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Contributors

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COMMITTEES
Foreword
Health Committee
Chairman: Mr. William Perry
The Chairman: Mr. J. H. Wilson

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COMMITTEES

Health Committee:

Chairman: Ald. William Parry.

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

Co-opted Members: Mr. James Barlow, Rhos.
Mrs. E. A. Cross, Marchwiel.
Mrs. Christopher Davies, Wrexham.
Miss E. M. Evans, Ruthin.
Mrs. W. A. Evans, Denbigh.
Mrs. Llewelyn Hughes, Llangollen.
Dr. Trevor Hughes, Ruthin.
Mrs. May Jones, Wrexham.

Health Sub-Committee:

Chairman: Dr. I. H. Davies.

Members: Ald. William Parry.

Ald. Edward Williams.

Ald. Mrs. Florence Jones.

Ald. W. I. Morris

Ald. E. A. Cross.

Ald. J. H. Williams

Coun. F. H. Andleby Jones.

Coun. Ernest Price.

Coun. Llewelyn Charles.

Coun. Thomas Jones.

Coun. Emmanuel Williams.

Mr. James Barlow.

Foreword

I have the honour to present the Annual Report on the Health Services in the County for the year 1958, and in doing so, as the Ministry of Health has requested. I am including a brief review of the first ten years of the National Health Service.

It will be appreciated that my tenure of office commenced in November, 1950, and that I cannot personally express views on the period preceding that time, but it would seem fair to state that, as far as the Local Health Authority Services in Denbighshire were concerned, the careful planning of my predecessor was only partially implemented, and it fell to my lot to see the development of the Schemes prepared by him.

In 1951, the various District Health Authorities, in conjunction with the County Council, decided in accordance with Section 111 of the 1933 Local Government Act, to appoint whole-time District Medical Officers of Health. The County was divided into four areas, which included a various number of District Authorities, and to each area a Medical Officer of Health was appointed. These Medical Officers of Health were also partly Assistant County Medical Officers. In this way, it was hoped to ensure the closest possible co-ordination between the District Health Authorities and the Local Health Authority.

I have no hesitation in stating that this arrangement has worked harmoniously, efficiently, and to the benefit of all Authorities. However, with the increasing duties devolving upon Medical Officer of Health, it may now be reasonable to review the allocation of duties.

Administratively, the County Health Department has grown from a mere 14 in 1950 to 33 in 1958. This expansion has been necessary to meet the enormous turnover which has been achieved during this period. It is significant that the average number of letters addressed daily to the Department in 1950 was about 40, whereas today it is seldom less than 200.

Accurate recording is imperative in the Health Department, but this must not be achieved at the cost of highly trained professional staff. The administration has been so devised as to help and not hamper the field workers. Much routine work is undertaken by the administrative staff, but the senior members

are constantly occupied in dealing with problems and initiating action which would otherwise absorb the time and energy of professional staff.

The Maternity and Child Welfare Services have expanded in many directions, but the Ante-Natal Clinics have gradually declined as the new service has become orientated. The tripartite partnership of the Maternity Services has been uneasy, despite the co-ordination assured through the joint appointment of a County Obstetrician and Hospital Consultant Obstetrician. Attempts were made to ensure co-ordination which, to a limited extent, were successful, but the results hardly bore a satisfactory relationship to the effort entailed. It is now evident that the Local Health Authority responsibility in the Ante-Natal Service will be negligible, but whether the trends now becoming manifest will be the solution, is dubious.

The care of Unmarried Mothers and their Children was assured in 1952 by the opening of a Home for the six North Wales Counties at Bersham Hall. This Home has met a pressing social need, and, of the 200 Unmarried Mothers who have resided at the Home, many have been successfully rehabilitated.

The number of Child Welfare Clinics increased from 28 in 1948 to 37 in 1958, but the total attendances have not proportionately increased. This, again, reflects the changed attitude of the public, for now they can receive medical advice free from General Practitioners and Paediatric Consultants. It must be appreciated that these Services are complementary and, if working in parallel, can be of mutual benefit. It is gratifying that the Paediatric Consultant for the Clwyd & Deeside Hospital Management Committee attends the Child Welfare Clinics periodically to see infants referred to her by the Medical Officer, General Medical Practitioner, or following discharge from Hospital. Furthermore, this liaison between Consultant, Medical Officer and Health Visitor, has proved of benefit to all concerned.

It is significant that there has, in recent years, been a greater emphasis on prevention at the Clinics. Much more Health Education is being carried out, and Health Visitors are devoting more of their energies to this aspect of their work. New techniques have been acquired as a result of Courses organised by the Central Council for Health Education. The various visual aids are more freely used, and wider interpretation given to the concept of prevention.

The Home Visiting by the Health Visitor has had to become more selective, owing to the ever increasing demands upon her from the family as a whole. It is satisfying to record that the Infant Mortality Rate has decreased from 38.2 in 1948 to 20.7 in 1958, and this achievement has been due, in no small measure, to the work of the Medical Officers and Health Visitors.

The Home Nursing Service has developed to meet the changing needs of the medical services. With the decline of Domiciliary Midwifery, the number of wholtime Midwives has been reduced to 5, and the remaining posts combine Home Nursing with Midwifery. The District Nurse/Midwife works closely with the General Medical Practitioner, and it is evident from the demands that the service provided meets a great need effectively and efficiently. Under the able direction of Miss Chune, the Superintendent Nursing Officer, a well-equipped and highly efficient Nursing Service has been built up in the County, and it is evident that this contributes appreciably to the domiciliary treatment of patients.

Denbighshire has offered all children Vaccination against Smallpox, Immunisation against Diphtheria, and, since 1951, also against Whooping Cough. Poliomyelitis Vaccination was introduced immediately the Ministry of Health provided the vaccine, and the initial response in the County was substantial. In the age-group 6 months - 15 years, approximately 65 per cent of the children have received two injections, and it can be confidently hoped that Poliomyelitis will be eradicated within the next generation,

The Ambulance Service has gradually improved throughout the years. Co-ordination of the service was introduced gradually, so that the independent and dedicated spirit of the volunteers who ran the service would not be dampened by restrictions. With the increased demands, it became necessary to introduce a nucleus of paid drivers, and to establish Central Control at Colwyn Bay and Wrexham. This has benefited the service by improving efficiency and ensuring economies. Throughout this period, the Welsh Home Ambulance Service Committee and their Controller, Mr. C. H. Smith, M.B.E., have co-ordinated heroically, and it is with many regrets that I contemplate the termination of the Agency Agreement with them in 1960. The Colwyn Bay Voluntary Ambulance Corps has a long tradition of voluntary service, and they have performed prodigious feats to meet the heavy demands in their area.

However, the most unique event associated with the Ambulance Service was the munificent generosity of the Lord Trevor in

presenting an Ambulance to the Denbighshire County Council for use in Chirk and District. In this way, and by acting as a Voluntary Driver, the Lord Trevor perpetuates a family tradition of devoted service to the relief of human suffering.

Section 28 of the National Health Service Act has, perhaps, the greatest potential of all the Sections allocating duties to the Local Health Authority, but it has not been developed fully. The Tuberculosis Service has been a joint responsibility with the Regional Hospital Board, and considerable strides have been made towards exterminating this disease. The Death Rate per million of the population has dropped from 423.8 in 1948 to 158.8 in 1958, but the incidence, as reflected in the number on the register, fell only from 2,186 in 1948 to 1,969 in 1958. It is evident that the Preventive Services are not as effective as the Therapeutic, and unless the Local Health Authority is prepared to devote more of its resources to this Service, tuberculosis will not be eradicated as quickly as was hoped. However, the greatest expansion in the services of the Health Department has been the social work done for the community as a whole, and in particular for the Elderly. It is impossible to tabulate or evaluate such services, but it is evident that the Health Department has become the hub, around which operate many other social agencies. "The insoluble problems, the situations for whom no one is responsible, and the many-sided difficulties with several overlapping and partly responsible agencies, all seem to gravitate to the Health Department. These have swelled from a trickle to a flood—being referred by General Medical Practitioners, Hospital Staff, Social Workers and other Social Agencies. The Health Department is considered as a central clearing house for such problems—co-ordination, liaison, the ways and means committee or any other name, but essentially a department where no problem is too difficult or too small, where the patient comes first and foremost, **and the only** limiting factors are time and resources.

It is, indeed, a source of deep pleasure to me to work with staff who have such a strong sense of vocation, and who are motivated by the highest principles.

In the realm of Health Education, considerable progress has been made. In addition to the daily programme, concerted efforts have been made periodically. Health Exhibitions have been organised, and during 1958, a "Guard that Fire Campaign" covered the entire County. Cordial relationship with the Press has invariably assured a valuable medium for health propaganda.

From its inception, the Home Help Service has been developed as a social service being administered by an Assistant Nursing Officer. In 1948 the number of Home Helps employed was 12, while in 1958 it was 177. Selected Home Helps have been sent to Problem Families where, in addition to their usual duties, they

have instructed the mother in housewifery. With the Elderly, the Home Helps frequently establish cordial relationships which continue even after the official help has been withdrawn. This Service, together with others, assists in keeping the Elderly in their own homes much longer than otherwise would be possible.

The Mental Health Services are on the threshold of new developments, but it is gratifying that many of the recommendations are already operative in Denbighshire. The Local Health Authority and the Regional Hospital Board share Psychologists and Psychiatric Social Workers, premises and equipment. Several County Councillors have been and are members of the North Wales Mental Hospital Management Committee and the various House Committees. For six years I was a member of the Hospital Management Committee; now I attend in an advisory capacity. The Mental Health Social work has been built steadily since the administration was transferred from the Welfare to the Health Department in 1954. The Mental Deficiency Service has similarly grown steadily, and much valuable social work has been done. The Occupation Centre, Gwersyllt, opened in 1955, now accommodates 36 pupils. Children admitted to hospital have subsequently been discharged to continue their training at the Centre. Defectives in employment or on licence have been supervised and helped to establish themselves in the community.

In all this work, there has been the closest possible co-operation with the staff of the North Wales Mental Hospital. The Mental Health Social Workers have been accepted as members of the team, and they attend the weekly Case Conferences at Denbigh.

The three branches of the Health Services in Denbighshire co-operate well. The General Medical Practitioners are represented on the Health Committee, while the County Medical Officer of Health is a member of the Local Medical Committee. Matters of mutual interest are discussed at the Local Medical Committee meetings, and the final decisions are included in the Minutes. These are distributed to all General Medical Practitioners in the County, and this method of transmitting information has proved most valuable. At a more practical and local level, there is constant contact between the family doctors and the District Nurse/Midwives, and to a steadily growing extent with the Health Visitor. Gradually, the establishment of a domiciliary team is crystallising, especially as the General Medical Practitioner is becoming increasingly aware of the services the Health Department can place at his disposal. The new spirit of co-operation rather than competition, will benefit all concerned.

The Hospital Services in the area have improved steadily throughout the period, as additional staff, buildings and equipment

have been provided. The demands made on hospital services have increased enormously in these ten years, and it is evident that expediency rather than foresight has influenced developments. However, the stage has now been reached when it should be possible to work to a long term plan.

The extension of various medical services have proved of inestimable value. The provision of Paediatric Services have greatly benefited the Health of the children in the County, particularly as all the Paediatricians have co-operated closely with this Department.

The Hospital provisions for the Chronic Sick and Elderly need to be augmented, and it is time that the Geriatric Services should be further developed, especially as the problems of caring for the Elderly are steadily mounting. Senile patients present manifold problems which require ingenuity to resolve, but the changed attitude to Mental Illness may help to overcome some of these difficulties.

The detailed information regarding the year under review is recorded in the body of the Report. Satisfaction can be gleaned from the progress made and the contribution of the Health Department to the Health of the community. This could not have been achieved without the wholehearted support and loyalty of the entire staff, and I wish to record formally my appreciation to them.

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

M. T. ISLWYN JONES,

County Medical Officer of Health.

August, 1959.

County Health Office,
16, Grosvenor Road,
Wrexham.

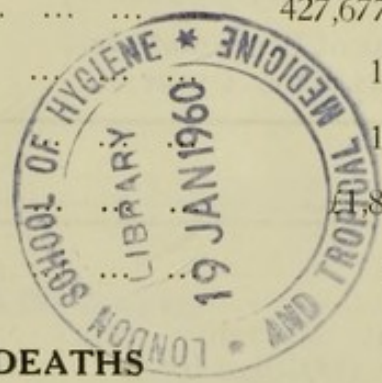
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ANNUAL REPORT FOR 1958

PART I

Statistics and Social Conditions of the County

Area of Administrative County	427,677 acres
Population (Census 1951)	170,699
Estimated Population Mid-year ...	170,000
Rateable Value	£1,892,079
Estimated Product of Penny Rate	£7,278



BIRTHS AND DEATHS

Live Births.	M	F	Total
Legitimate	1287	1217	2504
Illegitimate	54	46	100
Total	1341	1263	2604

Live-birth rate per 1,000 of the estimated population (crude) 15.3

Live-birth rate per 1,000 of the estimated population (adjusted) 16.1

	M	F	Total
Still-births	49	30	79

Still-birth rate per 1,000 births (live and still births) .. 29.4

	M	F	Total
Live Births	1341	1263	2604
Still - Births	49	30	79
Total	1390	1293	2683

Infant Mortality	M	F	Total
Deaths of infants under 4 weeks	25	12	37
Deaths of Infants under 1 year	39	15	54
Deaths of Legitimate Infants under 1 year ...	36	13	49
Deaths of Illegitimate Infants under 1 year ...	3	2	5

	Total	Legitimate	Ill-egitimate
Infant Mortality rate per 1,000 live births ..	20.7	19.6	50.0

Neo-Natal mortality rate 14.2

Illegitimate Live Births (per cent of total live births) .. 3.8

Maternal Mortality (Deaths from pregnancy or child-birth)	3
---	---

Maternal mortality rate (deaths per 1,000 live and still-births) 1.1

	M	F	Total
Deaths	1109	1123	2232

Death rate per 1,000 of the estimated population (crude) 13.1

Death rate per 1,000 of the estimated population (adjusted) 12.4

COMPARATIVE RATES

Rate	Denbigh-shire	England and Wales
Birth Rate (adjusted) ...	16.1	16.4
Death Rate (adjusted) ...	12.4	11.7
Maternal Mortality Rate	1.1	.43
Infant Mortality Rate ...	20.7	22.5
Neo-Natal Mortality Rate	14.2	16.2
Still-birth Rate	29.4	21.6

BIRTHS AND BIRTH RATES

2,604 live births were registered during the year, as compared with 2,555 in 1957. This gives a crude birth rate of 15.3 per 1,000 population. By applying the Comparability Factor, however, a corrected birth rate of 16.1 is obtained, and this is the rate which should be compared with that for England and Wales which was 16.4.

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

TABLE I.

