. ISLWYN JONES

County Medical Officer of Health.

July, 1958.

ANNUAL REPORT FOR 1957

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 | | | 169,500 |
| Rateable Value | | | £1,729,132 |
| Estimated Product of Penny Rat | te | | £6,342 |

BIRTHS AND DEATHS

| Live Births. | M | F | Total |
|--------------|------------|------------|------------|
| Legitimate | 1227 45 | 1232 51 | 2459 96 |
| Total | 1272 | 1283 | 2555 |

Live-birth rate per 1,000 of the estimated population (crude)
15.1
Live-birth rate per 1,000 of the estimated population
(adjusted) 15.8

| | M | F | Total |
|--------------|----|------|-------|
| Still-births | 35 | , 31 | 66 |

Still-birth rate per 1,000 births (live and still births) .. 25.2

| | M | F | Total |
|--------|------|------|-------|
| Deaths | 1185 | 1211 | 2396 |

Death rate per 1,000 of the estimated population (crude) 14.1 Death rate per 1,000 of the estimated population (adjusted) 13.5

| Maternal Mortality (Deaths from pregnancy or child-birth) | 2 |
|---|---|
| pregnancy of child-birth) | 2 |

| Maternal | mortality | rate | (deaths pe | r 1,000 | | |
|----------|-----------|------|------------|---------------|------|-----|
| | | | live and | still-births) | | .76 |

| Infant Mortality | M | F | Total |
|--|---------|----|-------|
| Deaths of infants under 4 weeks | 20 | 18 | 38 |
| Deaths of Infants under 1 year | 32 | 27 | 59 |
| Deaths of Legitimate Infants under 1 year | 32 | 25 | 57 |
| Deaths of Illegitimate Infants under 1 year | S - 021 | 2 | 2 |

| Neo-Natal mortality rate | | | | 14.9 |
|--------------------------|------|------|------|----------|
| Infant mortality rate | | | | 23.1 |

COMPARATIVE RATES

| Rate | Denbigh- shire | England and Wales |
|-------------------------|-------------------|----------------------|
| Birth Rate (adjusted) | 15.8 | 16.1 |
| Death Rate (adjusted) | 13.5 | 11.5 |
| Maternal Mortality Rate | .76 | .47 |
| Infant Mortality Rate | 23.1 | 23.0 |

BIRTHS AND BIRTH RATES

2,555 live births were registered during the year, as compared with 2,578 in 1956. This gives a crude birth rate of 15.1 per 1,000 population. By applying the Comparability Factor, however, a corrected birth rate of 15.8 is obtained, and this is the rate which should be compared with that for England and Wales, which was 16.1.

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. | in at | under 1 year of age | Infant death- | rate per 1000 births |
|------|-------------------------|--------------------|-----------------------------|------------|---------------|-----------------------------|-------|------------------------|---------------|-------------------------|
| 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 |
| 1957 | 169560 | 2555 | 15.1 | | 2396 | 14.1 | | 59 | *** | 23.1 |

The crude Birth Rate for the County (15.1) is the same as the previous year and remains below the rate for England and Wales.

The crude Death Rate has increased from 13.3 in 1956 to 14.1 in 1957. By applying the Comparability Factor, the rate is decreased to 13.5 per thousand population, but even so, it is still well above the rate of 11.5 for England and Wales.

59 Infants under 1 year died during the year, the same as in 1956. Owing to the smaller number of births, however, the Infant Morality Rate has increased from 22.8 in 1956 to 23.1 in 1957. The rate for England and Wales was 23.0.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1957 TABLE II.

| Death Rate | 17.6 19.9 10.9 | 27.1 18.2 14.4 9.9 12.7 | 12.6 12.0 16.9 | 10.6 | 14.1 |
|--------------------------------|-------------------------------|--|--|--------------------------------|--------------|
| No. of Deaths | 128 439 76 | 213 53 53 120 | 888 | 341 | 2396 |
| Rate of Infant Mortality | 22.5 | 26.7 50.0 26.6 7.0 | 23.9 | 27.2 | 23.1 |
| No. of Infant Deaths | 700 | 20 00 | 2 23 | 16 | 59 |
| Birth-rate | 12.2 11.4 13.1 | 14.3 15.0 12.3 14.9 15.1 | 15.5 15.6 13.3 | 18.4 | 15.1 |
| No. of Live Births | 89 252 91 | 112 45 143 143 | 963 115 42 | 588 | 2555 |
| Estimated Population | 7270 22020 6930 | 7850 2640 3670 5040 9430 | 62160 7380 3140 | 31970 | 169500 |
| Districts. | Western No. 1: Abergele Urban | Denbigh Borough Llanrwst Urban Ruthin Borough Hiraethog Rural Ruthin Rural | Wrexham Rural Ceiriog Rural Llangollen Urban | Eastern No. 2: Wrexham Borough | Total County |

MATERNAL MORTALITY

Two maternal deaths occured during the year, as compared with one only in 1956. The maternal mortality rate for the County was .76, and the rate for England and Wales was .47.

Following the usual proceedure, the deaths were carefully investigated and a full report submitted to the Regional Assessor.

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

| | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 |
|--------------------|------|------|------|------|------|------|------|------|------|------|
| Maternal Mortality | 0.9 | 1.3 | 1.4 | 1.5 | .36 | 1.5 | .38 | .41 | .38 | .76 |

TABLE III.
CAUSES OF INFANT DEATHS, 1957

| Disease | Males | Females |
|--|-------|---------|
| Gastritis, Enteritis and Diarrhoea | 2 | 104 8 |
| Infective and Parasitic Diseases | _ | 1 |
| Pneumonia | 7 | 6 |
| Congenital Malformations | 6 | 5 |
| Other Defined and Ill-defined Diseases | 16 | 14 |
| Accidents (other than motor vehicle accidents) | 1 | 1 |
| Malignant and Lymphatic Neoplasm | _ | 1 |
| Totals | 32 | 27 |

CHIEF CAUSES OF DEATH.

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

TABLE IV.

| Causes of Death. | | er cent. of | | |
|--|-----|-------------|-----|----------|
| Heart Disease | 762 | 33.6 | 773 | 32.2 |
| Cancer | 369 | 16.2 | 415 | 17.3 |
| Vascular lesions of nervous system | 391 | 17.3 | 405 | 16.9 |
| Pneumonia | 59 | 2.6 | 75 | 3.1 |
| Tuberculosis (all forms) | 18 | .8 | 34 | 1.4 |
| Bronchitis | 78 | 3.4 | 90 | 3.7 |
| Nephritis | 37 | 1.6 | 33 | 1.4 |
| Other circulatory dis- eases | 88 | 3.8 | 87 | 3.6 |
| Other defined and ill- defined diseases | 243 | 10.7 | 223 | 9.3 |
| Hyperplasia of prostate | 29 | 1.3 | 24 | 1.0 |
| Accidents | 65 | 2.9 | 74 | 3.1 |
| Influenza | 12 | .5 | 31 | 1.3 |

HEART DISEASE

Heart disease continues to be the principal cause of death. 773 were registered in 1957, as compared with 762 in 1956. This shows a percentage of 32.2 of the total deaths from all causes and is equivalent to a death rate of 4.5 per 1,000 of the estimated population.

Of this figure of 773 total deaths due to heart disease, 623 (or 80.6 per cent) occured amongst persons of 65 years or over.

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

TABLE V.

| Year | A | ll ag | es | 0— | 5 | 5— | 15 | 15— | 45 | 45—6. | 5 | 65 and | upwarde |
|------|------|-------|----|----|---|----|----|-----|----|-------|---|--------|---------|
| 1953 | | 674 | | _ | | - | | 8 | | 127 | | 539 | |
| 1954 | | 725 | | - | | - | | 14 | | 139 | | 572 | |
| 1955 | •••• | 798 | | - | | 1 | | 19 | | 145 | | 633 | |
| 1956 | | 762 | | - | | 1 | | 11 | | 139 | | 611 | |
| 1957 | | 773 | · | _ | | _ | | 13 | | 137 | | 623 | |

CANCER

Cancer accounted for 415 deaths during the year, as compared with 369 in 1956.

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

TABLE VI.

| Year. | N | o. of Deaths. | Death- | rate per 1000 population |
|-------|---|---------------|--------|--------------------------|
| 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 |
| 1957 | | 415 | | 2.4 |

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

TABLE VII.

| | | Deaths. | | Rate per |
|----------------|--------|----------|--------|-----------------------|
| District. | Males. | Fema'es. | Total. | 1000 popula- tion. |
| Western No. 1. | | | | |
| Abergele | 9 | 15 | 24 | 3.3 |
| Colwyn Bay | 31 | 44 | 75 | 3.4 |
| Aled | 9 | 8 | 17 | 2.4 |
| Western No. 2. | | | | |
| Denbigh | 7 | 16 | 23 | 2.9 |
| Llanrwst | 3 | 3 | 6 | 2.2 |
| Ruthin B | 7 | 4 | 11 | 3.0 |
| Hiraethog | 5 | 3 | 8 | 1.5 |
| Ruthin R | 8 | 15 | 23 | 2.4 |
| Eastern No. 1. | | | | |
| Wrexham R | 85 | 62 | 147 | 2.3 |
| Ceiriog | 7 | 6 | 13 | 1.7 |
| Llangollen | 5 | 7 | 12 | 3.8 |
| Eastern No. 2. | | | | |
| Wrexham B | 33 | 23 | 56 | 1.7 |
| Total County | 209 | 206 | 415 | 2.4 |
| | | | | _ |

TABLE VIII

Deaths from Cancer, according to Age, Sex and Localisation of

Disease during 1957.

| H | Total | 33 | 10 | . 43 | . 13 | 107 | 306 |
|-------|-------------------------|---------|----------------|--------|--------|-------|-------|
| M | I | 3 | 52 | | | 97 | 209 |
| + | H | 41 | 0 | 6 | 2 | 33 | 59 |
| 75+ | M | 19 | ∞ | 1 | 1 | 83 | 56 |
| 65—74 | T | ∞ | 6 | 13 | 5 | 32 | 19 |
| 65 | M | 18 | 20 | 1 | 1 | 38 | 76 |
| 李 | F | 10 | ıo | 17 | w | 35 | 72 |
| 45-64 | M | 21 | 22 | 1 | 1 | 83 | |
| 4 | (T | - | 1 | 4 | - | 9 | 12 |
| 25 44 | M | 2 | 2 | 1 | 1 | - | ro. |
| -24 | H | 1 | 1 | 1 | 1 | 1 | - |
| 15-24 | M | 1 | 1 | 1 | 1 | - | - |
| 5-14 | F | 1 | 1 | 1 | 1 | 1 | 1 |
| 5 | M | 1 | 1 | 1 | 1 | 1 | 1 |
| 4 | H | 1 | 1 | 1 | 1 | 1 | 1 |
| 1 | M | 1 | 1 | 1 | 1 | b | 1 |
| - | F | 1 | 1 | 1 | 1 | - | - |
| J | M | 1 | 1 | 1 | 1 | 1 | 1 |
| | Localisation of Disease | Stomach | Lung, Bronchus | Breast | Uterus | Other | Total |

ACCIDENTS.

TABLE IX.

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1957, giving Age and Sex Distribution.

| A C | , | Vehicula | ar | Oth | er Acci | dents |
|----------------------|----|----------|-------|-----|---------|-------|
| Age Group. | M. | F. | Total | M. | F. | Total |
| 0-1 year | _ | _ | _ | 1 | /_ | 1 |
| 1 - 5 years | _ | 1 | 1 | 1 | 1 | 2 |
| 5 - 15 years | 1 | 1 | 2 | _ | 3 | 3 |
| 15 - 25 years | 1 | _ | 1 | 1 | _ | 1 |
| 25 - 45 years | 4 | _ | 4 | 9 | 1 | 10 |
| 45 - 65 years | 3 | _ | 3 | 8 | 2 | 10 |
| 65 - 75 years | - | - | - | 4 | 3 | 7 |
| 75 years and upwards | 1 | 2 | 3 | 7 | 19 | 26 |
| | 10 | 4 | 14 | 31 | 29 | 60 |

TABLE X. CAUSES OF DEATH, 1957

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

| Select | Abergele Urban | Aled R.D. | Ceiriog R.D. | Colwyn Bay Boro | Denbigh Boro' | Hiraethog R. | Llangollen U.D | Llanrwst U.D | Ruthin Boro' | Ruthin Rural | Wrexham Boro' | Wrexham Rural | TOTAL |
|---|----------------|-----------|--------------|--------------------|---------------|--------------|----------------|--------------|--------------|--------------|---------------|---------------|----------|
| Tuberculosis respira- | | | | | | | | | 143 | | | | |
| tory | | | 2 | 2 | 10 | 1 | 1 | 1 | 1 | | 4 | 10 | 32 |
| Tuberculosis Other | 1 | | | 1 | | | | | | | | | 2 |
| Syphilitic disease | *** | | | | | | | | | | | | 1 |
| Diphtheria | | | | | | | | *** | | | *** | | |
| Whooping Cough Meningococcal infec- | | | 1 | *** | *** | | *** | | | | | | |
| tions | | | | | | 4. | | | | | | | |
| Acute Poliomyelitis . | | 4 | | 4. | | | | | | | | | |
| Measles | | *** | | | 200 | | | | | | | | |
| Other Infective and | | | | | | | 1 | | | | | | |
| Parasitic Diseases . | | | 1 | 1 | | | | 1 | | | | 2 | 5 |
| Malignant Neoplasm | 100 | 0 | | | | | | | | | | - | |
| -Stomach | 1 | 8 | 7 | 10 | 5 | 2 | 3 | 2 | 1 | 8 | 14 | 32 | 93 |
| Malignant Neoplasm | 0 | | 1 | 0 | | | | | | | | 07 | 60 |
| -Lung, Bronchus . Malignant Neoplasm | 3 | | 1 | 9 | 2 | 1 | 2 | 1 | 4 | 3 | 9 | 27 | 62 |
| -Breast | 5 | 2 | *** | 12 | 1 | 1 | 2 | | 1 | 5 | 4 | 10 | 43 |
| Malignant Neoplasm | 0 | - | 37.0 | | * | | - | | | 9 | - | | |
| -Uterus | 4 | | | | | 1 | 2000 | | | 1 | 1 | 6 | 13 |
| Other Malignant and | 13 | - | | | | | | | | | | | 1 |
| Lymphatic Neo- | 1 | 1 | | | - | | | 100 | | | | Name of | |
| plasms | 11 | 7 | 5 | 44 | 15 | 3 | 5 | 3 | 5 | 6 | 28 | 72 | 204 |
| Leukaemia, Aleukae- | | | | 0 | 0 | | | | | | 100 | 0 | |
| mia | 1 | | 1 | 2 | 2 | | | ••• | | 2 2 | 1 2 | 10 | 11 16 |
| Diabetes | *** | | | | | | | | | 2 | 2 | 10 | 10 |
| Vascular lesions of | 24 | 12 | 19 | 71 | 36 | 14 | 10 | 7 | 10 | 20 | 54 | 128 | 405 |
| nervous system Coronary disease, | | | | | | | | | | | | | |
| angina | 17 | 8 | 10 | 65 | 25 | 7 | 8 | 7 | 10 | 17 | 42 | 104 | 320 |
| Hypertension with | 100 | Til | | | | - | | | 1 | | The same | | |
| Heart Disease | 4 | 1 | 2 | 14 | 9 | 2 | 2 | 10000 | 1 | | 6 | | 55 |
| Other Heart Disease | 13 | 16 | 24 | 74 | 52 | 7 | 8 | 8 | 5 | 23 | 43 | 125 | 398 |
| Other Circulatory | | | 9 | 90 | = | 4 | 2 | | 5 | 3 | 10 | 16 | 87 |
| Disease | 7 | 4 | 3 | 28 | 5 | 33 | | 1 | 1 | 4 | 7 | 6 | 31 |
| Influenza | | 3 | 2 | 5 8 | 8 | ï | | 2 | | 4 | 19 | 30 | 75 |
| Pneumonia Bronchitis | 8 | 5 | 1 | 14 | 5 | | | 1 | 1 | 4 | 14 | 37 | 90 |
| Other diseases of | 0 | | 9 | 1000 | | | | | | 0 | | | |
| Respiratory System | | 1 | 1 | 6 | 2 | | 1 | 1 | 2 | 1 | 5 | 10 | 30 |
| Ulcer of Stomach, | | | | | | | | | | | | | |
| Duodenum | 1 | 2 | | 5 | 2 | | | | 2 | | 4 | 5 | 21 |
| Gastritis, Enteritis | | | - | | 1 | | 1300 | 100 | | | | 3 | |
| and Diarrhoea | | | 1 | 4 | 2 | | 1 | 1 | | 1 | | 1 | 11 |

