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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.

Vice-Chairman: Coun. Emmanuel Williams

Members: Mr. James Barlow.
Ald. Llewelyn Charles
[Ald. E. A. Cross]
Ald. Mrs Florence Jones.
Coun. F. H. Andleby Jones.
Ald. Thomas Jones
[Ald. W. I. Morris]
[Ald. William Parry]
Coun. Ernest Price.
Coun. A. H. Salt
Ald. Edward Williams.
[Ald. J. H. Williams]

Foreword

I have the honour to present the Annual Report on the Health Services in Denbighshire for the year 1959.

According to the various Health indices that are available to my Department, the health of the community during 1959 was most satisfactory. There were no major epidemics of infectious diseases; there were no Maternal Deaths, the Death Rate was approximately at the same level as for 1958, and only during February 1959 did the Sickness Claims show an appreciable increase on the previous year. Yet this is but one facet which is, to some measure, countered by the increased Infant Mortality Rate and the greater demand on the Health Services which indicate a considerable morbidity amongst the community. Some consolation is gained in realising that the curative branches of medicine are paying more attention to the early detection and treatment of disease, which brings such activities nearly into the realms of preventive medicine. However, it is a matter of concern to a Local Health Authority to find that more and more use is being made of its services.

It will be noted that all the County Ante-natal Clinics have been forced to discontinue, due to the lack of attendances caused by the provision of similar facilities by the Hospitals and General Medical Practitioners. In East Denbighshire, the close co-operation that existed has been maintained under the new arrangements. Health Visitors will continue to attend Hospital Ante-natal Clinics as liaison officers and as Health Educators. At the peripheral Ante-natal Clinics at Rhos and Cefn, the County Midwives will continue to attend as before. Unfortunately, it has not been possible to make similar arrangements in the Clwyd and Deeside Hospital Management Committee area.

A new development in Ante-natal Care was initiated in Wrexham. Arrangements were made with a Group Practice whereby County Midwives attended Ante-natal Clinics held by the General Medical Practitioners in their own premises. The indications are that this new venture will prove of considerable benefit to all concerned.

In the main, the Child Welfare Clinics were well attended, but a few Clinics, where attendances were low, will need reviewing.

I have referred to the varying standards and the difficulties encountered in some of the rented premises used for Child Welfare Centres. While it is admitted that the quality of the work is not necessarily correlated to the standard of the building, I know from experience that it is difficult to maintain efficiency in poor conditions. The opening of new Clinic premises at Queen's Park Wrexham, will be much appreciated.

In West Denbighshire the number of Health Visitors employed approximates the standard advocated by the Report of the Working Party on Health Visiting and, in consequence, they have been able to pay due attention to their manifold responsibilities. It is particularly significant that in the Colwyn Bay area, Health Visitors have been able to visit regularly many old people, and that they have had the time to co-ordinate effectively the various social agencies in the locality, whereas in East Denbighshire, where the case load is very much heavier, the Health Visitors are fully occupied in dealing with the basic essentials of their work. With the increasing realisation of the value of the Health Visitor, the demands made upon her continue to increase, and if the case load is not decreased then the County Council will inevitably be pressed to recruit other types of social workers. The Report on Social Workers "The Younghusband Report" was published during 1959, and it strongly advocated that appropriately trained Social Workers should be employed by County Councils, and that they should function in closely allied fields to those of the Health Visitors. Indeed, the recommendations of the Report urged the cloistering of the Health Visitor to more or less the curtilage of the Clinic. In Denbighshire, as a part of deliberate policy, the Health Visitor and the Health Department have become the keystone around which has been built a well co-ordinated socio-medical service, and all that is needed to ensure a high standard is the employment of additional Health Visitors.

The Home Nursing and Midwifery Services have continued to function as in previous years. The high proportion of time given to the nursing of the over 65 years is significant and, undoubtedly, the needs of this group will increase in proportion to its numerical growth.

The heavy case loads of the Male Nurses cannot be allowed to continue indefinitely, and it will be necessary to engage another for the Wrexham area. I wish to record the very glowing appreciations and expressions of gratitude from patients and their families of the invaluable services rendered by the Male Nurses. These acknowledgments not only pay tribute to the high standard of domiciliary nursing in Denbighshire, which we have come to

expect, but they also indicate that our staff are imbued with a sense of vocation which takes them beyond the limits of mere duty.

Closely allied to, and in strong support of, these services to the sick and needy, is the Domestic Help Service which, again, has done so much to ameliorate difficulties and hardships which are concomitants of sickness. Many patients have been nursed at home because of the availability of the Home Help Service. Many elderly people have continued to enjoy their own hearth rather than a Welfare Home or Hospital, because of this service. It is a popular service and because of this, a most difficult one to administer. The resources are limited and the demands increasing and hard decisions have to be made—a constant battle between the doctor and the administrator. That so much was done by the Domestic Help Service during 1959 was due, in great measure, to the assiduity and acumen of the Nursing Officers, and also to the excellent co-operation received from the Officers of the National Assistance Board.

Other voluntary organisations contributed to the well-being of the elderly, and indirectly relieved the demands on the statutory agencies. Chiropody Services already exist in Colwyn Bay and Rhosllanerchrugog, and it is hoped that, in due course, the County Chiropody Scheme will augment these pioneering efforts. Organised home visits, Meals-on-Wheels, Club Rooms and various social activities have been provided by voluntary efforts in various parts of the County, but despite all this, there remains a group of isolated and lonely old people who, with advancing years, become difficult and eccentric. When, eventually, conditions have deteriorated below the accepted standards, formal action has to be taken and many of these old folk have to be removed to the Psychiatric Hospital which indicates the need to develop the Geriatric Services in the County, and for a re-orientation of ideas regarding the mental disorders of old age. This may be brought about in the aftermath of the new legislation.

The Mental Health Act 1959 is the dawn of new hope for the Mentally Disordered. This Act has brought legislation into line with modern thought and concepts. In future, Mental Illness will be treated in a similar manner to physical illnesses. The old restrictive codes have gone and Psychiatric Hospitals will no longer be places for incarceration, but for active medical treatment. Patients will be admitted informally in the same way as they are to a General Medical Hospital, and they will be discharged back to the community as soon as they have reached the convalescent stage. Similarly, the Local Health Authority will have the same

responsibilities for helping to rehabilitate the Mental patient as they have had for others. This will not be a new function for the Local Health Authority, for it was a permissive duty under previous enactments. In Denbighshire, a start was made several years ago when two whole-time Mental Welfare Officers were appointed. These two officers worked closely with the staff of the North Wales Mental Hospital, some of whom were also partly employed by the County, so that already there exists a foundation upon which the augmented service can be built.

Since 1955 a Junior Training Centre has been functioning at Gwersyllt, and by now the senior students have progressed sufficiently to be trained in various crafts. A senior class has been formed and the students are being taught manual skills which prepare them for entry into industry. Several pupils have been placed in employment, while others, less accomplished, have been kept usefully occupied.

During 1959, a Psychiatric Social Club was launched, mainly due to the initiative and enthusiasm of Mr. E. Evans, Chief Mental Welfare Officer. This meets weekly at Gwersyllt and has a membership of approximately 30. Several patients have already been helped in their rehabilitation and assimilation into the community. Several members have been placed in employment and they have settled down very satisfactorily. These are but small beginnings and it is hoped that, in due course, the additional facilities needed will be provided. In the past the Mentally Ill have been shunned and the Mentally Sub-normal ignored, yet it is evident, in the light of recent knowledge and experience, that they can be cured or at least improved. Once this fact has been accepted, can any community remain inactive and not provide the facilities to help in the recovery of those who are so sorely afflicted? Schemes have been prepared which should meet, comprehensively, the needs of the Mentally Disordered in Denbighshire, but they must be translated from dreams to realities, and the responsibility for this rests with the County Council. Undeniably, the considerable expansion of services for the Mentally Disordered will necessitate increased expenditure, but in the final reckoning this will appear insignificant as compared with the relief of suffering and the gain in human happiness.

There were no major epidemics during the year, but the appearance of pathogenic organisms resistant to Antibiotics is disturbing. I recall that Dr. McKendrick, Medical Officer of Health, Colwyn Bay, in his Annual Report of several years ago, foresaw this possibility and warned against the indiscriminate use of powerful antibiotics for, very often, minor conditions. The

presence of antibiotic resistant strains of Staphylococci in hospitals has been recognised and evidently such infections may become the scourge of surgery and obstetrics. The fundamental principles of aseptic treatment will have to be observed with the strict compliance of pre-antibiotic days.

In retrospect, the progress and achievements of the Health Department can be assessed, and while satisfaction can be gleaned from this, the challenge of the future must not be ignored, nor should we forget those who, in their wisdom and foresight, planned for the generations to come.

Three members of the Health Sub-committee died during 1959—Alderman W. I. Morris, Alderman J. H. Williams and Alderman E. A. Cross. Their contribution to the Health Services cannot be evaluated. Alderman J. H. Williams was the Vice-Chairman of the Health Committee from 1956 to 1959, and throughout that period he worked diligently to improve the Health Services in Denbighshire.

A few weeks prior to this preface being written—on the 23rd March, 1960,—Alderman William Parry, Chairman of the Health Committee died, and the staff of the Health Department to whom he had endeared himself, mourn him. For nearly 20 years he had been the chief architect of the Local Health Authority Services in Denbighshire, and since 1950 I had the pleasure of working with him. As a Chairman he was far-seeing, astute, invariably just and with unerring perception detected the false and unreliable. Particularly in my early years his wide experience, knowledge and wisdom were invaluable. As failing health gradually sapped his energies, his courage and determination were greatly admired. In the Health Department we have lost a staunch friend and a constant source of inspiration and encouragement, and in saluting his memory we express the hope that we shall always be worthy of Alderman William Parry's high hopes and aspirations.

It will ill become me not to express my appreciation of the help received from members and officers of the County Council and other Authorities for without such co-operation the Health Department could not have achieved so much.

The year under review has been a momentous one and the plans formulated and the schemes initiated during 1959 will influence the destinies of generations to come. It is, therefore, appropriate that I should pay a particular tribute to the Clerk of the County Council, Mr. W. E. Bufton, for the great assistance and invaluable guidance which he has given throughout the year.

I wish to thank the staff of the Health Department for their devotion, loyalty and adherence to high ideals which have contributed richly to the relief of humanity. Finally, I record my appreciation to the Chairman and Vice-Chairman and members of the Health Committee for their indulgence, kindness and encouragement.

M. T. ISLWYN JONES,

County Medical Officer of Health.

May, 1960.

County Health Department,

16, Grosvenor Road,

Wrexham.

Tel. No. 3076/7.

ANNUAL REPORT FOR 1959

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	170,200
Rateable Value	£1,892,079
Estimated Product of Penny Rate	£7,545

BIRTHS AND DEATHS

Live Births.	M	F	Total
Legitimate	1328	1256	2584
Illegitimate	59	59	118
Total	1387	1315	2702

Live-birth rate per 1,000 of the estimated population (crude)
15.9

Live-birth rate per 1,000 of the estimated population
(adjusted) 16.7

Illegitimate Live Births (per cent of total live births) ...4.3

	M	F	Total
Still-births	35	32	67

Still-birth rate per 1,000 births (live and still births) .. 24.2

	M	F	Total
Live Births	1387	1315	2702
Still - Births	35	32	67
Total	1422	1347	2769

Infants Deaths:—

	M	F	Total
Deaths of Infants under 1 week	26	22	48
Deaths of Infants under 4 weeks	31	22	53
Deaths of Infants under 1 year	44	31	75
Deaths of Legitimate Infants under 1 year .	41	31	72
Deaths of Illegitimate Infants under 1 year .	3	—	3

Infant Mortality Rates:—

Deaths under 1 year	Total	Legitimate	Ill-egitimate
Infant Mortality Rate per 1,000 live births	27.7	27.8	25.4

Neo-Natal mortality rate (deaths under 4 weeks) ... 19.6

Early Neo-Natal mortality rate (deaths under 1 week) ... 17.7

Peri-Natal Mortality Rate (Stillbirths and deaths under 1 week combined) ... 41.5

Maternal Deaths:—

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

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

Total Deaths:—

	M	F	Total
Number of Deaths	1136	1115	2251

Death Rate per 1,000 of the estimated population (crude) 13.2

Death rate per 1,000 of the estimated population (adjusted) ... 12.7

COMPARATIVE RATES

Rate	Denbigh-shire	England and Wales
Birth Rate (adjusted) ...	16.7	16.5
Death Rate (adjusted) ...	12.7	11.6
Maternal Mortality Rate	Nil	.38
Infant Mortality Rate ...	27.7	22.0
Neo-Natal Mortality Rate	19.6	15.8
Still-birth Rate	24.2	20.7

BIRTHS AND BIRTH RATES

2,702 live births were registered during the year, as compared with 2,604 in 1958. This gives a crude birth rate of 15.9 per 1,000 population. By applying the Comparability Factor, however, a corrected birth rate of 16.7 is obtained, and this is the rate which should be compared with that for England and Wales which was 16.5.

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
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
1959 ...	170200 ...	2702 ...	15.9 ...	2251 ...	13.2 ...	75 ...	27.7

It will be noted that the crude Birth Rate for 1959 was 15.9, the highest since 1950 when it was 16.6.

The number of deaths during the year was 2,251, an increase of 19 over 1958, and this gives a crude death rate of 13.2. By adjusting this figure with the Comparability Factor, the rate is reduced to 12.7 per thousand population, but this is well above the rate of 11.6 for England and Wales.

75 infants under the age of 1 year died during the year, 21 more than in 1958. This gives an Infant Mortality Rate of 27.7 per 1,000 Live Births, as compared with 20.7 in 1958. The rate for England and Wales was 22.0.

TABLE II.
THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND
RATES ACCORDING TO DISTRICTS FOR 1959

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	7490	107	14.3	2	18.7	144	19.2
Colwyn Bay Borough .	21730	260	11.9	8	30.8	473	21.3
Aled Rural	6940	96	13.8	2	20.8	52	7.5
Western No. 2:							
Denbigh Borough	7970	108	13.5	4	37.0	132	16.5
Llanrwst Urban	2600	43	16.6	—	—	48	18.5
Ruthin Borough	3670	53	14.4	3	56.6	55	15.0
Hiraethog Rural	5010	80	15.7	1	12.5	48	9.5
Ruthin Rural	9380	167	17.8	2	12.0	107	11.4
Eastern No. 1:							
Wrexham Rural	61980	977	15.8	29	29.6	734	11.8
Ceiriog Rural	7350	116	15.8	4	34.5	65	8.8
Llangollen Urban	3110	45	14.5	—	—	40	12.8
Eastern No. 2:							
Wrexham Borough ...	32970	650	19.7	20	30.8	353	10.7
Total County ...	170200	2702	15.9	75	27.7	2251	13.2

MATERNAL MORTALITY

No maternal deaths occurred during the year, as compared with three in 1958.