Year	Estimated Population	No. of Live Births	Birth-rate per 1000 est. population	No. of Deaths	Death-rate per 1000 est. population	No. of deaths under 1 year of age	Infant death-rate per 1000 births
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
1958 ...	170000 ...	2604 ...	15.3 ...	2232 ...	13.1 ...	54 ...	20.7

It will be noted that the crude Birth Rate for 1958 is slightly higher, being 15.3 as compared with 15.1 in 1957.

The number of deaths during the year was 2,232, being 164 fewer than in 1957. This gives a crude Death Rate of 13.1. By applying the comparability factor, the rate is decreased to 12.4 per thousand population, but even so it is still above the rate for England and Wales.

54 Infants under 1 year of age died during the year, five less than in 1957. The Infant Mortality Rate of 20.7 is less than that for England and Wales which is 22.5.

TABLE II.
THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND
RATES ACCORDING TO DISTRICTS FOR 1958

Districts.	Estimated Population	No. of Live Births	Birth-rate	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate
Western No. 1:							
Abergele Urban	7350	84	11.4	1	11.9	104	14.1
Colwyn Bay Borough .	21910	232	10.6	2	8.6	424	19.3
Aled Rural	6930	102	14.7	3	29.4	68	9.8
Western No. 2:							
Denbigh Borough	7900	130	16.4	2	15.4	184	23.3
Llanrwst Urban	2600	29	11.1	3	103.4	49	18.8
Ruthin Borough	3670	39	10.6	—	—	47	12.8
Hiraethog Rural	5010	90	17.9	1	11.1	55	10.9
Ruthin Rural	9390	148	15.7	—	—	100	10.6
Eastern No. 1:							
Wrexham Rural	62120	1010	16.2	20	19.8	745	11.9
Ceiriog Rural	7350	103	14.0	4	38.8	87	11.9
Llangollen Urban	3120	41	13.1	2	48.0	42	13.4
Eastern No. 2:							
Wrexham Borough ...	32650	596	18.3	16	26.8	327	10.0
Total County ...	170000	2604	15.3	54	20.7	2232	13.1

MATERNAL MORTALITY

Three maternal deaths occurred during the year, as compared with two in 1957. The maternal mortality rate for the County was 1.1 and the rate for England and Wales was .43.

Following the usual procedure, 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:

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Maternal Mortality	1.3	1.4	1.5	.36	1.5	.38	.41	.38	.76	1.1

TABLE III.
CAUSES OF INFANT DEATHS, 1958

Disease	Males	Females
Gastritis, Enteritis and Diarrhoea	1	—
Bronchitis	1	—
Pneumonia	5	1
Congenital Malformations ...	11	4
Other Defined and Ill-defined Diseases	20	9
Accidents (other than motor vehicle accidents)	1	—
Meningococcal Infection	—	1
Totals	39	15

CHIEF CAUSES OF DEATH.

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

TABLE IV.

Causes of Death.	1957		1958	
	No. of deaths.	Per cent. of total deaths.	No. of deaths.	Per cent. of total deaths.
Heart Disease	773	32.2	714	31.9
Cancer	415	17.3	370	16.5
Vascular lesions of nervous system	405	16.9	401	17.9
Pneumonia	75	3.1	66	2.9
Tuberculosis (all forms)	34	1.4	27	1.2
Bronchitis	90	3.7	104	4.6
Nephritis	33	1.4	17	.8
Other circulatory diseases	87	3.6	97	4.3
Other defined and ill-defined diseases	223	9.3	204	9.1
Hyperplasia of prostate	24	1.0	33	1.4
Accidents	74	3.1	69	3.1

HEART DISEASE

Heart disease continues to be the principal cause of death. 714 were registered in 1958 as compared with 773 in 1957. This shows a percentage of 31.9 of the total deaths from all causes and is equivalent to a death rate of 4.2 per 1,000 of the estimated population.

Of this figure of 714 total deaths due to heart disease, 584 (or 81.7 per cent) occurred amongst persons of 65 years or over.

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

TABLE V.

Year	All ages	0—5	5—15	15—45	45—65	65 and upwards
1954	725	—	—	14	139	572
1955	798	—	1	19	145	633
1956	762	—	1	11	139	611
1957	773	—	—	13	137	623
1958	714	—	—	13	117	584

CANCER

Cancer accounted for 370 deaths during the year, as compared with 415 in 1957.

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

TABLE VI.

Year.	No. of Deaths.	Death-rate per 1000 population.
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
1958	370	2.2

TABLE VII.

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

District.	Deaths.			Rate per 1000 popula- tion.
	Males.	Fema'es.	Total.	
Western No. 1.				
Abergele	6	6	12	1.6
Colwyn Bay	31	37	68	3.1
Aled	5	4	9	1.3
Western No. 2.				
Denbigh	10	15	25	3.2
Llanrwst	5	4	9	3.4
Ruthin B.	6	1	7	1.9
Hiraethog	4	5	9	1.7
Ruthin R.	8	11	19	2.0
Eastern No. 1.				
Wrexham R. ...	67	56	123	1.9
Ceiriog	9	9	18	2.4
Llangollen	2	2	4	1.3
Eastern No. 2.				
Wrexham B. ...	38	29	67	2.0
Total County	191	179	370	2.2

TABLE VIII

Deaths from Cancer, according to Age, Sex and Localisation of Disease during 1958

Localisation of Disease	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Stomach	-	-	-	-	-	-	1	1	14	5	13	14	10	9	38	30		
Lung, Bronchus	-	-	-	-	-	-	-	-	25	3	22	3	4	2	51	8		
Breast	-	-	-	-	-	-	-	-	1	14	-	7	-	8	1	30		
Uterus	-	-	-	-	-	-	-	-	4	-	11	-	1	3	-	19		
Other	-	-	-	-	1	-	-	2	5	4	31	36	32	26	101	92		
Total	-	-	-	-	1	-	3	6	10	67	51	191	179					

ACCIDENTS.

TABLE IX.

**Deaths from Vehicular and Other Accidents which occurred
in Denbighshire during 1958 giving Age and Sex
Distribution.**

Age Group.	Vehicular			Other Accidents		
	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	—	—	—
15 - 25 years	4	—	4	3	—	3
25 - 45 years	2	—	2	2	—	2
45 - 65 years	2	—	2	6	2	8
65 - 75 years	1	2	3	4	2	6
75 years and upwards	1	3	4	6	23	29
	12	6	18	23	28	51

TABLE X.
CAUSES OF DEATH, 1958

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

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	TOTAL
Tuberculosis respiratory	2	...	...	2	2	...	...	1	...	1	3	15	26
Tuberculosis Other ..	...	...	...	...	...	...	...	...	...	...	1	...	1
Syphilitic disease ....	...	...	...	...	...	...	...	...	...	...	...	1	1
Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ....	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections .....	...	...	...	...	...	...	...	...	...	...	...	1	1
Acute Poliomyelitis .	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles .....	...	1	...	...	...	...	...	...	...	...	...	...	1
Other Infective and Parasitic Diseases .	...	1	1	1	...	...	...	...	...	1	...	1	5
Malignant Neoplasm —Stomach	1	3	4	9	7	4	3	2	1	2	4	28	68
Malignant Neoplasm —Lung, Bronchus .	2	1	4	8	2	...	...	1	2	2	16	21	59
Malignant Neoplasm —Breast	1	...	2	8	2	1	...	...	1	1	6	9	31
Malignant Neoplasm —Uterus .....	...	...	...	4	1	...	...	2	...	1	6	5	19
Other Malignant and Lymphatic Neoplasms	8	5	8	39	13	4	1	4	3	13	35	60	193
Leukaemia, Aleukæmia .....	...	1	...	1	1	...	...	...	...	...	2	1	6
Diabetes	1	...	2	3	...	...	...	...	...	2	2	4	14
Vascular lesions of nervous system	12	14	11	83	31	16	11	13	10	17	56	127	401
Coronary disease, angina	18	12	13	80	32	6	4	2	5	16	59	96	343
Hypertension with Heart Disease	2	...	...	12	1	1	1	1	...	1	5	11	35
Other Heart Disease	18	7	17	58	34	11	5	7	8	7	35	129	356
Other Circulatory Disease	5	6	2	33	8	1	1	...	4	7	4	26	97
Influenza .....	...	...	1	2	1	...	2	...	...	2	...	1	9
Pneumonia	4	2	1	5	11	1	1	3	3	4	11	20	66
Bronchitis	11	1	...	12	7	3	4	2	4	4	11	45	104
Other diseases of Respiratory System	1	...	1	2	1	...	...	...	1	...	3	7	16
Ulcer of Stomach, Duodenum .....	...	2	...	5	...	...	1	...	...	1	3	5	17
Gastritis, Enteritis and Diarrhoea .....	...	1	2	2	...	1	...	1	1	1	2	2	13

Table X. Causes of Death, 1958 (continued).

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro'	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	Totals
Nephritis and Nephrosis .....	...	...	1	2	2	...	...	...	...	2	4	6	17
Hyperplasia of Prostate	3	...	2	4	4	1	1	...	...	1	4	13	33
Pregnancy, child-birth, abortion .....	...	...	...	...	...	...	...	...	...	...	2	1	3
Congenital malformations .....	...	...	2	1	...	...	...	1	...	...	6	7	17
Other defined and ill-defined diseases ...	11	8	10	36	16	3	3	5	2	5	33	72	204
Motor vehicle accidents	2	...	...	4	1	1	3	...	...	...	1	6	18
All other accidents ...	2	...	2	5	5	1	1	4	1	5	9	16	51
Suicide .....	...	2	1	3	2	...	...	...	1	4	4	7	24
Homicide and operations of war .....	...	1	...	...	...	...	...	...	...	...	...	2	3
All causes	104	68	87	424	184	55	42	49	47	100	327	745	2232

TABLE XI.

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

Age Periods.	No. of Deaths			Percentage of Total Deaths
	M.	F.	T.	
0 - 1 years	39	15	54	2.4
1 - 5 years	3	5	8	.4
5 - 15 years	6	5	11	.5
15 - 25 years	8	8	16	.7
25 - 45 years	35	37	72	3.2
45 - 65 years	261	193	454	20.3
65 - 75 years	320	262	582	26.1
75 years & upwards	437	598	1035	46.4

PART II

Administration

During 1958 there were no significant changes in the administration of the Health Department. However, an enormous load was thrown on the administrative staff, as the Poliomyelitis programme gained momentum. The amount of administrative work connected with this was prodigious. Consent cards, when obtained, had to be scrutinised and filed, invitations sent to the parent to attend with the child at a given time and place, and this had to be repeated four weeks later. In addition, statistical information had to be collated and Returns submitted to the Ministry of Health. During peak periods, several hundred letters per day had to be addressed, and the appropriate invitation giving time, date and place inserted, and the letters posted. Invariably, these resulted in numerous letters from parents requesting other appointments or seeking information. Furthermore, premises had to be reserved, staff allocated for appropriate sessions, vaccine obtained and delivered to the Clinic, and many other arrangements carefully co-ordinated. Considering the enormous volume of work, it is pleasing to know that the entire programme during 1958 ran smoothly and without mishap.

The following member of the administrative staff resigned:—

Mrs. A. C. J. Bain (Senior Typist).

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and
Principal School Medical Officer:

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

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

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

District Medical Officers of Health and

Assistant County Medical Officers of Health:

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

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

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

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

Assistant County Medical Officers of Health and
School Medical Officers:

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

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

D. Lloyd Williams, M.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. (Resigned 30/9/58).

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.

Superintendent Nursing Officer:

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

Deputy Superintendent Nursing Officer:

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

Assistant Superintendent Nursing Officer:

Miss F. V. Ramsay, 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

Periodically in my Annual Reports, I have referred to the enormous debt owed by all who have benefited from the Maternity Services in Denbighshire to the County Obstetric Consultant, Mr. R. Owen Jones. On this occasion, I do so melancholy, because on the 30th September, 1958, he resigned from his appointment as Consultant Obstetrician to the Wrexham, Powys and Mawddach Hospital Management Committee and County Obstetric Consultant. This marked the end of an epoch during which enormous progress had been made in the care of pregnant women, and it is particularly pleasing to realise that Denbighshire, under the inspired leadership of Mr. R. Owen Jones, was abreast of new developments, and provided efficient Maternity Services. The high percentage of mothers confined in Hospitals in Denbighshire was an index of what had been achieved. In the County, sufficient hospital accommodation had been provided for 80 per cent of the mothers to be delivered in Hospital, which is considerably above the national average, and even the optimum ratio recommended by the Cranbrook Committee.

The post of County Obstetric Consultant terminated with the resignation of Mr. R. Owen Jones, and the Maternity Services in the County will have to be re-aligned to meet the changing situation. The joint appointment of County and Hospital Obstetric Consultant provided a bridge between the two services, but with the decreasing responsibility of the Local Health Authority for Maternity Services, the benefits derived from such a link did not warrant its continuance. Sentimentally, this is regretted, but the primary need of the Maternity Services is an unified administration, but this is too much to hope for. Until the end of 1958, the Ante-Natal Services continued as previously, but, quite obviously, changes are inevitable.

The attendances at the Local Health Authority Ante-Natal Clinics as distinct from the combined Local Health Authority and Hospital Ante-Natal Clinic, have fallen so low, that their continuance cannot be substantiated. This will mean the closure of the Ante-Natal Clinics at Colwyn Bay, Denbigh and Llanrwst, and

while it is appreciated that the General Medical Practitioners provide full Ante and post-natal Care, it must be conceded that Health Education is best undertaken by trained staff in suitable accommodation and with the necessary equipment. In most areas, it has not yet been possible to co-ordinate the two branches of the service to such a degree as to ensure the utmost benefit. The District Nurse/Midwives work closely with the Doctors but, generally, the Health Visitors have yet to be accepted as a full member of the team.

However, this situation has been remedied to some extent in those areas where combined Local Health Authority and Hospital Ante-Natal Clinics are held, for, in these, the Health Visitor participates in the Health Education programme of the Clinic. The Health Visitors concerned appreciate such an opportunity of establishing a good relationship with the mothers during the Ante-Natal period, for it leads to a continuity of supervision which benefits the mother and simplifies things for the Health Visitors.

The removal of the Ante-Natal Clinic from the County Clinics to the Maelor General Hospital will, inevitably, mean that fewer Health Visitors will participate in this work. Furthermore, the possible closure of peripheral Clinics will materially affect the attendance of distant mothers at the Ante-Natal Clinics. Such a development will have an adverse affect on the Maternity Service.

TABLE XII

Attendances at Consultative Ante-Natal Clinics during the year 1958

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Wrexham	583	1985	15	16
*Queens Park .	39	407	6	7
*Denbigh	69	202	1	6
*Cefn	50	224	2	3
*Llangollen	53	195	6	8
Rhos	87	448	14	14
Totals	881	3461	44	54

*Clinic discontinued September, 1958

TABLE XIII

Attendances at Hospital Management Committee Ante-Natal Clinics (held in County Clinics) during 1958

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Wrexham	396	2248	392	414
Rhos	43	256	35	51
Cefn	36	169	11	27
Totals	475	2673	438	492

TABLE XIV

Attendances at Assistant Medical Officer's Ante-Natal Clinics during the year 1958

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Queen's Park ...	74	371	4	5
*Denbigh	9	28	—	—
*Llanrwst	9	25	1	1
Colwyn Bay ...	20	87	4	7
*Cerrigydrudion	—	—	—	—
Totals	112	511	9	13

*Clinic discontinued December, 1958

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 the prescribed policy and in associa-

tion with the Local Health Authority service. During the year there were 162 new cases at Wrexham, with a total attendance of 802 and 202 new cases at Colwyn Bay, with a total attendance of 730.