Table X. Causes of Death, 1957 (continued).

| Causes. | Abergele Urban | Aled R.D. | Ceiriog R.D. | Colwyn Bay | Denbigh Boro' | Hiraethog R.D. | Llangollen U.D. | Llanrwst U.D. | Ruthin Boro' | Ruthin Rural | Wrexham Boro' | Wrexham Rural | Totals |
|---------------------------------------|----------------|-----------|--------------|------------|---------------|----------------|-----------------|---------------|--------------|--------------|---------------|---------------|--------|
| Nephritis and Neph- rosis | . 2 | | 1 | 5 | 4 | 1 | | | 1 | 1 | 9 | 9 | 20 |
| Hyperplasia of Pros- | . 2 | | | 6 | 2 | | | 1 | 1 | | 5 | 7 | 33 |
| Pregnancy, child- | | | *** | 0 | 1 | | | 1 | - | | 0 | 1 | 24 |
| birth, abortion Congenital malfor- | | | | | | | | | | | 1 | 1 | 2 |
| mations Other defined and ill- | 1 | | | | | 1 | | | | | 5 | 7 | 14 |
| defined diseases Motor vehicle | 18 | 4 | 3 | 38 | 18 | 3 | 4 | 4 | 1 | 8 | 39 | 83 | 223 |
| accidentsAll other accidents | 2 | | | 1 | | | 1 | | | 2 | 2 | 6 | 14 |
| Suicide | 0 | 1 | 3 2 | 10 2 | 2 | ·-; | 2 | 2 2 | 1 | 3 | 10 | 25 | 60 |
| Homicide and opera- | 1 3 | | - | - | 1 | 1 | 1 | 2 | ••• | 1 | 3 | 5 | 21 |
| tions of war | | | | | | | | | | | | | |
| All causes | 128 | 76 | 89 | 439 | 213 | 50 | 53 | 48 | 53 | 120 | 341 | 786 | 2396 |

TABLE XI.

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

| Age Periods. | M. | No. of Deaths F. | T. | Percentage of Total Deaths |
|--------------------|-----|---------------------|------|-------------------------------|
| 0-1 years | 32 | 27 | 59 | 2.4 |
| 1-5 years | 3 | 6 | 9 | .4 |
| 5-15 years | 4 | 8 | 12 | .5 |
| 15 - 25 years | 6. | 4 | 10 | .4 |
| 25 - 45 years | 48 | 35 | 83 | 3.5 |
| 45-65 years | 321 | 222 | 543 | 22.7 |
| 65 - 75 years | 342 | 305 | 647 | 27.0 |
| 75 years & upwards | 429 | 604 | 1033 | 43.1 |

Administration

A sound administration is essential to any service and gradually over the past few years this has been built up in the Health Department. In 1956 the administrative methods were carefully reviewed and at the beginning of 1957 the necessary adjustments were made. Forms were redrafted in such a way that in some instances the needed information could be recorded on one form instead of two or more. Similarly by re-adapting methods of recording, time consuming operations and duplication were eradicated. Re-allocation of duties into compact compartments eliminated wasteful staff movement, simplified filing, and localised responsibility.

Later in the year the Clerk of the County Council asked for a review of the Health Department to be sumarised, for presentation to the Establishment Committee. It was evident that the Health Department was short of administrative staff and the establishment was increased sufficiently to meet present require ments. This improvement will ensure that professional staff will be freed from many tedious and repetitive work, so having more time for their more specialised duties.

It should be realised that the senior administrative staff in this Department are required to undertake duties of considerable responsibilities, and to perform the duties of their post adequately they must not only have a sound knowledge of administration, but also of the legislative aspects of the Health Service. Furthermore it is essential that they co-operate well with professional people, colleagues in allied services and the general public. Senior section heads and above are constantly interviewing members of the public, giving information, initiating action and resolving personal problems. Such duties demand a wide knowledge, human understanding, patience, tact and diplomacy. In presenting my recommendations for re-grading I took into consideration the dual role of the senior administrative staff, but unfortunately this was not accepted by the Gradings Committee.

The following members of the staff were promoted:-

Mr. David Davies,

Mr. Brian Davies,

Mr. I. Wynn Jones,

Mr. R. Hawke,

Mr. E. Wright,

Mr. Bryan Davies,

Mrs. Gwyneth Davies,

Miss R. Bowen,

Mrs. A. C. J. Bain.

The following members of the staff resigned:-

Mr. H. Down,

Mr. W. Owen,

Miss J. A. Jones,

Miss M. Whittaker.

The Administrative Officer was authorised to attend the Annual Week-end School of the Association of Public Health Lay Administrators.

Six members of the clerical staff attended approved courses of study and during the year four succeeded in passing the examinations of the Local Government Examinations Board.

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, MR.CS., 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.

County Obstetric Officer (part-time): R. Owen Jones, F.R.C.S.

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.

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

Consultant Orthodontist:

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

Super intendent 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

Although strenuous efforts are constantly made, not only to provide services for mothers and young children, but also to ensure that full use is made of these services, it must be conceded that the results fall short of expectations. Why this should be is difficult to determine. Undoubtedly there are many factors that account for this and perhaps the most potent is the divided responsibilities of the various branches of the Health Service; but this is not the only reason.

Usually primiparae consult their doctors early in pregnancy and as a rule attend the Ante-Natal Clinics regularly, but even in this group there are variations. Many of the employed women attend early to confirm pregnancy but do not come to Ante-Natal Clinic until fairly late in pregnancy. Mothers of one or more children as a rule attend Ante-Natal Clinics late and on fewer occasions, while those being delivered at home are inclined to rely entirely on the services of a midwife and often pass through their pregnancy without a medical examination.

However, it must be conceded that a far greater number of mothers are now receiving ante-natal care than in former years, but not from Local Health Authority Clinics. The attendances at County Ante-Natal Clinics have been declining steadily since 1948 and it has been necessary to close some clinics. During 1957 it was decided that the Consultant Ante-Natal Clinics at Colwyn Bay and Llanrwst should be terminated. Unfortunately it has not been possible to merge the Hospital and County Ante-Natal Clinics at Colwyn Bay, although this Authority was prepared to provide accommodation, equipment and nursing staff, while the Clwyd and Deeside Hospital Management Committee would only have to provide the services of an Obstetrician. The position is, therefore, that a Consultant Ante-Natal Clinic is held at the Nantyglyn Maternity Home while about 50 yards away the County Ante-Natal Clinic is held at Nantyglyn M. & C.W. Clinic.

In the Wrexham area an additional Ante-Natal Clinic was opened at Queen's Park which has relieved the pressure on No. 1 Grosvenor Road and proved a boon for the rapidly extending housing estate of Queen's Park. This has shown that if the services are taken to the people then the majority will use them. While administratively it is much easier to centralise services, it must be appreciated that the public will not travel far from home to use such services particulary if they are of a preventive nature. The location of ante-natal clinics at easily accessible points is essential if full ante-natal care is to be ensured.

REPORT OF COUNTY OBSTETRICIAN

REPORT ON ANTE-NATAL AND POST-NATAL CLINICS FOR 1957

"The figures below indicate the extent of the supervision of the expectant mother at the following clinics:—

TABLE XII

Attendances at Consultative Ante-Natal Clinics during the year 1957.

| Clinic | New | Old | Post Natal |
|-------------|-----|------|------------|
| Wrexham | 572 | 1085 | 52 |
| Queens Park | 48 | 215 | 1 |
| Denbigh | 99 | 186 | 19 |
| Cefn | 75 | 224 | 10 |
| Llangollen | 93 | 209 | 20 |
| Rhos | 98 | 316 | 13 |
| Totals | 985 | 2235 | 115 |

TABLE XIII

Attendances at Hospital Management Committee Ante-Natal Clinics (held in County Clinics) during 1957.

| Clinic | New | Old | Post Natal |
|---------|-----|------|------------|
| Wrexham | 322 | 1527 | 370 |
| Rhos | 33 | 183 | 55 |
| Cefn | 14 | 96 | 29 |
| Totals | 369 | 1806 | 454 |

TABLE XIV

Attendances at Assistant Medical Officer's Ante-Natal Clinics during the year 1957

| Clinic | New | Old | Post Natal |
|----------------|-----|-----|------------|
| Queen's Park | 77 | 274 | 2 |
| Denbigh | 6 | 26 | _ |
| Llanrwst | 16 | 35 | _ |
| Colwyn Bay | 22 | 133 | 8 |
| Cerrigydrudion | 1 | 2 | _ |
| Totals | 122 | 470 | 10 |

"These do not include clinics actually held at various hospitals, Croesnewydd, Chirk and Colwyn Bay. (Croesnewydd figures, for example were—total attendances 2696, of which new bookings were 430 and post natal examinations 260). Some pregnant women were also ante-natally attended to by their own doctors.

"There were two maternal deaths, one due to a rare type of placenta praevia at a Caesarian Section and the other died at home from shock and haemorrhage due to an induced abortion, there not being sufficient evidence to show by whom it was caused.

"There is closer co-operation between the General Practitioners and the Clinics. Where the doctor refers a case to the Clinic a report on the patients condition is given, and in suitable cases she is referred back to her own doctor for interim supervision even if she is booked for hospital confinement.

"The Medical Officer of Health has organised Midwives Clinics with interchangeable clinic reports available to the doctor if the patient is to be confined at home.

Observations.

"As it has long been realised that further co-operation between the hospitals, the local General Practitioners organisation, the County Council Clinics and Midwives was essential, an attempt to promote this was made.

"In the Wrexham area a proposal was made to unify the hospital clinics with the County and Borough Clinics. A central clinic at No. 1, Grosvenor Road, Wrexham, for the area around Wrexham where the main Clinics with adequate facilities are already held, was planned with a view to co-operation of all the persons likely to be concerned with the expectant mother. Here both hospital booked cases and those intending to have the baby at home would be seen by Sisters and Midwives from the hospital, district Midwives, Health Visitors, and Medical Officers, and where the patients' own General Practitioner could attend for consultation on their patients where desired. The Regional Hospital Board and Dr. Islwyn Jones agreed to this.

"The local Hospital Management Committee, however, with very limited vision, could only think in terms of their own hospital and attendances there, and, in the face of the real need for better co-operation, turned the proposal down.

"It it to be hoped that the Committee now, after nearly ten years of the National Health Service, are planning an unification all over the County and will recommend directives which will over-ride parochial interests with the primary object—the welfare of the expectant mother."

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 110 new cases at Wrexham, with a total attendance of 725 and 170 new cases at Colwyn Bay, with a total attendance of 646.

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 2591 births, only 8 cases were notified in accordance with these regulations; of these 6 occurred in hospital and 2 cases in domiciliary practice.

Ophthalmia Neonatorum.

Seven cases were notified during the year.

CHILD WELFARE

Notification of Births.

In accordance with statutory requirements, 2696 live births and 63 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.

The attendances at the majority of clinics have been well maintained and it is gratifying to note that the average number of attendances per session at Rhosrobin rose from 19 to 31 and at Rossett from 11 to 25. The improvements in the attendances at Llansannan has been encouraging and if maintained at the present level it will be worth continuing. Some other rural clinics are indifferently attended although in some instances transport is provided for bringing mothers and children in to the clinic.

During the year a clinic was opened at Trevor but the average attendance per session was only 5, which makes this an extremely costly clinic to operate. This emphasises the difficulties of providing these services to areas with a small child population; for although the number seen may be small the doctor, health visitor and voluntary helpers have to be present from 1.30 p.m. to 4 p.m. In addition premises have to be rented, equipment supplied and administrative costs met. It is obvious that in some areas the number of Child Welfare Clinic sessions will have to be reduced.

The work proceeded very much on the same lines as in previous years. There was greater stress on Health Education particularly following the In-Service Course held by the Central Council for Health Education in this County during 1957. Additional material for health teaching was supplied to the Health Visitors and this was used extensively and to the best advantage at the various clinics.

Towards the end of 1957 a new service was introduced. Earlier in the year two members of the staff attended a Course at Manchester where they were taught methods of detecting deafness in and training of very young children. Professor Ewing and his colleagues have demonstrated that a deaf child need not also be dumb if the condition is diagnosed early and treated appropriately. These trained staff will visit County Child Welfare Clinics to examine all infants so that any deaf child will be discovered at an early age and referred immediately for the appropriate treatment.