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

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Maternal Mortality	1.4	1.5	.36	1.5	.38	.41	.38	.76	1.1	Nil

TABLE III

CAUSES OF INFANTS DEATHS, 1959

Disease	Males	Females
Gastritis, Enteritis and Diarrhoea	—	1
Tuberculosis (Non-Respiratory)	1	—
Pneumonia	5	2
Congenital Malformations ...	10	11
Other Defined and Ill-defined Diseases	27	17
Accidents (other than motor vehicle accidents)	1	—
Totals	44	31

CHIEF CAUSES OF DEATH.

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

TABLE IV.

Causes of Death.	1958		1959	
	No. of deaths.	Per cent. of total deaths.	No. of deaths.	Per cent. of total deaths.
Heart Disease	714	... 31.9	705	... 31.3
Cancer	370	... 16.5	435	... 19.3
Vascular lesions of nervous system	401	... 17.9	373	... 16.6
Pneumonia	66	... 2.9	81	... 3.6
Tuberculosis (all forms)	27	... 1.2	17	... .7
Bronchitis	104	... 4.6	96	... 4.3
Influenza	9	... .4	29	... 1.3
Other circulatory diseases	97	... 4.3	82	... 3.6
Other defined and ill-defined diseases	204	... 9.1	215	... 9.5
Hyperplasia of prostate	33	... 1.4	23	... 1.0
Accidents	69	... 3.1	69	... 3.1

HEART DISEASE

Heart disease continues to be the principal cause of death. 705 were registered in 1959, as compared with 714 in 1958. This shows a percentage of 31.3 of the total deaths from all causes, and is equivalent to a death rate of 4.1 per 1,000 of the estimated population.

Of this figure of 705 total deaths due to heart disease, 572 (or 81.1 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
1955	798	—	1	19	145	633
1956	762	—	1	11	139	611
1957	773	—	—	13	137	623
1958	714	—	—	13	117	584
1959	705	—	—	15	118	572

CANCER

Cancer accounted for 435 deaths during the year, as compared with 370 in 1958.

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.
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
1959	435	2.5

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.	Females.	Total.	
Western No. 1.				
Abergele U.D. ...	13	17	30	4.0
Colwyn Bay B. ...	45	49	94	4.3
Aled R.D.	9	5	14	2.0
Western No. 2.				
Denbigh B.	8	5	13	1.6
Llanrwst U.D. ...	2	3	5	1.9
Ruthin B.	3	5	8	2.2
Hiraethog R.D. ...	9	3	12	2.4
Ruthin R.D.	7	12	19	2.0
Eastern No. 1.				
Wrexham R.D. ...	84	57	141	2.3
Ceiriog R.D.	10	7	17	2.3
Llangollen U.D. ...	5	5	10	3.2
Eastern No. 2.				
Wrexham B.	35	37	72	2.2
Total County	230	205	435	2.5

TABLE VIII

Deaths from Cancer, according to Age, Sex and Localisation of
Disease during 1959

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	—	—	—	—	—	—	—	—	—	—	23	8	21	6	14	15	58	29
Lung, Bronchus	—	—	—	—	—	—	—	—	2	—	29	2	27	4	10	—	68	6
Breast	—	—	—	—	—	—	—	—	—	3	1	18	1	8	—	10	2	39
Uterus	—	—	—	—	—	—	—	—	—	4	—	12	—	3	—	3	—	22
Other	—	—	1	—	2	—	3	—	6	8	27	33	34	32	29	36	102	109
Total	—	—	1	—	2	—	3	—	8	15	80	73	83	53	53	64	230	205

ACCIDENTS.

TABLE IX.

Deaths from Vehicular and Other Accidents which occurred
in Denbighshire during 1959 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
5 - 15 years	—	—	—	2	1	3
15 - 25 years	7	1	8	3	—	3
25 - 45 years	3	1	4	4	2	6
45 - 65 years	5	1	6	7	1	8
65 - 75 years	2	2	4	6	3	9
75 years and upwards	1	1	2	3	11	14
	18	6	24	26	19	45

TABLE X.
CAUSES OF DEATH, 1959

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'	Hirwaethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural
Tuberculosis respiratory	3	...	...	1	...	...	...	1	...	1	2	7
Tuberculosis Other ..	...	...	...	...	1	...	...	...	...	...	1	...
Syphilitic disease ....	...	...	...	2	1	...	...	...	...	...	...	...
Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ....	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections .....	...	...	...	...	...	...	...	...	...	...	...	2
Acute Poliomyelitis .	...	...	...	...	...	...	...	...	...	...	...	...
Measles .....	...	...	...	...	...	...	...	...	...	...	...	...
Other Infective and Parasitic Diseases .	...	...	...	3	...	...	...	...	...	...	...	...
Malignant Neoplasm —Stomach	3	6	3	11	3	4	...	2	1	3	18	33
Malignant Neoplasm —Lung, Bronchus .	4	5	3	16	1	...	2	1	2	4	11	25
Malignant Neoplasm —Breast	4	1	3	11	...	1	1	1	1	3	7	8
Malignant Neoplasm —Uterus	1	...	1	4	1	...	...	...	...	...	6	9
Other Malignant and Lymphatic Neoplasms	18	2	7	52	8	7	7	1	4	9	30	66
Leukaemia, Aleukaemia .....	...	...	1	1	1	...	...	...	...	1	2	2
Diabetes .....	...	...	...	3	...	...	...	...	...	...	4	4
Vascular lesions of nervous system	23	14	10	66	17	9	10	4	17	25	59	119
Coronary disease, angina	29	6	7	74	21	4	5	6	8	12	42	121
Hypertension with Heart Disease	3	...	...	9	5	1	...	1	...	...	7	15
Other Heart Disease	15	4	10	78	16	4	5	13	10	15	47	112
Other Circulatory Disease	6	1	2	23	2	3	...	...	2	4	15	24
Influenza	1	...	2	7	...	...	1	2	2	4	3	7
Pneumonia	5	3	2	15	22	1	...	3	1	2	13	14
Bronchitis	2	1	2	14	7	3	5	1	...	2	21	38
Other diseases of Respiratory System	...	...	...	...	2	1	1	1	...	3	5	9
Ulcer of Stomach, Duodenum	2	...	2	1	1	...	...	...	...	1	3	1
Gastritis, Enteritis and Diarrhoea .....	...	...	...	1	1	...	...	1	1	1	2	1

Table X. Causes of Death, 1959 (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	3	...	1	...	3	...	1	3	5	17
Herpasia of Prostate	4	...	...	3	...	1	...	...	...	1	3	11	23
Pregnancy, childbirth, abortion .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Genital malformations .....	...	...	1	2	3	...	...	...	...	...	6	15	27
Other defined and ill-defined diseases ...	17	6	6	58	16	7	1	5	6	11	28	54	215
Motor vehicle accidents	2	1	...	4	1	1	...	...	...	1	7	7	24
Other accidents ...	2	2	1	7	1	...	2	...	...	3	7	20	45
Suicide .....	...	...	1	4	1	...	...	2	...	...	1	5	14
Homicide and operations of war .....	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes	144	52	65	473	132	48	40	48	55	107	353	734	2251

TABLE XI.

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

Age Periods.	M.	No. of Deaths F.	T.	Percentage of Total Deaths
0 - 1 years	44	31	75	3.3
1 - 5 years	3	5	8	.4
5 - 15 years	6	8	14	.6
15 - 25 years	16	9	25	1.1
25 - 45 years	37	36	73	3.2
45 - 65 years	280	185	465	20.7
65 - 75 years	344	246	590	26.2
75 years & upwards	406	595	1001	44.5

Administration

A few years ago, the entire administrative machinery of the Health Department was reviewed, and the changes instituted at that time were firmly consolidated during 1959. Minor variations in the administrative pattern occur to meet the changing conditions.

For the past three years, the Poliomyelitis Vaccination programme has absorbed much of the time of the General Section, but now that the major task has been completed, energies will be directed to stimulating other essential schemes.

Many of the staff of the Health Department have studied privately in order to enter for the appropriate Local Government Examinations, and it is gratifying to report the following success:

Mr. Brian Davies, Diploma in Municipal Administration
(Part II Final).

In addition to the customary staff losses through marriage, the following left for more senior appointments:—

Mr. I. Wyn Jones.

Miss Jean Davies

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.F.H.

(Resigned 30.9.59)

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.

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. (Resigned 31.5.59)

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

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

George Marshall, B.D.S. (Commenced 1.6.59)

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.

Mrs. L. Warne, S.R.N., S.C.M.

Senior Administrative Officer:

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

Deputy Administrative Officer:

Gwilym Davies.

Supervisor of Occupation Centre:

Mrs. O. M. Thomas

Duly Authorised Officers:

J. E. Evans.

H. E. Romney.

PART III

General Provision of Health Services

CARE OF MOTHERS AND YOUNG CHILDREN

In the past, one of the most important services provided by the Local Health Authority was the Ante-Natal Service and, as far as Denbighshire was concerned, it can look back with pride upon its record in this field. It would seem to have been the destiny of a Local Health Authority to pioneer and establish various services which have contributed greatly to the health of the community, only to be forced to transfer them to other authorities.

Gradually, since 1948, the Ante-Natal Services provided by the County have declined, so that one Ante-Natal Clinic after another has had to be closed. The publication of the "Report of the Maternity Services Committee" (Cranbrook Report) was the terminal factor that closed the few remaining Ante-Natal Clinics.

The Report made various recommendations which have been given preliminary consideration by the Ministry of Health. It was evident that this Report went as far as politic to recommend a unified Maternity Service under the aegis of the Hospital Services. The role of the Local Health Authority will be reduced to the provision of Domiciliary Midwives, Priority Dental Service, Health Education and Home Help Service, but even here, the implied intention is evident for it is suggested that where Local Health Authorities' responsibilities are delegated to a small Authority which cannot supervise and adequately administer its own Midwifery Service, then the Local Hospital Management Committee should be asked to undertake the duties. The Report expressed the hope that 70 per cent of Mothers will be confined in Hospital, but that their stay there should be reduced from fourteen to ten days.

There are many other recommendations affecting the Hospital and General Medical Practitioner Services which do not directly concern the Local Health Authority but, irrespective of which service has direct responsibility, ultimately the Local Health Authority is deeply concerned with the health and welfare of both mother and child. These proposed changes will, inevitably, take place and the Local Health Authority must observe the

transition impartially, critically and vigilantly. The Local Health Authority will continue as previously, to co-operate closely with the other branches of the Health Service, so that a high standard of Maternity Service will continue.

In my last Annual Report, I paid tribute to Mr. R. Owen Jones upon his retirement, and on this occasion I wish to welcome Mr. D. B. Whitehouse, who was appointed Consultant Obstetrician and Gynaecologist to the Wrexham, Powys and Mawddach Hospital Management Committee. Mr. Whitehouse's arrival has coincided with major adjustments in the Maternity Services in East Denbighshire, and it is gratifying to record, even within such a short period, my appreciation of the co-operation received from him. Towards the end of 1959, the Maternity Unit at Trevalyn was moved to the Maternity Block at the Maelor General Hospital, and although this will entail a reduction in the number of maternity beds from 71 to 57, I am confident that no mother will suffer. The Hospital will continue to accommodate the priority groups, but more cases, after careful assessment of medical and social conditions, will be confined at home.

The Hospital Ante-Natal Clinics continued, as previously, at No. 1, Grosvenor Road, Wrexham, Rhos and Cefn Clinics, and General Medical Practitioners were able to refer domiciliary cases to these clinics for consultant advice. Before long, it is likely that the Hospital Ante-Natal Clinic at No. 1, Grosvenor Road, will be transferred to The Maelor General Hospital. While, in some ways, this is regretted, it must be conceded that the change will be an improvement. However, the value of the peripheral Clinics at Rhos and Cefn cannot be denied, and I trust that they will continue.

The Local Health Authority Ante-Natal Clinic at Queen's Park, Wrexham, was discontinued, but the Midwives carried on seeing some of their patients there, and gave instruction in relaxation. However, this loss was compensated for, when a Group Practice in Wrexham decided to hold Ante-Natal Clinics at their own premises for their own domiciliary patients. Following discussions, arrangements were made for the Domiciliary Midwives to attend at these Ante-Natal Clinics. This was a new departure for this Authority but, already, it can be stated that the scheme is working well, as it has established a better team spirit and has proved a stimulating experience for both doctors and midwives. If, in due course, the Wrexham, Powys and Mawddach Hospital Management Committee provide a General Medical Practitioner Maternity Unit in Wrexham, this arrangement will form a foundation for further integration of the Maternity Services.

Another innovation has been an arrangement whereby a Hospital Midwife is picked up by the Ambulance before going to collect a patient. This will ensure that a midwife is there to deliver the baby if it should be born before reaching the hospital. Previously, if the baby was born during the journey to hospital, the ambulance drivers had to attend to the delivery.

TABLE XII

Attendances at Consultative Ante-Natal Clinics during the year 1959

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Wrexham	411	2,819	1	2
Rhos	54	391	4	4
Totals	465	3,210	5	6

TABLE XIII

Attendances at Hospital Management Committee Ante-Natal Clinics (held in County Clinics) during 1959

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Wrexham	334	2545	416	420
Rhos	67	286	52	63
Cefn	43	262	18	27
Totals	444	3093	486	510

TABLE XIV**Attendances at Assistant Medical Officers' Ante-Natal Clinics
during the year 1959**

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
*Queen's Park ...	11	72	—	1
*Colwyn Bay ...	17	113	—	—
Totals	28	185	—	1

*Queen's Park Clinic discontinued July, 1959

*Colwyn Bay Clinic discontinued August, 1959

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 association with the Local Health Authority service. During the year there were 129 new cases at Wrexham, with a total attendance of 747 and 163 new cases at Colwyn Bay, with a total attendance of 630.

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." 26 cases were notified in accordance with these regulations.

Ophthalmia Neonatorum.

One case was notified during the year.

CHILD WELFARE

Notification of Births.

In accordance with statutory requirements 3,117 live births and 59 still-births were notified during the current year. A list of notifications is dispatched at the end of the week to the Registrar of Births.

Child Welfare Clinics.

The attendances at the Child Welfare Clinics during the year were greater than in the previous year, which, to some extent, reflected the increased number of births. Generally, the number attending each session was satisfactory which, in some respects, was surprising, as some of the premises used for these purposes were not entirely suitable.