Puerperal Pyrexia.

This is defined as "any febrile conditions occurring in a woman in whom a temperature of 100.4° F. or more has occurred within 14 days after childbirth or miscarriage." In 2,862 births only two cases were notified in accordance with these regulations.

Ophthalmia Neonatorum.

No new cases were notified during the year.

CHILD WELFARE

Notification of Births.

In accordance with statutory requirements 2,781 live births and 81 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.

No new Child Welfare Clinics were opened during the year and, indeed, the attendance at some Clinics was so poor that either they will have to be closed or the number of sessions reduced. It must be appreciated that since 1948 the functions of Child Welfare Clinics have, perforce, changed and there is not the same incentive for mothers to bring their babies to the Clinic. General Medical Practitioners now take considerably more interest in infants, and frequently, strongly resent mothers taking their babies to the Child Welfare Centres where conflicting advice may be given. Medical Officers at the Clinics endeavour valiantly to avoid treading on the prerogatives of the family doctor but, even so, periodic complaints are made by the General Medical Practitioners concerning the therapy recommended, teaching given, or remarks made by the Medical Officer. This, of course, is not conducive to close co-operation.

The time is, perhaps, now opportune for re-assessing the value and re-orientating the forces of the Child Welfare Clinics. Is it necessary or economical to have a doctor attending these Clinics so frequently? Would not a Health Visitor working in close co-operation with the General Practitioner in the same area be more effectual than the present arrangement? Consideration should be given to such a development, but the high average attendance at these Clinics may, by itself, be considered sufficient vindication for continuing with the present system.

The work at the Child Welfare Clinics proceeded very much on the same lines as in previous years. The introduction of Polio-myelitis vaccination into the routine of the Clinic has been somewhat disruptive on occasions, but as a high percentage of the eligible children have now been done, it will be possible, in the near future, merely to have the six months' old infants vaccinated routinely at Child Welfare Clinics.

During the year, as part of the "Guard that Fire Campaign," the Health Visitors organised displays, demonstrations, talks, etc. on "Home Accidents and the Prevention of Burns and Scalds." This work gave the Health Visitors an opportunity to demonstrate their initiative, interest and ingenuity, and it was stimulating and instructive to visit some of the Child Welfare Clinics during the time the Campaign was operative.

Most Health Visitors regret that once the infants become well-established, their visits to the Clinics become fewer, and by the time they begin to walk, they hardly attend at all. It was for this reason that various booster doses have been deferred until the child has entered school. Toddlers are not expected to attend frequently, but a biennial medical examination, at an age when the child is developing so rapidly, is considered desirable.

At several centres, arrangements have been made for instructing the future generation of mothers in Child Care. Senior girls from neighbouring Schools have attended at the Child Welfare Clinics to see babies weighed, examined and fed. Health Visitors are teaching these young girls something of the responsibilities of motherhood and help to prepare them for their life's work.

CHILD WELFARE CLINIC ATTENDANCES

Age 0 - 1 year:

Number of first attendances	...	2292
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Total number of attendances	...	23299
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Age 1 - 5 years:

Total number of attendances	...	9221
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TABLE XV

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1958 with regard to the Maternity and Child Welfare Centres established in the County.

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year 1958 and who were born in 1957	No. of children who were born in 1956/53	Present arrangements for medical supervision
Abergele, Penire Mawr	Weekly	Thursday p.m.	25	42	49	Assistant Med. Officer
Broughton, Council School	Fortnightly	Monday p.m.	21	40	8	
Brymbo, Council School	"	Thursday p.m.	17	25	11	"
Cefn, County Clinic	Weekly	Monday p.m.	26	81	67	"
C'druinion, Presbyterian Church ...	Monthly	Friday a.m.	6	15	17	"
Chirk, Ambulance H.Q.	Fortnightly	Thursday, p.m.	35	60	46	"
Coedpoeth, Church Hall	"	Monday p.m.	24	45	34	"
Colwyn Bay, Nantyglyn Road	Weekly	Tues., a.m., p.m.	34	150	133	"
Church Room, Mochdre	Fortnightly	Monday p.m.	34	22	20	"
Church House, Llysfach	"	Monday p.m.	16	11	21	"
Denbigh, County Clinic	Weekly	Wednesday p.m.	39	126	83	"
Glan C'way, Church Institute	Fortnightly	Monday p.m.	17	22	10	"
Glynceiriog, Ceiriog Institute	"	Tuesday p.m.	8	6	11	"
Gresford, Church House	"	Friday p.m.	26	31	36	"
Holt, Kenyon Hall	"	Wednesday p.m.	12	12	13	"
Johnstown, Christchurch Chapel School Room	"	Friday p.m.	17	33	52	"

Table XV (continued).

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1958	No. of children who were born in 1956/53	Present arrangements for medical supervision
Llansannan Village Hall	Monthly	Thursday p.m.	25	13	8	Assistant Med Officer
Llanddulas, C.M. Chapel	Fortnightly	Monday p.m.	11	4	7	"
Llangern'w, Memorial Hall	Monthly	Thursday p.m.	13	4	15	"
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	33	48	37	"
Llanrwst, County Clinic	Weekly	Tuesday p.m.	29	55	53	"
Llanrhaiadr Y.M., Public Hall	Fortnightly	Monday p.m.	5	9	14	"
Llay, County Clinic	"	Tuesday p.m.	31	51	53	"
Rhos, County Clinic	Weekly	Wednesday p.m.	38	132	169	"
Rhosrobin, County Clinic	Fortnightly	Friday p.m.	30	46	62	"
Rhostyllen, Church Hall	"	Monday p.m.	25	39	30	"
Rossett, Church Hall	"	Wednesday p.m.	25	31	39	"
Ruabon, Old People's Hall	"	Thursday p.m.	27	40	43	"
Ruthin, Baptist Chapel	Weekly	Tuesday p.m.	20	61	49	"
Southsea, Church Institute	Fortnightly	Thursday p.m.	29	66	46	"
Towyn, Village Hall	Fortnightly	Wednesday p.m.	11	27	6	"
Wrexham, Gatefield	Weekly	Monday p.m.	28	87	125	Gen. Med. Pract.
Garden Village	"	Wednesday p.m.	21	45	69	Assistant
Queen's Park	"	Thursday p.m.	45	182	82	Med Officer
1 Grosvenor Road	"	Mon., Wed. p.m.	29	201	137	"
Vron-cysyllte, Primitive Chapel	Monthly	Tuesday a.m.	9	7	6	"
Trevor, The Old School	Monthly	Monday pm.	8	8	5	"

MATERNITY AND CHILD WELFARE DENTAL TREATMENT

The Senior Dental Officer reports as follows:—

“The new arrangements for the construction of dentures, started last year, is most satisfactory, but I still wish it was possible to have it more completely under our own control. Lack of suitable accommodation alone prevents this.

Attendances of patients have been extremely good, due I think to the fact that “waiting time” has been kept to the minimum.

The acceptance of dental treatment by the Expectant Mothers in West Denbighshire still remains poor, particularly amongst the lower income groups, a strange fact I am unable to account for.”

DENTAL CARE
TABLE XVI
ANNUAL RETURN OF WORK.
EXPECTANT AND NURSING MOTHERS.
January to December, 1958

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	14	30	371	252	667
No. requiring treatment	13	28	365	243	649
No. completed treatment	13	28	133	93	267
Attendances for treatment ...	36	73	812	411	1332
Sessions devoted to treatment	9	20	88	56	173
Anaesthetics :					
General anaesthetics	2	5	225	122	344
Local anaesthetics	8	15	5	17	45
Extractions :	19	37	1310	569	1935
Fillings	20	41	67	103	231
Dentures supplied	3	7	131	86	227
Adjustments	1	—	8	8	17
Repairs	1	—	5	3	8
Sundries	1	1	2	5	9
Advice	4	6	113	45	168
Scaling and gum treatment ...	2	—	10	28	40

TABLE XVII
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1958

(a) Number provided with Dental Treatment.

	No. examined.	No. needing treatment	No. treated.	No. made dentally fit.
Expectant and Nursing Mothers	667	649	649	267
Children under 5 years of age	32	22	22	12

(b) Forms of Dental Treatment provided.

	Extractions.	Local Anaesthetics.	General Anaesthetics.	Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Radio-graphs.	Complete dentures provided.
Expectant and Nursing Mothers	1935	45	344	231	40	—	16	227
Children under 5 years of age	21	—	9	—	—	—	—	—

CARE OF PREMATURE INFANTS

During the year 186 premature live babies were born, of whom 162 survived until one month old.

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

Home	Private Nursing Homes	Regional Hospital Board Accommodation
23	—	139

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.

422 Maternity Outfits were issued during 1958.

WELFARE FOODS

As previously, Welfare Foods have been distributed at Child Welfare Clinics, and also at various local depôts.

Once again I have pleasure in acknowledging the invaluable assistance given by Voluntary Helpers at the Child Welfare Clinics and at Local Depôts. At most Child Welfare Clinics a faithful band of Voluntary Helpers assist with the distribution of Welfare Foods, and also in receiving and welcoming the mothers as they arrive at the Centre. Much of the congenial atmosphere at the Centres is due to this Reception Committee. Scattered throughout the County are 45 Local Depôts which serve their particular locality most efficiently. Only too often these busy voluntary workers are disturbed by inconsiderate persons at most inconvenient times and, indeed, they are disturbed late at night and at week-ends. One cannot but admire their steadfastness and willingness to serve.

The total quantities distributed during 1958 were:—

National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
28736	8791	5566	56361

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year, 67 mothers were admitted to Bersham Hall, and of these 21 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 3 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 and kind atmosphere pervades in the Home.

The Management Committee, composed of representatives from the six North Wales Counties, administer the Home through the Denbighshire Health Department. Normally, the Committee meets biennially and a House Committee can be convened if required.

Admissions from the various Counties to the Home were:—

County of origin	No. of cases admitted during 1958
Anglesey	4
Caernarvonshire	8
Denbighshire	21
Flintshire	26
Merionethshire	4
Montgomeryshire	4
	—
	67
	—

The Matron, Mrs. Ingram, and Deputy Matron, Miss Sambrook, deal with the day-to-day work of the Home, but the administrative work devolves mainly on the Superintendent Nursing Officer, Miss Chune, who, in addition, visits the Home periodically and whenever Matron is confronted with a difficult problem. As can be appreciated most unmarried mothers have many worries and problems to be settled, and although most of these should have been dealt with prior to admission, it regularly occurs that most mothers have some unresolved difficulties when they enter the Home.

Every effort is made to give a cordial warm welcome to all admissions and the congenial homely atmosphere of Bersham ensures that the new mothers settle in quickly and well. On entry, arrangements are made for a complete medical examination and for subsequent Ante-Natal care. While at the Home most of the mothers are under the medical care of a local General Medical Practitioner. The Health Visitor for the area visits the Home regularly and takes a keen interest in the welfare of the mothers.

While resident, each mother is expected to participate fully in the life and work of the Home. While no formal courses have been arranged, the Matron and Deputy Matron give constant instruction in Cookery, Mothercraft and general household management. Each resident is given set duties which are varied regularly. The majority of the mothers respond remarkably to the help they receive, and when this is followed up subsequently by further sympathetic and understanding supervision, the outcome very often is complete rehabilitation.

The baby—the innocent outcome of a moral lapse—must receive the most careful consideration, for many decisions at this stage are irrevocable. Frequently, arrangements have been made prior to admission for the adoption of the baby, but at times one cannot but wonder whether too many people are blundering about in this so dangerous fateful sphere, where good intentions only too often leave a trail of damage. Some mothers are desperately anxious to retain their off-spring but, again, this may not be the best answer for the child. The child's future must have paramount consideration, and it therefore follows that each mother and baby must receive individual attention. This is a time-consuming and exciting task, but it can also give the utmost gratification when, in due course, it can be seen that the child and the mother have both been given the best advice.

The disposal of Denbighshire Babies born while their mothers were resident at Bersham Hall, was:—

Adopted	Children's Dept.	Remaining with Mother	Death	Total
10	4	4	1	19

The following Case reports epitomise the type of problem which has to be resolved at Bersham Hall.

Case "A"., was admitted fairly early in pregnancy in view of the need for strict secrecy and arrangements were made for the infant to be adopted, but on the day the baby was due to go, the mother changed her mind and refused to let the baby go. Consequently, the mother and the baby remained for a much longer time at Bersham Hall, and during this time she again resumed relationship with the putative father who was a family man. This man became a nuisance at Bersham Hall and eventually had to be instructed to keep away. Finally, the baby was placed in a Private Nursery at the expense of the mother.

Case "B"., was referred from the Hospital, and in view of her mental condition several visits were paid to her before a satisfactory rapport was established. It eventually transpired that about two years previously, the girl had learnt that she was an illegitimate child, which explained the different treatment from the the remainder of the family she received from the father. This realisation precipitated a breakdown which resulted in her predicament. Disillusioned and embittered, she was difficult to approach, but kindness and consideration gradually restored her faith in human nature. The baby was adopted after a long period of observation by the Paediatrician, Dr. E. G. Gerald Roberts, (whose assistance in these cases is invaluable), and although the child was not robust, it has progressed very satisfactorily. The mother was found a suitable post, and according to Matron (who is still in touch with the girl) she has settled down satisfactorily and feels that a new life has begun for her.

Some of the cases do not terminate as satisfactorily as these. On the other hand, there are instances when the mother, on leaving Bersham Hall, marries and settles down to family life.

A few need constant supervision, and the assistance of Miss Hitchcock the St. Asaph Diocesan Moral Welfare Worker is occasionally sought, and it is pleasing to acknowledge the invaluable assistance given by her and the St. Asaph Diocesan Society in helping special cases which present such intractable problems.

MIDWIFERY SERVICE

The domiciliary Midwifery Service has operated as in previous years.

Once again, there has been a slight decrease in the number of babies born at home, but this has, in no way, diminished the load carried by the domiciliary Midwives. In this County, it has long been appreciated that the divided administration of the Maternity Services could be the most disruptive factor which could militate against efficiency and, consequently, it has been the constant endeavours of the staff of the Health Department to ensure the closest possible co-operation. This has been achieved in great measure, and it is gratifying that Hospital staff, General Medical Practitioners and the Health Department staff work harmoniously.

The Ante-Natal Clinics continued at the Local Health Authority Clinic premises with joint staffs working together as a team. These good relationships have extended beyond the Clinic, and have materially assisted in fostering understanding and greater efficiency.