CHILD WELFARE CLINIC ATTENDANCES

Age 0 - 1 year:

Number of first attendances ... 2166

Total number of attendances ... 22599

Age 1 - 5 years:

'Total number of attendances ... 10145

TABLE XV

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1957 with regard to the Maternity and Child Welfare Centres established in the County

| Present arrangements for medical supervision | Assistant Med. Officer " " " " " " |
|---|--|
| the year born in 1955-52 | 88 88 8 4 4 7 2 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 |
| urit.g were 1956 | \$5 88 88 88 88 88 88 88 88 88 88 88 88 88 |
| No. of attended d and who 1957 | 12 8 5 8 6 6 8 6 5 8 1 1 1 1 8 5 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Average attendance per session (children) | 29 26 27 28 27 28 27 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| time ng | Phin Phin Phin Phin Phin Phin Phin Phin |
| Day and time of meeting | Thursday Monday Thursday Monday Thursday, Monday Monday Monday Monday Wednesday Monday Wednesday Tuesday Friday Friday |
| Whether Sessions are held weekly, fortnightly or monthly | Weekly Fortnightly Monthly Fortnightly Weekly Fortnightly " " " " |
| Address | Abergele, Pentre Mawr Broughton, Church Hall Brymbo, Council School Cefn, County Clinic C'druidion, Presbyterian Church Chirk, Ambulance H.Q. Coedpoeth, Church Hall Colwyn Bay, Nantyglyn Road Church Room, Mochdre Church House, Llysfaen Glan C'way, Church Institute Gresford, Church House Gresford, Church House Holt, Kenyon Hall Johnstown, Christchurch Chapel School Room |

Table XV (continued).

| Address | Whether Sessions are held weekly, fortnightly or monthly | Day and time of meeting | Average attendance per session (children) | No. of attended dand who 1957 | childre luring were 1956 | children who luring the year were born in 1956 1955-52 | Present arrangements for medical supervision |
|----------------------------|---|----------------------------|--|-------------------------------|-----------------------------------|---|---|
| Llansannan Village Hall | Monthly | Thursday p.m. | 18 | 12 | 9 | 20 | Assistant Med Officer |
| Llanddulas, C.M. Chapel | Fortnightly | Monday p.m. | 10 | 25 | 8 | 18 | |
| Llangern'w, Memorial Hall | Monthly | Thursday p.m. | 15 | 13 | 12 | 22 | |
| Llangollen, Welfare House | Fortnightly | Tuesday p.m. | 33 | 37 | 43 | 18 | |
| Llanrwst, County Clinic | Weekly | Tuesday p.m. | 37 | 48 | 64 | 113 | |
| Llanrhaiadr | _ | | | | | , | |
| Y.M., Public Hall | Fortnightly | Monday p.m. | 7 | 12 | 16 | 19 | |
| Llay, County Clinic | | Tuesday p.m. | 28 | 46 | 29 | 34 | |
| | Weekly | Wednesday p.m. | 36 | 108 | 176 | 106 | |
| Rhosrobin, County Clinic | Fortnightly | Friday p.m. | 31 | 54 | 2 | 31 | n |
| _ | | Monday p.m. | 25 | 43 | 32 | 21 | |
| Rossett, Men's Institute | | Wednesday p.m. | 25 | 36 | 47 | 23 | |
| Ruabon, Old People's Hall | | Thursday p.m. | 29 | 72 | 53 | 22 | |
| Ruthin, Baptist Chapel | . Weekly | Tuesday p.m. | 27 | 08 | 91 | 72 | |
| a, | . Fortnightly | Thursday p.m. | 19 | 28 | 32 | 9 | |
| Towyn, Village Hall | Fortnightly | Wednesday p.m. | 13 | 14 | 12 | 8: | |
| | . Weekly | 1000 | 32 | 686 | 119 | 10 | Gen. Med. |
| Garden Village | | Z. | 202 | 340 | 121 | 32 | A ceietant |
| Queen's Fark | . : | Mon., Wed. p.m. | 23.9 | 152 | 158 | 12 | Med Officer |
| Vron- | | | | | | 1 | |
| cysyllte, Primitive Chapel | Monthly Monthly | Tuesday a.m. Monday pm. | ow | 123 | 0.0 | v. 4 | |
| | | | 200 | | | | |

MATERNAL AND CHILD WELFARE

DENTAL TREATMENT

The Senior Dental Officer reports as follows:-

"Figures for the year (Table XVI) show a reduction of 27 on the previous year.

"This decrease has taken place entirely on the West side of Denbighshire. It is difficult to explain the reluctance of Nursing and Expectant Mothers in West Denbighshire to accept dental treatment.

"A new arrangement for the construction of dentures has been in force during the year. Whereas in the past they were constructed in Liverpool, they are now made in Wrexham. This is an improvement, but I feel it will not be entirely satisfactory until we have our own Dental Mechanic in our own workshop.

"I think I should point out that all this year's work (Table XVI and XVII) is undertaken by the equivalent of half of one dental officer."

DENTAL CARE TABLE XVI ANNUAL RETURN OF WORK. EXPECTANT AND NURSING MOTHERS.

January to December, 1957

| | Western Area No. 1 | Western Area No. 2 | Eastern Area No. 1 | Eastern Area No. 2 | Total |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------|
| No. referred for treatment | 12 | 21 | 345 | 226 | 604 |
| No. accepting treatment | 12 | 19 | 363 | 204 | 598 |
| No. completed treatment | 11 | 30 | 123 | 86 | 250 |
| Attendances for treatment | 52 | 124 | 602 | 366 | 1144 |
| Sessions devoted to treatment | 9 | 22 | 113 | 92 | 236 |
| Broken appointments | 10 | 28 | 21 | 16 | 75 |
| Anaesthetics: | | | | | 2 |
| General anaesthetics | 9 | 16 | 197 | 106 | 328 |
| Local anaesthetics | 3 | 2 | - | 8 | 13 |
| Extractions: | | | | | |
| Permanent extractions | 24 | 70 | 1123 | 545 | 1762 |
| Temporary extractions | 3 | 8 | - | 2 | 13 |
| Fillings | 15 | 92 | 65 | 92 | 264 |
| Dentures supplied | 4 | 4 | 126 | 75 | 209 |
| Adjustments | .2 | 2 | 13 | 6 | 23 |
| Repairs | _ | - | _ | - | - |
| Sundries | - | - | - | - | - |
| Advice | 4 | 11 | 72 | 30 | 117 |
| Scaling and gum treatment | 6 | 6 | 17 | 16 | 45 |

MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1957

(a) Number provided with Dental Treatment.

| | No. examined. | No. needing. treatment | No. treated. | No. made dentally fit. |
|-------------------------------|------------------|---------------------------|-----------------|---------------------------|
| Expectant and Nursing Mothers | \$ 09 | 298 | 542 | 250 |
| Children under 5 years of age | 25 | 45 | 37 | 37 |

(b) Forms of Dental Treatment provided.

| Complete dentures provided. | 209 | 1 |
|---|-------------------------------|-------------------------------|
| Radio- graphs. | 25 | 1 |
| Dress- ings. | 28 | 1 |
| Silver Nitrate Treat- ment. | 2 | 1 |
| Scalings or Scaling and Gum Treat-ment. | 45 | . 1 |
| Fillings. | 264 | 1 |
| General Anaes- thetics. | 328 | 21 |
| Local Anaes- thetics. | 13 | 1 |
| Extrac- tions. | 1762 | 38 |
| | Expectant and Nursing Mothers | Children under 5 years of age |

CARE OF PREMATURE INFANTS

During the year, 170 premature live babies were born, of whom 146 survived until one month old.

The following Table shows where the premature babies surviving to one month old were born:—

| Home | Private Nursing Homes | Regiona! Hospital Board Accommodation |
|------|--------------------------|--|
| 25 | 1 | 120 |

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.

446 Maternity Outfits were issued during 1957.

WELFARE FOODS

The Ministry of Health issued a circular to Local Health Authorities stating that the Welfare Foods (Great Britain) Order 1954 was being amended, and that with effect from 1st November, 1957, the supply of welfare orange juice would be discontinued for children from their second birthday.

Furthermore it was recommended that the intake of Vitamin A & D for infants should be reduced as it had been found that in some instances the quantities being ingested were excessive and had in a few cases caused hypercalcaemia. The Report of the Joint Sub-Committee on Welfare Foods recommended that the Vitamin intake should be reduced, particularly of Vitamin D. With this in view the Vitamin D content of National Cod Liver Oil, National Dried Milk and Infant Cereals has been decreased. Copies of the Report were issued to the staff and subsequently discussed at staff meetings.

Administrative arrangements for distribution were amended accordingly and distributions have been in accordance with the Ministry's Circular since the 1st November, 1957.

These Welfare Foods are distributed mainly from the Child Welfare Clinics but there are in addition 45 local depôts. The value of voluntary helpers at these various depôts is considerable both to the public and the Health Department.

The total quantities distributed during 1957 were:-

| National | Cod Liver | Vitamin | Orange |
|------------|-----------|---------|--------|
| Dried Milk | Oil | Tablets | Juice |
| 42454 | 13605 | 5899 | 87740 |

MIDWIFERY SERVICE

The domiciliary midwifery service has operated as in previous years, except for the opening of an additional Ante-Natal Clinic in Queen's Park, Wrexham.

In accordance with the requirements of the Central Midwives Board, Local Health Authority Midwives attended approved Refresher Courses. Three representatives of the staff were given leave of absence to attend the International Congress of Midwives at Stockholm. They had been sponsored by the local branch of the Royal College of Midwives. Throughout the year branch members had been industriously raising money to help finance these three representatives. According to reports, the Congress was both instructive and enjoyable.

The number of domiciliary births during 1957 was less than in 1956, but the proportion of Domiciliary to Hospital Births has remained approximately equal.

Supervision of Midwives.

The duties of a Local Supervising Authority are vested in the Denbighshire County Council. All practising Midwives have to report their intention to practice to the Local Supervising Authority, and, whether in institutional or domiciliary practice, they come under the supervision of this Authority. Most of these duties devolve upon the non-medical Supervisor of Midwives, who has a particular responsibility for ensuring a high standard of midwifery and the prevention of the spread of infection.

| | No. of Midwives |
|---|-----------------|
| Employed by Local Health As (whole-time or part-time) | uthority 61 |
| In private practice, domiciliary, nursing homes | private – |
| In hospitals | 44 |

Training of Pupil Midwives.

A Part II Training Centre was established at St. Asaph, but as the Hospital is situated in Flintshire, the only assistance required from Denbighshire would be to allow a few pupil midwives to receive domiciliary training.

The Wrexham Part II Training Centre which has been operating for over two years is well established. Several members of the staff participate in the training course, dealing with administrative problems, lecturing or giving practical instruction on the district.

During 1957 the number enrolled at the school was 20 and of these 16 passed their qualifying examinations.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year, 54 mothers were admitted to Bersham Hall, and of these, 26 were from Denbighshire. Once again, the number admitted has increased, and it would appear that the value of this Home is becoming more widely appreciated.

Bersham Hall is a large house, situated in its own grounds about three miles from Wrexham. It has accommodation for 18 mothers and their babies. The mothers sleep in four-bedded rooms, eat communally, and share a comfortable Sitting Room. A well-equipped Nursery is provided for the babies. Every mother is expected to work and help in maintaining the Home. In addition to the set duties, instruction is given in cookery, needlework and other household duties. Restrictions are limited to the minimum, and a friendly kind of atmosphere pervades in the Home.

On admission, usually about the 7th or 8th month of pregnancy, the mother is fully medically examined and her ante-natal care is continued at the County Clinic until she is admitted to Trevalyn for her confinement. Usually, the majority have already made arrangements for the care of the baby—most unmarried mothers decide on adoption, and only a few retain their babies. Advice and every possible help is given, but the final decision regarding the baby is left to the mother.

It is gratifying that only a very few seek re-admission, and that many of these mothers have subsequently married. The security and comfort given at Bersham Hall contribute substantially to the rehabilitation of these mothers and that this is appreciated is patent from the communications received even a long time after leaving.

Analgesia.

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

Of the 461 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 368 confinements, while pethidine was given in 245 confinements.

Comparative Table of Live and Still Births for 1957 Occurring at Home or in Maternity Accommodation.

| NUMBER OF STREET | Live Births | Still Births |
|-------------------------|-------------|--------------|
| Domiciliary | 458 | 10 |
| Maternity accommodation | 2238 | 53 |

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 1726

Breast Feeding:

Number of domiciliary cases in which the infant was wholly breast-fed at the fourteenth day ... 382

Midwives Act, 1951, Section 14

Medical Aid:

| Number of patients for whom medical aid was summoned by a certified midwife | 100 |
|---|-----|
| Total amount of medical claims paid by Local | |
| Health Authority£129 0s. | 3d. |

DELIVERIES ATTENDED BY MIDWIVES
DURING 1957

| | | | | The same | 1 | |
|---|-------------------|-------------------|--|----------------------|---|--------|
| ear | | | Totals | 461 | 1 | 461 |
| area during the ye | | booked | Doctor not present at time of delivery of child | 265 | Server I | 265 |
| Number of deliveries attended by Midwives in the area during the year | ry Cases | Doctor pooked | Doctor present at time of delivery sent at time of child (either sent at time of delivery of child the booked doctor delivery of child or another) | 16 | 1 | 91 |
| deliveries attended | Domiciliary Cases | t pooked | Doctor not pre- sent at time of delivery of child | 95 | | 95 |
| Number of | | Doctor not booked | Doctor present at time of delivery of child | 10 | | 10 |
| | | | | Midwives employed by | Midwives in Private Practice (inc. Mid- wives employed in Nursing Homes) | Totals |

HEALTH VISITORS

Once again, during the past year, a report was submitted to the Health Committee indicating the inadequacy of the establishment of Health Visitors for the County, and it was decided to recommend to the Gradings Committee that the establishment be increased by six. Subsequently, this recommendation was considered by the appropriate Committee at a meeting not attended by the County Medical Officer of Health, as he had not been invited to attend, and it was decided to increase the establishment by three Health Visitors.

It is regrettable, but undeniable, that not many have a true insight into the role of the Health 'Visitor. To some, she is but a nurse who has laid aside her apron and black bag to attend clinics and travel around the countryside. For those who are confronted by social problems and have a desire to resolve them, the Health Visitor is the main supporter.

The number of social agencies, having restricted responsibilities in a limited field, are so numerous, that the public often has no idea of where to refer a problem. Under these circumstances they turn to the Health Department and, irrespective of whose responsibility it may be, assistance is given directly or by referral to the appropriate agency. Under these circumstances, it is usually the Health Visitor on the spot who has to investigate the situation, outline clearly the problem, estimate the resources available in the home, within the family or community, and indicate what other help would be required to overcome the difficulty. In the latter event, the Health Visitor might, in the first instance, seek help from the local organisation, but, failing this, submit her recommendations to the Central Office where executive action at a higher level could be initiated. People with problems, or who are problems, are difficult to approach, and time, tact and patience are essential if a true assessment is to be made and an appropriate course of action is to be followed. The focusing of attention on Problem Families has emphasised this in no uncertain manner. The diverse problems presented in some of these difficult homes are disheartening and the time demanded by them is considerable. Natonal Surveys, of a very necessary nature, add appreciably to the work of the Health Visitor. Furthermore, the constantly increasing number of elderly people in the community is adding substantially to the load on the social services.

It must not be forgotten that the Health Visitors in Denbighshire are also School Nurses, and that a few, in rural areas, are also District Nurse/Midwives. The School population of the County has been steadily growing, and associated with this, as can be noted from a perusal of the School Health Services Annual Report, there has been a substantial growth in the service given to the Handicapped Children.

The importance of early ascertainment of deafness in young children is becoming universally appreciated. With this in mind, a Medical Officer and later two Health Visitors were sent on special courses in Manchester to learn the most recent developments in ascertainment and treatment of deafness in young children. Towards the end of 1957, the two Health Visitors began testing the hearing of all infants attending the various Child Welfare Clinics. This combined with hearing tests at School, will ensure early diagnosis of deafness, and consequently fewer children being seriously handicapped by this infirmity.

It may be instructive to give one instance of the type of social work performed by the Health Visitor, which is in no way exceptional, but indicates the diversity of the problems.

