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## COMMITTEES

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### Health Committee:

Chairman: Councillor Dr. I. H. Davies, M.Sc.

Vice-Chairman: Councillor Emmanuel Williams.

Members: All members of the County Council, together with the Chairman and Vice-Chairman of each of the District Health Committees, and the following.

Co-opted Members: Mrs. E. A. Cross, Marchwiel.  
Mrs. Christopher Davies, Wrexham.  
Mrs. W. A. Evans, Denbigh.  
Dr. Trevor Hughes, Ruthin.  
Mrs. May Jones, Wrexham.  
Miss G. Jones, Ruabon.  
Mr. E. B. Miller, Llangollen.  
Dr. Sheila Reid, Llanychan.

### Health Sub-Committee:

Chairman: Councillor James Barlow.

Vice-Chairman: Alderman Thomas Jones.

Members: Alderman Edward Boden.  
Alderman Llewelyn Charles, B.E.M.  
Councillor Dr. I. H. Davies.  
Alderman Mrs. Florence Jones.  
Alderman F. H. Andleby Jones.  
Councillor H. Ewart Jones.  
Councillor Ernest Price.  
Councillor George Richards.  
Councillor R. C. Roberts.  
Alderman R. E. Rowlands.  
Alderman Edward Williams.  
Councillor Emmanuel Williams



## Foreword

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I have the honour to present my Annual Report on the work of the County Health Department for the year 1962. In doing so I wish to acknowledge the contributions made to it by several of the senior officers, whose reports to me have, in some instances, been incorporated either partially or in their entirety.

It will be evident from reading the report that the sphere of influence and the activities of the Department have continued to expand. To keep abreast of developments, new ideas and concepts, as well as meeting a constantly increasing demand from the community, places a heavy burden upon the staff and further extension of services can only be achieved by an increase of staff. The preparation of a Ten Year Plan for the Ministry was but a projection of the Five Year Plan which the Health Department had for some years been endeavouring to implement. However, it is a sobering experience to translate theory into practice and, in my opinion, the change in financial policy, by the Central Government, has substantially reduced the tempo of development of Local Health Authority services. I have already indicated that the resources of the Department are extended to their limits and, indeed, in many directions, but for the devotion of staff, some services would have to be restricted. It is not for me to argue the merits or otherwise of devolution of functions by the Central Government to Local Health Authorities, but merely to ensure that such services are adequately provided for the community in Denbighshire.

It would seem that this objective has been achieved with efficiency and economy, and, in support of this statement, can be quoted the financial cost per 1,000 population of the Local Health Authority Service, where Denbighshire is the lowest in Wales.

Naturally, financial limitations have restricted development but, even so, a high standard of service has been attained. The Midwifery Service has been able to cope with heavy demands and it is proud of the fact that every mother is attended promptly throughout the "lying-in period" irrespective of whether she was confined in hospital or at home. Similarly, the Home Nursing Service has dealt adequately with patients under treatment in their own homes. The Health Visitors have further consolidated



their position and are working in closer contact with General Medical Practitioners and Hospitals. Many Health Visitors pay periodic visits to Hospitals on an informal basis while others attend regularly at the Obstetric and Paediatric Departments, either to carry out Health Education or Social work. In addition, the formal arrangements for Health Visitors to attend Hospitals ensure that patients requiring follow-up are passed on to the appropriate field worker by the Health Visitor who carries out the duties of a Liaison Officer at the Hospital. The Mental Health Service has continued to develop and the arduous task, commenced in 1955, of training the Mentally Sub-normal is at long last beginning to reap a rich harvest. It is stimulating and gratifying to those of us who have been grappling with this problem to find that our faith and hopes have been justified. Progress has been slow but the results achieved have been inspiring. We can now state categorically that the Mentally Sub-normal can be trained to become a working member of the community, for, at Pentre Broughton, approximately fifteen boys are employed in conditions which closely simulate those in industry and their output has reached a satisfactory level. However, apart from any material achievement, it is a delight to observe the happiness and contentment which pervades this busy and industrious Training Centre.

The loss of Glanydon Hall, Colwyn Bay, as a Hostel for the Mentally Ill, was a grievous blow to the Mental Health Service but this was partially softened by the acquisition of the old Nurse's Home for use as a Junior Training Centre, which relieved the intolerable conditions which existed at Nantyglyn. However, it has left the acute problem of the psycho-geriatric patient unresolved and, with the passage of time, the situation will become grave. The Minister of Health in his Hospital Plan envisages substantial reductions in Hospital beds—particularly those in Psychiatric Hospitals, but such hopes will never materialise unless community care services are substantially increased. Indeed, if present trends continue, it is more than likely that substantially greater Hospital provisions will have to be made if the elderly are to be cared for adequately.