The domiciliary midwives maintain a high standard of efficiency as is evidenced by acknowledgements from patients, doctors, and the Superintendent Nursing Officer. To enable the midwives to keep abreast of the times, attendance at Consultant Clinics, Lectures, Group Discussions and the periodic Refresher Courses are arranged. During the year, nine midwives attended Post Graduate Courses, and another two attended Special Courses for training in instructing the Mothers in Relaxation.

The Denbighshire branch of the Royal College of Midwives has purchased a ciné camera, projector and screen for educational purposes and these will add to the value of their progressive educational programme.

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 Supervisors of Midwives, who have 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 Authority (whole-time or part-time)	59
In private practice, domiciliary, private nursing homes	—
In hospitals	49

Training of Pupil Midwives.

Denbighshire is now within the catchment area of Part II Training Centres based on Wrexham and St. Asaph Hospitals. This may partly account for the decrease in the number of pupils trained on the district in this County, as St. Asaph looks primarily to Flintshire for the District Training, while in addition, the Wrexham Centre was without a Sister Tutor for a time. This training is provided at the Hospital and also on the district. Administratively, the students are under the hospital authorities, but half of their time is spent in gaining practical experience with the duly approved Teaching Midwives. It is pleasing to note that the nine Midwives recommended to the Central Midwives Board as being suitable teachers, were approved. While on the district, the Pupils come under the administration of the Superintendent Nursing Officer, who is also the Supervisor of Midwives. She lectures to them, and when needed, also undertook the duties of the Sister Tutor.

During 1958 the number enrolled at the school was 15 and of these 10 passed their qualifying examinations.

Analgesia.

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

Of the 445 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 340 confinements, while pethidine was given in 212 confinements.

Comparative Table of Live and Still Births for 1958
Occurring at Home or in Maternity Accommodation.

	Live Births	Still Births
Domiciliary	438	14
Maternity accommodation	2343	67

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 1823

Breast Feeding:

Number of domiciliary cases in which the infant was wholly breast-fed at the fourteenth day 361

Midwives Act, 1951, Section 14

Medical Aid:

Number of patients for whom medical aid was summoned by a certified midwife 88

Total amount of medical claims paid by Local Health Authority £127 8 0

TABLE XVIII
DELIVERIES ATTENDED BY MIDWIVES
DURING 1958

	Number of deliveries attended by Midwives in the area during the year				Totals
	Domiciliary Cases				
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority	14	66	100	265	445
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—
Totals	14	66	100	265	445

HEALTH VISITING

The Health Visiting Service is constantly undergoing evolutionary changes resulting from its own kinetic forces, and to a varying extent from external pressures. During the year under review, a joint medical and health visitor discussion group critically analysed the Service provided in the County, and it was evident that the present situation is in need of re-assessment. Administratively, it is essential that the Health Visitor should not be burdened with unnecessary compilation of statistics. These were drastically reduced, and only essential information is now obtained from the Health Visitor. The case load of every Health Visitor is far in excess of what any one person can hope to cope with. In this respect the County Council has alleviated the situation, in some measure, by increasing the establishment. Finally, the diversity of duties thrust upon the Health Visitor, is often wasteful and unjust to a highly trained professional person. However, circumstances dictate, and despite attempts to eradicate the inappropriate use of the Health Visitors, it must be acknowledged that advantage is taken of her constant willingness.

Gradually, the Health Visitor is becoming more appreciated by the community, General Medical Practitioners and Consultants. She has, for long, been a highly valued member of the Preventive Health Service, and without her versatility and resiliency, so much less would have been achieved.

Due to the increasing demands on the Health Visiting Service, it has become necessary to do more selective visiting. More and more time is being given to the social misfits, to the Aged, and to liaison with other social agencies. In many instances, this entails reducing the regular Home Visiting which contributed so much to the reduction of infant mortality.

The increasing number of aged persons proportionately expands the volume of demand for the social services, and it is the Health Visitor who must diagnose a situation requiring appropriate help and guidance. Having assessed the situation, it is for her to resolve the difficulties either herself or with the aid of other social services. The close co-operation of the District Medical Officer and Health Visitor has benefited many old people, and the gradually dawning realisation by the General Medical Practitioners that a Health Visitor has much to contribute to the social well-being of his patients, is resulting in a closer relationship with inestimable benefit to the community. All Health Visitors in Denbighshire are also School Nurses, and in three instances they

combine District Nursing with their other duties. In sparsely populated areas this is an ideal solution, particularly as this Authority has been fortunate in obtaining, fully qualified, suitable persons for such posts.

"The hand that rocks the cradle, rules the world," has become an accepted axiom, but is it not the Health Visitor's hand which holds, helps and guides the hand that rocks the cradle?

TABLE XIX

Table (a)

First visits to children under 1 year of age ...	2764
Total visits to children under 1 year of age	17237
Total visits to children between 1 and 5 years ...	19062
First visits to expectant mothers	497
Total visits to expectant mothers	959
Total visits to other cases	7156

TABLE XX

Summary of Work of Health Visitors.

Table (b).

District.	No. of visits to children under 1 year.		No. of visits to children 1-5 years.	Expectant mothers.	
	First visits.	Total visits.		First visits.	Total visits.
Rhos, Penycae and Johnstown	176	1162	1211	95	220
Rhostyllen, Ruabon, Marchwiel, Isycoed, Abenbury and Holt	188	1216	1122	23	28
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	131	657	392	2	6
Brymbo, Broughton, Summerhill	149	781	1032	21	35
Llay, Gresford, Rhosrobin, Rossett	196	923	578	24	30
Llangollen and Cefn	147	1492	752	35	45
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos	101	1011	1146	43	58
Denbigh, Llanrhaiadr Y.C., Llandyrnog, Aberwheeler	110	1060	1838	4	6
Denbigh, Nantglyn, Llansannan, Llanefydd, Trefnant	126	1201	1284	3	4
Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	87	550	873	30	86
Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	107	556	563	4	7

Table XX (continued).

District	No of visits to children under 1 year		No. of visits to children 1-5 years	Expectant mothers	
	First visits	Total visits		First visits	Total visits
Llansilin, Chirk, Glynceiriog and Vroncysyllte	138	683	1296	7	15
Ruthin Borough, Ruthin Rural	187	769	943	26	60
Borough of Colwyn Bay	210	1166	1803	25	63
Borough of Wrexham	711	4010	4229	155	296
Totals	2764	17237	19062	497	959

HOME NURSING

During the year under review, the demands on the domiciliary Nursing Service continued unabated and it is evident that both the General Medical Practitioners and Hospital Consultants are aware that patients can receive first-class nursing attention in their own homes, and are, therefore, treating more cases for longer periods at home. In recent years, there has been a gradual change in the pattern of domiciliary nursing.

The Superintendent Nursing Officer reports:—

“Today, patients, particularly the elderly, are encouraged to be mobile far sooner. Whereas there is less heavy moving of patients in beds, for the nurse there is now the added work which takes a great deal more time, of getting patients out of bed and helping them to move about. This must be done in the early stages of the incapacity, because the patients have confidence in “their nurse” and will do more with her encouragement. Once a nurse has given a patient confidence, the relatives can take over the rehabilitation, but it is during those first few visits that time and patience is needed, on behalf of the District Nurse, to help the elderly and others to start moving about. On the other hand, the increase in the use of antibiotics and other drugs continues, and although this treatment takes little time, it necessitates more than one visit a day by the nurse to the same house—often three or four, and sometimes very early in the morning and late at night.

“Two male nurses have covered a fairly wide field in Wrexham Urban and Rural areas, and much appreciation of their services has been expressed by patients and General Medical Practitioners. This pioneer scheme (as Denbighshire is still the only County in Wales which employs male nurses), has proved very worth-while and, indeed, it might well have to be extended throughout the County.

“I have prepared a summary of the work done by the Domiciliary Nursing and Midwifery Services in 1947 and 1957 for a ten year comparison.”

**A Comparative Table of the years 1947 and 1957 showing number
of Nurses, Transport, Cases attended and visits paid.**

	1947	1957
Number of Nurses	49	56
Transport:		
Cars	33	51
Bicycles	12	2
Walking and Buses	4	3
Number of Cases attended	6981	7618
Number of visits made	96647	160077

TABLE XXI
SUMMARY OF CASES ATTENDED AND VISITED BY HOME
NURSES DURING 1958

(1)	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients incl. in (2)-(7) who were 65 or over at time of first visit during year	(10) Children incl. in (2)-(7) who were under 5 at time of first visit during year	(11) Patien's incl. in (2)-(7) who have had more than 24 visits during year
Number of cases attended by Home Nurses during the year	4494	1785	6	85	92	586	7048	2996	533	1415
Number of visits paid by Home Nurses during the year	115589	32866	141	3134	761	2425	154916	90668	3616	91846

VACCINATION AND IMMUNISATION

SMALLPOX VACCINATION

The number of infants vaccinated during 1958 increased, due, to some measure, to the occurrence of Smallpox in a nearby town. The staff have continued to encourage mothers to have their babies vaccinated, and the necessary facilities are available at all the Child Welfare Centres in the County.

TABLE XXII

Vaccinations performed during 1958

Primary Vaccinations	Re-vaccinations.
Under 1 year 1199	Under 1 year 1
1 - 4 years 153	1 - 4 years 10
5 - 14 years 85	5 - 14 years 42
15 years and over ... 141	15 years and over ... 175

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

As in previous years a combined Diphtheria/Pertussis Vaccine was used in Denbighshire, and this was a contributory factor to maintaining the Diphtheria Immunity Index at very nearly the same level as previously. However, the main emphasis was placed on Poliomyelitis Vaccination, and as a result, these immunisations were given only when the opportunity arose. Considering the stress laid on the Poliomyelitis Vaccination, the Diphtheria and Whooping Cough Immunisations done are satisfactory.

TABLE XXIII

Number immunised during the year.

	Under 5 years	5 - 15 years	Total
No. immunised with Diphtheria Prophylactic	31	36	67
No. immunised with combined Diphtheria/Pertussis Prophylactic	1475	30	1505
Total no. immunised against Diphtheria ...	1506	66	1572
			—
“Repeat” Doses			361

TABLE XXIV
DIPHTHERIA IMMUNITY INDEX

Number of children in the Local Health Authority Area on 31st December, 1958 who have completed a course of diphtheria immunisation at any time between 1st January, 1944 and 31st December, 1958.

Age on 31.12.58 (i.e. born in year)	Under 1 1958	1-4 1954-1957	5-9 1949-1953	10-14 1944-1948	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1954/58	482	5937	8767	4052	19238
B. Number of children whose last course (primary or booster) was completed in the period 1953 or earlier	—	—	1803	7749	9551
C. Estimated mid-year child population	2520	9680	27900		40100
Immunity Index 100 A/C	19.1	61.3	45.9		47.9

TABLE XXV

Number of cases of Whooping Cough notified since 1949 in Wrexham and Colwyn Bay Boroughs and the Administrative County

Year	Wrexham Borough	Colwyn Bay Borough	County
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
1958	25	1	72

POLIOMYELITIS VACCINATION

The Vaccination of children six months to 14 years of age was gaining momentum satisfactorily when the resources available were further loaded by the inclusion of those persons in the age-group 15-25 years, and the addition of a third injection to complete the full course.

In Denbighshire, following consultation with the General Medical Practitioner Service through the Local Medical Committee, it had been decided that the main brunt of the offensive should be undertaken by the staff of the Health Department, and consequently this additional task did necessitate a redeployment of forces. This was arranged to occur gradually, so as to interfere as little as possible with the programme that had been planned for those under 15 years of age.

Publicity through the medium of the press, pamphlets and posters, was sufficient during 1958 to ensure enough volunteers to keep the Department fully engaged, and it is gratifying to note that 16,135 children had received two injections, and 3,430 children three injections during the year without any mishap. This was a fine achievement by both professional and administrative staff, particularly as the type of vaccine and its supply constantly varied. The resources of the Department were mainly concentrated in giving full immunity to those under 15 years of age, for although facilities were offered to the 15-25 year group, there was but a poor response. The view accepted by the Health Committee was that by having the children vaccinated, the future generation was being safeguarded.

TABLE XXVI

Number vaccinated with two injections during 1958:—

0-4	5-14	15-25	Exp. Mothers	Others	Total
4855	11280	808	101	175	17219

Total number who received third injection 3430

The total number of persons who have received two injections since the commencement of the scheme 22777

AMBULANCE SERVICE

Following the decision to introduce a directly provided service, ambulances were bought by the County Council during 1958. However, the outstanding event of the year, and an unique occurrence, was the presentation of an Ambulance by The Lord Trevor to the County Council for use in the Chirk District. The only condition attached to this munificent gift was that the ambulance should at all times be stationed in Chirk, where it could serve the people of that locality. In this way, The Lord Trevor desired to assure for the people of Chirk and district, at all times, the best Ambulance transport possible, and also further manifest his deep interest in serving the sick and injured. For many years Lord Trevor had, as a member of the St. John Brigade devoted much of his leisure time to acting as a Voluntary Driver with the Chirk St. John Brigade, and the presentation of a magnificent Ambulance with every modern appliance and equipment was in keeping with his desire to further serve humanity.

The Ambulance was formally presented by the Lord Trevor to the Chairman of the County Council at an impressive ceremony at his home, Brynkinallt, on August 8th, 1958. The Rev. J. Dickin, Vicar of Chirk and the Rev. R. Drew, Minister, Chirk, conducted the dedication service. This was followed by a delightful tea provided by Lady Trevor.

The New Ambulance was then handed over to the Superintendent of the Chirk St. John Ambulance Brigade, Mr. E. K. Rogers, since when it has transported patients from Chirk district to local and distant hospitals, where it has been enviously admired not only for its lavish equipment, but also because it is unique in that with the kind permission of Lord Trevor, it carries The Trevor Coat of Arms, in addition to the usual "insignia."