A Health Visitor visited an elderly couple living in a cottage. The wife was blind and her husband in failing health. The house was filthy; there was only a loaf in the house; they had no fire, although it was bitterly cold. The wife had on an old dress and a ragged vest, while the old man was far from clean. The bed had a mattress of sorts and the bedding was a few old coats. No one took any interest in the old couple. However, arrangements were immediately made for a Home Help to go in to clean up the house. The National Assistance Board was contacted, and money obtained to purchase coal and food. Arrangements were also made to ensure that the old couple obtained their financial allowance regularly. Voluntary organisations helped with bedding and clothing. The District Nurse was brought in to give necessary nursing. The Blind Home Teacher was asked to visit regularly, and the old couple have been kept under supervision by the Health Visitor who has also tried to interest neighbours, friends and relatives in the old couple. The position in this household changed radically, and it is gratifying to know that this old couple, at least, will henceforth have some warmth, comfort and care in their remaining years.

The Health Visitor is the co-ordinating social worker, and should be working in close contact with the General Medical Practitioner. This has developed very satisfactorily in some parts of the County, but there is need for closer collaboration. This, I am sure, would be welcomed by the Health Visitor.

TABLE XIX

Table (a)

| First visits to children under 1 year of age | 2674 |
|--|-------|
| Total visits to children under 1 year of age | 16213 |
| Total visits to children between 1 and 5 years | 17420 |
| First visits to expectant mothers | 412 |
| Total visits to expectant mothers | 773 |
| Total visits to other cases | 5252 |

TABLE XX

Summary of Work of Health Visitors.

Table (b).

| Expectant mothers. | Total visits. | 212 | 23 | 9 | 30 | 32 | 28 | 62 | 12 | 1 | 105 | 32 |
|--|------------------|-----------------------------|---|---|-------------------------------|------------------------------------|---------------------|---|--|--|--|--|
| Expectant | First visits. | 98 | 20 | 1 | 27 | 19 | 40 | 42 | 5 | 1 | 45 | 11 |
| No. of visits to children | 1—5 years. | 1109 | 1397 | 583 | 855 | 397 | 717 | 1242 | 1305 | 1083 | 949 | 866 |
| | Total visits. | 1124 | 1459 | 733 | 069 | 1054 | 1412 | 1062 | 688 | 1279 | 809 | 593 |
| No. of visits to children under 1 year. | First visits. | 159 | 222 | 110 | 134 | 210 | 168 | 129 | 78 | 69 | 06 | 102 |
| | District. | Rhos, Penycae and Johnstown | Rhostyllen, Ruabon, Marchwiel, Isycoed, Abenbury and Holt | Coedpoeth, Southsea, New Broughton, Bwlchgwyn | Brymbo, Broughton, Summerhill | Llay, Gresford, Rhosrobin, Rossett | Llangollen and Cefn | Abergele, Betws-yn-Rhos, Llanfair T.H., Llanelian-yn-Rhos | Denbigh, Llanrhaiadr Y.C., Llandyrnog, Aberwheeler | Denbigh, Nantglyn, Llansannan, Llanefydd, Trefnant | Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin | Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig |

Table XX (continued).

| | No of visits to children under I year | to children I year | No. of visits | Expectan | Expectant mothers |
|--|--|-----------------------|---------------|----------|-------------------|
| District | First visits | Total visits | 1—5 years | First | Total |
| Llansilin, Chirk, Glynceiriog and Vroncysyllte | 128 | 602 | 1146 | 4 | 00 |
| Ruthin Borough, Ruthin Rural | 185 | 857 | 1012 | 16 | 27 |
| Borough of Colwyn Bay | 288 | 1372 | 1921 | 23 | 48 |
| Borough of Wrexham | 209 | 2372 | 2676 | 73 | 118 |
| Totals | 2674 | 16213 | 17420 | 412 | 773 |

HOME NURSING

Table XXI summarises the cases attended and visited by Home Nurses during 1957, and it will be noted that the number of cases attended, as compared with 1956, has decreased slightly, but there has been an increase in the total number of visits.

The demands on the Home Nursing Service has continued unabated and it is significant that both doctors and patients invariably appreciate the work done by the nurses. Many patients communicate their gratitude to me, and it is always gratifying to know that not only a large number of visits are paid, but that a high standard of service is being rendered.

During the year under review another male nurse commenced duties in the Wrexham District. Many male patients are more suitably attended to by male nurses and the demand for their service is constantly growing. This development is in conformity with modern trends and consideration will have to be given to a similar provision in Colwyn Bay.

A high proportion of the nursing is given to elderly patients and many of these could not possibly be kept at home but for the services of a Home Nurse. In recent years the Nurses are called out with increasing frequency to give injections, and for patients such as those suffering from cancer, a late night visit has to be made by the nurse in order to give relief from pain and ensure sleep.

Several members of the Staff, many of whom have given years of arduous and faithful service, retired or are about to do so. The exacting demands of district work does not appeal to many and it will be difficult to find replacements. Several nurses were taken ill during the year and I have been wondering whether the stress of numerous heavy cases could have been a contributing factor.

The Marie Curie Foundation made a grant of £50 for the relief of patients being nursed at home suffering from Cancer. This was disbursed on the recommendation of the District Nurse; four patients benefited from additional comforts thus provided.

TABLE XXI

SUMMARY OF CASES ATTENDED AND VISITED BY HOME

NURSES DURING 1957

| Patien:s incl. in (2)-(7) who have had more than 24 visits during year | (11) | 1425 | 92270 |
|---|------|--|---|
| Children incl. in (2)-(7) who were under 5 at time of first visit during year | (01) | 653 | 4628 |
| Patients incl. in (2)-(2) who were 60 of over at time for the form of first visit during year | (6) | 2962 | 88962 |
| slatoT | (8) | 7618 | 160077 |
| Others | (4) | 790 | 2619 |
| Maternal Complications | | 93 | 834 |
| Tuberculosis | (5) | 124 | 4601 |
| Infectious Diseases | (4) | 16 | 239 |
| Surgical | (5) | 1794 | 30515 |
| Medical | (2) | 4801 | 121269 |
| | | Number of cases attended by Home Nurses during the year | Number of visits paid by Home Nurses during the year |
| | (1) | Num at Ho dur | Num pair Num the |

VACCINATION AND IMMUNISATION

SMALLPOX VACCINATION

The number of infants vaccinated during 1957 increased slightly, but an increase from 30% in 1956 to 36% in 1957 is not of appreciable significance. Yet the staff have spent much time in urging mothers to have their infants vaccinated. Facilities for vaccination are available at all Child Welfare Centres and arrangements for vaccination are made to suit the convenience of the mother.

With such a low proportion of infants being vaccinated, the immunity of the community is falling below the safety level and in the event of an outbreak of smallpox, the risk of spread and of death would be considerably greater.

As in previous years, the proportion of children vaccinated against smallpox in West Denbighshire is significantly higher than in the more industrialised East Denbighshire which is the opposite to what one would desire.

TABLE XXII

Vaccinations performed during 1957

| Primary Vaccination | ns | Re-vaccinations. | | | | |
|---------------------|-----|-------------------|-----|--|--|--|
| Under 1 year | 933 | Under 1 year | _ | | | |
| 1 - 4 years | 133 | 1 - 4 years | 7 | | | |
| 5 - 14 years | 67 | 5 - 14 years | 55 | | | |
| 15 years and over | 103 | 15 years and over | 202 | | | |

DIPHTHERIA IMMUNISATION

This disease has seldom appeared in Denbighshire in recent years but reference to Table XXXVI shows that there were 25 cases notified in 1947, 8 in 1948, 7 in 1949, 4 in 1950, 1 in 1952 and 1955, but in 1936 586 cases were notified and 27 died.

Immunisation was introduced in 1937 and in twenty years this disease has been virtually eradicated. How unfortuate it would be if the artificial immunity conferred by vaccines were allowed to diminish so allowing Diphtheria to re-establish itself. The attitude of the general public to this disease is becoming more and more one of indifference, and, but for the fact that a combined Diphtheria and Whooping Cough vaccine has been used in Denbighshire for several years, I am sure that the number immunised against Diphtheria would have fallen markedly. Even so there has been a steady decrease in the percentage being immunised, but during 1957 the situation was aggravated by the concentration of attention on vaccination against Poliomyelitis.

The Ministry of Health drew attention to evidence which indicated that a combined Diphtheria and Whooping Cough vaccine was more liable to cause a post inoculation paralysis in children subsequently developing Poliomyelitis. This was considered most carefully and it was decided that, as the incidence of poliomyelitis in Denbighshire was low and that immunisation against diphtheria would inevitably fall markedly, a combined Diphtheria and Whooping Cough vaccine should be continued to be used.

TABLE XXIII

Number immunised during the year.

| | Under 5 years | 5 - 15 years | Total |
|--|------------------|-----------------|-------|
| No. immunised with Diphtheria Prophylactic | 119 | 236 | 355 |
| No. immunised with combined Diphtheria/Pertussis Prophylactic | 1276 | 372 | 1648 |
| Total no. immunised against Diphtheria | 1395 | 608 | 2003 |
| "Repeat" doses | | | 1702 |
| | | | _ |

TABLE XXIV

DIPHTHERIA IMMUNITY INDEX

Number of children in the Local Health Authority Area on 31st December, 1957, who have completed a course of diphtheria immunisation at any time between 1st January, 1943, and 31st December, 1957.

| Under 15 Total | 20169 | 9398 | 40100 |
|---------------------------------------|---|---|--|
| 10—14 | 4267 | 8279 | 0 6 |
| 5—9 1948-1952 | 9336 | 1119 | 27800 |
| 1—4 1953-1956 | 6182 | 1 | 9850 |
| Under 1 1957 | 384 | | 2450 |
| Age on 31.12.1957 (i.e. born in year) | A. Number of children whose last course (primary or booster) was completed in the period 1953-1957. | B. Number of children whose last course (primary or booster) was competed in the period 1952 or earlier | C. Estimated mid-year child population |

WHOOPING COUGH IMMUNISATION

Since the introduction of immunisation against this disease in Colwyn Bay in 1947 and the remainder of the County in 1951, the annual number of cases notified and the number of deaths have decreased; but the disease is sufficiently prevalent to stimulate parents to seek protection for their children. Due to its insidious onset and difficulty in clinically diagnosing a case in the infectious early stages, it is difficult to prevent spread. Consequently the value of immunisation in this disease is relatively greater. With improved vaccines, the antigenic response has improved and unpleasant reactions have been reduced.

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 | 160 |
| 1957 | 64 | 26 | 198 |

POLIOMYELITIS VACCINATION

The experience gained in vaccinating children against Poliomyelitis during 1956 proved invaluable, for theoretical considerations were resolved by practical application. Poliomyelitis Vaccination was given a great deal of publicity and it was constantly being discussed by the general public. Constant enquiries poured into the Health Department and by 1957 parents were clamouring to have their children vaccinated. Undoubtedly much of this was due to the uneventful vaccination of nearly 700 children in Denbighshire during 1956, and also the favourable reports received on the efficacy of the British Vaccine. It was evident that the vaccine was both safe and effective, so all those who sat on the fence in 1956 became convinced and desired to make up for lost time. Unfortunately the allocation of vaccine was considerably less than the demand and the position was considerably aggravated when the eligible groups were increased, firstly to include children born in 1955 and 1956, and then subsequently to all children under 15 years and certain priority groups.

The administrative planning of the programme presented constant difficulties, for the amount of vaccine varied, its time of arrival was unpredictable and the widening range of eligibility increased enormously the demands. However, the staff coped adequately with the situation and all vaccine issued was promptly utilized.

The proposed importation of American vaccine will, while making more vaccine available, lead to further difficult decisions for parents.

TABLE XXVI

Number of children vaccinated against Poliomyelitis during 1957:—

| 0-4 years | 5-14 years | Total |
|-----------|------------|-------|
| 986 | 3,962 | 4,948 |

The total number of children vaccinated since the commencement of the scheme is 5,558.

AMBULANCE SERVICE

It will be noted from Table XXVII that there has been an increase in the work done by the Ambulances, which was more than offset by the decrease in the Sitting Car Service. Compared with 1956 there were 5,539 fewer patients carried and 22,708 fewer miles travelled. Several factors accounted for this diminution in the demands on the Ambulance Service. There has been a tightening of the administrative control, as the Central Office, with the improved facilities at the rear of 16 Grosvenor Road, has been able to maintain closer contact with the various ambulance personnel. This has meant that journeys can be co-ordinated more easily and that drivers and administrative staff are in closer and more regular contact. A further result of this, as was anticipated, has been a reduction in the number of undeserving patients being conveyed. In addition, two whole-time paid drivers and their ambulances were located at Llangernyw and Llangollen and in consequence the demands on taxis in those localities were considerably reduced.

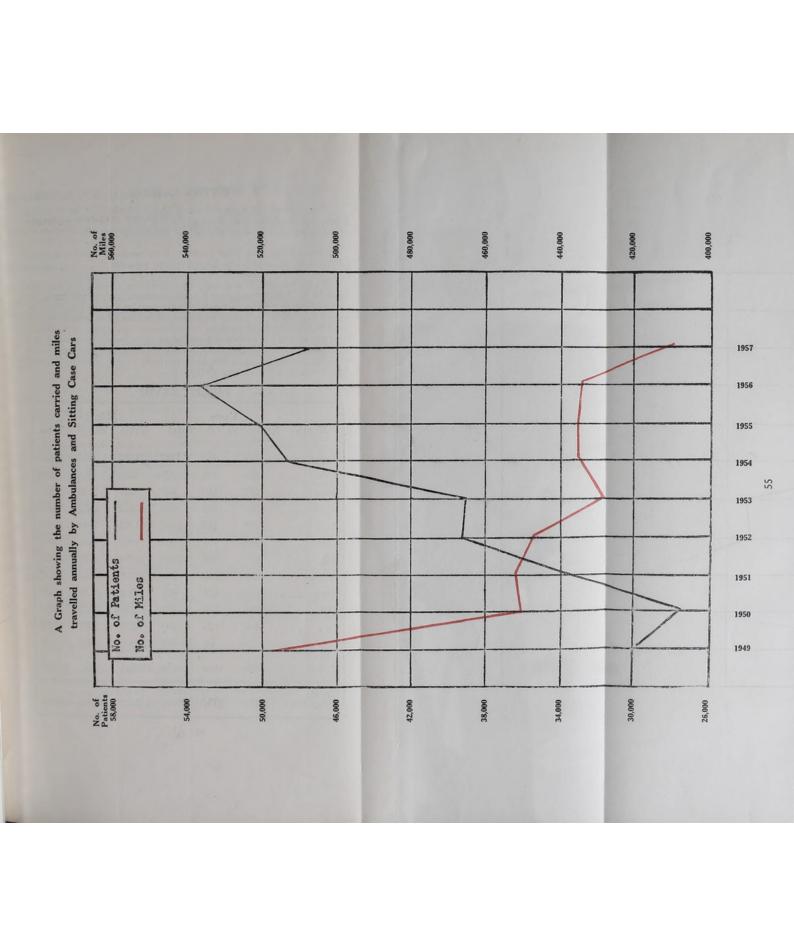
The introduction of a nucleus of whole time ambulance personnel will inevitably lead to improved efficiency and economy. especially when a full 24 hour control has been established in East Denbighshire. Consideration was given to the introduction of Radio Control and I am sure that further economies would accrue from its installation in the Wrexham and Colwyn Bay districts, A scheme for the re-organisation of the Ambulance Service, incorporating the foregoing proposals, has been approved by the County Council. Throughout the year it has been evident that the public has recognised that the Ambulance Service is a vital service for those in dire need rather than a convenient form of conveyance. It is gratifying that all emergencies were dealt with promptly and effectively. Many patients have expressed their appreciation, and a few have complained, usually because there were delays in the journey to hospital out-patients. Some resent having to travel with other patients, object to being deviated off the shortest route. and one patient refused to travel in an ambulance because it was not as comfortable as the one from the neighbouring station.