The Home Help Service gives about 80 per cent. of its time to the Elderly and does much to keep the old folk in their own homes for as long as possible.

The Chiropody Service also helps to keep the Elderly mobile. The County employs two whole-time Chiropodists who are supplemented by voluntarily sponsored clinics. Initially, in most areas, there were long waiting lists but these have now been reduced to insignificance, and gradually the service is being extended to the periphery. In addition to the sessions held at the



various Child Welfare Centres, occasional home visits are paid to bed-fast or house-bound patients. Some patients are transported by Ambulance to the Clinic.

The expansion of the various Health Services naturally throws additional work on the Ambulance Service and a greater number of patients was carried during 1962 than ever before. Abuse of the service is minimal in Denbighshire and it is gratifying to record that according to the "County Treasurers' Association Financial Statistics" the Denbighshire Ambulance Service is amongst the cheapest in England and Wales and I have no hesitation in stating that it is also one of the most efficient.

I have in this foreword no more than attempted to refer briefly to some aspects of the work carried out by the Department during 1962. More detailed information will be found in the body of the Report but cold facts can but broadly indicate the impact of the Health Department upon the health and happiness of the people of Denbighshire, for service is not merely duty performed but for us in Denbighshire is synonymous with humanity, understanding and kindness. I have every reason to believe that my staff have, in doing their work, also given of themselves, as indicated by the following extract from a letter written to the Matron of the Home for Unmarried Mothers: "There wasn't one moment during my time with you that I was unhappy. I think it's been one of the only times in my short life when I've been happy. I would give anything to have those few months of happiness over again but without the circumstances under which brought me there."

The year under review was in many ways memorable and events which occurred may well have far reaching effects, but whatever the outcome I am confident that the foundations laid and the developments of services by the Health Department will have an abiding influence for the benefit of the people of this County. I must refer to events which, although not occurring in 1962, have, at the time of writing, given the Health Department much joy—the honour conferred upon our Chairman, Dr. I. H. Davies, M.Sc., by the University of Wales, and, the honour conferred upon Alderman Llewelyn Charles, B.E.M.

In conclusion, I wish to record my appreciation of the co-operation I have received from the Chief Officers of the County Council and particularly for the loyal and devoted service rendered by the staff of the Health Department. Finally, it is a

pleasure to pay a tribute to all the members of the Health Sub-Committee for their interest and support.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department,

16 Grosvenor Road,

Wrexham.

Tel. 3076/7/8.

September, 1963.



# ANNUAL REPORT FOR 1962

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## PART I

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### *Statistics and Social Conditions of the County*

The County of Denbighshire is bounded on the north-east by Cheshire, on the south-east by Shropshire, on the south by Montgomeryshire, on the south-west by Merionethshire, on the west by Caernarvonshire, north-west by the Irish Sea, and on the north by Flintshire.

Marford and Hoseley, administratively in the County of Flint, lie entirely within Denbighshire.

There are three distinct types of area within the County; the central area is chiefly a sparsely populated district of a rural agricultural nature; the western area comprises part of the North Wales Coastal Belt and includes the seaside resorts of Colwyn Bay and Abergele, whilst the eastern part of the County forms the basis of the North Wales Coalfield and is a densely populated industrial area, chiefly centred on mining, steel, chemical, textiles, leather and quarrying.

#### **Area of Administrative County.**

The area of the County is 427,677 acres.

#### **Population.**

The Registrar-General's Estimate of the home population of the County at June, 1962, was 174,180. This represents an increase of 1,680 over the previous year.

The Table below shows the estimated annual population of the County since 1953.

**TABLE I.**

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease
1953 ... ..	170400	- 300	79080	+ 80	91320	-380
1954 ... ..	170500	+ 100	78900	- 180	91600	+280
1955 ... ..	170300	- 200	78900	—	91400	-200
1956 ... ..	170700	+ 400	79610	+ 710	91090	-310
1957 ... ..	169500	-1200	78560	-1050	90940	-150
1958 ... ..	170000	+ 500	79200	+ 640	90800	-140
1959 ... ..	170200	+ 200	79540	+ 340	90660	-140
1960 ... ..	169810	- 390	79230	- 310	90580	- 80
1961 ... ..	172500	+2690	82500	+3270	90000	-580
1962 ... ..	174180	+1680	83430	+ 930	90750	+750



## VITAL STATISTICS

The following table gives a summary of the vital statistics for the year 1962 and the previous nine years.