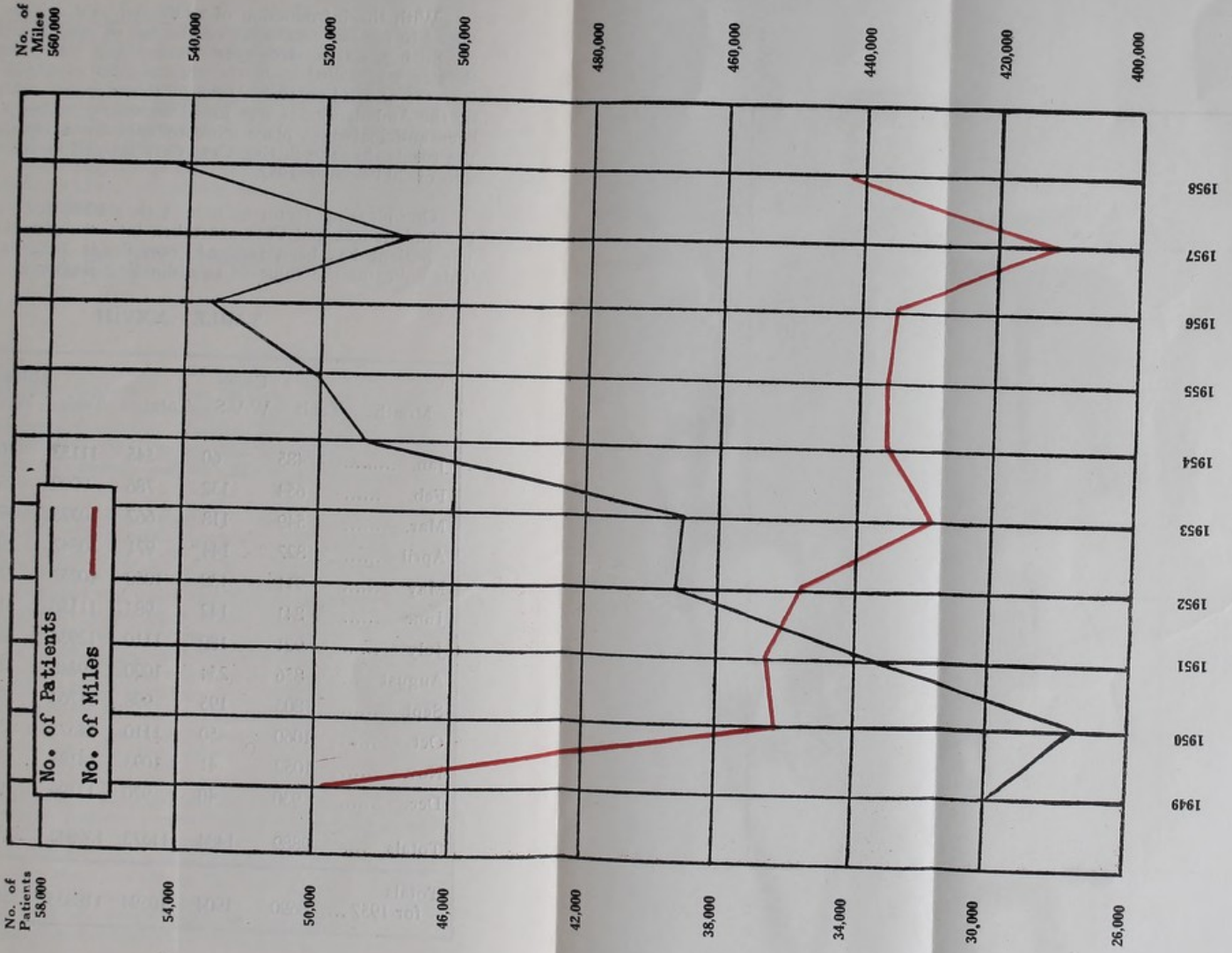
I would desire to place on record my personal gratitude to The Lord Trevor, not only for his generous gift, but also for his invaluable help and deep interest in all matters concerning the work of the Health Department, and in particular the Ambulance Service.

TABLE XXVII

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele	2577	30608
Colwyn Bay	2705	25988
Colwyn Bay Isolation Hospital	57	705
Cerrigydrudion	71	3218
Denbigh	2353	28639
Llangernyw	1642	24926
Llanrwst	93	3660
Ruthin	475	10085
*Brymbo	1129	5679
Cefn	3302	24965
Chirk	635	8125
Llangollen	1724	12167
*Llay	664	4808
Rhos	3624	16950
Wrexham	15245	64115
LCA 854	6528	4956
Grand Total	42824	269594

* Stations closed 30th September, 1958

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



SITTING CASES

With the introduction of additional paid drivers, it had been hoped to further economise on the use of taxis for the conveying of Sitting Cases. However, during the year, the Ambulance Service was called upon to carry a total of 47,563 patients, an increase of 6,634 on 1957. Although this increase was borne mainly by the Ambulances, it was found necessary, contrary to what had been anticipated, to place more reliance on taxi-proprietors, with the result that the Sitting Case Cars showed an increase in mileage of 20,196 over 1957.

One pleasing factor to note is that when the overall figures i.e. Ambulances and Cars are taken into consideration, the miles per patient has been reduced from 8.6 in 1957 to 8.1 in 1958. This indicates the value of co-ordinating journeys.

TABLE XXVIII

Month	Cases			Mileage		
	Taxis	W.V.S.	Total	Taxis	W.V.S.	Total
Jan.	485	60	545	11153	1904	13057
Feb.	654	132	786	9999	2879	12878
Mar.	549	118	667	10325	3863	14188
April	827	144	971	10847	2904	13751
May	911	139	1050	10257	2769	13026
June	841	142	983	11156	3155	14311
July	921	189	1110	12936	3894	16830
August ...	856	234	1090	9348	3580	12928
Sept.	803	195	998	11764	3588	15352
Oct.	1060	50	1110	14675	1554	16229
Nov.	1052	41	1093	14185	1566	15751
Dec.	930	40	970	13198	908	14106
Totals	9889	1484	11373	139843	32564	172407
Totals for 1957 ...	8690	1904	10594	118855	33356	152211

PREVENTION OF ILLNESS — CARE AND AFTER CARE

The responsibilities of the Local Health Authority under this Section of the National Health Service Act have steadily increased throughout the years, and have only been restricted by the resources available. Social problems have been referred with ever increasing regularity to the Health Department, and by early attention to these, much preventive work is performed by the staff. However, the only index to measure this work is, perhaps, the constantly increasing demands which is reflected in the vast growth of communications regarding such problems addressed to the Health Department.

The Local Health Authority is obliged to make specific provisions under this Section, which are:—

Tuberculosis.

The administrative arrangements for the Tuberculosis Service in Denbighshire have continued as in previous years. It was disappointing that, owing to Poliomyelitis Vaccination, it was not possible to undertake the B.C.G. Vaccination of the 13 year old school-children. However, it is hoped that, in future, the children in the appropriate age-groups will be offered B.C.G. Vaccination.

It will be noted that the number of notified cases of Tuberculosis was higher in 1958 than the previous year, which indicates that the disease has not by any means been eradicated from the community. Furthermore, it must be emphasised that there is little room for complacency while the Death Rate from Tuberculosis in Denbighshire is so much above that for England and Wales. Modern Therapy has shortened and made more effective the treatment for Tuberculosis, but this alone is not enough, for other factors contribute to the persistence of the disease. Housing Authorities in the realm of environmental hygiene are contributing substantially to the control of Tuberculosis, and the readiness to grant houses to patients is encouraging. Working and economic conditions have improved substantially in recent years.

The Miniature Mass Radiography Service, Mantoux Testing of Children, Contact Tracing, supervision of patients and Health Education have all played a part in reducing the incidence, but despite all these efforts, the public response is apathetic. The attendances at the Miniature Mass Radiography units are discouraging, and the Regional Hospital Board has considered reducing the number of mobile units. On the other hand, the National Coal Board has introduced a Radiological Service for its

employees, and if full benefit is to be derived from this service, then it is essential that the families of the miners should attend for X-ray examination at the Miniature Mass Radiography Unit.

Two Health Visitors are employed by this Authority to visit Tuberculous patients in their homes. They work closely with the Chest Physicians in the area, enquiring into social conditions, arranging for all family contacts to attend Contact Clinics, and to persuade defaulters to attend for supervision and treatment.

During visits to the home, advice is given on hygiene, isolation and financial problems. The Health Visitor submits a Report which indicates the requirements of the patient, and the various social agencies are asked to help as and when it is necessary. When patients have returned from sanatoria, they are visited, and everything is done to ensure that their rehabilitation is smooth and effective, Occupational Therapy is provided within meagre limits, additional nutrients are given and, in necessitous cases, coal has been supplied.

Together with other social agencies, the Health Visitor helps Tuberculous patients towards full recovery, and continues to advise and guide them until they are fit and well. The manifold duties of these Health Visitors cover a wide range, and it is gratifying that they render service with humanity and a deep insight of the patients' difficulties.

Total no. of cases on register, 1958:

Pulmonary	...	...	...	...	...	...	...	1587
Non-pulmonary	...	...	...	...	...	...	...	382
Total no. of notifications	...	...	...	...	...	...	...	163
No. of new contacts seen of new cases notified	...	...	...	...	...	...	...	496
No. of contacts notified of this number	...	...	...	...	...	...	...	14
No. of old contacts seen of old cases	...	...	...	...	...	...	...	2303

TABLE XXIX

Cases on Tuberculosis Register on 31st December, 1958

Respiratory.			Non-respiratory.		
M.	F.	Total	M.	F.	Total
869	718	1587	207	175	382

Mental Illness and Defectiveness.

In recent years the incidence of Mental Illness seems to have increased appreciably. Whether this can be glibly attributed to the stresses and strains of modern life, or whether there are more deep seated psychological reasons can only be surmised. The attitude to Mental Illness has radically changed, and in accordance with this, there will be major developments in the Mental Health Services in the near future.

The Health Department has been intimately concerned with the prevention of mental illness in devious ways. Situations are brought to the attention of the staff where, unless some relief can be obtained from a difficult situation, a member of the family will have a breakdown. Mostly, these are situations where a mother or daughter, whichever may be housekeeping, has to care for a chronic sick or mentally disordered member of the household. In such situations it has been possible to arrange temporary relief in many ways. Sometimes it is resolved by agreeing to transport the patient to the house of a relative, thus giving the family a rest and a chance of a holiday, or the allocation of a Home Help to relieve the strain, or, in some instances, the temporary admission of a Mental Defective to hospital while the family have a holiday.

The stresses and strains which may develop in the care of elderly relatives can cause diverse problems, and the clash of family loyalties in these circumstances are a constant source of irritation. It would, undoubtedly, help in such situations to remove the old person for temporary periods to hospital, or Welfare Homes, but owing to shortage of accommodation, this does not seem possible.

Another group which finds relief and reassurance is that of Mothers attending the Child Welfare Clinics. Here, mothers with worries, difficulties and problems can unburden themselves and so gain relief from tensions which manifest themselves in various psychosomatic illnesses. It has been my personal experience to be accosted in the street by complete strangers who simply had to unburden their souls of most confidential and personal details. In listening to, and advising such people, I am sure that considerable ill-health is obviated.

Other types of illness.

It is difficult to be specific under this heading, as the nature of the work is diverse. During the year £99 was spent in providing convalescence for patients either on discharge from hospital or

after sickness in their own homes. These cases are carefully selected from those recommended as, unless this is done, it may become the annual holiday. However, it is pleasing to know that this expenditure is of benefit to the health of patients and much appreciated.

Various medical equipment and appliances are supplied when they cannot be obtained from other sources. Each District Nurse holds a range of nursing equipment which is loaned to patients. Large items of equipment such as beds, dunlopillo mattresses, hoists, wheelchairs etc., are held centrally and issued according to need. In addition, the various Voluntary Agencies have Medical Loan Depôts throughout the County, which include articles of amenity nature. The British Red Cross Society also run a library service for home-bound patients, and this is much appreciated.

The relief of human suffering requires not only technical skill and adequate resources, but perhaps of equal importance, sympathy, understanding, kindness and devotion to duty, and it is with pride I can record that the staff of the Health Department are richly endowed with these qualities which, I am sure, accounts in great measure for the gratitude and appreciation which they receive. It is also the reason for the tacit acceptance of the Health Department as a co-ordinator of the various social agencies in the County. While this is a most gratifying manifestation of the appreciation of colleagues, it must be realised that it is an exacting role and makes heavy demands upon the resources of the Department.

Venereal Disease.

The number of Denbighshire patients dealt with for the first time during 1958 at treatment centres was 52 which were classified as follows:

	Syphilis	Gonorrhoea	Other Conditions
Llandudno General Hospital	1	2	5
St. Asaph General Hospital	—	—	3
Wrexham War Memorial Hospital	9	7	44
	—	—	—
Totals	10	9	52
	—	—	—

Community Care of the Aged.

Patently, the care of the aged in the community increases proportionately to the growing number and their greater longevity but unfortunately, the services do not expand correspondingly. The problems of the Aged in modern society are vastly different from those of a generation ago, due to the greater mobility and the dissolution of closed communities and the dispersal of families over wide areas. The situation in East Denbighshire has been depicted vividly in a Thesis prepared by Dr. R. Brock, who, over a period, conducted an individually planned research into this problem.

In this Thesis, he indicates that Old People demand about three times the average number of visits from their family doctor; that many of their handicaps could be mitigated by the provision of ancillary services; that they suffer acutely from loneliness, and that the existing Chronic Sick and Welfare Home accommodation is inadequate.

By this time, it is pleasing to note that one of his recommendations has materialised—the provision of small bungalows for the aged. The Wrexham Rural District Council have built several small bungalows in various parts which have been carefully designed to meet the specific needs of the Elderly. Much thought has been put into the planning of the structure and also the equipment. They are easily run, economically designed, and have provisions such as non-slip floors, low baths with handles, good lighting, easily accessible cupboards, and guarded fires, all of which will be of inestimable assistance to old people. Wardens may be appointed to supervise these homes in due course, but in the meantime, the Domestic Help Service assists where necessary.

Finding suitable accommodation for the Aged is often a major problem, and this is particularly the case when dealing with single persons who have been in lodgings, living with relatives, or who are homeless for other reasons.

Colwyn Bay has a high proportion of Aged, and their difficulties occupy the social services constantly. The Health Department has become the central clearing house, or the co-ordinating factor in dealing with the Aged. Dr. McKendrick and his staff have a well-established liaison with statutory and voluntary agencies, and as a result, a vast benefit accrues to the Old People. It is fortunate that good co-operation exists in this locality with the Welfare Officer for the area, Mr. Kyffin Jones, who is indefatigable in helping Old People. Much publicity has

so, must teach them to stand on their own and not look to her constantly for help. Many of the Problem Family Mothers are poorly equipped, both mentally and physically for their task of being a housewife. It is often necessary to teach them the simple elements of mothercraft and even instil into them a desire for an improvement in their conditions. This situation is often further aggravated by the low earning capacity, fecklessness and irresponsibility of the father. Such a family needs the concentrated efforts of many social agencies extending over a considerable period of time. However, unless the problem is tackled, the children suffer, and in due course, perpetuate the way of life to which they have been accustomed.

The second group is, in some ways, even more difficult to manage, as the character defects are so deep-seated that they cannot be eradicated. Some progress can be achieved if good rapport can be established and maintained. However, it would seem that in this group, the children seem less likely to follow in their parents' footsteps than in the previous group.

With such heavy and increasing demands being made on the Health Department, one wonders whether the efforts concentrated on these Problem Families are justified. Perhaps it may be cynical and pessimistic to ask whether, like the poor, the Problem Families will always be with us.

Blind Persons.

During 1958 the Health Department, which is responsible for ascertainment of the blind, examined 86 persons and informed the Welfare Department that 72 should be registered as blind persons.

TABLE XXX

Blind Persons.