General Medical Practictioners have co-operated well and very often have suggested the best ways of combining patient journeys. Hospitals constantly try to be helpful but they throw a heavy burden on the Ambulance Service. It would seem that scant regard is paid, when calling patients in for appointments, to distances, geography, lines of communication or to the cost of providing transport. In Wrexham the various hospitals are not within the same curtilage, and the Ambulance Service is constantly being called upon to carry patients from one hospital to another, even

from one department to another, even though the Hospital Management Committee has available its own transport. It is appreciated that according to the strict interpretation of the law, some of this work can be justified but to call out an ambulance at 6 a.m. for such a purpose is abuse.

TABLE XXVII

| Name of Ambulance | No. of cases conveyed | Total mileage |
|-------------------------------|--------------------------|------------------|
| Abergele | 2219 | 21265 |
| Colwyn Bay | 1530 | 19667 |
| Colwyn Bay Isolation Hospital | 85 | 1232 |
| Cerrigydrudion | 63 | 3745 |
| Denbigh | 2260 | 24307 |
| Llangernyw | 1744 | 24617 |
| Llanrwst | 84 | 3130 |
| Ruthin | 530 | 10982 |
| Brymbo | 1207 | 7949 |
| Cefn | 3289 | 23817 |
| Chirk | 378 | 5390 |
| Llangollen | 1718 | 13152 |
| Llay | 1246 | 10915 |
| Rhos | 2923 | 15987 |
| Wrexham | 15306 | 61400 |
| LCA 854 | 2387 | 9385 |
| Grand Total | 36969 | 256940 |



SITTING CASES

The Sitting Case Car Service has continued as in previous years. Most of the taxi proprietors are very helpful, particularly in advising on the best routes for collecting patients.

The W.V.S. Car pool continued to render valuable service, particularly in conveying long distance patients.

As anticipated in my report for 1956 the County Sitting Case Vehicle LCA 854 transported fewer patients due, in the main, to the children attending the Gwersyllt Occupation Centre travelling as far as Wrexham by public transport. However, this vehicle is still used to take the children from Wrexham to Gwersyllt. Occasionally it has been used in response to accident calls, being manned by the office staff. On these occasions, no other ambulance has been available, and in this way it has been possible to get severely injured into hospital without any delay.

TABLE XXVIII

| | | Cases | | | Mileage | |
|--------------------|--------|--------|-------|--------|---------|--------|
| Month T | axis V | v.v.s. | Total | Taxis | W.V.S. | Total |
| Jan | 887 | 260 | 1147 | 11587 | 3448 | 15035 |
| Feb | 621 | 108 | 729 | 9126 | 1783 | 10909 |
| March | 677 | 170 | 847 | 8621 | 3198 | 11819 |
| April | 785 | 146 | 931 | 10462 | 2972 | 13434 |
| May | 915 | 185 | 1100 | 11294 | 3240 | 14534 |
| June | 739 | 197 | 936 | 9909 | 3141 | 13050 |
| July | 851 | 159 | 1010 | 11174 | 2719 | 13893 |
| August | 817 | 147 | 964 | 10758 | 2869 | 13627 |
| Sept | 669 | 154 | 823 | 8962 | 2371 | 11333 |
| Oct | 785 | 187 | 972 | 10223 | 2929 | 13152 |
| Nov | 465 | 125 | 590 | 9233 | 2683 | 11916 |
| Dec | 479 | 66 | 545 | 7506 | 2003 | 9509 |
| Totals | 8690 | 1904 | 10594 | 118855 | 33356 | 152211 |
| Totals for 1956 | 11151 | 2750 | 13901 | 145622 | 43783 | 189405 |

PREVENTION OF ILLNESS - CARE AND AFTER CARE

The duties imposed under this Section have been executed in accordance with the Proposals approved by the Ministry of Health, and briefly, they are:—

Tuberculosis.

The Consultant Chest Physicians and their staff are partly employed by the Local Health Authority, being responsible for medical preventive measures in the homes, Chest Clinics and Sanatoria.

The T.B. Health Visitors are attached to the Chest Physician, working both in the homes and the Chest Clinic. These, together with the Medical Officers of Health, comprise the nucleus of the preventive team, ensuring the limitation of spread of disease, its treatment, supervision and rehabilitation of the patients. Prevention of spread is very important, achieved by discovering and treating reservoirs of infection and by the examination and surveillance of all contacts.

Beds and bedding have been obtained from voluntary sources. Nursing requisites and sick-room equipment have been provided by this Authority. Extra nourishment, clothing, other necessities and domestic help are also provided.

During the past year, the expenditure on additional milk was £1,800 and Medical Requisites £112.

There are three T.B. Shelters in constant use.

Occupational Therapy was encouraged. Rehabilitation was assisted by liaison with employers and Disablement Rehabilitiation Officers.

Most Housing Authorities were very sympathetic to the needs of tuberculosis patients and gave a high priority to their re-housing.

Home help was provided for 19 tuberculous families.

243 contacts of Tuberculous Patients were vaccinated with B.C.G. In addition, schoolchildren in the 13 years old group were Mantoux tested and those without protection were vaccinated 1429 children were tested and of these 1088 were vaccinated with B.C.G.

Total no. of cases on register, 1957:

| Pulmonary | | | | | | | | 1544 |
|---------------------------|------|-----|------|-------|-------|-----|------|----------|
| Non-pulmonary . | | | | | | | | 371 |
| Total no. of notification | s | | | | | | | 160 |
| No. of new contacts seen | n of | nev | v ca | ses 1 | notif | ied | | 499 |
| No. of contacts notified | of t | his | nun | ber | | | | 10 |
| No. of old contacts seen | of | old | cas | es | | | | 2049 |

TABLE XXIX

Cases on Tuberculosis Register on 31st December, 1957

| espiratory | ·. | Non | n-respirat | ory. |
|------------|-------|-----|-------------|----------------|
| F. | Total | М. | F. | Total |
| 708 | 1544 | 204 | 167 | 371 |
| | F. | | F. Total M. | F. Total M. F. |

Mental Illness and Defectiveness.

The foregoing provisions are specifically for tubercular patients, but in addition, provision is made for Mental Illness and Defectivenesss. This Authority contributes towards the cost of Psychiatric Social Workers employed on the staff of the North Wales Mental Hospital, while also employing two Mental Health Social Workers. In this sphere, a great deal of social work is done in prevention and rehabilitation. Patients discharged on trial are kept under supervision, their problems resolved—ranging from family tension, finance, housing, community re-adjustments, employment, legal and other aspects of living.

Mental Defectives are supervised in the community, either under Statutory Supervision or Guardianship. Where necessary, the Mental Health Social Worker acts as Guardian, being responsible in every way for the Defective—controlling finance, employment, accommodation, clothing, feeding, transport, leisure and holidays. One Defective taken under Guardianship was penniless, dirty, barely clothed, badly housed and poorly fed, but now he has about £200 in the Post Office Savings Bank, and is well-clothed, housed and fed, despite his predatory family.

Other types of illness

Regular requests are received for various assistance from the Hospitals mainly for Convalescence. During 1957, this Authority spent £132 15s. 4d. in providing convalescence for patients of General Medical Practitioners and Hospitals. Many of the provisions detailed under tuberculosis have also been supplied for this group. While not provided under this Section, a closely allied service is the provision of rest and training for Mothers and their Children at the Brentwood Recuperative Home, Cheshire. The families sent to this Centre have responded, and their subsequent mode of life has been infinitely better than before. Constant encouragement and support is needed, which entails a great deal of work for the Health Visitors, but it is gratifying to witness improvements in family life, and to realise that disintegration has been prevented.

In most areas, there are Medical Loan Depóts organised by the British Red Cross Society and St. John's, which work in close association with this Department. Other statutory bodies have responsibilities for provision of various equipment, and there is close collaboration to ensure that every patient is properly equipped. Several paraplegic patients (in accordance with the Orthopaedic Surgeons' instructions) have been supplied with beds, pulleys, dunlopillo mattresses and other essentials which have facilitated the patients' return home.

The foregoing is a bare outline of the services provided, and gives but an indication of the scope, extent and results of what is being done by the Health Department.

Human suffering can be relieved in numerous ways and, in turn, the doctor, nurse and social worker has a part to play, but the evaluation of these services is impossible except to the patient. If acknowledgments and appreciation, oral and written, are any criteria, then the Local Health Authority can be assured that these services are greatly valued, not only for the material provisions, but also for the wealth of humanity and kindness instilled by the staff into their medico-social work. While human ills afflict the community, the demands for these services will remain. The extent to which these can be relieved, is dependent only on the resources available, and the limitation of Section 28 of the National Health Service Act. Much more needs to be done, even within the powers granted under this Section. It would also help if the Authority exercised fully its powers under Section 29 of the National Assistance Act for, under this Act, wider provisions can be made for handicapped persons.

The co-ordination of the many agencies, voluntary and statutory, concerned with medico-social welfare of patients is essential, otherwise valuable efforts can be dissipated and duplicated. It has been evident in recent years that the co-ordinating role has devolved on the Health Department, resulting in increasing demands coming into the Department, and an ever-growing liaison with other agencies. The requirements are varied, time-consuming, frustrating, demanding, and often remindful of one's limitations, but the appreciation of patients and relatives, the knowledge that some good has accrued, and the true spirit of vocation, inspire all participating in this work, to give not merely official service, but also a wealth of human kindness, sympathy and understanding.

Venereal Disease.

The number of Denbighshire patients dealt with for the first time during 1957 at treatment centres was 78, which were classified as follows:

| | Syphilis | Gonorrhoea | Other Conditions |
|--------------------------------|----------|-----------------|-----------------------------------|
| Llandudno General Hospit | al 4 | | 5 |
| St. Asaph General Hospit | tal 3 | 3 | 4 |
| Wrexham War Memorial Hospit | al 5 | 11 | 42 |
| Shrewsbury V.D. Centre | — | _ | 1 |
| | _ | - | _ |
| Totals | 12 | 14 | 52 |
| | A | arthus Ambuster | AND DESCRIPTION OF REAL PROPERTY. |

Community Care of the Aged.

During 1957, the Ministry of Health Circular 18/57 was issued to the various authorities concerned. The present provisions were reviewed and suggested developments were outlined.

As had been foressen the problems of the Aged are constantly growing due to medical and social factors. Longevity is not necessary a blessing to the nation for, with old age, come many

disabilities of mind and body which call heavily on the social services. Approximately 50 per cent of the visits paid by the Home Nurses were to persons over 65 years of age, while 75 per cent of the Home Help Service was devoted to this age group. This is but one facet of the many problems, for invariably other services are involved. Health Visitors are devoting an increasing proportion of their energies to the Aged. Administrately much time is given to elucidating their problems and these are made more complex by the multiplicity of agencies concerned. The Ambulance Service transports a great number of Aged for this is the group that calls most for the attention of General Medical Practitioners and the Hospital Service.

Basically the Health Department has a responsibility for the Aged living in the Community, the Welfare Department for those in Welfare Homes and the Hospital Services for the acute and chronic sick. In Denbighshire these services operate in watertight compartments and in various ways, even within one department. This adds to the complexities and difficulties of dealing effectively with the Aged, for it is only too easy to pass responsibility from one department to another. It is unfortunate that, at times, when it has been impossible to dispose of an Aged patient appropriately, it has been necessary to resort to obtaining admission to the Mental Hospital.

The shortage of accommodation is acknowledged, but by having closely integrated services, a much more effective use could be made of what has been provided. It is evident that even with the accommodation and staff already available much more could be achieved if efforts were co-ordinated. Additional developments, as with most Local Health Authority Services, would fall short of the ideal, but from a long term standpoint, it is far better to keep old people self sufficient for as long as possible, than to merely continue providing more and more repositories for their declining years after they have completely broken down.

The provision of an extended social service to include more home visiting, nursing and home help, would materially assist while the employment of physiotherapists and occupational therapists in patients' own homes, Welfare Homes and in Hospital would further delay senile degeneration. However, these aspects of the Circular were not considered by any Committee that I attended. Another development of vital importance to the Community Care of the Aged has been approval, by the Authorities concerned, to provide special housing accommodation for the Aged. There was, at no juncture, any consultation with the Health Department with regard to this. Evidently these old people will require eventually the various services provided by the Health Department and, as

usual, every effort will be made to meet their needs, but if consultation had occurred, many difficulties that might arise could be avoided. It is to be hoped that some day it will be realised that the unification of services so closely related is the only means of ensuring the utmost economic efficiency.

In addition to the work already referred to, the various District Medical Officers of Health devote much of their energies to improving the housing of the Aged. This is achieved in various ways in the different Authorities. Where the housing conditions have fallen below a reasonable standard the Medical Officer of Health can demand that repairs be done. Advice regarding the need for fire guards, the repair of electric and gas appliances has been given. The Colwyn Bay Medical Officer of Health is in constant touch with the very active Colwyn Bay Old Peoples' Welfare Committee and he helps to co-ordinate voluntary and statutory agencies. In this area a register of Elderly People is maintained and arrangements are made for periodic visiting. Furthermore, the appointment of Dr. McKendrick as Medical Officer to the Bod Euryn Welfare Home has proved of benefit to the Geriatric Services in that area. The District Medical Officers of Health also have duties under Section 47 of the National Assistance Act, but these are not invoked without exploring fully all possible avenues of assistance. Much time is devoted by the Medical Officers to this type of problem, and frequently, in conjunction with the Health Visitor, it is possible to place the old person suitably without taking formal action.

General Medical Practitioners frequently seek help to obtain institutional accommodation from the Health Department, but as control of such accommodation is vested in other bodies, the only help that can be given is the submission of a full report on the social conditions of the applicant.

On the other hand the Hospital Services often request for Home Nursing or Home Help to be provided for patients being discharged.

The close co-operation existing between the Health Department, the National Assistance Board and the various Voluntary Agencies has done much to alleviate the hardships of the elderly. There is, undoubtedly, a wealth of kindness and sympathy which, if co-ordinated, could materially relieve the adversities of the elderly. With the diversity of control that exists in Denbighshire one can only wonder whether the available resources are being fully utilised.

Problem Families.

During 1957, the department was engaged constantly with 65 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 1957, the Health Department, which is responsible for ascertainment of the blind, examined 75 persons and informed the Welfare Department that 51 should be registered as blind persons.