Apart from 9 Clinics held in County premises, the remainder are held in a variety of buildings-parish halls, club rooms, vestries and church schoolrooms. Some of these buildings do not lend themselves readily to use as Child Welfare Centres. Indeed many are unsatisfactory from several standpoints. The accommodation itself is often inadequate, there being no separate rooms for the Doctor and Health Visitor. Some premises have no hot water or hand-wash basins, and in a few, water has to be obtained from elsewhere. The heating in many of the hired Clinics is inadequate, despite the use of portable heaters. Other deficiencies could be enumerated but, perhaps, the most frustrating is that these buildings are multi-purpose and, consequently, the Clinic furnishing and equipment has to be removed to store after each session. Occasionally, the cleanliness of the rooms is not up to Clinic standard. Such conditions add to the difficulties of staff who are already heavily loaded and, I hope that this situation will receive consideration in the near future.

On the credit side, it can be recorded that each centre has, during the past few years, been equipped up to a reasonable standard, although this has, again, been influenced by the type of accommodation available. Every effort has been made to divest the Health Visitor of tasks not requiring her skill, and at those Clinics where Welfare foods are not being sold by Voluntary Helpers, clerical or other assistance has been given whenever possible.

During the year, it was decided to close two Child Welfare Clinics, viz., Cerrigydrudion and Llangernyw. This decision was forced on the Health Committee because of the poor attendances.

Llangernyw mothers and babies are now being transported to Llanrwst Child Welfare Clinic, while the Cerrigydrudion mothers and babies will attend at the Child Welfare Clinic established by the Local General Medical Practitioners. This is a new venture which seems to proffer many advantages. The Clinic is held at the Doctor's Surgery at which the Health Visitor attends. In such a rural area this seems an ideal arrangement, for it combines the preventive and curative health services. Already, the closer liaison is proving of considerable benefit.

The work done at the Child Welfare Centres varies from one to the other, but the basic functions of weighing, advising, medical examination, immunisation and vaccination and provision of Welfare Foods is common to all. Health Education is also an important feature which is propagated according to circumstances. During a busy session there is little time for formal group teaching and the Health Visitor has to rely on visual aids and brief talks to individuals, but at some centres, special sessions are devoted to Mothercraft and for Group Discussions. Mothercraft impinges on various facets of family life and the mother is particularly interested and receptive to such teaching during the ante-natal period. Special sessions set aside for this work are most satisfying and remunerative, particularly if the number attending is not too great. The mother can be given instruction in the fundamentals of relaxation, appropriate diet, rest, clothes and hygiene, preparation for breast feeding and the essentials of artificial feeding, and the physiology of childbirth. At such sessions the value of analgesia during labour is explained and the mother is given an opportunity of acquainting herself with the Gas and Air apparatus.

Associated with the Llanrwst Child Welfare Clinic, the Health Visitor has organised a Mothers' Discussion Group. Miss Foulkes reports:—

"This group began in March 1959 and met at the Centre once a month at 7.30 p.m. About 20 mothers came regularly. Talks were given as follows:—

Speaker:	Subject:
Health Visitor —	"Advertising and the vulnerable public" which brought about an animated discussion.
Health Visitor —	Safety in the Home—film strip.
A Mother —	Mothers in New Zealand.
Dr. McKendrick —	The Development of the Young Child.
Mrs. Idwal Dodd —	Smocking Children's clothes.

On the evening when there was no speaker, mothers were given short talks to prepare and give to the group. These included:

1. Animals in the Home.
2. Make-up.
3. Savoury dishes.
4. Cleanliness in food-shops.
5. Milk.
6. Suitable toys.

"These discussion groups generally end up with tea, sandwiches and cakes which mothers provide in turn. Each member pays 1/- for refreshments; this pays the two mothers responsible for the night."

The Report continued to outline how, in the informal atmosphere of such a group, members would reveal many aspects of life and behaviour which sometimes gave to the Health Visitor the answer to various problems. These meetings have benefited all concerned.

Clinically, the Child Welfare Clinic's main function is to ascertain abnormalities, defects or illness, and by so doing, prevent permanent handicap. Large numbers of healthy infants are regularly examined which, at its lowest evaluation, at least reassures the mother, but periodically the doctors detect abnormalities. During the past year, some of the cases diagnosed were congenital dislocation of the hip joint, early pneumonia, abnormalities of the gastro-intestinal tract, mental retardation defective vision, deafness and hypercalcaemia. These cases were referred to their General Medical Practitioners for treatment.

In addition, the Medical Officers gave medical advice to the mothers regarding their own health, and at one clinic an early case of tuberculosis was diagnosed. However, the greatest value for the mother is probably the discussion and the patient listening of the Medical Officer, which I am sure contributes to the mental health of the mothers attending the Clinic.

In the Clwyd and Deeside Hospital Management Committee area the Consultant Paediatrician Dr. McLean has co-operated closely with the staff of the Health Department and her monthly sessions at the Nantyglyn Child Welfare Clinic, Colwyn Bay, have been of inestimable value. This arrangement has integrated, in an ideal way, the preventive and curative services in this area.

During recent years it has been increasingly realised that better results are obtained the earlier emotionally disturbed children are treated. The North Wales Child Guidance Service has always been willing to deal with such cases, and a closer association between it and the Child Welfare Clinics is evolving. The Consultant Child Psychiatrist, Dr. E. Simmons, reports:—

“It will thus be seen that the number of children of pre-school age referred to us has been very small, and it should be noted that nearly 50 per cent of them have been of below average intelligence. One’s feelings are that with the exception of this latter group, referral may be largely a matter of chance. I need no longer stress the facts which are now well known and generally agreed, namely that many of the disturbances, emotional, social and intellectual, can be recognised in pre-school years and that early treatment offers considerably greater prospects of improvement or recovery, than measures taken when maladjustment or handicap has become firmly established in the later school years.

As far as dull children are concerned our main function in the very young is to obtain as accurate as possible an assessment of intelligence and general potential, often by repeated examinations over a period of time, to recommend suitable training or schooling, to discuss implications of our findings with the parents and to indicate what further action may have to be taken later. This can be of the greatest importance for the success or otherwise of a later placement in a school or training centre.

Treatment in the case of emotionally disturbed children during this period is usually indirect. A parent, generally the mother, is seen as frequently as may be necessary in an attempt to help her to gain a better understanding of the reasons why difficulties have arisen, to reassure her with regard to her own ability to look after her child and generally to improve the prospects of readjustment for the child, and often his siblings.

Perhaps I should refer here to Circular 347 dated 10.3.59 addressed by the Minister of Education to Local Education Authorities, where it is suggested that closer co-operation between the workers in Maternity and Child Welfare Clinics and those of the Child Guidance Clinics is desirable.

It is probably also true that a considerable number of children with emotional disturbances are referred to Paediatric Clinics. Closer liaison between our clinics and theirs, and possibly Child Guidance Clinics held on hospital premises might be helpful.

I should perhaps stress that referral to clinics is not necessarily the only way in which we might make a contribution to the treatment of maladjusted children under 5. In many cases it might in fact be preferable if the doctor or nurse dealing with the family could discuss worrying situations with us and remain responsible unless it became clear that difficulties requiring specialised treatment existed."

At the majority of Clinics, Voluntary Helpers attend, and they engender an air of informality. These loyal stalwarts are usually found in the large Waiting Room where their welcoming smile, recognition and enquiries go far to making mothers feel relaxed and 'at home.' Although their financial returns are not invariably correct, they are a most valuable asset to the smooth running of the Child Welfare Clinics.

CHILD WELFARE CLINIC ATTENDANCES

Age 0 - 1 year:

Number of first attendances	...	2366
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Total number of attendances	...	24062
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Age 1 - 5 years:

Total number of attendances	...	10188
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TABLE XV

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1959 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 and who were born in 1959	No. of children who were born in 1954/57	Present arrangements for medical supervision
Abergele, Pen re Mawr	Weekly	Thursday p.m.	34	55	49	Assistant Med. Officer
Broughton, Council School	Fortnightly	Monday p.m.	23	36	32	1
Brymbo, Council School	"	Thursday p.m.	17	23	39	6
Cefn, County Clinic	Weekly	Monday p.m.	27	70	96	4
C'druidion, Presbyterian Church ...	Monthly	Friday a.m.	4	7	—	—
Chirk, Ambulance H.Q.	Fortnightly	Thursday, p.m.	38	69	55	46
Coedpoeth, Church Hall	"	Monday p.m.	29	58	22	7
Colwyn Bay, Nantyglyn Road	Weekly	Tues., a.m., p.m.	33	164	135	85
Church Room, Mochdre	Fortnightly	Monday p.m.	39	28	30	49
Church House, Llysfaen	"	Monday p.m.	16	8	16	21
Denbigh, County Clinic	Weekly	Wednesday p.m.	45	100	90	96
Glan C'way, Church Institute	Fortnightly	Monday p.m.	25	24	22	25
Glynceiriog, Ceiriog Institute	"	Tuesday p.m.	14	26	59	32
Gresford, Church House	"	Friday p.m.	28	40	41	43
Holt, Kenyon Hall	"	Wednesday p.m.	12	14	9	15
Johnstown, Christchurch Chapel School Room	"	Friday p.m.	12	29	25	23

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 1959 1958 1954/57	Present arrangements for medical supervision
Llansannan Village Hall	Monthly	Thursday p.m.	27	12 17 21	Assistant Med Officer
Llanddulas, C.M. Chapel	Fortnightly	Monday p.m.	9	8 7 14	"
Llangernw, Memorial Hall	Monthly	Thursday p.m.	9	3 5 18	"
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	31	64 25 8	"
Llanrwst, County Clinic	Weekly	Tuesday p.m.	31	58 54 76	"
Llanrhaadr					
Y.M., Public Hall	Fortnightly	Monday p.m.	7	9 18 6	"
Llay, County Clinic	"	Tuesday p.m.	27	43 34 32	"
Rhos, County Clinic	Weekly	Wednesday p.m.	34	111 110 44	"
Rhosrobin, County Clinic	Fortnightly	Friday p.m.	29	52 51 47	"
Rhostyllen, Church Hall	"	Monday p.m.	28	60 43 21	"
Rossett, Church Hall	"	Wednesday p.m.	18	19 32 19	"
Rwabon, Old People's Hall	"	Thursday p.m.	29	54 51 30	"
Ruthin, Baptist Chapel	Weekly	Tuesday p.m.	19	80 31 66	"
Southsea, Church Institute	Fortnightly	Thursday p.m.	52	81 56 3	"
Towyn, Village Hall	Fortnightly	Wednesday p.m.	11	10 16 18	"
Wrexham, Gatefield	Weekly	Monday p.m.	32	82 69 51	Gen. Med. Fract. Assistant Med Officer
Garden Village	"	Wednesday p.m.	18	42 29 26	"
Queen's Park	"	Thursday p.m.	48	170 153 124	"
1 Grosvenor Road	"	Mon, Wed. p.m.	30	181 167 23	"
Vron-					
cysyllte, Primitive Chapel	Monthly	Tuesday a.m.	11	12 14 9	"
Trevor, The Old School	Monthly	Monday p.m.	12	14 12 —	"

MATERNITY AND CHILD WELFARE

DENTAL TREATMENT

The Senior Dental Officer reports as follows:—

"In presenting my figures for the year, I would once again point out the very great difference in acceptance rate between East and West Denbighshire.

"On the East side the Service provided is eagerly sought after by the vast majority of patients attending both Ante-natal and Infant Welfare Clinics. On the West side, they are completely apathetic, so much so, that it seems hardly worth while providing a Service that is so little appreciated. The more so, because owing to the acute shortage of dental staff, it is increasingly difficult to allow more of each Officer's time to this Service, although I realise it is a priority Service.

"It should by now be understood that the supply by the County Dental Service of necessary dentures is completely free, whereas if nursing and expectant mothers attend private practitioners, they have to pay a proportion of the cost.

"It is hoped that the new Clinic at Queen's Park, Wrexham, will come into operation early in the New Year, thus relieving the congestion at No. 1, Grosvenor Road."

DENTAL CARE
TABLE XVI
ANNUAL RETURN OF WORK.
EXPECTANT AND NURSING MOTHERS.
January to December, 1959

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	34	70	302	186	592
No. requiring treatment	34	70	288	177	569
No. completed treatment	4	9	124	66	203
Attendances for treatment ...	36	72	725	324	1157
Sessions devoted to treatment	3	7	77	47	134
Anaesthetics:					
General anaesthetics	13	27	146	84	270
Local anaesthetics	1	—	30	18	49
Extractions:	57	114	658	507	1336
Fillings	2	4	139	42	187
Dentures supplied	5	10	158	79	252
Adjustments	1	2	16	5	24
Repairs	—	—	2	—	2
Sundries	—	—	17	9	26
Advice	2	4	48	38	92
Scaling and gum treatment ...	—	—	10	15	25

TABLE XVII
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1959

(a) Number provided with Dental Treatment.

	No. examined.	No. needing treatment	No. treated.	No. made dentally fit.
Expectant and Nursing Mothers	576	569	569	203
Children under 5 years of age	16	13	13	13

(b) Forms of Dental Treatment provided.

	Extrac- tions.	Local Anaes- thetics.	General Anaes- thetics.	Fillings.	Scalings or Scaling and Gum Treat- ment.	Silver Nitrate Treat- ment.	Radio- graphs.	Complete dentures provided.
Expectant and Nursing Mothers	1336	49	270	187	25	—	13	252
Children under 5 years of age	19	—	8	—	—	—	—	—

CARE OF PREMATURE INFANTS

During the year 194 premature live babies were born, of whom 160 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
27	—	133

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.

505 Maternity Outfits were issued during 1959.

WELFARE FOODS

The arrangements for the distribution of Welfare Foods have not been materially changed. Again, great help was given by Voluntary Workers, both at the Child Welfare Clinics and at Local Depôts during 1959, and it reflected much credit on the organisation that more than £7,000 worth of Welfare Foods were sold during 1959 with but insignificant errors. Where Voluntary Help was not available, the sale of Welfare Foods devolved upon the Health Visitor—a duty which some Health Visitors consider a distraction from their true function. Efforts were made to obviate this, but not with unfailing success. However, in some Child Welfare Centres, the Health Visitors are supplied with a wide range of proprietary milk foods and vitamins for re-sale, finding that such a service is appreciated and of benefit to the mothers attending the Clinics. The decision to sell Proprietary Foods at Clinics is left entirely to the discretion of the individual Health Visitor.

The total quantities of non-proprietary foods distributed during 1959 were:—

National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
26691	8753	5965	56504

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year, 57 mothers were admitted to Bersham Hall, and of these, 23 were from Denbighshire. The total number has this year, decreased, although the number from our County went up from 21 to 23.