	Males	Females
No. of cases on Register	169	254
No. of cases ascertained during 1958 ...	32	40
No. of cases ascertained during 1958 with :		
(a) Cataract	9	21
(b) Glaucoma	4	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

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0 - 10	6	5	1	—
10 - 15	9	7	1	1
15 --25	7	2	2	—
25 - 50	4	4	3	4
50 and over	5	3	4	3

TABLE XXXII**Spastics.**

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

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0 - 10	9	7	—	—
10 - 15	2	6	—	1
15 - 25	2	—	—	—
25 --50	—	2	—	—

HEALTH EDUCATION

Throughout the past year, the Health Department has continued to expand its role in the sphere of Health Education. Doctors, Health Visitors and Nurses have all played their part in stimulating the interest of the community in all matters con-

cerning Health. Doctors constantly speak to groups or individuals, in public or at Clinics and Schools, on Health matters of vital interest to their audience. Health Visitors have lectured at Schools, at Ante-Natal Clinics, Child Welfare Clinics and at public meetings on a wide range of health topics. Some have attended courses specifically to learn the techniques of formal teaching, and on their return have passed on what they have gleaned. Pamphlets, posters, visual aids such as film strips and flannel-ographs have been provided to assist the staff in their work, but the personal contact either at the Clinic or the home is still the most effective method of health propaganda.

During the latter part of 1958, a "Guard that Fire Campaign" was organised, and in Denbighshire the theme was broadened to include "Accidents in the Home."

Four Exhibitions were organised in the County; these were located at Colwyn Bay, Denbigh, Cefn and Wrexham, and perhaps one of the most pleasing features in organising these Exhibitions was the willing co-operation given by Statutory and Voluntary Organisations:—

- (1) **Colwyn Bay:** Alderman J. H. Williams, Vice Chairman of the Health Committee of the Denbighshire County Council presided, the Mayor of Colwyn Bay opened the Exhibition, and the Mayoress, the Clerk of Colwyn Bay Borough Council and many other Aldermen and Councillors of the Borough and County Council were in attendance.
- (2) **Denbigh:** The Mayor of Denbigh presided. Alderman R. F. Watkins (Deputy Chairman of the County Council) opened the Exhibition, and the Mayor of Ruthin and Chairman of Ruthin R.D.C. participated in the proceedings. In attendance were the Mayoress of Ruthin, the Clerks of Denbigh, Ruthin Borough and R.D.C., together with representatives of Local Authorities.
- (3) **Wrexham:** The Mayor of Wrexham presided, while Councillor Llewelyn Charles, Chairman of the Denbighshire County Council opened the Exhibition, and the Chairman of the Wrexham Rural District Council participated in the proceedings. In attendance were the Mayoress of Wrexham, Clerks of Wrexham Borough and Rural District Council, together with representatives of Local Authorities.
- (4) **Cefn Mawr:** This Exhibition was unique in that it was held in an Old People's Bungalow. By kind permission and co-opera-

tion of the Wrexham Rural District Council it was possible to combine in a perfect setting a display of a Specially Designed Old People's Bungalow and "Guard that Fire Campaign." The Chairman of the Wrexham Rural District Council presided, while the Chairman of the Wrexham Rural District Housing Committee opened the Exhibition, and a vote of thanks was proposed by the Chairman of the Llangollen Urban District Council. In attendance were the Clerk of the Wrexham R.D.C., and representatives of Local Authorities.

Such an auspicious launching of a campaign went far to ensure success, and I would express my personal gratitude to these Civic Dignitaries and Officials who graciously gave of their valuable time and services.

It would be invidious to single any organisation for particular thanks, but without voluntary assistance, it would not have been possible to hold these Exhibitions.

No attempt was made to record the attendances at the various Exhibitions, but the figures for organised parties were:—

(1) Colwyn Bay	600
(2) Denbigh	1130
(3) Wrexham	850
(4) Cefn	250

In most areas throughout the County, the full co-operation of the various trade and business organisations provided a series of individual displays which drew the attention of the Public to the various features of the Campaign.

Films were shown at Cinemas and Lectures were given in the Senior Schools and to other organised groups. Full use was made of film strips and other visual aids.

The Press played an important role in giving full publicity to the Campaign and in running a Competition "The Careless Cottage." This was done free of cost, and in my opinion was probably the most successful feature of the Campaign. The "Careless Cottage" competition was conducted through the following newspapers:—

- (1) Colwyn Bay—North Wales Weekly News.

(2) Denbigh—Denbigh Free Press.

(3) Wrexham—Wrexham Leader.

Prizes for the competition were given by:—

(1) **Colwyn Bay.**—Mrs. V. Taylor; Mrs. D. B. Jones; Mr. Tomlinson (President of the Local Chamber of Trade) and Dr. W. McKendrick.

(2) **Denbigh.**—Messrs. Mellard & Co., Denbigh; Messrs. F. W. Burgess Ltd., Denbigh; Messrs. R. Beech & Sons, Ruthin and Miss G. Aldrich, Ruthin.

(3) **Wrexham.**—Messrs. Walter Roberts, Wrexham and Messrs. Robert Roberts & Sons Ltd., Wrexham.

(Two prizes each).

Entries received in the various areas were:—

(1) Colwyn Bay	265
(2) Denbigh	226
(3) Wrexham	162

This excellent response meant that at least 653 children (did the parents help?) had given much thought to "Accidents in the Home," and is there a better way of educating parents than through their children?

One repercussion from the Campaign came my way; a child in a Dentist's waiting room pointed out that there was no guard! The dentist, somewhat embarrassed, answered that it had been taken upstairs. The child quickly pointed out its uselessness away from the fire. Probably that resulted in another fireguard being purchased and used!

The Exhibitions, Individual Displays, Publicity and the Competition effectively presented the message of the Campaign to the Public, and the momentum thus gained will be maintained by the staff of the Department.

Previously, I have acknowledged the valuable assistance given by all concerned with this problem, but the Campaign organisation, in the main, devolved upon the Health Department, and while this was accomplished by an united effort of all the staff, it would only be just to acknowledge that the Campaign was organised, co-ordinated and supervised by Mrs. Storrs in Colwyn Bay and by Mr. G. Howard in the remainder of the County. Their enthusiasm, initiative and drive overcame many difficulties, and by their whole-hearted efforts, irrespective of time, they ensured that all arrangements functioned smoothly. I wish to record my appreciation to these members of the staff.

DOMESTIC HELP SERVICE

This service has continued to operate as in previous years, and the only significant change has been the increased work done. The demands for the service constantly increase, and the expenditure incurred substantially exceeded the estimated amount. However, it was gratifying to find that the Local Health Authority did not begrudge allocating the additional money needed to ensure that the Home Help Service would not be curtailed. It was evident that County Councillors were well aware of the value of the service to the community and particularly to the Elderly.

The number of Domestic Helps employed on the 31st December, 1958, was:

(a) Whole-time	... ..	4
(b) Part-time	... ..	173

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

(a) Maternity (inc. expectant mothers) ...		23
(b) Tuberculosis		15
(c) Chronic Sick (inc. aged and infirm)		396
(d) Others		162
		596

(2) Denbigh—Denbigh Free Press.

(3) Wrexham—Wrexham Leader.

Prizes for the competition were given by:—

(1) **Colwyn Bay.**—Mrs. V. Taylor; Mrs. D. B. Jones; Mr. Tomlinson (President of the Local Chamber of Trade) and Dr. W. McKendrick.

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		—
		596
		—

MENTAL HEALTH SERVICE

In retrospect, 1958 would appear as the beginning of a transitional period between the old and the new Mental Health Service. Changes have been occurring gradually in this Service, but these gained a new impetus, and it was evident that a new attitude was developing, which was indicative of the enormous strides made in comparatively recent years in the treatment of Mental Disorders. It is gratifying to realise that Denbighshire has, over a period of years, kept apace with these developments, and that the foundations for an enlightened Mental Health Service have been well laid.

The location of the North Wales Hospital for Nervous Diseases and Mental Disorders within the County, has greatly facilitated the growth of the Local Health Authority Services, for it has been possible to establish a very close and cordial link, both personal and administrative, with the Hospital. Already there exists a formal association between the two Authorities, in that certain staff are shared, but irrespective of this, all who work in this field have been welded together into a closely-knit team under the inspired leadership of Dr. J. H. O. Roberts the Medical Superintendent of the North Wales Mental Hospital.

However, progress would have been slow, but for the change in heart of the general public, which has resulted from the interesting and highly educative propaganda which has emanated from the Ministry of Health and other National Associations through the medium of the Press and B.B.C. Locally, the staff of the Health Department has also played its part, and to assist them to do this fully, staff meetings were held, but it must be realised that the present staff is not sufficient to cope with the rapidly broadening scope of this Service.

Mr. Emllyn Evans, the Duly Authorised Officer, reports as follows:—

“Statistically, the picture in the field of the mentally ill is quite striking. The admission of Voluntary Patients into Mental Hospitals (principally N. Wales Mental Hospital) rose sharply from 304 in 1957 to 381 in 1958—this represents an increase in one year alone of 25%. A more sobering thought still is the phenomenal increase in the past five years and a comparison between 1953 and 1958 shows a percentage increase in Voluntary Admission of nearly 60%. It is appropriate to relate at this point that the discharge rate from Hospital shows a corresponding increase, and the discharge rate on direct admissions is approximately 95% which is a most satisfactory position.

"The last sentence of your 1957 Annual Report reads "Consideration should be given to training more staff and in view of contemplated developments, this is a matter of pressing urgency" The accuracy of this prophecy is now very evident as it will be only a matter of months before the new Mental Health Bill will be on the Statute Book, when local authorities will be expected to implement the proposals contained therein. Duly Authorised Officers will become 'Mental Welfare Officers' with a consequent wider and more constructive function. The basic skill must be that of case-work, so that they can assist the public health team in the immense task of the restoration to social effectiveness of the mentally ill and disabled and, equally as important, the promotion of the mental health of the community as a whole.

"The Course which I commenced in Leeds in September 1957 was completed in March 1958 by which time I had attended 20 Seminars at Liverpool University. These Seminars were of particular value as actual case material had to be prepared and submitted with the object of constructive criticism of the handling of the case by the University Tutor. I can personally vouch for the considerable benefit received from this Course which although demanding (there was considerable evening work involved e.g., lectures &c.) was most illuminating and interesting. However, at the risk of appearing blasé, I am of the opinion that some aspects of the Course called for considerable prior experience and knowledge in Mental Health and as such would benefit officers who already have either taken a simpler Refresher Course or have worked in the field for some time. I was fortunate on both counts together with the inestimable advantage of the free use of the library at the North Wales Mental Hospital, but I would respectfully suggest that any new recruits in this field should first take a Refresher Course. In fairness to the National Association of Mental Health, who organised the Course it was affirmed beforehand that it was an advanced course.

"The upward trend in admissions is the result of a higher rate of referrals and a consequent greater demand for vacancies both for the mentally ill and the mentally deficient. Again there has been a significant increase in the admission of old people to the mental hospital, although a geriatric ward of a general hospital could equally well have served the purpose but, so far as I am aware, this has not resulted in any 'blocked' beds at the mental hospital. In this connection

TABLE XXXIV

Mental Hospital Admissions, Discharges and Deaths.

	M.	F.	T.
No. of patients certified under the above Acts and removed to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1958	39	86	125
No. of patients discharged during the year	24	46	70
No. of patients died during the year	12	18	30
Voluntary Patients.			
No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1958	164	217	381
No. of voluntary patients who left the Hospital during the year 1958	153	209	362
No. of voluntary patients who died during the year 1958	1	4	5
Temporary Patients.			
No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh during the year 1958	—	—	—
No. of temporary patients discharged during the year 1958	—	—	—
No. of temporary patients who died during the year 1958	—	—	—

Mental Deficiency or Mentally Backward.

Under the new legislation, the old term "Mental Deficiency" will be replaced by Mentally Backward which, again, is indicative of the changed attitude to those less fortunate intellectually than the average person. In this field also, Denbighshire has made substantial progress and prepared the way for the new developments now envisaged. The primary essential to planning a service is to know accurately the demands that would be made upon it, and since 1951 the Department has constantly endeavoured to contact every Mentally Backward child in the County. Information has come from Maternity and Child Welfare Clinics, General

Medical Practitioners, Consultants and the School Health Service. The formal ascertainment of a Mentally Backward child is a step of grave importance, for it means exclusion from the Educational System. Consequently, such a step is deferred whenever there is a shadow of doubt, until the child is about 7 years of age, and then only after a trial at School. In this respect the Day Special School in Wrexham has proved invaluable.

With regard to the more severe Mentally Backward, the main problem is the future of the child—whether he should remain at home or be admitted to a Mentally Deficient Hospital. Under the new procedure, informal admission can be arranged and this has resulted in a greater demand for vacancies. During the year, three were certified and admitted to Mental Deficiency Hospitals, while 15 were admitted informally.

Another factor contributing to the increased demand for vacancies, was the opening of Oakwood Park Hospital, Conway, which has excellent amenities and can be visited easily from most parts of Denbighshire.

Occupation Centre.

Since being opened in 1955, the Occupation Centre has grown steadily to meet the demands of the Wrexham District, and now there are 36 pupils in attendance.

In view of the disparity in age and aptitude, segregation into two separate groups was considered most desirable. It was fortunate that the Annexe at the rear of the Occupation Centre became available at this time, and it was transferred from the Education Department and placed at our disposal. It is now utilized for the instruction and training of the younger pupils who also have their mid-day meal there. The older and perhaps more boisterous child is accommodated at the main building, and the situation is most satisfactory from the point of view of pupils and staff alike. There are three instances regarding the pupils which are of interest.

(1) Barbara had been found backward at School and was sent to a Special Day School for backward children. After a short time she deteriorated further in both her work and habits. A period of attendance at the Occupation Centre was recommended and she was admitted informally, i.e. with^{out} being formally excluded from the Register of the Special School. After three or four months of patient handling and in the freer atmosphere of the Centre where academic success demands are less acute, she grew more

confident. Her behaviour and work improved and her bad habits disappeared completely. She was subsequently re-admitted to the Special School and the latest evaluation by the Child Guidance Psychologist is that she has continued to progress.

(2) Susan was partially blind, spastic and mentally defective and was an intolerable strain at home, particularly on the mother. She was admitted to a Mental Deficiency Institution and at intervals came home for a holiday when her progress was assessed. After three years a request was submitted to have her home on a trial period to attend the Centre. After a month at the Centre it was plain that she could be instructed and that she fitted well into her Group. She was accordingly finally discharged home and attends the Centre regularly, much to her parents delight and satisfaction. Her conduct at home is now remarkable in comparison with her previous intransigence—she is able to walk with little or no signs of spasticity; her eyesight has improved under treatment, and her training is proceeding apace.

(3) Robert, who is a Flintshire child, is a spastic, and because of his age (5 years) and his severe physical handicap, it is difficult at present to assess his standard of intelligence. He is the youngest pupil attending the Centre and at the outset it was thought desirable for him to benefit from free association with the other children. He sat in a "spastic chair" and obviously liked the company of the other pupils—this was plain from the marked improvement in appetite and behaviour. Subsequently, a special 'walking trolley' was provided by the Regional Hospital Board and was kept at the Centre during school term. His delight at being mobile was patently manifest and the physical improvement through this aid to walking is remarkable.