TABLE XXX

Blind Persons.

| | Males | Females |
|---|-------|---------|
| No. of cases on Register | 184 | 262 |
| No. of cases ascertained during 1957 | 20 | 31 |
| No. of cases ascertained during 1957 with: (a) Cataract | 5 | 12 |
| (b) Glaucoma | 2 | 5 |
| No. of cases of Blindness due to Retro- lental Fibroplasia | - | _ |

TABLE XXXI

Epileptics.

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

| | Number As | scertained | | nber in Accommodation |
|-------------|-----------|------------|-------|--------------------------|
| Age | Males | Females | Males | Females |
| 0 - 10 | 8 | 8 | 1 | |
| 10 - 15 | 4 | 5 | 1 | 1 |
| 15 - 25 | 2 | 3 | 2 | _ |
| 25 - 50 | 2 | 4 | 2 | 4 |
| 50 and over | 3 | 3 | 3 | 3 |

TABLE XXXII

Spastics.

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

| | Number A | Ascertained | | nber in Accommodation |
|---------|----------|-------------|-------|--------------------------|
| Age | Males | Females | Males | Females |
| 0 - 10 | 9 | 7 | 1 | _ |
| 10 - 15 | 2 | 6 | _ | 1 |
| 15 - 25 | 2 | 2 | _ | _ |
| 25 - 50 | _ | _ | _ | _ |

HEALTH EDUCATION

Arrangements were made for an In-Service Course on Health Education during 16th-18th July, 1957. Members of the Central Council for Health Education staff conducted the course which was held at the Technical College. Medical Officers, Health Visitors, Nurses, Home Helps and administrative staff attended and obtained valuable knowledge of the content and techniques of Health Education.

The excellent facilities and ready assistance of the Principal of the Technical College and his staff were greatly appreciated by those concerned with this Course.

Health Exhibition, Wrexham.

As part of the Centenary Celebrations of the Wrexham Borough Council, a Health Week was organised by the Borough Health Department. A Health Exhibition was held at the new Memorial Hall, Bodhyfryd, in which the various services of the County Council participated prominently. The environmental and personal health services were displayed to the public in an attractive and informative manner. Comparisions with previous years emphasised the progress made by the Health Services and indicated avenues for further progress.

During the week the Borough Council issued a handbook which contained detailed information regarding the Health and Social Services available in the Borough. This should prove a valuable source of information to the public.

Dr. E. Williams, Medical Officer of Health for the Borough has submitted the following report:

"The year 1957, saw the 100th Anniversary of the granting of the Wrexham Borough's Charter of Incorporation by Queen Victoria. As part of the Centenary Celebrations a Health Exhibition was held at the recently constructed Memorial Hall. Presided over by His Worship the Mayor, Councillor W. Evans, the opening was performed by the Chairman of the Health Committee, Alderman Cyril O. Jones, B.A., who has held this Office since 1929.

"The main exhibits were devoted to such topics as Clean Air, Clean Food, Clean Water, Clean Milk, Health Education and Safety in the Home. In this latter exhibit, particular emphasis was stressed on the need to protect children and young infants from the dangers of the unguarded fire, and the legal responsibility of the parent for ensuring this. Samples of non-inflammable fabrics and materials suitable for use in children's nightwear and party frocks were on show.

"From the Records Department we were able to obtain various details of the number of persons and young children treated for burns and scalds at the War Memorial Hospital during the year. The details of information were displayed in a pictorial graphic form and served to stress the dangers of the unguarded fire and the need for care in the home.

"With the co-operation of the Ministry of Agriculture and Fisheries we were able to show some interesting films, amongst which were included films on 'Dangers in the Home,' and 'Clean Food.'

"By arrangement with the Headmasters and Headmistresses of the various schools in the town, organised visits were arranged in the mornings and afternoons to the Exhibition for the school children. Suitable and instructive film shows were arranged for each party.

"In conjunction with the Exhibition, the Borough Council authorised the publication of 3,000 copies of a "Health and Social Services" Handbook, particular to Wrexham. These copies were distributed free at the Exhibition and at Infant Welfare Clinics and Ante-Natal Clinics in the town.

"I wish to thank Dr. M. T. Islwyn Jones, County Medical Officer, and Miss W. M. Chune, Superintendent Nursing Officer, and the staff of the County Health Department for their help and assistance with various exhibits shown."

Smoking and Cancer of the Lung.

The Ministry of Health Circular 7/57 (Wales) was submitted to the Health Committee. The connection between the increase in lung cancer and smoking was appreciated and it was agreed that every effort should be made to convince the younger generation of the risk to health of cigarette smoking.

The press has given this subject considerable publicity and Medical Officers have talked on the subject at their periodic visits to schools.

DOMESTIC HELP SERVICE

The demands on this service have continued unabated and it has been difficult to meet them within the resources available. However, it has been possible to cope with all emergencies that have arisen but, in some instances, at the cost of withdrawing help from a less deserving case. The human problems that arise are of a variable nature demanding a diversity of solutions, and it reflects great credit on the staff that unsurmountable difficulties are circumvented. The resilience and adaptability of the service is demonstrated constantly.

Although a night service is not provided, ways and means have been evolved of ensuring that those in desperate need can be given assistance. One of the whole-time Home Helps is peripatetic and is willing to live in when circumstances warrant such arrangements. This has proved most useful in the case of an isolated home, or where there is only one resident.

The majority of the Home Help staff are recruited from house-wives of experience who, having successfully raised a family, are desirous of participating in useful social work. This type of recruit is ideal for the Home Help Service for basically they are motivated by a desire to render service rather than by financial consideration. In view of this, short courses have been arranged for the Home Helps and these have been extremely well attended. With a deepening appreciation of the social content of the service, it has been possible for selected Home Helps to be sent to Problem Families not only to attend to household duties but also to train the mother in household management. Such arrangements have proved rewarding.

Perhaps one of the greatest benefits that accrues from this service in Denbighshire is the friendly relationship which develops between the patient and the part-time Home Help which continues even after the official service has ceased. To many lonely elderly folk, this contact has renewed their interests in social activities and lightened their twilight hours.

The number of Domeste Helps employed on the 31st December, 1957, was:

- (a) Whole-time 4
- (b) Part-time 143

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

- (a) Maternity (inc. expectant mothers) ... 20
- (b) Tuberculosis 12
- (c) Chronic Sick (inc. aged and infirm) 320
- (d) Others 129

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MENTAL HEALTH SERVICES

The publication in 1957 of the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency had the most profound impact on these services. For many years the limitation of the legislation and the services had caused frustration to those who desired to bring the Mental Health Services abreast of current trends and developments. The deep seated antipathy of society to mental illness and hospitals has gradually, particularly in recent years, been uprooted and this more enlightened outlook has precipitated the revolutionary changes that have already occurred. In the comparatively short period since the inception of the National Health Service considerable progress can be noted not only in the hospital accommodation, but also in the techniques and special treatments available. Furthermore, during this period there has been evolved a close partnership between the Hospital and Local Health Authority which will form excellent foundations for the new developments envisaged by the Royal Commission. Due

to the location of the North Wales Mental Hospital in Denbighshire, this County is particularly well favoured, for regular and frequent contact can be maintained between the Hospital and Local Health Authority staff. It is significant that the Mental Health Social Workers of the County attend the monthly case conference at the Hospital.

There have been no major changes during the year, but a steady development and expansion of the service is evident from the growing volume of work done. Again the number of admissions to hospital has increased which has been offset by the increased number discharged. Of these admissions 84.3 per cent. were voluntary admissions and of the remaining 15.7 per cent. the majority were admitted under Section 20 of the Lunacy Act.

These cases admitted under Section 20 can be retained in hospital for up to 17 days without the instigation of formal procedure, and approximately 80 per cent. of this group have, within this period, responded to treatment and regained volition sufficiently to be able to desire treatment as Voluntary Patients. The remainder have to be formally certified. As the North Wales Mental Hospital takes patients from the six North Wales Counties this means that Denbighshire has to instigate the necessary action.

The Justices of the Peace of the Isaled Bench have been called upon to deal with these additional cases, and I wish to record formally my indebtedness to the Chairman of the Bench, Col. Wynne-Edwards, for his valuable assistance in arranging a roster of magistrates for these duties. In this way a magistrate has always been available when required for these statutory procedures. The Duly Authorised Officer for West Denbighshire is responsible for the various arrangements while, in recent years, Dr. McKendrick, or Dr. Lloyd Williams have medically examined the patients.

Undoubtedly, the use of Section 20 has reduced the number of patients that have to be certified, but it is open to abuse for it can be an easy means of disposing of a difficult patient. This appertains particularly to the elderly, for when admission to a Welfare Home or Chronic Sick Wards of a somewhat confused old person is impossible, considerable pressure is brought to bear on the Duly Authorised Officer to admit the patient to the Mental Hospital under the Section 20 procedure. When this is taken in conjunction with the fact that the proportion of admissions over 65 years of age is increasing, the conclusion drawn is significant.

In addition to the Hospital facilities provided at the North Wales Mental Hospital, Denbigh, there are Out-Patient Clinics

held at the Maelor Hospital, Wrexham, the Royal Alexandra Hospital, Rhyl, and Denbigh Mental Hospital. During 1957 at Wrexham, 466 patients attended for the first time and there were 1,341 total attendances. These out-patients, attended by a psychiatrist, psychologist and a psychiatric social worker, play an important role in preventive psychiatry, for many patients are referred here at an early stage of their illness and respond promptly to treatment. Furthermore, many patients will seek treatment at Out-Patients who would otherwise refrain from attendance at the Mental Hospital until the breakdown would have been complete. Another advantage in the integrated Mental Services in North Wales is the part employment of the Psychiatric Social Worker by both Hospital and Local Health Authority, for this means a continuance of After-Care by the one officer.

The importance of supervision and rehabilitation following treatment cannot be over emphasised, and this is assured in great measure by the arrangements outlined above. In Denbighshire the scheme has been further developed by fostering a close liaison between the various officers. The County Medical Officer of Health was for six years, as a nominee of the Medical Hospital Staff, a member of the North Wales Mental Hospital Management Committee and subsequently has continued attending in an advisory capacity. The Denbighshire Duly Authorised Officers attend case conferences at the Mental Hospital and are accepted as full members of the team. Furthermore they have established a close relationship with the Psychiatric Social Worker and attend the various Out-patient Clinics whenever necessary. Patients who are progressing satisfactorily are transferred for supervision from the Psychiatric Social Worker to the Duly Authorised Officer, and in this way there is a smooth transition from hospital to Local Health Authority care.

It must be appreciated that even under present legislation there is ample scope for developing the Mental Health Services of the Local Health Authority. Much can be achieved in the preventive sphere by trained personnel. Complete mental breakdown can be averted or delayed and as each case is unique there can be no set procedure, but each case has to be given individual attention.

During 1957 one Duly Authorised Officer was authorised to attend an advanced Course on Mental Health, and it is evident that the knowledge he has already acquired—the Course is still continuing—has benefited the patients he has had to deal with. However it is quite evident that if the Local Health Authority

services are to deal adequately with this problem, consideration should be given to training more staff, and, in view of contemplated developments, this is a matter of pressing urgency.

Lunacy and Mental Treatment Acts.

TABLE XXXIII

Cases dealt with by the Duly Authorised Officers.

| | M. | F. | T |
|-----------------------------|-----|-----|-----|
| Lunacy Act, 1890. | | | |
| Summary Reception Order | 45 | 84 | 129 |
| "Three Day" Order, Sect. 20 | 37 | 53 | 90 |
| Urgency Order, Sec. 11 | - | - | - |
| Mental Treatment Act, 1930. | | | |
| As Voluntary Patient | 133 | 171 | 304 |
| As Temporary Patient | - | 1 | 1 |

TABLE XXXIV

Mental Hospital Admissions, Discharges and Deaths.

| and the state of t | 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 1957 | 45 | 84 | 129 |
| No. of patients discharged during the year | 37 | | |
| No. of patients who died during the year | 11 | 14 | 25 |
| Voluntary Patients. | | | |
| No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1957 | 133 | 171 | 304 |
| No. of voluntary patients who left the Hospital dur- ing the year 1957 | 136 | 161 | 297 |
| No. of voluntary patients who died during the year | 7 | 3 | 10 |
| Temporary Patients. | | | |
| No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Dis- orders, Denbigh, during the year 1957 | | 1 | 1 |
| No. of temporary patients discharged during the year 1957 | - Silver | 1 | 1 |
| No. of temporary patients who died during the year 1957 | - | | 1- |

Mental Deficiency.

The ascertainment of mental defectives has continued as previously, and there have been no material changes in procedure, although, as previously referred to, it is appreciated that various reforms will be introduced. However, it is reassuring that the policy followed in this county will basically need little re-adjustment, for essentially, the guiding principle has been to keep the defective within the community and, to do this, ensure that suitable training is provided.

Every means possible has been exploited to lighten the burden on the parents of defectives. In the early stages various items of equipment have been supplied, and during difficult times Home Help has been given. Many cases have been placed under Guardianship in order to help parents meet the added cost of having a defective in the home. It must be realised that in the type of home most suitable for the upbringing of a defective the parents are not entitled to financial assistance from the National Assistance Board, and also that an active mental defective can be most destructive. The Occupation Centre was opened in 1955 and this Centre has been a boon, both to the children and their parents.

31 children attended at the Gwersyllt Centre and their progress has been most satisfactory. During the year it became necessary to stop the ambulances collecting children from their homes, and parents had to use public transport into Wrexham, where the children were picked up by Ambulance and taken to Gwersyllt. For the first few days parents travelled with their children but subsequently they travelled on their own like any other child going to school. This was a big step forward and helped each child to gain confidence and self assurance. When petrol rationing ceased these arrangements continued.

The appointment of a qualified Assistant Supervisor in September, 1957, enabled the scope of the Centre activities to be more widely distributed. Group Training Centres were opened at Chirk and Rhos on Friday of each week. In this way training was provided for children who either could not or were unsuitable for attendance at the main centre. The Chirk Centre has prospered and it is greatly appreciated by the children. One boy, to get to the Centre, has 4 miles to walk to the 'bus which brings him another 15 miles to the centre.

The Rhos Centre was poorly attended and in due course it was closed and a Centre opened at Gatefield Clinic, Wrexham, where about 13 children attend regularly.

Once again the Handicapped Children's Society has assisted the Centre in many ways. They bought and erected a swing and presented several tricycles to the Centre.

The Cefn St. John's Ambulance Brigade who had, for a long time, transported many of the children to the Centre, desired to give the Centre some special equipment which would benefit the children. At a pleasant function the Division presented to the Supervisor a Tape recorder which will be of value in speech training.

The present Centre can only cope with children up to the age of about 16 years and consideration must be given in the near future to providing a Centre for older pupils.

Throughout the year many older defectives have been constantly supervised. Those placed in employment need guidance and help to manage their affairs. Patients on licence from Mental Deficiency Institutes come under the purview of the Local Health Authority. They present many varied problems which require patience and tact to resolve. The tendency to allow defectives off Order after a year on Licence as a routine is to be deprecated, for once statutory control has been removed the patients resent supervision and only too often fall by the wayside.