The value of this Home is widely appreciated and it renders great help to the Unmarried Mother during her hour of greatest need, but in view of the comparatively small number admitted, the Management Committee considered alternative uses. The County Medical Officer of Health, Flintshire, proposed that the Home should serve the dual purpose of providing for the Unmarried Mother, and simultaneously as a Recuperative and Rehabilitation Centre for mothers and their children. Unfortunately the lay-out of Bersham Hall did not permit a segregation of the two groups, and after careful consideration, it was decided not to proceed with the suggestion.

During the year, and for the first time since the Home was opened, there occurred a gastro-intestinal infection caused by *Salmonella typhi-murium* amongst the babies and, subsequently, the mothers. Appropriate action was promptly taken, and the infection was quickly eradicated. Admissions were refused for a period of about three weeks. It would seem that the baby first infected had contracted the infection prior to returning to Bersham Hall, and that the disease had spread to the others before the diagnosis had been made.

Admission from the various Counties to the Home were:—

County of origin	No. of cases admitted during 1958
Anglesey	2
Caernarvonshire	2
Denbighshire	23
Flintshire	15
Merionethshire	2
Montgomeryshire	13
	—
	57
	—

The disposal of Denbighshire Babies born in 1959 while their mothers were resident at Bersham Hall, was:—

Adopted	Children's Dept.	Remaining with Mother	Death	Total
15	5	4	—	24

MIDWIFERY SERVICE

The domiciliary Midwifery Service has operated as in previous years. It will be noted that there has been an increase in the number of home deliveries which has been partly due to the more stringent screening of patients. This increase was mainly in the Wrexham area where there is no General Medical Practitioner Maternity Unit, and the Mothers were, therefore, confined in their own homes.

Reference has been made previously to the Cranbrook Report, and it is pleasing that many of the recommendations are established practices in Denbighshire. The County Midwives have always attended the joint Hospital and Local Health Authority Ante-Natal Clinics, and will continue to do so. In addition, they endeavour to get every domiciliary mother to book a General Medical Practitioner early in pregnancy. This liaison has been

further improved by their attendance at Ante-Natal Clinics held in General Medical Practitioner Surgeries.

During the year, 14 Midwives, in accordance with the rules of the Central Midwives Board, attended Refresher Courses and 2 attended relaxation Courses.

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 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.

A Table showing employing Authorities and the number of Midwives employed

	No. of Midwives
Employed by Local Health Authority (whole-time or part-time)	58
In private practice, domiciliary, private nursing homes	—
In hospitals	51

In addition to the Supervision of Midwives, the Administrative Nursing Officers have a wide range of duties which are but inadequately reflected statistically. Much of the more delicate and intricate human problems are passed through for their personal attention, and usually these necessitate much painstaking efforts.

The Superintendent Nursing Officer, Miss W. M. Chune, reports:—

“It is becoming increasingly more difficult to find time to carry out the routine work for which we were originally intended, and by which the high standard of the work of the Nursing Staff of the Department has been reached and maintained. One hesitates to reduce supervisory work in case the efficiency of the work is diminished in any way, but as the field of work widens and the demands on this particular section of the department grows, one has to acknowledge, even though reluctantly, that it is necessary to cut down on some of the routine work. If not, the request for additional

staff would go on and on like a snowball, and this cannot be, with so many new Services opening and many additional staff needed for these new Services.

"The re-arranging of the Home Help Service has greatly added to our work, but I feel the results have been worthwhile because as stated in that particular Section, help has been given to more of the aged, whilst less Home Helps have been employed.

"The intake of Pupil Midwives from St. Asaph Hospital, in addition to the ones from the local Hospitals, has also greatly added to the administrative work, but in the interest of the Service, we have been happy to do this, but as stated, these extra off-shoots of work (although a lot is done out of routine working hours) still takes the slice of normal hours of work, and thus it is necessary to reduce the normal routine duties which, in the early days of the implementing of the 1946 Act, were the only duties we were called upon to do."

**STATISTICAL RETURN OF DUTIES PERFORMED
BY THE ADMINISTRATIVE NURSING OFFICERS**

1959

NAMES	Nurses and Midwives	Health Visitors, School Nurses & Child Wel- fare Centres	Visits re- Home Help	Schools	Bersham Hall	Nursing Homes	Pupil Midwives	Hospitals	Hearing Tests	Special visits, N.A.B. etc	TOTAL VISITS
Miss W. M. Chune	43	48	11	1	32	15	5	35	—	11	201
Miss E. Jones	135	38	193	—	6	6	18	11	—	36	443
Miss F. V. Ramsay	—	69	1199	—	—	—	—	42	—	52	1362
Mrs. L. Warne	151	41	371	37	—	—	—	—	364	80	1044

Training of Pupil Midwives.

The Part II Midwifery Training School continued satisfactorily. 20 Pupil Midwives received District Training with this Authority during the year, and 16 were successful in the examination.

In addition to accepting pupils from the Wrexham, Powys and Mawddach Hospital Management Committee, pupils are also accepted for District Training from the St. Asaph Hospital, and this has thrown an additional burden on the staff of this Department.

Analgesia.

55 Domiciliary Midwives have been trained to administer gas and air, and the requisite apparatus has been provided.

Of the 472 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 253 confinements, while pethidine was given in 260 confinements.

Comparative Table of Live and Still Births for 1959 Occurring at Home or in Maternity Accommodation

	Live Births	Still Births
Domiciliary	470	9
Maternity accommodation	2311	40

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 1951

Breast Feeding:

Number of domiciliary cases in which the infant was wholly breast-fed at the fourteenth day 265

Midwives Act, 1951, Section 14

Medical Aid:

Number of patients for whom medical aid was summoned by a certified midwife 79

Total amount of medical claims paid by Local Health Authority £90 19 0

TABLE XVIII
DELIVERIES ATTENDED BY MIDWIVES
DURING 1959

	Number of deliveries attended by Midwives in the area during the year				
	D o m i c i l i a r y C a s e s				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority	5	44	89	334	472
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—
Totals	5	44	89	334	472

HEALTH VISITING

Two important publications affecting the Health Visiting Service were received during the year. The Ministry of Health Circular 26/59 (Wales), indicated the Ministerial attitude to a previous report by the "Working Party on Health Visitors"; the second was the Report on "Social Workers in the Local Authority Health and Welfare Services" (Younghusband Report).

The Ministry Circular and the Younghusband Report deal with closely allied fields and should assist in delineating future policy.

On previous occasions, I have drawn attention to the gross overloading of most of our Health Visitors in Denbighshire, and over the years the establishment has been gradually increased, but despite this, the number employed substantially falls short of the recommended figure; yet, it is surprising to realise the volume and scope of the work done by the Health Visitor. Much could be done to improve output even under present circumstances, and attempts have been made to relieve the Health Visitors of work that could be done equally well by less highly qualified staff.

In compiling this Report, I have had the benefit of individual Reports from each Health Visitor, and I have been most impressed by the diversity of their tasks. One problem which this has emphasised is the need for a free flow of information from and to the Health Visitor, but this immediately raises the problem of whether rendering or recording service is the more important.

The routine duties—attendance at Maternity and Child Welfare Clinics, Immunisation Clinics and School Medical Inspections—take up a large proportion of the Health Visitors' time. Her home visits are mainly to infants, problem families and the aged, but many Health Visitors are aware of the broadening horizons of Mental Health and consequently, are devoting time to the prevention and after-care of mental illness. This was succinctly put by one Health Visitor, who reported:—

"Health Visitors have always played a most important part in the mental well-being of the people she serves. . . . She is usually a good **listener** as well as a good talker! !—which is recognised as the greatest help which can be given. Time again is the factor which is needed.

"Many of the duties now being done by Mental Health Officers—strangers to the mentally ill—could be done by the

"on the spot" worker in the field e.g. Health Visitor, so easing these people; anxiety which is the effect strangers have on these people; Health Visitors and Family Doctors are so unofficial in the homes now.

"The Health Visitor who has a reasonable case load and is the representative of **all** the Local Health Authority Services in her area, and is familiar with the latest activities of the Department, will be the person who will give most help to the developing Service."

The Aged are an increasing problem, particularly in some areas. Increasing years seem to mean to many added difficulties and hardship. The Health Visitor has to meet increasingly heavy demands from this group who, only too often, seem to be entirely deserted. One such case may make demands on the entire resources of the Social Worker. In some areas, the Health Visitors are in constant touch regarding cases with the following organisations:—National Assistance Board, Lady Almoners, Headmasters and Teachers, The Red Cross Society, Welfare Officer, W.V.S., and Old People's Visiting Committee.

TABLE XIX

Table (a)

First visits to children under 1 year of age ...	2890
Total visits to children under 1 year of age	17683
Total visits to children between 1 and 5 years ...	19784
First visits to expectant mothers	548
Total visits to expectant mothers	1058
Total visits to other cases	6750

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 and Johnstown	127	1020	973	77	188
Penycae, Garth, Trevor and Acrefair	116	812	422	36	49
Rhostyllen, Ruabon, Marchwiel, Isycoed, and Abenbury	169	1001	1234	23	27
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	168	820	313	1	17
Brymbo, Broughton, Summerhill	121	821	1104	34	47
Llay, Gresford, Rhosrobin, Rossett	152	873	936	21	27
Llangollen and Cefn	185	844	549	26	38
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos	119	1122	1147	59	75
Denbigh, Llanrhaiadr Y.C., Llandrynog, Aberwheeler	96	901	1020	1	4
Denbigh, Nantglyn, Llansannan, Llanelydd, Trefnant	119	1176	1120	1	3
Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	126	497	751	39	96
Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	61	222	290	2	6.

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
Llanrhaiadr Y.M., Llansilin, Chirk, Glynceiriog and Vroncysyllte	212	537	1396	2	2
Ruthin Borough, Ruthin Rural	185	859	1317	44	83
Borough of Colwyn Bay	279	1744	2360	48	100
Borough of Wrexham	655	4434	4852	134	296
Totals	2890	17683	19784	548	1058

HOME NURSING

There have been no changes in the administration of this Service. Fortunately, it has been possible to engage nurses as vacancies have arisen, although domiciliary nurses are not easily available. Recruitment to this Service is inadequate, and this County will have to face this problem in the near future when many of the present staff reach retiring age.

The demands on the Service have continued unabated, and it will be noted that 61.5 per cent of the total visits were paid to the over 65 years group which is a steadily increasing section of the community. Therefore, it can be anticipated that the demands on the Home Nursing Service will continue to grow, and it is as well to realise that unless the need is met, there will be much increased admissions to Hospitals and Welfare Homes. Most patients, and particularly the Chronic Sick and Elderly, much prefer to be treated at home, and, in most cases this is only possible through the help of the Home Nursing Service.

Two Male Nurses are employed in the Wrexham area, and they attend mainly to the Male Chronic Sick. Without such a Service, it would be impossible to keep many elderly patients in their own homes. Many of the patients are big and heavy, and require considerable skill and strength to lift and treat. The letters of appreciation received are not merely for services rendered, but of the generous humanity, tenderness and willingness to help beyond the limits of duty.

It is gratifying to record that under the inspired leadership of the Superintendent Nursing Officer, the members of this Service maintain the high ideals and traditions of the Nursing Service.

TABLE XXI
SUMMARY OF CASES ATTENDED AND VISITED BY HOME
NURSES DURING 1959

(1)											
	Number of cases attended by Home Nurses during the year	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients incl. in (2)-(7) who were 65 or over at time of first visit during year	(10) Children incl. in (2)-(7) who were under 5 at time of first visit during year	(11) Patients incl. in (2)-(7) who have had more than 24 visits during year
	4617	1747	14	89	104	452	7023	3081	431	1328	95541
Number of visits paid by Home Nurses during the year	117217	33031	164	3114	922	2810	157258	96638	377		

VACCINATION AND IMMUNISATION

Smallpox Vaccination

The number of infants vaccinated against Smallpox during 1959 was 1,118, which is only 41 per cent of those born during the year.

TABLE XXII

Vaccinations performed during 1959

Primary Vaccinations	Re-vaccinations.
Under 1 year 1118	Under 1 year 4
1 - 4 years 104	1 - 4 years 11
5 - 14 years 85	5 - 14 years 12
15 years and over ... 100	15 years and over ... 135

Diphtheria and Whooping Cough Immunisation.

Due to the concentration of the Department's energies on Poliomyelitis Vaccination, the customary emphasis on Diphtheria and Whooping Cough Immunisation abated, but in view of the recurrence of Diphtheria in London, it is evident that greater efforts must be made to maintain a high level of immunity.

The incidence of Whooping Cough also underlines the need to immunise infants against this disease at an early age. Although Whooping Cough is not often a lethal disease, it can cause distressing symptoms and leave a legacy of ill-health. The public tends to treat this illness lightly, which contributes, in no small measure, to its rapid dissemination.

TABLE XXIII

Number immunised during the year.

	Under 5 years	5 - 15 years	Total
No. immunised with Diphtheria Prophylactic	158	20	178
No. immunised with combined Diphtheria/Pertussis Prophylactic	1574	76	1650
Total no immunised against Diphtheria ...	1732	96	1828
"Repeat" Doses			768

TABLE XXIV
DIPHTHERIA IMMUNITY INDEX

Number of children in the Local Health Authority Area on
31st December, 1959 who have completed a course of diphtheria
immunisation at any time between 1st January, 1945 and 31st
December, 1959.

Age on 31.12.59 (i.e. born in year)	Under 1 1959	1-4 1955-1958	5-9 1950-1954	10-14 1945-1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1954/58	500	5731	7035	4707	17973
B. Number of children whose last course (prim- ary or booster) was com- pleted in the period 1953 or earlier	—	—	2214	7081	9295
C. Estimated mid-year child population	2680	9620	27700		40000
Immunity Index 100 A/C	18.7	59.6	42.4		44.9

TABLE XXV

**Number of cases of Whooping Cough notified
since 1950 in Wrexham and Colwyn Bay Boroughs
and the Administrative County**

Year	Wrexham Borough	Colwyn Bay Borough	County
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
1959	66	—	109

Tetanus Immunisation.

Although, as far as I have been able to ascertain, the number of cases of Tetanus occurring in Denbighshire has been small, it has been decided to offer immunisation against this disease, at the Child Welfare Clinics.

A Triple Antigen, effective against Diphtheria, Whooping Cough and Tetanus, is available, so that protection can be given against the three diseases with the same number of injections, as for the Combined Diphtheria and Whooping Cough immunisation.

Poliomyelitis Vaccination.

It will be noted that 18,972 persons received two injections during the year under review, and that this brings the total vaccinated since the inception of the scheme to 41,845. Approximately 75 per cent of children under 15 years of age have been vaccinated, which is a satisfactory level of immunity, but in the 15-25 year group, the response after the initial enthusiasm waned markedly, and the attendances at Clinics have been disappointing.