**TABLE II.**

Year	Per 1,000 of Estimated Population				Still Birth Rates per 1000 live and still births	Maternal Mortality Rates per 1000 live and still births	Infant Mortality Rates per 1000 live births
	Live Birth Rate	Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer			
1953 ... ..	14.9	12.3	0.15	1.7	27.8	1.50	30.6
1954 ... ..	14.7	13.3	0.20	2.1	24.1	0.38	27.8
1955 ... ..	13.7	13.8	0.15	2.3	30.5	0.41	33.2
1956 ... ..	15.1	13.3	0.09	2.2	29.7	0.38	22.8
1957 ... ..	15.1	14.1	0.18	2.4	25.2	0.76	23.1
1958 ... ..	15.3	13.1	0.15	2.2	29.4	1.10	20.7
1959 ... ..	15.9	13.2	0.08	2.5	24.2	Nil	27.7
1960 ... ..	15.6	13.4	0.12	2.3	23.2	0.37	18.1
1961 ... ..	16.0	13.3	0.06	2.6	23.3	0.35	20.6
1962 ... ..	16.6	13.3	0.11	2.5	20.6	0.67	23.1

### Births and Birth Rates.

The number of live births registered during the year was 2,892 after allowing for inward and outward transfers. This was an increase of 132 compared with 1961.

The number of live births assigned to each County District is shown in Table VI on page 12 together with the corresponding birth rates.

The crude birth rate is 16.6 per 1,000 of the estimated population. However, to compare this rate with that of other areas it is necessary to make an adjustment to take account of the age and sex distribution within each area. This adjustment is obtained by means of a Comparability Factor which is compiled and issued by the Registrar-General for each district. The factor for this County is 1.04 and when this is applied the adjusted birth rate is 17.26.



### **Illegitimate Live Births.**

The number of births of illegitimate children during 1962 was 138 as compared with 109 in 1961. This is 4.7 per cent. of the total live births.

### **Still Births.**

The still birth rate for 1962 was 20.6 per 1,000 live and still births as against 23.3 in 1961. The number of still births registered was 61.

### **Deaths and Death Rates.**

The total number of deaths registered during 1962 and allocated to the County was 2,313; this figure give a crude death rate of 13.3 which when adjusted by the Comparability Factor gives an adjusted death rate of 12.7 of the estimated population.

### **Infant Mortality.**

During 1962 there were 67 deaths of children under one year. Of these 39 died before reaching one week and 10 died between one and four weeks. This is illustrated in the following table:—

**TABLE III.**

Age at Death	Male	Female	Total
Under 1 week ... ..	24	15	39
Over 1 week but under 4 weeks ... ..	6	4	10
Over 4 weeks but under 1 year ... ..	10	8	18
Total ... ..	40	27	67

There were included in the total of 67, five deaths under 1 year, of illegitimate infants.

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

**TABLE IV.**

Cause of Death	Number of Infant Deaths		Total
	Male	Female	
Pneumonia ... ..	6	6	12
Bronchitis ... ..	1	—	1
Congenital Malformations ... ..	4	8	12
Accidents ... ..	1	—	1
Malignant and lymphatic neoplasms.	—	1	1
Gastritis, Enteritis and Diarrhoea ... ..	1	1	2
Other defined and ill-defined diseases ...	27	11	38
Total ... ..	40	27	67

The figures give the following rates:—

	Total	Legitimate	Illegitimate
Infant Mortality per 1,000 live births ...	23.1	22.4	36.2

Neo-Natal Mortality (deaths under 4 weeks) ... .. 16.9

Early Neo-Natal Mortality (deaths under 1 week) ... .. 13.4

Peri-Natal Mortality (Still births and deaths under 1 week) 33.8

The following table gives the Infant Mortality Rates for the past ten years:—

**TABLE V.**

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Infant Mortality Rate ... ..	30.6	27.8	33.2	22.8	23.1	20.7	27.7	18.1	20.6	23.1

There was a slight increase in the Infant Mortality Rate in 1962. The rate of 23.1 for Denbighshire is above the rate for England and Wales, which was 20.7.