The opening of Oakwood Park as a mental deficiency colony has relieved the pressure on the male waiting list. The training which will be available at this institution should help to stabilise quickly, and prepare fully, the defectives for their return to the community. Here, as in similar institutions, there is difficulty in recruiting trained staff, but this is even more acutely felt in the smaller institutions for the low grade defectives. As with Mental Illness it will be possible to admit patients to Mental Deficiency Institutions without formal certification. Up to the present only short-stay patients could be admitted without an Order. This arrangement has proved a boon to parents who needed a temporary relief from the strain of caring for their defective child.

TABLE XXXV

Mental Deficiency Acts, 1913-1938.

| | M. | F. | T. |
|--|----|-----|-----|
| No. of mental defectives in institutions at 31/12/57 | 88 | 100 | 188 |
| No. of mental defectives under guardianship at 31/12/57 | 10 | 7 | 17 |
| No. of mental defectives in "Place of Safety" at 31/12/57 | - | _ | _ |
| No. of mental defectives under Statutory Supervision at 31/12/57 | 88 | 79 | 167 |
| No. of mental defectives awaiting removal to an institution during the year 1957 | 6 | 10 | 16 |
| No. of mental defectives (new cases) reported during the year 1957 | 29 | 17 | 46 |
| No. of mental defectives admitted to institutions during the year 1957 | 12 | 4 | 16 |
| No. of mental defectives taken to "Places of Safety" during the year 1957 | 8 | _ | 8 |
| No. of mental defectives placed under Statutory Super- vision during the year 1957 | 11 | 10 | 21 |
| No. of mental defectives that ceased to be under care by reason of death or removal from the area | | | |
| during the year 1957 | 7 | 7 | 14 |

PART IV

Environmental Hygiene

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

The on'y notifiable infectious disease prevalent in the County was Measles, which seems to affect East and West Denbighshire on alternate years. The outbreak in East Denbighshire commenced about April and continued till nearly the end of the year. The disease was mild and there were no deaths.

Influenza which had been diagnosed in various parts of Great Britain, first appeared at Trefnant during the week ending 20th September, 1957, and from there it spread to Denbigh and Llanrwst. About a week later the disease appeared in the Wrexham area spreading rapidly along the urban belt of East Denbighshire. The epidemic was not explosive in character but seemed to spread steadily through the school population and later affecting the adult population. The symptoms in the main were mild, but a few fulminating cases occurred where the onset was insidious, rapid, and severe. There were 31 deaths from Influenza during 1957, and of these three were children.

To control the spread of the disease efforts were made to isolate patients promptly, but, as the disease was comparatively mild, this was difficult to achieve. The Ministry of Health issued a vaccine, designed to give protection against Asian Type Influenza, early in October and this was given to 88 members of the Health Department and 35 General Medical Practitioners.

Winter Epidemics.

A letter was received from the Chief Medical Officer of the Ministry of Health indicating the need for co-ordinating the various Health Services during epidemics. Acting on this suggestion, meetings were arranged in East and West Denbighshire with representatives of Hospital, General Medical Practitioners and Local Health Authority Services.

In West Denbighshire a plan was evolved which used Llanwyfan as the main base hospital in the event of a widespread epidemic, and included were the services of a mobile emergency team for treating patients in their own homes.

The plan for East Denbighshire relied on the ability of the hospitals to admit all seriously ill patients.

The General Medical Practitioners evolved a scheme for selfhelp which could be augmented by doctors released by the Health Department.

Following the various meetings many problems had been removed, and the schemes prepared utilised fully the facilities available.

TABLE XXXVI

INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1957 and, for comparative purposes, the nine preceding years are shown.

| 1 | 27 | 98 | 1811 | 3 | 11 | 873 | 1122 | 111 | 25 | 22 |
|---|--|------------------------------|-------------------------|--|---|---------|--|---|----------------------------|--------|
| | 1957 | | 18 | | | | | | | 2422 |
| | 1956 | 156 | 473 | w 00 | 11 | 207 | 1192 | 115 | 138 | 1256 |
| 1 | 1955 | 147 | 3056 | 0 00 | 11 | 9 53 | 1121 | :11; | 15 | 3745 |
| | 1954 | 237 | 511 | 4 20 | ا د، ا | 101 ع | 11=2 | : 11; | 23 | 1216 |
| | 1953 | 123 | 2149 | 0 14 | 1 | 8 1 8 | 110% | 1212 | 25. | 3028 |
| | 1952 | 141 288 | 712 81 | 6 21- | - 1 | 23 ° 51 | n 45 | 3112 | 37 | 1598 |
| | 1921 | 123 | 1849 | 0 00 | 0 0 1 | 400 | 1 1 1 1 1 1 1 | تر ا آ | 212 | 5866 |
| | 1950 | 465 | 1979 149 | 4 %8 | 1 1 " | ,81- | 1101 | 21 15 | 94 | 3228 |
| | 1949 | 207 | 282 | ω 4 | 1 | 41- | 1 14 | 1 1 2 | 49 | 1749 |
| | 1948 | 273 | 1537 | 1 10 | 1 | 012 | 4 188 | 0 1 2 | 9 | 3238 |
| | The state of the s | Scarlet Fever Whooping Cough | Measles Acute Pneumonia | Acute Poliomyelitis: Paralytic Non-Paralytic | Acute Encephalitis: Infective Post-Infectious | 0 | Faratyphoid Fever Enteric or Typhoid Fever Food Poisoning Erysipelas | Chickenpox Malaria Pulmonary Tuberculosis | Non-Pulmonary Tuberculosis | Totals |

TABLE XXXVII

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

| Non-Pulmonary Tuberculosis | 242 2111 841 22 |
|---|---|
| Pulmonary Tuberculosis. | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Malaria. | |
| Chickenpox. | THE THE TENT |
| Erysipelas. | 2 |
| Food Poisoning. | 11 2 4 9 |
| Enteric or Typhoid Fever. | TIT TITT T |
| Paratyphoid Fever. | 111 1111 111 11 |
| Smallpox, | TIT TITT |
| Puerperal Pyrexia. | N |
| Ophthalmia Neonatorum. | 14 |
| Dysentery. | 111 111 101 -6 |
| Acute Encephalitis (Post-Infectious). | |
| Acute Encephalitis (Infective). | TIT 11111 TIT T |
| Acute Poliomyelitis (Non-paralytic). | TIT TITIT T |
| Acute Poliomyelitis (Paralytic). | 11 11 4 1 20 |
| Meningococcal Infection. | 111111 611 10 |
| Acute Pneumonia. | 421 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Measles. | 245 255 255 255 257 257 257 257 257 257 25 |
| Diphtheria. | |
| Whooping Cough. | 26 26 3 3 7 7 7 7 8 8 19 8 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| Scarlet Fever. | 01 8 2 1 3 4 |
| | |
| | y. 2. rough I. R.D. Borough |
| | Abergele Colwyn Bay Aled estern No. 2. Denbigh Llanrwst Ruthin Borough Hiraethog Ruthin Rural estern No. 1. Wrexham R.D. Ceiriog Llangollen stern No. 2. Wrexham Borough Totals |
| | No. 1 No. 2 No. 1 No. 1. No. 1. No. 1. No. 2 No. 2 No. 2 No. 2 No. 2 No. 2 |
| | Western No. 1. Abergele Colwyn Bay Aled Western No. 2. Denbigh Llanrwst Ruthin Borot Hiraethog Ruthin Rural Ruthin Rural Ruthin Rural Ceiriog Llangollen Llangollen Llangollen Llangollen Eastern No. 2. Wrexham Bo |
| | Veste Aberd Colw Veste Veste Clan Wre |
| | , , щ щ |

TABLE XXXVIII

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England & Wales, for 1957 and each of the preceding ten years.

| | | | | opulation: | |
|------|-------|-------|-----------------|--------------------|--|
| Year | Urban | Rural | Whole County | England & Wales | |
| 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 | |
| 1957 | 24.2 | 14.3 | 19.7 | 9.5 | |

TUBERCULOSIS

During the year under review, the number of cases notified was 89 males and 71 females. The age and sex distribution are given in the following table:

TABLE XXXIX

| | Re | spirato | ry | Non- | Respira | atory |
|-----------|------|---------|-----|------|---------|-------|
| Age | М | F | Т | М | F | T |
| 0— | | _ | _ | | _ | WET. |
| 1 | 100- | _ | _ | _ | _ | 000 |
| 2_ | 1 | 2 | 3 | - | _ | 70mL |
| 5— | 2 | 2 | 4 | 2 | 5 | 7 |
| 10— | 4 | 1 | 5 | - | 1 | 1 |
| 15— | 4 | 6 | 10 | 3 | _ | 3 |
| 20— | 8 | 13 | 21 | - | 2 | 2 |
| 25 | 9 | 11 | 20 | - | 5 | 5 |
| 35 | 13 | 5 | 18 | - | - | 720- |
| 45— | 14 | 5 | 19 | 2 | 2 | 4 |
| 55— | 16 | 1 | 17 | 1 | - | 1 |
| 65— | 7 | 8 | 15 | 1 | - | 1 |
| 75 & over | 2 | 2 | 4 | - | - | - |
| Totals | 80 | 56 | 136 | 9 | 15 | 24 |

TABLE XL Tuberculosis

Active Cases on Registers according to County Districts on 31st December, 1957

| District. | A Company of the Comp | Abergele Females Colwyn Bay Females Aled Males Western No. 2. Denbigh Females Llanrwst Females Ruthin Borough Males Hiraethog Females Ruthin Rural Males Ruthin Rural Males Females |
|---|--|---|
| No. of cases of Tuberculosis on Register at the commencement of the year. | Non- Pulmon. Pulmon. | 822288 840 6477 658 84 65 64 65 65 65 65 65 65 65 65 65 65 65 65 65 |
| No. of cases added to the Register during the year. | Non- Pulmon. Pulmon. | 2 22 2 |
| No. of cases removed from the Register during the year. | Non- Pulmon. Pulmon. | 04528 8 8 12 4 2 1 4 2 1 |
| No. of cases remaining on the Register at the end of the year. | Non- Pulmon. Pulmon. | 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25 |

Tuberculosis (continued).

Table XL (cont.)

| No. of cases re- maining on the Register at the end of the year. | Non- Pulmon. Pulmon. | 415 142 28 105 26 10 9 1 11 2 133 15 | 1544 371 |
|---|-------------------------|---|----------|
| from the during year. | Non- Pulmon. | | 20 1 |
| No. move Regis | Non- Pulmon. Pulmon. | 52.52 1 1 1 1 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 28 125 |
| of No. of cases added the to the Register of during the year. | on. Pulmon. | 20 1 1 1 1 1 1 1 1 1 | 162 |
| No. of cases of Tuberculosis of Register at the commencement the year. | Pulmon. Pulmon | 26 26 27 141 141 125 125 124 23 8 8 4 4 104 125 125 124 125 125 124 125 125 125 125 125 125 125 125 125 125 | 1507 363 |
| District. | Pul | Wrexham R.D. Males Ceiriog Males Llangollen Males Eastern No. 2. Wrexham Bor. Males Females Females Females Females Females Females | |

TABLE XLI. TUBERCULOSIS

Number of Cases on the County Tuberculosis Register for the years 1948-1957.

| Death Rate per Million of Population | County of Denbigh | 423.8 | 433.2 | 347.7 | 240.6 | 193.3 | 170.1 | 222.2 | 170.2 | 105.4 | 200.5 |
|---|----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Total | 11 | 73 | 59 | 4 | 34 | 83 | 38 | 83 | 18 | 34 |
| Deaths | Non- Pulm. | ∞ | 11 | ∞ | 25 | ∞ | 3 | 6 | 8 | 2 | 2 |
| | Pulm. | 83 | 62 | 51 | % | 26 | 36 | 35 | 8 | 16 | 32 |
| er. | Total | 2186 | 1727 | 1821 | 1828 | 1854 | 1709 | 1790 | 1804 | 1870 | 1915 |
| No. on Register | Non- Pulm. | 595 | 434 | 450 | 435 | 418 | 362 | 371 | 364 | 363 | 371 |
| z | Pulm. | 1591 | 1293 | 1371 | 1393 | 1436 | 1347 | 1419 | 1440 | 1507 | 1544 |
| | Year | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 |

TABLE XLII

The following table gives details of the work done by the Mass Radiography Unit in Denbighshire during 1957.

| Location | | No. X-rayed | Requiring Further Observation |
|-----------------|---------------------------|-------------------|-------------------------------------|
| Abergele | Males Females Total | 351 376 727 | 12 9 21 |
| Brymbo | Males Females Total | 147 216 363 | 1 1 |
| Cefn | Males Females | 254 341 595 | 2 1 3 |
| Cerrig | Total Males Females | 117 110 | 3 3 |
| Coedpoeth | Total Males Females | 227 299 278 | 6 8 6 |
| Gresford | Total Males Females | 577 64 101 | 14 3 — |
| Groes (Denbigh) | Total Males | 165 50 60 | 3 |
| Gwersyllt | Females Total Males | 110 230 | 6 10 2 2 |
| IN SEE SEE | Females Total | 228 458 109 | 4 |
| Holt | Males Females Total | 114 223 | 4 4 8 |
| Llanfair T.H | Males Females Total | 63 80 143 | 3 2 5 |

Table XLII (cont.)

| Location | A 3.19AV | No. X-rayed | Requiring Further Observation |
|-------------|---------------------------|----------------------|-------------------------------------|
| Llanrwst | Males Females | 461 483 944 | 12 14 26 |
| Llansannan | Males Females Total | 62 63 125 | |
| Llay | Males Females Total | 423 221 644 | 10 4 14 |
| Old Colwyn | Males Females Total | 191 344 535 | 4 2 6 |
| Rhostyllen | Males Females Total | 231 232 463 | 5 1 6 |
| Rossett | Males Females Total | 119 177 296 | 2 - 2 |
| Towyn | Males Females Total | 56 91 147 | 1 2 3 |
| Trefnant | Males Females Total | 61 78 139 | 3 4 7 |
| Grand Total | Males Females Total | 3288 3593 6881 | 78 61 139 |

The following table gives the number of deaths from infectious diseases during 1957, together with comparative figures for previous years:

TABLE XLIII

| | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 |
|-------------------------|------|------|--------|------|------|------|------|------|------|------|
| Meningococcal | | | pillo) | | | | | | | |
| 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 | 32 |
| Non-pulmonary | 8 | 11 | 8 | 5 | 8 | 3 | 3 | 3 | 2 | 2 |
| Pneumonia | 73 | 75 | 63 | 63 | 44 | 70 | 85 | 80 | 59 | 75 |

Tuberculosis.

Thirty-two deaths from pulmonary tuberculosis occurred during the year, as compared with 16 in 1956. Only 2 deaths from non-pulmonary causes were recorded.

The death rate per million of the population of the County was 200.5.

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 excetions, 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 chlorinaton 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.

The County Council have given much time and attention to Water Supplies during the year.

"During the early part of the year they were actively engaged in their opposition to the Bill promoted by the Liverpool Corporation to construct water works at Treweryn and to abstract large quantities from the River Dee. Their main objection was that the Corporation were seeking powers to divert waters from the Upper Conway watershed by conduits and catchwaters, and a diversion tunnel to the waters of the Treweryn.