Various methods of arousing public interest were used, but to little avail, until national publicity was given to a poliomyelitis death. For a short period, subsequently, the various Clinics were suddenly swamped, and staff were hard pressed to cope with the considerable demands. It is pleasing to record the readiness of staff to "gird their loins" to complete an onerous task in a manner which favourably impressed the public.

Sessions for vaccination were arranged in Schools, Clinics and at the large business premises. Headteachers and industrialists assisted enthusiastically and co-operated fully.

I would express my appreciation for all the help that was given.

TABLE XXVI

Number vaccinated with two injections during 1959:—

0-4	5-14	15-25	Exp. Mothers	Others	Total
3100	4435	9811	311	1315	18972

Total number who have received a third injection 21947

"The total number of persons who have received two injections since the commencement of the scheme 41845

AMBULANCE SERVICE

The Ambulance Service is passing through a transitional phase between being an Agency and a Directly-Provided Service. Due to the close co-operation of all concerned, this period has been harmonious and of benefit to the Service. Since 1948, the Welsh Home Ambulance Service Committee has been responsible for providing the vehicles and the personnel, while the day-to-day control has been vested in the County Medical Officer of Health. This arrangement worked well until the load became too heavy for a purely Voluntary Service to carry. It then became necessary to introduce paid personnel. Fortunately, the change will not mean the extinction of the Voluntary spirit, as the County Council has decided that the Voluntary Organisations who so desire, shall continue to serve in the Ambulance Service but under a directly negotiated agreement. This change is, therefore, one of emphasis rather than of attitude.

During the year under review, the number of patients carried, and the mileage travelled, have increased, but it is some consolation to realise that the co-ordination of journeys has substantially contributed to restricting, comparatively, the mileage to a modest increase. The constantly increasing demands, due mainly to the expansion of Hospital facilities in the area, strain the resources of the Ambulance Service, and it is with a feeling of thankfulness I again can report that not only has the routine work been done satisfactorily, but also that all emergencies, which are, in my opinion, the supreme test of efficiency, were attended to promptly and expeditiously.

The introduction of a 24 hour control has, undoubtedly, ensured a far better supervised and co-ordinated service. Not only has this meant economies, but also that Emergency Calls were attended to immediately. The Fire Service operate the Control from 12 midnight until 8 a.m., and they have performed these duties with punctillious efficiency. I wish to record my appreciation of the help and co-operation I received from the Chief Fire Officer and his staff.

Another new and successful innovation was the introduction of the Land Rover Ambulance. It came into service at the beginning of the year when a heavy fall of snow provided precisely the conditions for which it had been designed. The vehicle was immediately given thorough trials which proved most satisfactory, and within the next few days it evacuated successfully several patients from homes which were completely inaccessible to any other vehicle. Subsequently, the Land Rover has measured up to

the requirements of routine work, and has proved itself to be a flexible, comfortable and economic Ambulance.

It will be of interest to record that the Land Rover Ambulance was featured in the I.T.V. Welsh News, the "County Council Gazette" (May 1959) and in "The Medical Officer" (12th June, 1959)

At the time of writing this Report, this Ambulance again surpassed itself in evacuating a seriously ill patient from a remote farmstead on the Berwyn Mountains.

Finally, I would mention that this was, as far as I know, the first vehicle of this type to be supplied to a Local Health Authority, and that since its introduction in this County, other Authorities in England, Wales and Scotland have inspected it and ordered similar vehicles. It is the intention to supply, in due course, a Land Rover Ambulance to the Llangernyw and Ruthin Ambulance Stations.

As has already been indicated, Denbighshire has gradually, over the past few years, been introducing a directly provided Ambulance Service, and the Proposals under the National Health Service Act were accordingly amended during 1959. The introduction of a County Council Ambulance and a paid driver supported by Volunteers, was first tried at Abergele, and in view of the success of that experiment, a similar pattern has been followed on each subsequent occasion. The County Council has already bought a nucleus of its Ambulance fleet, and it is hoped to purchase the remainder during 1960. This has involved a heavy capital programme, but despite this, the total cost of the Ambulance Service has been kept at a fairly static level. This is quite an achievement, especially when the increased mileage, costs of Vehicles, and repairs and spares are also borne in mind.

The following Table summarises the situation:—

Year	patients carried	Mileage	Patient miles	Total Costs
1956	53,000	423,000	8.15	£31,139
1957	48,000	412,000	8.58	£32,548
1958	54,000	440,000	8.14	£32,973
1959	57,572	448,958	7.79	£34,422

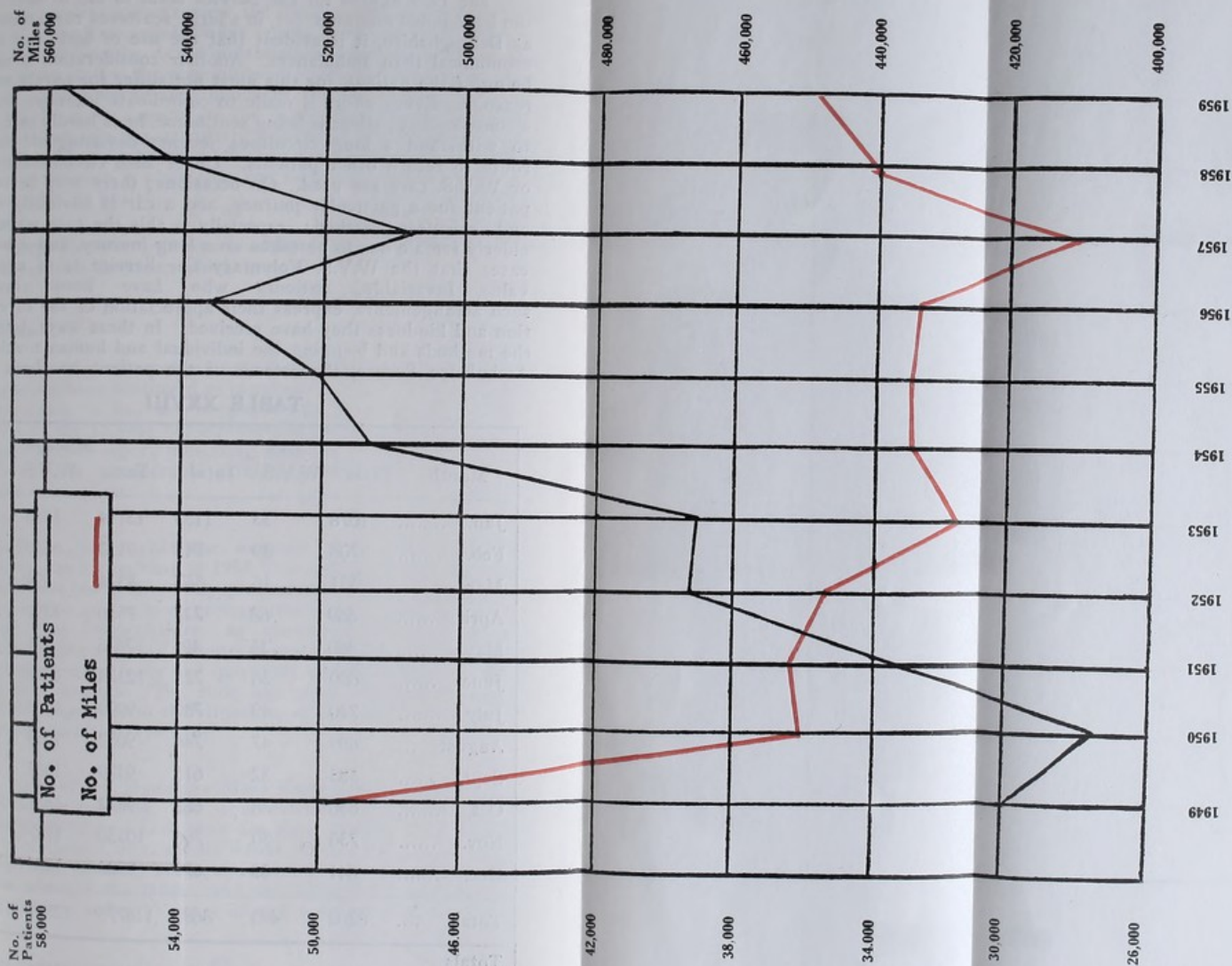
It is remarkable that so much co-ordination and so many economies as are reflected in the above Table, have been effected without detriment to efficiency, especially as this Service is still not under Radio Control. I had hoped that 1959 would have seen our Ambulance Service sharing the Police Radio Service. At the

time of writing, the Police are now on the air, but obviously, some time will be needed for them to acquaint themselves with the various procedures before complicating the situation by including the Ambulance Service. Perhaps this may not be altogether a loss for, in the meantime, I am confident that, in an emergency, every help will be forthcoming from the Police—the Police Radio played a valuable role in the combined operation of removing the Berwyn farmer to hospital, and, furthermore, it will enable us to assess the situation more critically.

TABLE XXVII

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele	2681	30920
Colwyn Bay	4703	30049
Colwyn Bay Isolation Hospital	37	344
Cerrigydrudion	81	3286
Denbigh	2129	30333
Llangernyw	2185	28406
Llanrwst	74	2880
Ruthin	2458	31989
Cefn	3390	27658
Chirk	855	10080
Llangollen	1766	16856
Rhos	4301	17517
Wrexham	18356	84385
LCA 854	5871	4629
Grand Total	48887	319332

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



SITTING CASES

The 1959 figures for the Service seem to me to have reached the irreducible minimum for, in a large scattered rural county such as Denbighshire, it is evident that the use of taxis can be more economical than ambulances. Another consideration is the well-being of the patient, for this must not suffer for purely economic reasons. Every effort is made to co-ordinate journeys, but when a convalescent patient is being sent home, he is hardly in a fit state to withstand a long circuitous journey deviating off the direct route to return other patients. Under such circumstances, taxi or W.V.S. cars are used. On occasions; there may be only one patient for a particular journey, and a car is obviously the best and cheapest method; especially is this the case when a frail elderly female has to be taken on a long journey, and it is in such cases that the W.V.S. Voluntary Car Service is of exceptional value. Invariably, patients who have been transported by such arrangements, express their appreciation of the care, attention and kindness they have received. In these ways, by varying the methods and bringing the individual and human touch to the Ambulance Service, the esteem of the patient has been won.

TABLE XXVIII

Month	Cases			Mileage		
	Taxis	W.V.S.	Total	Taxis	W.V.S.	Total
Jan.	1078	55	1133	13154	1036	14190
Feb.	706	39	745	9132	630	9762
Mar.	551	16	567	8324	394	8718
April	669	68	737	7556	1391	8947
May	460	35	495	7815	571	8386
June	689	36	725	12374	1072	13446
July	740	49	789	9999	1423	11422
August ...	699	47	746	9052	1055	10107
Sept.	583	32	615	9379	1365	10744
Oct.	650	38	688	9672	1471	11143
Nov.	736	30	766	10330	1157	11487
Dec.	641	38	679	9988	1286	11274
Totals	8202	483	8685	116775	12851	129626
Totals for 1958 ...	9889	1484	11373	139843	32564	172407

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

During the year under review, the Health Department has continued to exercise its manifold duties arising from this Section of the National Health Service Act. Fundamentally, the approach of all members of the staff is the promotion of health and the prevention of illness. This governs and influences the standpoint taken in relationship to most aspects of the work done by the Health Department, and this is particularly evident in the Maternity and Child Welfare Clinics where no effort is spared to make sure that the future generation is physically and mentally guided on to the paths that lead to health.

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 is regretted that, once again, it has not been possible to undertake B.C.G. vaccination of the 13 year old schoolchildren, particularly in view of the more recent report indicating that the vaccines have continued to exert a considerable protective effect for at least 7½ years after vaccination.

It will be noted that the number of notified cases of Tuberculosis was higher than in 1958. This indicates that the spread of disease is not being effectively prevented, although patients are diagnosed earlier and receive prompt treatment. It is disturbing to realise that Denbighshire, as compared with the national average, is lagging and this, despite so much effort. The situation must be looked at critically and inevitably greater efforts must be made in this direction. The time has come when the general public must be aroused to the situation, so that better use will be made of the facilities available.

The visits of the Miniature Mass Radiography Service must be given better publicity, and it is essential that their efforts should be directed to where they are most needed. The greater flexibility of these Units, should assist in this direction. Unfortunately, the publicity given to radiation hazards caused much confusion amongst the public, and the supervision and examination of children under 15 years of age more difficult.

Total No. of cases on register, 1959:—

Pulmonary	... ..	1658
Non-pulmonary	... ..	386
Total no. of notifications	... ..	167
No. of new contacts seen of new cases notified	... ..	526
No of contacts notified of this number	... ..	24
No. of old contacts seen of old cases	... ..	2703

TABLE XXIX**Cases on Tuberculosis Register on 31st December, 1959**

Respiratory.			Non-respiratory.		
M.	F.	Total	M.	F.	Total
917	741	1658	210	176	386

Mental Illness and Defectiveness.

The extent of mental illness in the community has been appreciated only in comparatively recent years, and the importance of prevention and early treatment is only now being fully realised.

During 1959, the Mental Health Act was passed which, as far as Local Health Authorities were concerned, largely reiterated the permissive powers that had previously been granted to them. Undoubtedly, the prominence which has been given to Mental Health, together with the enlightened attitude and greater statutory powers, will stimulate greater activity and divert more resources to this much neglected field of medicine.

It is gratifying that this Authority had, in most directions, previously initiated many of the services recommended by the new Act, but it must be appreciated that these need developing to meet the changed situation that will evolve. Medical Officers and Health Visitors have concerned themselves with the Mental Health of mothers and children attending the Child Welfare Clinics, and when necessary they have sought the assistance of the Child Guidance Service which, of course, has been more intimately concerned with the School Child.

The Mentally Sub-normal may be recognised early in life, and the Clinic staff can help enormously in preparing the parents for the psychological shock of realising that their child is so affected. Furthermore, some conditions, if recognised sufficiently early in life can be treated, so that mental sub-normality does not develop. Cretinism, if treated in early infancy, responds rapidly, and the infant develops normally.

Phenylketonuria is a rare metabolic disease which causes mental sub-normality in young children, and if diagnosed early, the brain damage can be prevented by special dietetic treatment. On the advice of the Consultant Paediatrician, arrangements have been made for the urine of all babies between 2-3 months to be tested. In this way, it will be possible to prevent brain damage from this disease.

In old age, mental changes occur which, if recognised and treated, can at least be prevented from further deterioration. Unfortunately, these are so insidious that usually patients do not present themselves until irreversible changes have occurred. Much can be done, even now, to prevent premature senility, but there is, here, a vast field for research.

Other types of illness.

The advice of Medical Officers, Health Visitors and District Nurses is constantly sought by the public on a wide range of matters affecting health. In 1958, a "Guard that Fire" Campaign was launched, and in its aftermath, the staff have continued to urge the public to take precautions against the risk of fire in the home. Associated with this has been a drive against Accidents in the Home, which has helped to reduce these misfortunes.