Home Supervision.

For the children in attendance at Gwersyllt, there exists a close association between the Centre and the homes. Parents are welcomed at the Centre and the Supervisor visits the homes whenever a problem arises, but for the many Mentally Backward who have not such an association, the services of the Health Visitors and the Mental Health Social Workers are always available. Diverse problems arise in this group which demand painstaking efforts to solve. Simple things such as planning a holiday present difficulties; obtaining Dental or Medical Treatment may require sympathetic diplomacy and to obtain employment for a Mentally Backward person demands much unremitting effort. It is in this way that the Health Department can help parents and relatives shoulder the heavy and responsible burden of caring for a Mentally Backward person in the home.

TABLE XXXV

Mental Deficiency Acts, 1913-1938.

	M.	F.	T.
No. of mental defectives in institutions at 31/12/58	88	101	189
No. of mental defectives under guardianship at 31/12/58	2	1	3
No. of mental defectives in "Place of Safety" at 31/12/58	—	—	—
No. of mental defectives under Statutory Supervision at 31/12/58	98	93	191
No. of mental defectives awaiting removal to an institution during the year 1958	12	4	16
No. of mental defectives (new cases) reported during the year 1958	21	11	32
No. of mental defectives admitted to institutions during the year 1958	7	5	12
No. of mental defectives taken to "Places of Safety" during the year 1958	—	1	1
No. of mental defectives placed under Statutory Supervision during the year 1958	19	12	31
No. of mental defectives that ceased to be under care by reason of death or removal from the area during the year 1958	2	1	3

PART IV

Environmental Hygiene

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

There were no major epidemics of infectious diseases during the year under review. 881 cases of Measles were notified which was less than half the number in the previous year.

One disconcerting episode was the notification of 4 cases of Typhoid Fever, but upon investigation, it was a relief to realise that this disease had been imported into the County, and was not due in any way to the failure of the Preventive Services.

Briefly, the disease had been contracted abroad by a family coming for a holiday to this country. Two of the visitors were taken ill shortly after arriving, but the symptoms were mild, due possibly to some degree of acquired immunity and, consequently, the disease was not diagnosed in its early stages, during which time it spread to the hosts. Patients were isolated and treated in hospital and discharged when fully recovered.

Food Poisoning.

One large outbreak of Food Poisoning accounts for the majority of the 146 cases notified. This occurred in a Residential School, and was carefully investigated by the District Medical Officer of Health for the area. The patients were not severely afflicted, and the outbreak cleared quickly. Despite a meticulous enquiry, the cause of the trouble was not discovered.

Sporadic cases occurred in widely scattered areas, but by the time the District Medical Officer of Health had been notified, the offending food had been disposed of.

TABLE XXXVI
INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1958 and, for comparative purposes, the nine preceding years are shown.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Scarlet Fever	249	264	123	141	123	69	147	156	114	78
Whooping Cough	207	465	408	288	317	237	212	160	198	72
Diphtheria	7	4	—	1	—	—	1	—	—	—
Measles	820	1979	1849	712	2149	511	3056	473	1811	881
Acute Pneumonia	150	149	204	81	129	63	73	67	72	87
Meningococcal Infection	3	4	9	9	6	4	6	3	3	3
Acute Poliomyelitis:										
Paralytic	4	{ 26	6	12	7	2	8	2	10	—
Non-Paralytic		{ 29	2	1	4	2	2	2	—	1
Acute Encephalitis:		{	2	1	—	3	—	—	—	1
Infective	—	{	—	—	—	—	—	—	—	—
Post-Infectious	4	{ 5	—	23	8	3	—	—	3	24
Dysentery	—	45	41	—	—	—	23	207	7	—
Ophthalmia Neonatorum	1	—	10	6	1	—	5	1	—	—
Puerperal Pyrexia	1	—	6	13	18	10	9	6	8	2
Paratyphoid Fever	1	{	1	5	—	—	—	—	—	1
Enteric or Typhoid Fever	—	{	—	—	—	—	—	1	—	4
Food Poisoning	—	19	—	—	—	—	—	—	—	—
Erysipelas	41	31	14	32	26	19	17	13	15	146
Chickenpox	1	15	5	—	10	—	—	—	12	8
Malaria	—	—	—	1	—	—	—	—	—	—
Pulmonary Tuberculosis	212	169	165	231	202	231	161	138	142	136
Non-Pulmonary Tuberculosis	49	41	21	37	25	51	15	21	27	31
Totals	1749	3228	2866	1598	3028	1216	3745	1256	2422	1475

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Diphtheria	7	4	—	1	—	—	1	—	—	—
Measles	820	1979	1849	712	2149	511	3056	473	1811	881
Acute Pneumonia	150	149	204	81	129	63	73	67	72	87
Meningococcal Infection	3	4	9	9	6	4	6	3	3	3
Acute Poliomyelitis:										
Paralytic	4	{ 26	6	12	7	2	8	2	10	—
Non-Paralytic		{ 29	2	1	4	2	2	2	—	1
Acute Encephalitis:		{								
Infective	—	{	2	1	—	3	—	—	—	1
Post-Infectious	4	{ 5	—	—	—	—	—	—	—	—
Dysentery	—	45	41	23	8	3	23	207	3	24
Ophthalmia Neonatorum	—	—	10	6	1	—	5	1	7	—
Puerperal Pyrexia	1	—	6	13	18	10	9	6	8	2
Paratyphoid Fever	1	{	1	5	—	—	—	—	—	1
Enteric or Typhoid Fever	—	{ 1	—	—	—	—	—	1	—	4
Food Poisoning	—	19	112	4	3	11	10	6	15	146
Erysipelas	41	31	14	32	26	19	17	13	12	8
Chickenpox	1	15	5	—	10	—	—	—	—	—
Malaria	—	—	—	1	—	—	—	—	—	—
Pulmonary Tuberculosis	212	169	165	231	202	231	161	138	142	136
Non-Pulmonary Tuberculosis	49	41	21	37	25	51	15	21	27	31
Totals	1749	3228	2866	1598	3028	1216	3745	1256	2422	1475

TABLE XXXVII

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

	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles.	Acute Pneumonia.	Meningococcal Infection.	Acute Poliomyelitis (Paralytic).	Acute Poliomyelitis (Non-paralytic).	Acute Encephalitis (Infective).	Acute Encephalitis (Post-Infectious).	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.	Chickenpox.	Malaria.	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	
Western No. 1.																							
Abergele	18	16	—	82	5	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	10	—	
Colwyn Bay	1	1	—	15	6	—	—	—	—	—	—	—	—	—	—	—	139	—	—	—	17	1	
Aled	2	4	—	72	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	
Western No. 2.																							
Denbigh	1	—	—	259	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	6	
Llanrwst	—	—	—	6	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	3	2	
Ruthin Borough	—	—	—	2	5	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	2	2	
Hiraethog	3	—	—	14	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	
Ruthin Rural	1	7	—	48	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	
Eastern No. 1.																							
Wrexham R.D.	35	11	—	240	31	1	—	—	1	—	2	—	—	—	1	—	4	5	—	—	62	7	
Ceiriog	—	8	—	20	6	—	—	—	—	—	3	—	—	—	—	4	—	1	—	—	3	1	
Llangollen	3	—	—	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	
Eastern No. 2.																							
Wrexham Borough ...	14	25	—	72	21	2	—	—	—	—	14	—	1	—	—	—	1	—	—	—	15	6	
Totals	78	72	—	881	87	3	—	1	1	—	24	—	2	—	1	4	146	8	—	—	136	31	

TABLE XXXVIII

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England & Wales, for 1958 and each of the preceding ten years.

Year	Death Rate per 100,000 of the Population:			
	Urban	Rural	Whole County	England & Wales
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
1958	12.6	17.6	15.3	8.9

TUBERCULOSIS

During the year under review, the number of cases notified was 99 males and 64 females. The age and sex distribution are given in the following table:

TABLE XXXIX

Age	Respiratory			Non-Respiratory		
	M	F	T	M	F	T
0—	—	—	—	—	—	—
1—	—	—	—	—	—	—
2—	1	1	2	—	—	—
5—	1	1	2	—	—	—
10—	1	1	2	—	2	2
15—	4	6	10	3	2	5
20—	5	8	13	3	1	4
25—	9	7	16	2	4	6
35—	13	4	17	3	2	5
45—	12	4	16	1	4	5
55—	26	7	33	1	1	2
65—	13	7	20	—	—	—
75 & over	1	1	2	—	1	1
Totals	86	47	133	13	17	30

TABLE XL
Tuberculosis

Active Cases on Registers according to County Districts
on 31st December, 1958.

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Western No. 1.								
Abergele	35	5	10	1	6	1	39	5
	21	2	1	—	2	1	20	1
Colwyn Bay	56	6	10	1	6	2	60	5
	48	8	9	—	6	1	51	7
Aled	19	4	2	—	5	1	16	3
	23	3	3	2	2	—	24	5
Western No. 2.								
Denbigh	71	9	5	2	9	3	67	8
	44	11	9	4	10	1	43	14
Llanrwst	14	1	2	2	4	—	12	3
	12	—	1	—	2	—	11	—
Ruthin Borough	13	2	2	1	1	1	14	2
	15	—	2	1	3	1	14	—
Hiraethog	10	1	1	—	3	—	8	1
	19	2	1	3	3	1	17	4
Ruthin Rural	33	12	6	2	2	1	37	13
	40	3	1	—	2	—	39	3

Tuberculosis (continued).

Table XL (cont.)

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Eastern No. 1.								
Wrexham R.D. Males	415	142	40	3	19	1	436	144
Females	341	105	22	5	8	2	355	108
Ceiriog	28	6	1	1	2	—	27	7
Males	26	10	2	—	1	1	27	9
Females	9	1	1	—	—	—	10	1
Llangollen	11	2	2	1	—	—	11	3
Males								
Females								
Eastern No. 2.								
Wrexham Bor. Males	133	15	18	3	8	3	143	15
Females	108	21	10	3	12	3	106	21
Totals	1544	371	161	35	118	24	1587	382

TABLE XLI. TUBERCULOSIS

Number of Cases on the County Tuberculosis Register for the years 1949-1958.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non-Pulm.	Total	Pulm.	Non-Pulm.	Total	
1949	1293	434	1727	62	11	73	433.2
1950	1371	450	1821	51	8	59	347.7
1951	1393	435	1828	36	5	41	240.6
1952	1436	418	1854	26	8	34	193.3
1953	1347	362	1709	26	3	29	170.1
1954	1419	371	1790	35	3	38	222.2
1955	1440	364	1804	26	3	29	170.2
1956	1507	363	1870	16	2	18	105.4
1957	1544	371	1915	32	2	34	200.5
1958	1587	382	1969	26	1	27	156.8

TABLE XLII

The following table gives details of the work done by the Mass Radiography Unit in Denbighshire during 1958.

Location		No. X-rayed	Requiring Further Observation
Brymbo	Males	121	—
	Females	168	2
	Total	289	2
Brynteg	Males	145	5
	Females	146	4
	Total	291	9
Cefn	Males	151	2
	Females	201	3
	Total	352	5
Cerrigydrudion	Males	88	—
	Females	50	3
	Total	138	3
Chirk	Males	155	2
	Females	109	—
	Total	264	2
Coedpoeth	Males	216	3
	Females	227	1
	Total	443	4
Eglwysbach	Males	41	—
	Females	56	—
	Total	97	—
Glynceiriog	Males	88	—
	Females	71	1
	Total	159	1
Gresford	Males	69	—
	Females	108	—
	Total	177	—
Gwersyllt	Males	79	—
	Females	94	1
	Total	173	1

Table XLII (cont.)

Location		No. X-rayed	Requiring Further Observation
Holt	Males	37	1
	Females	44	—
	Total	81	1
Llangollen	Males	145	6
	Females	182	8
	Total	327	14
Llanrwst	Males	306	2
	Females	353	3
	Total	659	5
Llanrhaiadr Y.M.	Males	27	—
	Females	48	—
	Total	75	—
Llansilin	Males	25	—
	Females	35	—
	Total	60	—
Llay	Males	286	2
	Females	167	2
	Total	453	4
Rhos	Males	358	3
	Females	288	1
	Total	646	4
Rhostyllen	Males	134	2
	Females	115	2
	Total	249	4
Rossett	Males	39	—
	Females	85	1
	Total	124	1
Ruabon	Males	81	—
	Females	132	2
	Total	213	2
Grand Total	Males	2591	28
	Females	2679	34
	Total	5270	62

UNIT "G"

Circuit location.	No. Examined
Colwyn Bay	901
Denbigh	255
Ruthin	343
Wrexham	2,417
TOTAL	3,916

Unit "G" visits Colwyn Bay, Denbigh and Ruthin for one day every three weeks and during 1958 paid 15 visits to Colwyn Bay, 16 visits to Denbigh and 14 visits to Ruthin.

The Unit visits Wrexham for one day every week, and during 1958 paid 47 visits to this location.

The following table gives the number of deaths from infectious diseases during 1958, together with comparative figures for previous years:

TABLE XLIII

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Meningococcal										
Infection	3	1	1	4	2	3	1	—	—	1
Measles	—	2	1	—	1	—	1	—	—	1
Whooping Cough	1	2	4	—	1	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	5	2	—	—	—	1	—	—	—
Tuberculosis:										
Pulmonary	62	51	36	26	26	35	26	16	32	26
Non-pulmonary ...	11	8	5	8	3	3	3	2	2	1
Pneumonia	75	63	63	44	70	85	80	59	75	66

Tuberculosis.

Twenty-six deaths from pulmonary tuberculosis occurred during the year, as compared with 32 in 1957. Only 1 death from non-pulmonary causes was recorded.

The death rate per million of the population of the County was 158.8.

SANITARY CIRCUMSTANCES

Water Supply and Sewerage.

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

The County Public Health Officer reports as follows:—

“Water Supply.

The provision of a pure and adequate supply of water for the entire rural population is considered a matter of paramount importance by all local authorities in the County. Much thought and time has been given in an attempt to solve this intricate problem. In the construction of major schemes very substantial capital commitments will be involved on new reservoirs, head-works, trunk and distribution mains. Income cannot be derived until the distribution network of mains has been developed, and taking supplies to sparsely populated areas and in particular to farms is always expensive and the income derived meagre. The provision of adequate supplies for agriculture is a matter of urgent national importance. The demand for water for land irrigation has so far not taken place in the County but in a progressive community we know not what the future demands will be. Therefore a long sighted water policy must now be considered; this is the problem confronting water undertakers in the County.

“Good progress has been made and valuable work done under the provisions of the Rural Water Supply and Sewerage Acts. The

implementation of Schemes prepared and others in an advanced stage of preparation will in the foreseeable future meet the public demand in the County.

“Grouping of Water Undertakings.

The County Council have taken a leading part in trying to arrive at a satisfactory solution of the grouping of Water Undertakings. Many meetings and private discussions have taken place in an attempt to resolve what are after all understandable and potent points of difference. Undertakers quite rightly want to retain certain privileges which they now enjoy, but there is evidence of a spirit of goodwill and common sense in the discussions that are proceeding.