"The waters of the Upper Conway had for some time past been considered by the County Council to be the best source for meeting the water deficiencies in the County. The Aled and Hiraethog Rural District Councils had previously applied to the Minister of Housing and Local Government for an Order to provide for the constitution of the Llyn Conwy Water Board for the purpose of procuring a supply of water from the Upper Conway Watershed. The Minister had held an Inquiry in June, 1955, into their application and the Order was made in February, 1957.

"It was therefore important that the interests of Denbighshire were protected. After long discussions Liverpool Corporation decided to withdraw the clauses in their Bill which provided for the diversion of the waters of the Conway.

"Steady progress has been made during the year in bringing the Llyn Conwy Scheme into function. It is unfortunate that at a time when discussions on plans and proposals are reaching finality that the economic plight of the country is such that further progress must of necessity be slow. The need for an adequate and pure supply for the Hiraethog Rural District Council and parts of the Aled Rural District Council cannot be over-emphasised and in a drought the position can become serious.

"Grouping of Water Undertakings.

Due consideration has been given to Circular 52/56 in which the Minister of Housing and Local Government asks water undertakers to re-group so as to promote the most effective use of our water resources and to allow for the proper conduct and development of water undertakings. Few who have knowledge of waterworks will disagree with the action of the Minister. Discussions are taking place in the County and there are indications that agreement will be reached in the not too distant future. Regrouping has a particular public health significance as it should lead to the management of all the water-undertaking by a well qualified trained staff. Engineering and laboratory staff will be able to devote all their time and energies to producing a pure and ample supply of water to the majority of the populace of the County.

"It is gratifying to report still further progress in providing a satisfactory mains supply to many areas and the improvement, particularly of headworks and treatment works.

"Wrexham and East Denbighshire Water Company area of supply.

"I am indebted to Mr. Seddon, B.Sc., M.I.C.E., M.I.M.E., Engineer to the Wrexham and East Denbighshire Water Company, for details of the development within the Company's area of supply during the year 1957.

"The most important development during the year in the headworks of the Company was the commencement of the extensions to the Pendinas Filtration Station, Llandegla. When these works are completed early in 1958, the output of the station will be doubled. Incorporated in the alterations will be automatic dosing plant for p.h. correction and sterilisation. Low lift pumping plan will also be incorporated which will enable water from Llyn Cyfynwy, which at present is still unfiltered, to be treated at the station.

"A bulk supply of water treated at the station has already been afforded to the Ruthin Rural District Council at a point near the Liver Inn, Rhydtalog, and a further bulk supply will be afforded to the Council direct from the station on completion of the works now in hand.

"A 9in. main 4,000 yards in length was laid during the year between Pendinas Reservoir and Llyn Cyfynwy.

"The total length of mains laid by the Company during the year was 7½ miles.

"The Company have been particularly concerned during the year with the improvement of the distribution system in the Rhos and Brymbo areas. In Rhos new mains were laid in Hope Street, High Street, Campbell Street and Swan Street. In the Brymbo

area a new main from Coedpoeth to Summerhill was completed. In 1957 an extensive programme of main scraping and lining was undertaken chiefly in the Brymbo area. In all 15,372 yards of main were scraped of which 2,400 yards were concrete lined.

"Aled Rural District Council-Llanelian-yn-Rhos Water Scheme.

No progress has been made on the Scheme intended to serve properties in the Parishes of Llanelian-yn-Rhos, and Llansantffraid Glan Conway.

"The water mains would be laid in anticipation of the Llyn Conwy Scheme and it was proposed to utilise them to distribute water from the Cowlyd Aqueduct on a temporary basis. Large parts of this area are virtually without water in the summer months.

"Hiraethog Rural District Council—Dinmael-Maerdy Water Schemes.

The area covered by this scheme is provided for in the Llyn Conwy Scheme, but the Hiraethog Rural District Council have secured a supply on a temporary basis from the service Reservoir of the Edeyrnion Rural Disrict Council at Betws Gwerfil Goch. The source of supply is the Birkenhead Corporation's aqueduct from Alwen Reservoir. The Scheme has been completed at a cost of £11,523.

"Llangernyw.

The Counci lhave decided to develop the existing scheme so as to serve a number of properties outside the village of Llangernyw at an estimated cost of £3,434.

"Nebo and Capel Garmon Water Supply.

Capel Garmon and neighbourhood which has a population of about 180 with a school and other public buildings, has no public supply other than springs which are untreated and entirely inadequate. It has, therefore, been found necessary to develop a temporary source of supply to provide for the immediate needs of the area. The Village will be covered by the Llyn Conwy Water Scheme. For this reason the storage reservoir and mains have been designed on the basis of the ultimate requirements of the villages being taken from the Llyn Conwy trunk main which will pass close to Nebo.

"The Scheme which is estimated to cost £26,000 has been approved in principle by the County Council.

"Llanfihangel Glyn Myfyr Water Scheme.

The Council have completed extensions to the above Scheme to serve 6 farms and two cottages at a cost of £1,572.

"Ruthin Rural District Council—Llandegla-Bryneglwys Water Scheme.

The major part of this Scheme has been completed, but it will be necessary to await the completion of the Pendinas Filtration Station by the Wrexham and East Denbighshire Water Company, before a supply can be afforded to the area."

SEWERAGE AND SEWAGE DISPOSAL

"Abergele Urban District.

The Council have prepared a Scheme to improve the present inadequate means of discharging sewage and storm water to the existing sea-outfall during times of partial or complete tide-locking, and the remedying thereby of surcharging of practically the whole system of sewerage of the Urban District. They have also designed works of sewerage to serve the area from Ty Gwyn, to a point that will link up with the Kinmel Bay and Towyn Sewerage Schemes. The Ministry of Housing and Local Government have held an Inquiry into the Scheme which is estimated to cost £76,000.

"Denbigh Borough.

A comprehensive Scheme of sewerage and sewage disposal has been completed at a cost of £83,000. The works included in the scheme are the construction of new disposal works, reconstruction of sewers and the relaying of existing sewers and the diversion of storm water.

"Llangollen Urban District.

The Ministry of Housing and Local Government have approved in principle and for grant aid of the cost under the Rural Water Supply and Sewerage Act, 1944 to 1955 for a scheme of sewerage and sewage disposal which is estimated to cost £140,257.

"Ruthin Borough.

The Borough Council have under consideration proposals for the construction of sewage disposal works and the laying of new sewers. The provisional estimate for the works is £40,000. The new disposal works are intended to supersede the present system of disposal by land irrigation.

"Wrexham Borough.

Ministry approval has been given to the construction of a new north-eastern main sewer and sewage works extensions.

"The new trunk sewer will deal with drainage discharging to the Wildness Sewage Disposal Works together with dwellings connected to septic tanks. It will also serve 400 acres of land which is ripe for development. There will also be extensions and improvements to Five Fords Sewage Disposal Works to deal with the increased flow of sewage.

"The works are estimated to cost £348,713.

"Hiraethog Rural District.

Nebo.

A small scheme of sewerage and sewage disposal has been completed at an estimated cost of £1,800.

"Pentrefoelas.

Work is in progress on a scheme to serve the village which is estimated to cost £15,426.

"Llangernyw.

The Council have approved proposals to deal with the sewerage of all properties in the village at an estimated cost of £22,000.

"Ruthin Rural District.

Schemes of sewerage and sewage disposal have been completed for the following villages:

| | | £ |
|--------------------|------|------------|
| Llanfair D.C | | 10,000 |
| Erryrys, Llanarmon | | 9,152 |
| Llanarmon | | 12,642 |
| Llandegla | | 7.314 |

"There is evidence that the economic plight of the Country and the present high interest rates charged for money to finance schemes of water and sewerage, has discouraged many authorities. Material progress will of necessity be restricted and many essential schemes will be deferred or abandoned."

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.

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 five Dealers Pasteurisers Licences but one of the dairies found plant replacement too expensive and decided to discontinue pasteurising. They are now receiving supplies of pre-bottled heat-treated milk from a dairy in Staffordshire which is delivered daily into their cold store and then retailed in the dairy's area of supply in this county.

"The standard of plant maintenance, particularly of pasteurisers and bottling machines, has been consistently good through the year. It has, however, been found necessary to keep the mechanical bottle-washers under close supervision. There have been the odd failures of bottles sent for the Colony Count test, which test gives a fair indication of the efficiency of plant working. The Dairies have been instructed to pay particular attention to regular cleaning of machines, jet control and alignment, temperatures and detergents' strength. They must also keep a sharp look-out for the dirty empty bottles, which unfortunately are arriving at the dairies in too great numbers. Due to the good co-operation of the Director of Education there has been a marked improvement in the condition of the empty milk bottles returned from the Schools in the County.

"During the year 432 samples were taken at the pasteurising establishments; all conformed to the methylene blue test but only two failed to satisfy the phosphatase test. Both failures were due to faulty thermometers.

"Milk in Schools Scheme.

During the year 86 samples were taken of milk supplied to Schools under the Milk in Schools Scheme and all conformed to the prescribed laboratory tests.

"Biological Examination of Milk.

In my annual report for 1956, I referred to the increased consumption of heat-treated milk and the coming into force of the Milk (Special Designations) (Specified Area) Orders, which made it possible to reduce the number of samples taken for biological examination. I have found during the year that the public taste is changing and there is a growing demand for raw untreated milk from tuberculin tested herds. After many years of educational work in public health I find that we have failed to convince the general public that there are pathogenic diseases other than tuberculosis which are communicable to man from milk.

During the year 252 composite samples of milk were taken from milking herds; all were free from tuberculosis but 8 showed evidence of brucella infection. The milk from infected cows may during a certain period of the lactation contain Brucella abortus. I am conscious of the fact that I am not always able to keep under control all milk infected with brucella. The sampling of milk does not at all times coincide with the period that the germ is secreted in the milk supply.

It is pleasing to see that the practice of calf vaccination with strain 19 vaccine is proceeding favourably in the County. It is claimed that if the heifer calves are vaccinated at the ages of 4 to 8 months a high degree of immunity from brucellosis will be produced.

There is still little evidence collated of the incidence of brucellosis in humans; this is because the disease is not compulsorily notifiable.

"The Tuberculosis (North Wales Eradication Area) Order, 1957.

The Minister of Agriculture, Fisheries and Food has made and Order declaring a major part of the County an Eradication Area for the control of bovine tuberculosis. The only part of the County not covered by the Order is that included in the Petty Sessional Divisions of Bromfield, Ruabon and Wrexham. The Order became operative on the 1st March, 1957. We confidently look forward to the Eradicaton Area passing on to a Tuberculosis Attested Area. Free testing of cattle has been in progress in the three Petty Sessional Divisions, and it is, therefore, only a matter of time before the entire County becomes an Eradication Area.

"This happy position has not been achieved overnight; it is the outcome of much effort and proper planning by the Officials of the Animal Health Division in the Couny. They have been materially assisted by the enlightened attitude of the farmer to the problem of bovine tuberculosis.

"The immediate effect of this Order to eradicate tuberculosis among cattle may be considered by many as only of agricultural importance. We must, however, not lose sight of its public health significance; milk and beef produced in the Area will be free from tuberculosis.

"Preventive medicine is better understood and appreciated when after long and often un-rewarding years of effort we are able to eventually report some progress towards the conquest of disease.

"Milk and Dairies-Clinical Examination of Dairy Cattle.

| I | No. of Herd aspections | No. of Cattle Examined |
|---|------------------------------|------------------------------|
| (a) Tuberculin Tested and Certified Herds | 1163 | 43644 |
| Non-designated Herds | 1196 | 21785 |
| (b) Tuberculin Testing of Herds licensed to produce Tuberculin Tested and Certified Milk. | | |
| No. of Cattle Tested | 67429 | |
| No. of Reactors | 172 | |
| (c) Tuberculous Milk. Veterinary Investigat | ions. | |
| No. of investigations outstanding from previous year | _ | |
| No. of initial reports from Medical Officers of Health No. of Herds involved | = | |
| No. of cases of tuberculosis of the udder found | _ | |
| No. of investigations not yet complete | _ | |
| Tuberculosis (Attested Herds) Schemes | | |
| No. of Attested Herds | 3422 | |
| No. of Supervised Herds | 36 | |
| Calves vaccinated against Brucellosis during the year | 3595 " | |

Adulteration of Food and Drugs.

The County Council's duties in connecton 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 524 samples were analysed by the Public Analyst, the particulars being as follows:

TABLE XLIV

| Milk: On delivery 9 8 Jelly Crystals 1 — Retail 324 13 Sweet Spirit of Nitre 1 — Appeal to cow 7 — Dried Peas 1 — Butter 15 — Sugar 2 — Margarine 5 — Sweets 3 — Lard 3 — Jam 10 — Cheese 4 — Marmalade 1 — Baking Powder 1 — Honey 2 — — Baking Powder 1 — Honey 2 — — Condensed Milk 4 — Ince Cream 25 — — Condensed Milk 4 — Ince Cream 25 — — Condensed Milk 4 — Ince Cream 25 — — Condensed Milk 4 — Ince Ince — Condensed Milk | Article | No taken | No. certified as adulterated or sub-standard | Article | No taken | No. certified as adulterated or sub-standard |
|--|---|---|--|---|---|--|
| | On delivery Retail Appeal to cow Butter Margarine Lard Cheese Baking Powder Bread Flour Cake Mixture Custard Powder Blanc Mange Powder Table Jelly Oatmeal Pearl Barley Rice Plum Pudding Mincemeat Tinned Peas Tinned Peas Tinned Beans Tinned Fish Fish Paste Meat Paste Luncheon Meat Sausages Suet Vinegar Mixed Vegetables Pickled Onions Salad Cream Pepper Salt Mustard Dried Mint Cakes | 7 15 5 3 4 1 4 4 2 1 1 1 1 2 1 2 2 2 1 16 3 3 1 1 2 1 1 1 2 1 | 13 | Jelly Crystals Sweet Spirit of Nitre Dried Peas Sugar Sweets Jam Marmalade Honey Condensed Milk Ice Cream Fresh Cream Coffee Cocoa Tea Soft Drinks Beer Brandy Whiskey Rum Gin Wine (Port Type) Saccharine Tablets Calomel Tabs. Aspirin Gripe Mixture Cream of Tartar Amm. Tinc. of Quinine Tincture of Iodine Camphorated Oil Olive Oil Cod Liver Oil Bicarbonate of Soda Glycerine Port Wine | 1 1 2 3 10 1 2 4 25 6 1 1 2 2 8 2 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | пини пинипини |

PART VI

Miscellaneous

REGISTRATION OF NURSING HOMES TABLE XLV

| | Number of Homes. | Number of t | | 1027233000 |
|--|------------------|-------------|-----|------------|
| Homes first registered during the year | - | _ | _ | bears. |
| Total Homes on the register at the end of the year | 6 | _ | 110 | 110 |

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 1957 the number of such medical examinatons totalled 299. In addition, members of the staff absent for prolonged periods owing to sickness have been examined by myself.

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