The various Nursing Equipment Loan Depôts have continued to provide for those being nursed at home. District Nurses hold a stock of essential equipment which is augmented in many areas by Voluntary Depôts. These serve a very useful purpose and bring relief to many patients. Special equipment such as beds, mattresses, lifting poles, wheel chairs etc. are stocked centrally. Several hemiplegics are being nursed at home with the aid of special equipment provided by the Department. As these facilities become generally known, the demands increase and become more varied.

Convalescence was provided for 13 patients during the year.

The Department has also assisted in the rehabilitation of many patients by attention to a variety of social problems which often require the assistance of both statutory and voluntary agencies.

Chiropody Service.

The Ministry of Health gave approval to the Local Health Authority establishing a Chiropody Service. The Circular 11/59 was submitted, and the County Council approved the recommendation that a Chiropody Service should be established in the County, and the Proposals were amended accordingly.

Already, various Voluntary Organisations have provided a Chiropody Service in Colwyn Bay and Rhosllanerchrugog, while the Welfare Committee employs a Chiropodist on a sessional basis for some of the Welfare Homes. The Scheme for the County proposes a directly provided service which will operate alongside those already administered by Voluntary Agencies. However, it will not be feasible to launch the Service until later in 1960.

Venereal Diseases.

The number of Denbighshire patients dealt with for the first time during 1959 at Treatment Centres was 78 which were classified as follows:—

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital	2	1	9	12
St. Asaph General Hospital	3	—	3	6
Wrexham War Memorial Hospital	4	13	43	60
	—	—	—	—
Totals	9	14	55	78
	—	—	—	—

The situation as indicated by these official figures would seem reasonably satisfactory, but I doubt whether they are accurate. I have reason to suspect that cases of Venereal Diseases were treated by General Medical Practitioners who neither referred the cases to a Treatment Centre, nor notified the Venereologist that such cases were under treatment. This is a very unfortunate state of affairs, as under these conditions it is impossible to ascertain the extent of the problem, or to effectively control treatment.

The Ministry of Health Circular 6/59 (Wales) draw attention to the increase in the incidence of these diseases, which has been further aggravated by the fact that certain strains of Venereal Diseases have become resistant to treatment with penicillin. As a result of this, the treatment of these diseases has become more difficult and complex.

Community Care of the Aged.

With advancing years, the incidence and frequency of ill-health increases, while the resiliency and resistance of earlier years diminish. The proportion of people over 65 years of age in the community is steadily growing and, consequently, the demands on the Health Services will increase. Social changes have occurred which have grievously aggravated circumstances for the elderly. Families have been dispersed, houses have been unobtainable, attitudes to parents have deteriorated and communities are no longer static and closely knit. This situation will steadily deteriorate for the next few years.

Various statutory authorities have duties to provide for the needs of the Elderly, some of which are:

Medical Care—General Medical Practitioners in the Home and Specialists in the Hospitals.

Financial

Assistance—National Assistance Board.

Residential —

Accommodation—Welfare Department of the County Council

Home Nursing

Home Visiting

Home Help

Chiropody

} —Health Department

These various Services, working in distinct compartments, cannot function effectively unless their efforts are co-ordinated and in Denbighshire, this role has devolved on the Health Department.

Over the past few years, the Health Visitors have paid increasing attention to the social problems of the Aged, and in Colwyn Bay alone they visit on an average 70 cases per week. The varied problems that arise are recorded and, in the event of any particular difficulty, discussed with the District Medical Officer of Health who then contacts the appropriate agency and ensures that the service needed is provided. Co-ordination of effort is ensured within the limits of the resources available.

Colwyn Bay has a high proportion of Elderly People, and it is therefore not surprising that there are difficulties in obtaining accommodation either in Hospitals or Welfare Homes. However,

due to the indefatigable efforts and resourcefulness of Dr. McKendrick, the District Medical Officer and Mr Kyffin Jones the Welfare Officer, most of these difficulties are overcome. Due to their influence and endeavours, another 27 Elderly persons were during the year, placed in various private homes. In addition, financial help was obtained for them from the National Assistance Board, to meet the increased living costs. Constant visiting and the ready availability of ancillary services has ensured their continued happiness. This spirit of co-operation is general throughout the County and unquestionably ameliorates greatly the hardships of the Elderly.

In whatever manner the statutory bodies provide for the requisite needs of the aged there remains to some measure, untouched, the heaviest burden of old age—loneliness. Members of the staff endeavour to establish personal relationships with the Elderly and bring humanity into their work. Health Visitors pay social calls when passing; District Nurses re-visit a case to make them comfortable for the night, and Home Helps frequently become friends whose interest continue long after their official duties have ceased. Yet, it must be admitted that more is needed and that this additional need can only be met by Voluntary effort. Various Voluntary Social Services throughout the County work diligently to relieve the hardships of the Elderly, and it would only be just to state that many members of the Health Department are also members of some of these Voluntary Organisations. In other words, many of the staff are also keen and industrious Voluntary Workers—a point which is not invariably appreciated. Old People's Clubs have been formed in most parts of the County. They organise various social functions and foster a community spirit. Home visiting by selected members is arranged by some, meals on wheels by others, and other domiciliary services according to requirements. Chiropody Clinics have been established in Colwyn Bay and Rhosllannerchrugog. In due course it is hoped that the County Chiropody Scheme will augment these pioneering efforts.

PROBLEM FAMILIES

During 1959 the Health Department was engaged constantly with 69 families, which entailed the application of more than two other agencies, but this does not, in any way, reflect the considerable work and effort devolved to this difficult group.

Rehabilitation of these families is a slow process of unremitting labour, but rewarding in the knowledge that the next generation will benefit, for it is the children that usually suffer most. While it cannot be alleged that there is overt child neglect,

there are many instances that come near to it, and the early intervention of the National Society for the Prevention of Cruelty to Children is a potent preventive measure. The Officers of the Society work in close collaboration with the Health Visitor, and much is achieved in this way. Periodic Case Conferences convened by the Children's Officer helps to ensure co-operation amongst the voluntary and statutory agencies concerned.

The Housing Authorities' approach to the Problem Family is helpful, but re-housing is but one factor and must be followed up by continuous social therapy, otherwise the family relapses into its old anti-social behaviour.

BLIND PERSONS

During 1959, the Health Department which is responsible for ascertainment of the blind, examined 76 persons and informed the Welfare Department that 69 should be registered as blind persons.

TABLE XXX

Blind Persons.

	Males	Females
No. of cases on Register	168	239
No. of cases ascertained during 1959	27	42
No. of cases ascertained during 1959 with:		
(a) Cataract	15	27
(b) Glaucoma	3	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	9	10	—	—
10 - 15	16	12	1	1
15 - 25	4	—	3	—
25 - 50	7	6	6	6
50 and over	4	3	4	3

Spastics.

During recent years, the provision for Spastic Children has greatly increased. In the County, there are 24 such cases known to this Department, and of these 6 have already been placed in Residential Schools; others are being educated at ordinary Schools or at the Training Centre. A few remained for which no suitable provision could be provided locally. This latter group has severe handicaps, and must be given special treatment and facilities if they are to develop their potential. The Wrexham Handicapped Children's Society has striven to establish a Spastic Day Centre in Wrexham. This has now been achieved with the assistance of the Wrexham, Powys and Mawddach Hospital Management Committee. The Society paid for a building and the equipment, while the Hospital Management Committee supplied the various Main Services and the staff. The County Council also will help by providing a part-time teacher, and the Health Department transports the children daily. This will ensure that from early infancy, Spastic Children in this area will receive the highly specialised treatment and training which should enhance their prospects of overcoming their disability.

TABLE XXXII

**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	5	1
10 - 15	2	6	—	—
15 - 25	—	—	—	—
25 - 50	—	—	—	—

HEALTH EDUCATION

During the year under review the established programme of Health Education was followed. At a personal level, members of the staff discussed a wide variety of health topics with members of the public and, in my opinion, this is by far the most effective method. Medical Officers and Health Visitors regularly gave short talks to mothers at Ante-Natal and Child Welfare Clinics where, in addition, considerable use was made of various visual aids. At the County-owned Clinics, display materials were changed regularly according to the particular theme being emphasised. Valuable material was obtained from the Ministry of Health and the Central Council for Health Education. In addition, appropriate literature was available at the Clinics, either for free issue or for sale.

Members of the staff lectured to various Voluntary Organisations and full use was made of Press publicity. At some Schools, lectures have been given to senior students, and Senior girls have attended at the Child Welfare Clinics.

DOMESTIC HELP SERVICE

The administrative arrangements for this Service continued as in previous years.

It will be noted that the Chronic Sick is, by far, the largest group benefiting from this Service. The pathetic and tragic circumstances of many old people make this one of the most difficult Services to administer. The clash of administrative responsibility and the desire to help is constant, especially as costs and requirements are ever increasing. However, it is a much appreciated Service as it does alleviate hardship and brings comfort to many.

The number of Home Helps employed on the 31st December, 1959 was:

(a) Whole-time	... ..	3
(b) Part-time	... ..	153

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

(a) Maternity (inc. expectant mothers)	...	25
(b) Tuberculosis	... ..	17
(c) Chronic Sick (inc. aged and infirm)	...	449
(d) Others	... ..	187
Total	... ..	<hr/>678 <hr/>

MENTAL HEALTH SERVICE

The Mental Health Service Act 1959 received the Royal Assent on the 29th July, 1959 which was an event that marked the culmination of the hopes and aspirations of those who had been striving against apathy, neglect and supersition, inadequate resources in staff, equipment and accommodation, and the inability to exploit fully recent advances in psychiatric treatment. However, it must be realised that the mere passing of this Act can be but a prelude to new developments.

The Ministry of Health Circular 9/59 (Wales) indicated that Local Health Authorities already had many powers to expand their Services in the various directions envisaged by the new legislation. It was gratifying to find that the policy followed by Denbighshire over the past few years had, in great measure,

anticipated the proposed legislation, and that the task confronting the Authority was one of expansion rather than launching an entirely new Service.

The Junior Training Centre at Gwersyllt was opened in 1955 and not only have the children been trained, but staff also have gained valuable experience. Two trainees have now reached the stage where they can be sent away to study for the Diploma Course organised by the National Association for Mental Health. Older pupils have been accommodated in the Annexe where more advanced Courses have been organised, which have already proved their value. During the past year, 5 Senior pupils were placed in employment. However, it must be admitted that all this was but a small beginning, especially when compared with the pioneering efforts at Oldham. An observation visit to Oldham by Councillors and staff, proved most instructive and stimulating as the benefits of training were so patently demonstrated.

For many years, the domiciliary services for the Mentally Ill have been gradually developed within the meagre resources available. Denbighshire has had, for many years, an arrangement with the North Wales Mental Hospital, for the joint use of staff. In addition, two whole-time Mental Welfare Officers were appointed in 1954 and they have steadily built up the social services for the Mentally Disordered. Close liaison has been maintained for many years with the North Wales Mental Hospital by joint use of staff, personal contact, and the County Medical Officer of Health has been a member of the Hospital Management Committee.

In accordance with the Ministry of Health Circular, the Health Committee considered proposals for the extension of the Local Health Authority Mental Health Services, and the Proposals under Section 28 National Health Service Act were amended. This will entail a considerable increase in staff, equipment and accommodation, and I hope that consideration of finance alone will not retard the development which is so greatly needed.

Another venture which was launched during the year, was the opening of a Psychiatric Social Club in Wrexham. Following discharge from Hospital, many patients encounter difficulties in re-establishing themselves in the community, and as a result, they often become withdrawn and refuse to leave their home. However, they can be induced to attend a Psychiatric Club where they know they will meet other patients with similar experiences and difficulties. The Berwyn Club, as it has been named, was formed through the initiative of Mr. Emlyn Evans the Chief Mental Welfare Officer who, together with other members of the staff, organise most of the Club activities.

Originally, the Berwyn Club met at the Old People's Club at Bodhyfryd, Wrexham, but now it meets at Gwersyllt. Members are transported from King Street by a special 'bus which is hired, at a special rate, from Crosville. Although the Club has not been long in existence, it has obviously met a great need. Several members had not been out of the house for long periods prior to attending the Club. Others have been helped sufficiently to be able to take up employment. Undoubtedly, in due course, other similar Clubs will have to be opened elsewhere in the County.

The Mental Health Act re-orientates the Mental Health Service away from the Hospital, emphasises the importance of domiciliary care, and repeals many restrictive statutory procedures. In future, admission of patients will be on an informal basis wherever possible, and compulsory statutory powers must only be used where absolutely essential.

The duties of magistrates in the certification of patients will cease, and compulsory powers will, in future, be authorised by two medical certificates. Mental illness will be treated in any hospital, and the Act encourages the provision of Psychiatric wards in General Hospitals.

The General Medical Practitioner will have a major role in the domiciliary treatment of the mentally ill. Already, close collaboration exists between them and the staff of the Health Department. However, it is already evident that even closer links must be forged as the new procedures become effective. In the past, the Duly Authorised Officers assisted with the admission of the majority of patients to Mental Hospitals. Formal notices of admission and discharge were received by me, but I can foresee difficulties when this practice falls into abeyance. To provide domiciliary care, the Health Department must be aware of the need and unless the Hospital continues to furnish information, the task will be an impossible one

More and more patients were admitted informally during the latter part of 1959, and less and less was known about them by this Department. There are certain ethical considerations, and these should be resolved as soon as possible, or otherwise the free flow of information, which is of paramount necessity to a comprehensive service, will cease. I hope that the Minister of Health will issue an edict which will not founder on the pious hopes of co-operation.

The trends of previous years continued to develop and the range and scope of the Social Work increased, particularly

amongst the Elderly. The onset of senile degeneration is so insidious that, by the time it is recognised, preventive measures are of no avail and, and indeed, requests for aid usually come at a time of crisis. Decisions are fraught with difficulties under such circumstances, especially as the resources available are either inadequate or inappropriate. In previous years, the need for improved Geriatric Services, together with special provision for the mildly confused senile patient, has been mentioned, and it is evident that until this is forthcoming, the only course possible is admission to the Mental Hospital.

Lunacy and Mental Treatment Acts.

TABLE XXXIII

Cases dealt with by the Duly Authorised Officers.