Provisional agreements have been reached and when finally agreed will provide the following groupings:—

1. The Wrexham and East Denbighshire Water Company who are the Water Undertakers for the Borough of Wrexham and the major part of the Wrexham Rural District, to take over the Ceiriog Rural District and the Llangollen Urban District. The Group will then include Wrexham Borough and Rural District the Ceiriog Rural and Llangollen Urban District. This is a convenient group with a population of 105,240.
2. The West Denbighshire and West Flintshire Group comprising:—Abergele U.D.C., Aled R.D.C., Denbigh Borough, Hiraethog R.D.C., Llanrwst R.D.C., Ruthin Borough, Ruthin R.D.C., Prestatyn U.D.C., Rhyl U.D.C., St. Asaph R.D.C.

This Group will also take over the Llyn Conwy Water Board. The population of the Group is 82,790.

“Aled Rural District Council.

The Council have prepared a scheme of water supply to serve Bontnewydd and part of Cefnmeiriadog which is estimated to cost £4,180. The scheme may be considered as an extension of the Llyn Bran Supply to Llannefydd. It will supersede the existing supply which is entirely inadequate and fails to supply the need of the district.

"Hiraethog Rural District Council—Nebo and Capel Garmon Water Supply.—Extension to properties along the A.5 near Betwsycoed.—Estimated Cost £12,456.

The Council prepared a scheme to supply properties in the sparsely populated area on the south west fringe of their District. The cost per property was high and therefore the scheme as at present devised has been deferred.

"Llyn Conwy Water Scheme.

Towards the end of the year final proposals were agreed upon between the Ministry of Housing and Local Government and the Llyn Conwy Water Board.

The original Scheme estimated to cost £1,017,355 has been redesigned and modified. Reductions amounting to £405,658 have been made, thus bringing the cost of the modified scheme to £611,677.

The original Llyn Conwy Scheme was regional in character and was designed so that it could be developed to meet the ultimate requirements of the County. The modified Scheme is local and will meet the immediate needs of Hiraethog Rural District and part of the Aled Rural District.

The development of the present proposals will secure the retention of Llyn Conwy and the Upper Conway water-shed for possible future use. This must be considered of great importance when we give serious thought to the potential and ultimate water demands in the County.

It is hoped that the Scheme will be implemented with the least possible delay as the area to be served is in dire need of water.

"Llanddoget and Tan Llan Water Scheme.

The Council have formulated a proposal for a temporary supply of water to Llanddoget and Tanllan village estimated to cost £17,600. The bulk of the work will eventually form part of the Llyn Conwy Scheme but certain works will then become redundant, the estimated cost of such redundant work is £1,600.

"Llangwm Water Scheme.

Extensions to the Scheme have been approved which are estimated to cost £1,534.

SEWERAGE AND SEWAGE DISPOSAL

"Llangollen Urban District Council.

The Ministry of Housing and Local Government have given their approval to a Scheme of Sewerage and Sewage Disposal for Llangollen and have agreed to consider the Scheme as qualifying for grant under the Rural Water Supply and Sewerage Acts. The Scheme is estimated to cost £251,065."

Laboratory Facilities.

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

The Pathological Laboratory, Maelor General Hospital, Wrexham;

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 has been intimately concerned with the milk supplied in the County, and reports on his work as follows:

"Pasteurising Establishments.

The County Council have granted four Dealers Pasteurisers Licences. There is a growing tendency in the Dairy Industry towards centralisation particularly in dairies where milk is heat-treated. The through-put of individual dairies therefore increases and there is a tendency towards obtaining the maximum out-put from the plant in the least possible time. This calls for constant and thorough supervision of processing at every stage in each dairy.

I have found plant maintenance and plant operation to be consistently good and an improvement on previous years.

During the year 449 samples were taken at the pasteurising dairies—three samples failed to satisfy the phosphatase test and four failed to pass the methylene blue test. The percentages of failures may be considered to be low, but phosphatase failures should not occur. The proper pasteurisation of milk is necessary if public health is to be safeguarded.

I have found that the keeping quality tests of heat-treated milk from one pasteurising dairy tends to be poor during the hot weather.

I have attempted to keep the position under close and strict control. I was satisfied after inspections and laboratory tests that the functions of the processing dairy are properly exercised. Time and temperature and plant control and maintenance was up to standard at all its stages. My investigations were directed to the incoming milk and samples of raw milk were taken for examination; 14 per cent of the samples taken failed to pass the methylene blue test.

The dairy receives milk from a relatively poor collecting **area**. In some instances the milk producers have no adequate supply of water at the farms and others have private supplies which because of their nature and construction are liable to fluctuate both in supply and temperature. Although sympathetic towards the producer who is so placed and the solution of the problem being often well beyond his control, the time has arrived when milk production must attain a more satisfactory standard.

Regular tests were carried out to check the efficiency of the mechanical bottle washing plants. Some failures were recorded but the great majority of the samples taken were satisfactory. Experience has shown that frequent inspections and regular sampling are necessary so as to attain maximum efficiency in the processing dairies.

"Milk in Schools Scheme.

Seventy samples of milk supplied to schools under the milk in Schools Scheme were sent to the Public Health Laboratory for examination and all were reported to be satisfactory.

"Biological Examination of Milk.

With the coming into force of the Tuberculosis (North Wales Eradication) Order, 1957, the free testing of cattle in the three Petty Sessional Divisions of the County not included in the Order, and the Milk (Special Designations) (Specified Area) Orders, consideration was given to the discontinuance of sampling for biological examination. We are however conscious of our duties under Section 31 of the Food and Drugs Act, 1955, and also of the incidence of brucellosis in the County. We have also found that there is an increase in consumption of raw T.T. milk in the County. The fall in sales of Pasteurised milk in one small dairy was over 40,000 gallons in the year. Sampling for biological examination must therefore continue. During the year 264 composite herd samples were taken for biological examination. Four samples showed evidence of *Brucella* infection. The farms were visited and individual or group samples taken for ring and whey tests; positives are then sent for animal inoculation tests. The milk producers were informed and advised of the precautionary action they must take to protect these families and staff from the grave risks run in consuming the raw infected milk. They are also advised to report the facts to their Veterinary Surgeon and to isolate the infected animals and to undertake calfhood vaccination with S.19. It has been possible in each case to arrive at a satisfactory agreement to get the producers to divert all their milk for heat-treatment. I am concerned about the lack of

proper control of cattle infected with brucella. The Epizootic Abortion Order 1922 is the only statutory instrument controlling the sale of cows or heifers which to the knowledge of the owner have calved prematurely. This control is only operative for a period of two months after calving. Experience has shown that brucella infection in milk is found in periods far in excess of two months.

We must aim at an enlightened public opinion on the dangers of brucellosis and then only will we be able to demand methods and legislation for its control and ultimate elimination.

"The Milk (Special Designations) (Specified Areas) Order, 1958.

"It is gratifying to report that the above Order came into operation on the 14th April, 1958. The specified area covered by the Order includes the Ceiriog Rural District. All milk retailed in the area must be sold under a special designation irrespective of whether the premises from which the milk is retailed is inside or outside the area. The special designations authorised under the Regulations are "Pasteurised," "Sterilised" and "Tuberculin Tested."

"All known retailers of milk in the area have been informed of the provisions of the Order, and that failure to comply with the Order is an offence under Statute, the provisions of which will be enforced by the County Council.

"I have found that the provisions of the Order have been observed in the Area."

Adulteration of Food and Drugs.

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

"During the year under review 504 samples were analysed by the Public Analyst, the particulars being as follows:

TABLE XLIV

Article	No taken	No. certified as adulterated or sub-standard	Article	No taken	No. certified as adulterated or sub-standard
Milk Retail	320	4	Sugar	1	—
Butter	15	—	Sweets	2	—
Margarine	5	—	Honey	2	—
Lard	2	—	Table Jelly	1	—
Cooking Fat	1	—	Blancmange Powder	1	—
Cheese	4	—	Ice Cream	25	—
Cheese Spread	1	—	Fresh Cream	4	—
Flour	4	—	Condensed Milk ...	4	—
Bread	3	—	Mincemeat	2	—
Cakes	1	—	Christmas Pudding	1	—
Buns	2	—	Tea	2	—
Cake Mixture	2	—	Coffee	2	—
Baking Powder	1	—	Cocoa	2	—
Pearl Barley	1	—	Soft Drinks	4	—
Sago	1	—	Beer	10	—
Oatmeal	1	—	Brandy	2	—
Tinned Peas	1	—	Whiskey	2	—
Tinned Beans	1	—	Rum	2	—
Tinned Carrots	2	—	Gin	2	—
Tinned Tomatoes ...	1	—	Port Wine	1	—
Mixed Vegetables	1	—	Port Style Wine ...	1	—
Fish Paste	1	—	Aspirin Tablets	2	—
Meat Paste	2	1	Saccharin Tablets ..	1	—
Sausages	16	—	Light Magnesia		
Luncheon Meat ...	1	—	Carbonate ...	1	—
Suet	2	—	Borax	1	—
Tinned Fish	2	—	Gripe Water	1	—
Potted Shrimps ...	2	—	Cod Liver Oil	1	—
Pepper	1	—	Amm. Tinc of		
Salt	1	—	Quinine	1	—
Mustard	1	—	Sweet Spirit of Nitre	1	—
Pickled Onion	1	—	Tartaric Acid	1	—
Chutney	1	—	Sol. of Hydrogen		
Vinegar	3	—	Peroxide ...	1	—
Salad Cream	2	—	Tincture of Iodine	1	—
Dried Mint	1	—	Camphorated Oil ...	1	—
Jam	10	—			
Marmalade	1	—	Totals	504	5

“The average percentage of fat, and of solids-not-fat contained in the milk sampled during the year were:—

	Fat	Solids-not-fat
Eastern Division	3.86%	8.79%
Western Division	3.76%	8.76%
Whole County	3.82%	8.78%
The legal presumptive standard is	3.00%	8.50%

“As will be observed from the above Table, 320 retail samples of milk were sent to the Public Analyst during the Year and of this number only four were found by him to be “Not Genuine or Sub-Standard.” Each one of these “Not Genuine” milks was a sample of bottled milk and each was a case of a slight fat deficiency which on investigation at the vendor’s premises proved to be due to failure to properly mix the milk before bottling. The vendor in each case was advised and cautioned.

“There was no trace of any extraneous water in any milk sample taken during the year.

“In addition to the 320 samples of milk submitted to the Public Analyst informal samples were taken at Hospitals, Institutions and Schools and tested by the Divisional Inspectors at their offices at Wrexham and Colwyn Bay. The number of milk samples so tested was 246 and of this number 151 were taken from Schools throughout the County. The average fat content of these School Milks was 3.53 per cent and the average of the solids-not-fat was 8.75 per cent.

“Of the 184 samples of food and drugs other than milk submitted for analysis only one gave cause for complaint. This was a sample of sausages in which there was a technical infringement of the Regulations. The butcher concerned was visited and cautioned and the matter was immediately rectified.

“The following Table showing the number of samples taken annually over the past ten years, with the numbers of “Not Genuine” samples, gives some idea of the improvement which is

taking place generally in the purity of the food and drugs on sale to the public. The greatest improvement is of course in milk where for example of the 297 milk samples taken in 1947, 77 were reported to be "Not Genuine" whereas the figure for 1958 was 4 "Not Genuine" samples out of 320 samples taken. Much of the credit for this must go to the farmers who are making full use of the modern appliances now available for milking and cooling and some must also go to the large creameries who keep a constant check on the condition and quality of the milk which they take in, and an even closer watch on the milk which they distribute to the public.

Year	No. of Samples taken	No. of Samples "Not Genuine"	Percentage of "Not Gen." Samples
1947	424	88	20.75%
8	448	63	14.06%
9	472	66	13.99%
50	501	71	14.01%
1	458	66	14.40%
2	464	56	12.07%
3	517	63	12.18%
4	508	60	11.81%
5	509	24	4.71%
6	517	15	2.90%
7	514	22	4.28%
8	504	5	0.99%

"All the samples were certified by the Public Analyst as being genuine and free from all prohibited preservatives and colouring matter."

PART VI

Miscellaneous

REGISTRATION OF NURSING HOMES

TABLE XLV

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

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

STAFF MEDICAL EXAMINATION

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1958 the number of such medical examinations totalled 449. In addition, members of the staff absent for prolonged periods owing to sickness have been examined by myself.

Miscellaneous

REGISTRATION OF NURSING NURSES

TABLE 217

Year	Number of nursing nurses registered	Number of nursing nurses who have passed the State Medical Examination
1910	108	108
1911	110	110
1912	115	115
1913	120	120
1914	125	125
1915	130	130
1916	135	135
1917	140	140
1918	145	145
1919	150	150
1920	155	155
1921	160	160
1922	165	165
1923	170	170
1924	175	175
1925	180	180
1926	185	185
1927	190	190
1928	195	195
1929	200	200
1930	205	205
1931	210	210
1932	215	215
1933	220	220
1934	225	225
1935	230	230
1936	235	235
1937	240	240
1938	245	245
1939	250	250
1940	255	255
1941	260	260
1942	265	265
1943	270	270
1944	275	275
1945	280	280
1946	285	285
1947	290	290
1948	295	295
1949	300	300
1950	305	305
1951	310	310
1952	315	315
1953	320	320
1954	325	325
1955	330	330
1956	335	335
1957	340	340
1958	345	345
1959	350	350
1960	355	355
1961	360	360
1962	365	365
1963	370	370
1964	375	375
1965	380	380
1966	385	385
1967	390	390
1968	395	395
1969	400	400
1970	405	405
1971	410	410
1972	415	415
1973	420	420
1974	425	425
1975	430	430
1976	435	435
1977	440	440
1978	445	445
1979	450	450
1980	455	455
1981	460	460
1982	465	465
1983	470	470
1984	475	475
1985	480	480
1986	485	485
1987	490	490
1988	495	495
1989	500	500
1990	505	505
1991	510	510
1992	515	515
1993	520	520
1994	525	525
1995	530	530
1996	535	535
1997	540	540
1998	545	545
1999	550	550
2000	555	555
2001	560	560
2002	565	565
2003	570	570
2004	575	575
2005	580	580
2006	585	585
2007	590	590
2008	595	595
2009	600	600
2010	605	605
2011	610	610
2012	615	615
2013	620	620
2014	625	625
2015	630	630
2016	635	635
2017	640	640
2018	645	645
2019	650	650
2020	655	655
2021	660	660
2022	665	665
2023	670	670
2024	675	675
2025	680	680
2026	685	685
2027	690	690
2028	695	695
2029	700	700
2030	705	705

STATE MEDICAL EXAMINATION

The State Medical Examination is held annually in the State Capital Building, and is open to all persons who are qualified to take the same. The examination is held in the month of June, and the results are announced in the State Capital Building. The examination is held in the month of June, and the results are announced in the State Capital Building.

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