	M.	F.	T.
Lunacy Act, 1890.			
Summary Reception Order	30	70	100
"Three Day" Order, Sect. 20	46	94	140
Urgency Order, Sec. 11	—	—	—
Mental Treatment Act, 1930.			
As Voluntary Patient	196	203	399
As Temporary Patient	—	—	—

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 1959	30	70	100
No. of patients discharged during the year	105	78	183
No. of patients died during the year	7	10	17
Voluntary Patients.			
No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1959	196	203	399
No. of voluntary patients who left the Hospital during the year 1959	168	216	384
No. of voluntary patients who died during the year 1959	5	4	9
Temporary Patients.			
No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh during the year 1959	—	—	—
No. of temporary patients discharged during the year 1959	—	—	—
No. of temporary patients who died during the year 1959	—	—	—

Mentally Sub-Normal and Severely Sub-Normal.

For the past few years considerable efforts were made to ascertain all mentally sub-normal children in Denbighshire, as it was considered of prime importance that all such children should be known to the Department, for it was only in this way that plans could be formulated for the provision of essential services.

The Mental Health Act 1959 has reiterated and emphasised the responsibilities of the Local Health Authority in providing for the community care of the Mentally Sub-normal.

The ascertainment of the mentally sub-normal continued during 1959 as previously, and resulted in 27 new cases being formally ascertained by the Health Committee. Many of these were referred by the Health Visitors or by the Medical Officers. This condition is suspected when the milestones of development are reached late, sometimes by the presence of various stigmata, but many indeterminate cases have to be observed over several years, and indeed, a decision is deferred until there can be no doubt regarding the diagnosis. The child's entire future is inexorably determined if he is categorised as Mentally Sub-normal, so every precaution is taken to avoid errors. Hearing tests are made with a pure tone Audiometer on Infants in Child Welfare Centres and young children at School, and if there is any doubt, the case is referred to the local Ear, Nose and Throat Consultant, or to Professor Ewing at Manchester. Vision is also carefully tested, and if there is any physical abnormality, the child is examined by the Paediatric Consultant. The help of the Child Guidance Service is also sought in appropriate cases. Finally, the child is given a trial period at a school where the teachers can glean further information regarding his innate ability. Once the diagnosis has been finally made, then every effort is made to provide suitable training. In the case of the Mentally Sub-normal the sooner training is commenced the better the response. The child who is but poorly endowed, must learn to develop to the utmost his few talents, and the sooner this is commenced, the better the results.

Gwersyllt Junior Training Centre was opened in 1955, and it has developed steadily to provide for 36 children. In the initial years great stress was laid on socialising the children—a necessary preliminary to further training—but now the older children have passed on to more formal training which is aimed at making them useful and productive citizens. This trend it is hoped to develop further when Adult Training Centres become available.

The needs of the rural child has not been met as yet, although attempts were made to run fortnightly classes at peripheral centres. In due course, it is hoped that a Hostel will provide the answer to this problem.

Older cases, previously not ascertained, were referred to the Department through various agencies. These often present problems that emphasise the neglect of this group in the past. Some have had so much loving care that their few endowments have never had an opportunity of being developed, while others have been so neglected or exploited that only their baser characteristics have emerged. It is hoped that this Authority will embark on developing its Mental Health Services so that this grievously handicapped group is given an opportunity of establishing itself as a respected and integral part of the community.

During the year a total of five pupils were placed in open employment competing in the labour market (with the exception of one) on comparable pay rates with other workers. Employment found was as follows:—

1 Male (18 years)	Agricultural work
2 Males (21 and 23 years)	Factory work
1 Male (20 years)	General labourer
1 Female (46 years)	Domestic work

Five placements may not seem much, but it entailed considerable effort for the Mental Welfare Officers who were greatly helped by the Manager of the Ministry of Labour and the Disabled Resettlement Officers as well as various industrialists and members of the family. The pupils gained in self respect and their success spurred them on to give of their best. They are productive and no longer a burden to their relatives or the community.

Admission to Hospital—Long stay.

As patients could be admitted informally, many parents withdrew their objections and this resulted in an increased demand for vacancies at the various Hospitals.

The number admitted during the year was as follows:—

Under 16 years of age			Over 16 years of age		
M.	F.	TOTAL	M.	F.	TOTAL
4	1	5	2	3	5

The reasons for long stay admission were varied, but it was apparent that the onus for the home care of the Mentally Sub-normal fell on the mother, and that on her death there was no one to shoulder the burden. However, in future, it may well be that the young mentally sub-normal will be admitted with a view to receiving early training in the more orderly atmosphere of a hospital. When they have become socialised, they will then return to their families and continue their training at the local Centre.

Admission to Hospital—Short stay.

The constant strain of caring for a Mentally Sub-normal child can become intolerable. A brief respite and a short holiday gives the parents a chance to recuperate sufficiently to continue caring for their handicapped child for a further period. Furthermore, even a short period with trained staff and a well organised regime may result in an appreciable improvement in the behaviour of the patient. During 1959, there were 10 such cases admitted to Hospital for periods varying from 3 weeks to 2 months.

TABLE XXXV

Mental Deficiency Acts, 1913-1938.

	M.	F.	T.
No. of mental defectives in institutions at 31/12/59	105	103	208
No. of mental defectives under guardianship at 31/12/59	6	3	9
No. of mental defectives in "Place of Safety" at 31/12/59	—	—	—
No. of mental defectives under Statutory Supervision at 31/12/59	110	95	205
No. of mental defectives awaiting removal to an institution during the year 1959	12	11	23
No. of mental defectives (new cases) reported during the year 1959	15	12	27
No. of mental defectives admitted to institutions during the year 1959	8	3	11
No. of mental defectives taken to "Places of Safety" during the year 1959	—	1	1
No. of mental defectives placed under Statutory Supervision during the year 1959	16	9	25
No. of mental defectives that ceased to be under care by reason of death or removal from the area during the year 1959	3	5	8

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. 535 cases of Measles were notified which was appreciably less than in the previous year.

Three cases of Paralytic Poliomyelitis occurred; two were adults who had not been immunised and the third was a school-child. None of these had been vaccinated against Poliomyelitis. It was particularly tragic that the school-child had been offered vaccination but had refused and the parents had not deemed it necessary to insist that the child should be vaccinated, despite a direct appeal.

Food Poisoning.

Three outbreaks of Food Poisoning occurred in various parts of the County.

At Abergele several members of a touring party were taken ill with symptoms suggestive of Food Poisoning. Despite exhaustive enquiries no definite cause was discovered but one patient who had been unwell before leaving home, was found to be excreting *sonne* dysentery.

In the Acrefair, Trevor and Llangollen area, a group of people were taken ill following a day trip. These were found to be excreting *Salmonella Typhi-murium* with which they had been infected during a meal while on the trip. Several of these cases continued for several weeks to excrete the organisms, and had to be kept under constant supervision.

During the summer months several cases of Food Poisoning occurred on the borders of Caernarvonshire. Following careful investigation, it was concluded that these were due to *Staphylococci pyogenes* present in the milk. Circumstantial evidence suggested that the source was a cow suffering from mastitis.

It will be noted that there were only 30 cases in the whole County, but the foregoing account indicates the diversity of the problems.

TABLE XXXVI
INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1959 and, for comparative purposes, the nine preceding years are shown.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Scarlet Fever	264	123	141	123	69	147	156	114	78	86
Whooping Cough	465	408	288	317	237	212	160	198	72	109
Diphtheria	4	—	1	—	—	1	—	—	—	—
Measles	1979	1849	712	2149	511	3056	473	1811	881	535
Acute Pneumonia	149	204	81	129	63	73	67	72	87	64
Meningococcal Infection	4	9	9	6	4	6	3	3	3	2
Acute Poliomyelitis:										
Paralytic	26	6	12	7	2	8	2	10	—	3
Non-Paralytic	29	2	1	4	2	2	2	—	1	—
Acute Encephalitis:										
Infective	—	2	1	—	3	—	—	—	1	—
Post-Infectious	5	—	—	—	—	—	—	—	—	—
Dysentery	45	41	23	8	3	23	207	3	24	21
Ophthalmia Neonatorum	—	10	6	1	—	5	1	7	—	1
Puerperal Pyrexia	1	6	13	18	10	9	6	8	2	26
Paratyphoid Fever	—	1	5	—	—	—	—	—	1	—
Enteric or Typhoid Fever	1	—	—	—	—	—	1	—	4	—
Food Poisoning	19	112	4	3	11	10	6	15	146	30
Erysipelas	31	14	32	26	19	17	13	12	8	11
Chickenpox	15	5	—	10	—	—	—	—	—	—
Malaria	—	—	1	—	—	—	—	—	—	—
Pulmonary Tuberculosis	169	165	231	202	231	161	138	142	136	143
Non-Pulmonary Tuberculosis	41	21	37	25	51	15	21	27	31	23
Totals	3228	2866	1598	3028	1216	3745	1256	2422	1475	1054

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	4	6	—	59	10	—	—	—	—	—	—	1	—	—	—	—	1	—	3	—	—	3	2
Colwyn Bay	1	—	—	157	7	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	13	3
Aled	2	12	—	49	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	6	2
Western No. 2.																							
Denbigh	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	7	1
Llanrwst	19	—	—	11	2	—	—	—	—	—	1	—	—	—	—	—	4	—	1	—	—	1	—
Ruthin Borough	3	—	—	21	2	—	2	—	—	—	—	—	3	—	—	14	—	1	—	—	—	4	1
Hiraethog	10	—	—	10	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	3
Ruthin Rural	3	—	—	15	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Eastern No. 1.																							
Wrexham R.D.	25	24	—	157	30	—	—	—	—	—	17	—	13	—	—	—	9	—	1	—	—	75	5
Ceiriog	4	—	—	17	1	1	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	4	1
Llangollen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern No. 2.																							
Wrexham Borough ...	15	66	—	36	10	1	1	—	—	—	1	—	9	—	—	—	2	—	1	—	—	27	5
Totals	86	109	—	535	64	2	3	—	—	—	21	1	26	—	—	—	30	11	—	—	—	143	23

TABLE XXXVIII

**Comparative Death Rates from Pulmonary Tuberculosis
in the Rural and Urban Districts, Administrative County,
and England & Wales, for 1959 and each of the preceding
ten years.**

Year	Death Rate per 100,000 of the Population:			
	Urban	Rural	Whole County	England & Wales
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
1959	8.8	8.8	8.8	7.7

TUBERCULOSIS

During the year under review, the number of cases notified was 100 males and 67 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	—	1
1—	—	—	—	—	1	1
2—	2	3	5	—	1	1
5—	—	2	2	1	—	1
10—	1	4	5	1	1	2
15—	4	4	8	1	2	3
20—	5	6	11	1	1	2
25—	9	14	23	2	4	6
35—	12	7	19	2	—	2
45—	19	9	28	2	2	4
55—	25	3	28	—	1	1
65—	8	2	10	1	—	1
75 & over	3	—	3	—	—	—
Totals	88	54	142	12	13	25

TABLE XL
Tuberculosis

Active Cases on Registers according to County Districts
31st December, 1959

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	39	5	4	1	7	—	36	6
	20	1	5	1	6	1	19	1
Colwyn Bay	60	5	11	1	13	3	58	3
	51	7	9	2	7	3	53	6
Aled	16	3	6	—	1	2	21	1
	24	5	4	2	—	1	28	6
Western No. 2.								
Denbigh	67	8	5	1	2	—	70	9
	43	14	4	—	8	3	39	11
Llanrwst	12	3	1	—	—	—	13	3
	11	—	2	—	4	—	9	—
Ruthin Borough	14	2	1	—	—	—	15	2
	14	—	1	—	1	—	14	—
Hiraethog	8	1	1	2	1	—	8	3
	17	4	2	1	3	—	16	5
Ruthin Rural	37	13	7	—	3	1	41	12
	39	3	—	1	3	1	36	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	436	144	44	2	19	—	461	146
Females	355	108	26	3	8	2	373	109
Ceiriog	27	7	1	1	1	—	27	8
Females	27	9	3	—	4	1	26	8
Llangollen	10	1	—	—	2	—	8	1
Females	11	3	2	—	1	—	12	3
Eastern No. 2.								
Wrexham Bor. ..	143	15	23	3	7	2	159	16
Females	106	21	14	3	4	—	116	24
Totals	1587	382	176	24	105	20	1658	386

TABLE XLI. TUBERCULOSIS

Number of Cases on the County Tuberculosis Register for the years 1950-1959.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non- Pulm.	Total	Pulm.	Non- Pulm.	Total	
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	158.8
1959	1658	386	2044	15	2	17	99.9

TABLE XLII

The following table gives details of the work done by the Mass Radiography Unit in Denbighshire during 1959.

Location		No. X-rayed	Requiring Further Observation
Abergele	Males	150	14
	Females	193	10
	Total	343	24
Betws-yn-Rhos	Males	26	—
	Females	34	1
	Total	60	1
Cefn	Males	1213	5
	Females	121	1
	Total	1334	6
Colwyn Bay	Males	96	4
	Females	51	1
	Total	147	5
Glan Conway	Males	59	5
	Females	94	2
	Total	153	7
Llanddulas	Males	79	1
	Females	54	1
	Total	133	2
Llanefydd	Males	41	—
	Females	40	2
	Total	81	2
Llandyrnog	Males	52	—
	Females	20	—
	Total	72	—

Table XLII (cont.)

Location		No. X-rayed	Requiring Further Observation
Llansannan	Males	70	3
	Females	69	5
	Total	139	8
Llanfair T.H.	Males	48	2
	Females	44	3
	Total	92	5
Rhostyllen	Males	427	1
	Females	158	—
	Total	585	1
Ruthin	Males	104	3
	Females	46	—
	Total	150	3
Trefnant	Males	42	3
	Females	44	2
	Total	86	5
Wrexham	Males	1353	13
	Females	1292	4
	Total	2645	17
TOTAL	Males	3760	54
	Females	2260	32
	Total	6020	86

UNIT "G"

Circuit Location.	No. Examined
Colwyn Bay	1,648
Denbigh	563
Ruthin	433
Wrexham	3,658
Special Surveys	
(Industrial establishments)	730
TOTAL	7,032

The Unit visits Colwyn Bay, Denbigh and Ruthin for one day every three weeks, and during 1959 paid 15 visits to Colwyn Bay and Denbigh, and 14 visits to Ruthin.

The Unit visits Wrexham for one day every week and during 1959 paid 47 visits to this location.

DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1959, together with comparative figures for previous years:

TABLE XLIII

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Meningococcal										
Infection	1	1	4	2	3	1	—	—	1	2
Measles	2	1	—	1	—	1	—	—	1	—
Whooping Cough ...	2	4	—	1	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis..	5	2	—	—	—	1	—	—	—	—
Tuberculosis:										
Pulmonary	51	36	26	26	35	26	16	32	26	15
Non-pulmonary ...	8	5	8	3	3	3	2	2	1	2
Pneumonia	63	63	44	70	85	80	59	75	66	81

Tuberculosis.

15 deaths from pulmonary tuberculosis occurred during the year, as compared with 26 in 1958. 2 deaths from non-pulmonary causes were recorded, as compared with 1 in 1958.

The death rate per million of the population of the County was 99.9.

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 exceptional dry summer of 1959 proved a trying time for the Water Undertakers in the County, and it was to their credit that supplies were maintained and controlled. Some areas have to rely on small and limited sources, and where such sources had failed completely, the Authorities were able to bring in daily supplies in tanks. Many farms were hard-hit and were compelled to collect supplies for their stock and for domestic purposes.

The experience of last summer has proved beyond doubt the necessity for a well planned long term water policy. Water in all its aspects, and especially in respect of its purity and sufficiency, is the basis on which healthy living can be built—water is rightly referred to as the “gateway to health.” We have never had a proper co-ordinated water policy which was acceptable to all water undertakers, and the best use has therefore not been made of our water sources.

It is hoped that the policy of grouping Water-Undertakings now in progress will materially assist in solving the water supply position in the County.

“Schemes of Water Supply.

Llanelian-yn-Rhos Water Scheme.

The Scheme prepared by the Aled Rural District Council to supply parts of the Parish of Llansantffraid Glan Conway—Llanelian Parish from the Cowlyd Aqueduct has been approved and mains laying is in progress.

"Bontnewydd and Cefnmeiriadog Water Scheme.

This Scheme has been completed.

"Hiraethog Rural District Council.

Llanddoget and Tanllan Water Scheme.

The Scheme has now received final approval and work will commence at an early date.

"Ruthin Rural District Council.

The Rural Council propose to proceed with the fifth stage of their comprehensive scheme of water supply for their District.

They propose to construct a new service reservoir of 250,000 gallons capacity near Fron Heulog in the Parish of Llanynys, and lay high pressure mains connecting to the network of the mains now serving Llanynys, Llangynhafal and Llanbedr. The pressure of water in these areas particularly during the peak draw-off period is low and properties on higher levels and at the termination of the mains receive an intermittent supply of water.

The construction of the Service Reservoir and the laying of the new mains should boost up the supply to Llanynys and Llangynhafal. It may however be found necessary at a later date to put in a booster plant at Llanbedr, but it is a wise policy to leave this out of the present scheme, as the additional high pressure mains may deliver the water to all properties situated near the end of the mains.

"Schemes of Sewerage and Sewage Disposal.

Aled Rural District Council.

Parish of Trefnant—Cae Sion Area.

The Rural Council are considering a Scheme for Sewering the Cae Sion area at Trefnant. All the properties have private septic tanks but the nature of the sub-soil in this area makes it difficult for the proper disposal of effluent.

"Ceiriog Rural District Council

Dolywern and Llwynmawr.

The Council have prepared a scheme of sewerage and sewage disposal for the villages of Dolywern and Llwynmawr and the scheme has been approved by the County Council.

"Llangollen Urban District Council.

Good progress has been made on this Scheme and works are well in hand.

"Ruthin Rural District Council.

The Rural Council have prepared schemes of Sewerage and Sewage disposal for the villages of Llanbedr, Waen, Bodfari and Graigfechan. They expect to be able to proceed with the schemes in 1960."

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, and the processing dairies have maintained a reasonably high standard of efficiency.

During the year, 562 samples were taken at the pasteurising dairies. There were four phosphates failures and ten failed to satisfy the methylene blue test. The samples which failed to comply with the phosphates test were four of a series taken on the same day; the other samples were satisfactory. Detailed inspections of the plant failed to disclose any faults.

The Methylene Blue failures all occurred at one dairy during the early summer when the atmospheric shade temperature was approaching 65°F. In my annual report for 1958 I called attention to the relatively poor milk collection area which serves the dairy. The lack of an adequate supply of water was more pronounced this year. Dairy Farmers were obliged to carry water for long distances, and at considerable expense, for stock and cleansing purposes. In such circumstances milk production is not up to the required standard and farm advisory work was of little avail. I advised the Dairy to keep a stricter control on all incoming milk, and to pay particular attention to their Plant in the processing dairy, and that daily cleansing and sterilisation must be thorough, as any build-up of contamination in the plant or pipe lines tends to increase during the hot summer weather. All the processing dairies decided to increase the temperature by one degree for pasteurisation. The results were satisfactory and the keeping qualities of heat-treated milk showed a marked improvement.

The mean bottle counts on samples taken direct from the Mechanical Bottle Washer were highly satisfactory., I have laid

stress on the control and maintenance of the Washers and the dairy managers have co-operated by seeing that detergent strengths are checked hourly. It is exceptional to get a colony count above 'O.'

"Milk in Schools Scheme.

The milk delivered to schools under the milk in Schools Scheme and bulks supplied to School Canteens have been subject to regular tests. During the year, 143 samples were taken and all milk delivered to Schools in the County were satisfactory and conformed to the statutory tests. Seven samples of milk taken at a pasteurising dairy in the County before delivery to an adjoining County failed to pass the Methylene blue test. The failures occurred at the same time as the other failures referred to before in this Report. The stricter control at the dairy of all incoming milk was responsible for eliminating methylene blue failures.

During the last Quarter of the year, the Education Committee accepted a tender for School milk in Tetra Pak non-returnable containers. I am impressed with this new method of milk packing and it affords hygienic safeguards. It also gives greater protection of milk from the actions of light on ascorbic acids and Vitamin C. The containers are completely filled with milk leaving no air space. The risk of accidents from glass splinters and extraneous matter sometimes found in glass bottles is eliminated.

The new type container did not at the outset find favour in the Schools but after the initial teething troubles which were anticipated, they are now accepted and the advantages recognised.

I have kept this milk under constant supervision and took a series of regular samples; all of the 53 samples taken satisfied the prescribed tests..

"Biological Examination of Milk.

Experience has shown that the biological examination of milk continues to be a public health necessity, and that with the increase in the consumption of raw T.T. milk in the County, it is necessary to initiate stricter control of the public's milk supply.

During the year 248 composite samples were taken from dairy herds for animal inoculation test. The samples were free from tubercule infection, but 14 showed evidence of brucella infection. All necessary precautions were taken to safeguard the public

health and all infected milk was diverted for heat-treatment. Advisory work was also carried out at the farms and the milk producers advised of the danger to the health of his family in consuming the milk in its raw state. It is pleasing to report that milk-producers have been most co-operative and have in all cases voluntarily agreed to diverting the infected milk for heat-treatment.

The proper control and eventual eradication of brucellosis still causes some concern to the County Council. They consider that this is a national problem and should be treated as such, and that both public health and agricultural interests have not paid sufficient attention to the study and control of the disease. The information at our disposal is incomplete as records of the disease both in humans and animals have not been kept. We have no reliable figures of the present day incidence of the disease in milking herds.

Being satisfied that the eradication of brucellosis rests entirely on the control of the disease in animals, it is the policy of the County Council to propagate this doctrine in the County, and to enlist the support of farmers to undertake calf-vaccination with S.19, and to practice hygienic practices on the farms when cases of abortion take place.

I must here record the good co-operation received from the Divisional Veterinary Officer and Staff of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food. The number of calves vaccinated has shown a slight increase as can be seen from the following figures for each Quarter of the year, but the percentage of calves vaccinated in the County is low.

	1958	1959
Quarter ended 31st March	847	421
Quarter ended 30th June	802	1725
Quarter ended 30th September	975	934
Quarter ended 31st December	1913	1980
	<hr/> 4537	<hr/> 5060
	<hr/>	<hr/>

"Examination of Milk for Pathogens"

During the month of August reports were received from the County Health Department, Caernarvonshire, that 12 persons were victims of food-poisoning and that one of the staphylococci group had been isolated and that raw milk supply was the medium of infection. The milk was sold by a producer retailer from Denbighshire.

Samples of milk were taken at the farm and staph. pyogenes were present but the report on the phage, typing of these strains showed them to be a type not usually associated with food poisoning. I received further information that the milk retailer during the peak period of demand augmented his supplies by bulk purchases from an adjoining farm. Further group samples and individual cow samples were taken and the infected cow was isolated. All the milk from this farm had, by voluntary agreement with the farmer, been diverted for heat-treatment.

The assistance which I received from the County Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, during these investigations proved most valuable.

"Milk and Dairies—Clinical Examination of Cattle.

Tuberculosis (Attested Herds) Scheme 1950.

No of attested herds 3650
Estimated % of attested cattle related to total cattle 99.9%

"Tuberculosis Milk—Veterinary investigations.

No. of reports under investigation 0
No. of herds involved 0
No. of animals slaughtered under Tuberculosis Order, 1938 6

"Brucella Abortis.

No. of calves vaccinated against bovine contagious abortion
under calf vaccination scheme... .. 5060

"Milk and Dairies.

Clinical Examination of Cattle	No. of Herds Inspected	No. of cattle Examined
Tuberculin Tested and Certified Herds	1364	53962
Non-designated Herds	1254	31197"

Adulteration of Food and Drugs.

The County Council's duties in connection with sampling under the Food and Drugs Act 1955 are undertaken by the staff of the Weights and Measures Department. The Inspector of Weights and Measures reports as follow:—

“During the year under review, 496 samples were analysed by the Public Analyst, the particulars being as follows:—

TABLE XLIV

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not Genuine or Sub-standard
Milk :					
Retail	310	310	—	299	11
On Delivery	2	2	—	2	—
Appeal to Cows ...	—	—	—	—	—
Butter	16	—	16	16	—
Margarine	5	—	5	5	—
Lard	2	—	2	2	—
Cheese	3	—	3	3	—
Cheese Spread	1	—	1	1	—
Bread	4	—	4	4	—
Flour	4	—	4	4	—
Sponge Mixture ...	1	—	1	1	—
Cake Mixture	1	—	1	1	—
Cakes	1	—	1	1	—
Buns	1	—	1	1	—
Baking Powder ...	1	—	1	1	—
Pearl Barley	3	1	2	1	2
Oatmeal	1	—	1	1	—
Rice	1	—	1	1	—
Tinned Peas	2	—	2	2	—
Tinned Beans	1	—	1	1	—
Tinned Carrots ...	1	—	1	1	—
Tinned Tomatoes	2	—	2	2	—
Tinned Mixed Vegetables ...	1	—	1	1	—
Dried Peas	1	—	1	1	—
Fish Paste	1	—	1	1	—
Meat Paste	2	—	2	2	—
Sausages	16	16	—	16	—
Tinned Luncheon Meat	2	—	2	1	1
Suet	2	—	2	2	—
Tinned Fish	1	—	1	1	—
Potted Shrimps ...	2	—	2	2	—
Salt	1	—	1	1	—
Pepper	1	—	1	1	—
Vinegar	2	—	2	2	—

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Salad Cream	2	—	2	2	—
Dried Mint	1	—	1	1	—
Jam	7	—	7	7	—
Marmalade	1	—	1	1	—
Sugar	1	—	1	1	—
Sweets	3	—	3	3	—
Honey	2	—	2	2	—
Table Jelly	2	—	2	2	—
Blanc Mange Powder	1	—	1	1	—
Custard Powder ...	1	—	1	1	—
Ice Cream	27	1	26	26	1
Fresh Cream	5	—	5	5	—
Evaporated Milk ...	2	—	2	2	—
Condensed Milk ...	2	—	2	2	—
Mincemeat	2	—	2	2	—
Christmas Pudding	1	—	1	1	—
Tea	2	—	2	2	—
Coffee	2	—	2	2	—
Cocoa	1	—	1	1	—
Soft Drinks	4	—	4	4	—
Beer	8	—	8	8	—
Brandy	2	—	2	2	—
Whiskey	2	—	2	2	—
Rum	2	—	2	2	—
Gin	2	—	2	2	—
Port Wine	1	—	1	1	—
Port Style Wine ...	1	1	—	1	—
Aspirin Tablets ...	1	—	1	1	—
Saccharin Tablets ...	1	—	1	1	—
Calomel Tablets ...	1	—	1	1	—
Bi-Carb. of Soda ..	1	—	1	1	—
Tartaric Acid	1	—	1	1	—
Gripe Mixture	1	—	1	1	—
Cod Liver Oil	1	—	1	1	—
Amm. Tinc. of Quinine	1	—	1	1	—
Sweet Spirit of Nitre	1	—	1	1	—
Sol. of Hydrogen Peroxide	1	—	1	1	—
Cream of Tartar ...	1	—	1	1	—
Olive Oil	1	—	1	1	—
Glycerine	1	—	1	1	—
Tincture of Iodine .	1	—	1	1	—
Totals	496	331	165	481	15

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

	Fat	Solids-not-fat
Eastern Division	3.60%	8.65%
Western Division	3.55%	8.67%
Whole County	3.58%	8.66%
The legal presumptive standard is	3.00%	8.50%

"As will be observed from the above Table, 312 milk samples were submitted to the Public Analyst during the year, 11 of which were certified by him to be "Not Genuine or Sub-Standard." Each one of these 'Not Genuine' samples was reported to be deficient in fat and in nearly every instance the deficiency was slight and the matter was dealt with by means of cautions and advice. There was no report of the presence of extraneous water in any milk sample during the year and in no case was it found necessary to institute legal proceedings.

"In addition to the 312 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 233 and of this number 136 were taken at Schools throughout the County. The average fat content of these School Milks was 3.41% and the average of the solids-not-fat was 8.74%.

"Of the 184 samples of foods and drugs, other than milk, submitted for analysis during the year, only 3 gave any cause for complaint. These were one sample of ice cream, one of pearl barley and one of luncheon meat.

"The first instance was that of a home-made ice cream produced by a small shopkeeper in which a slight deficiency in the fat content was reported. I visited him and advised him as to the proper proportions of the ingredients to be used and subsequent samples taken from this source have been found to be correct.

"The second 'Not Genuine' food sample was one of pearl barley which the Analyst found to be contaminated with larvae of the flour moth *Ephestia*. A full report was submitted by me to the Clerk of the County Council and after he had gone into the matter

he authorised me to issue a caution to the shopkeeper concerned. I find on recent enquiry that since receiving this caution the shopkeeper has ceased to stock this particular commodity.

"The sample of tinned luncheon meat (imported) was reported to be deficient in meat content but there is no statutory standard fixing the minimum meat content of this product. The Analyst's findings were based on an agreement dated 1st October, 1959, between the Food Manufacturers' Federation Incorporated and the Association of Public Analysts voluntarily accepting a minimum standard of 80% of meat in luncheon meat but this agreement does not extend to imported articles. However, some importers have recently agreed to accept this standard to keep in line with home products and future samples may be expected to reach this figure.

"All other samples were certified 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 EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council, and during 1959 the number of such medical examinations totalled 494. In addition 137 College Entrants were medically examined, and 330 members of the School Meals Service were given an annual re-examination.

116 members of the staff absent for prolonged periods owing to sickness were examined by myself.

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