TABLE VI.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1962

Districts	Estimated Population	No. of Live Births	Birth-rate crude adjusted	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate crude adjusted
<b>Western No. 1:</b>							
Abergele Urban ...	7930	136	17.1	5	36.8	143	18.0
Colwyn Bay Borough .	22400	288	12.9	3	10.4	437	19.5
Aled Rural ...	6910	90	13.0	2	22.2	67	9.7
<b>Western No. 2:</b>							
Denbigh Borough	8130	112	13.7	3	26.8	153	18.8
Llanrwst Urban ...	2520	45	17.8	1	22.2	45	17.8
Ruthin Borough ...	3640	39	10.7	—	—	72	19.8
Hiraethog Rural ...	4530	82	18.1	1	12.2	55	12.1
Ruthin Rural ...	9660	158	16.3	5	31.6	97	10.0
<b>Eastern No. 1:</b>							
Wrexham Rural ...	62380	1045	16.7	25	23.9	739	11.8
Ceiriog Rural ...	7270	137	18.8	4	29.2	95	13.0
Llangollen Urban ...	3010	48	15.9	2	41.6	44	14.6
<b>Eastern No. 2:</b>							
Wrexham Borough ...	35800	712	19.8	16	22.4	366	10.2
<b>Total County ...</b>	<b>174180</b>	<b>2892</b>	<b>16.6</b>	<b>67</b>	<b>23.1</b>	<b>2313</b>	<b>13.3</b>
							<b>12.7</b>



The following table shows the distribution of deaths in age groups in each of the past ten years:—

**TABLE VII.**

Number of Deaths in Age Groups									
Year	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75+	Total
1953	78	12	8	27	71	478	849	882	2104
1954	70	10	7	20	91	519	613	953	2283
1955	78	9	7	17	95	501	642	1013	2362
1956	59	11	10	18	78	521	543	1029	2269
1957	59	9	12	10	83	543	647	1033	2396
1958	54	8	11	16	72	454	582	1035	2232
1959	75	8	14	25	73	465	609	1001	2251
1960	48	10	11	25	89	500	590	992	2284
1961	57	7	10	18	73	501	627	1009	2302
1962	67	7	7	13	69	494	602	1054	2313

There were 67 deaths of infants under one year. This number accounts for 2.89 per cent. of the total deaths.

At the other end of the age scale 45.5 per cent. of all deaths was in the age group 75 and over and 26.0 per cent. in the 65-75 years age group.

No less than 56 per cent. of the females who died were at least 75 years of age. The corresponding figure for men was 36 per cent.

#### **Principal Causes of Death.**

Nearly 85 per cent. of all deaths each year are classified in the groups shown in the following table:—

**TABLE VIII.**

Cause of Death	No. of Deaths	Percentage of total deaths
Heart Disease (all forms) ...	718	31.0
Cancer (including leukaemia and aleukaemia) ... ..	443	19.2
Vascular lesions of nervous system ... ..	390	16.8
Other circulatory diseases .	97	4.2
Bronchitis ... ..	106	4.6
Violence (including accidents, suicide) ... ..	93	4.0
Pneumonia ... ..	119	5.1
Tuberculosis (all forms) ...	19	0.8

The above diseases are in the main, of course, generally associated with older people. Of the 718 deaths ascribed to Heart Disease 557 or 77.5 per cent. were of persons aged 65 or more; of the 390 due to vascular lesions of the nervous system 336 or 86 per cent. were aged 65 and over.

**Heart Diseases**, continue to be the chief causes of death. The percentage of total deaths, 31.0, is much higher than that of any other cause, and is equivalent to a death rate of 4.2 per 1,000 of the estimated population.

Of the total of 718 deaths, 395 were attributed to "coronary disease, angina" and of these 250 were males. Again, of these male deaths 87 occurred in the age group 45-65 and 80 in the age group 65-75.

#### **Malignant Neoplasms.**

There was a sharp fall in the number of deaths from Lung Cancer, there being 67 deaths in 1962 as compared with 92 in 1961. The total deaths from all forms of cancer went down by 7 during the year.



TABLE IX.

District	Malignant Neoplasma						Total All Forms	Cancer Death Rate per 1,000 Population
	Stomach	Lung Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia Aleukaemia		
<b>Western No. 1.</b>								
Abergele U.D. ...	5	2	2	1	17	—	27	3.4
Colwyn Bay M.B. ...	10	16	8	2	42	2	80	3.5
Aled R.D. ...	5	1	1	1	11	1	20	2.9
<b>Western No. 2.</b>								
Denbigh M.B. ...	5	1	2	—	12	—	20	2.4
Llanrwst U.D. ...	1	—	—	1	2	—	4	1.5
Ruthin M.B. ...	1	3	—	—	4	—	8	2.2
Hiraethog R.D. ...	3	2	1	—	7	1	14	3.1
Ruthin R.D. ...	5	2	3	2	11	—	23	2.4
<b>Eastern No. 1.</b>								
Ceiriog R.D. ...	4	—	4	2	9	2	21	2.9
Llangollen U.D. ...	—	—	—	—	3	1	4	1.3
Wrexham R.D. ...	28	29	8	5	69	3	142	2.2
<b>Eastern No. 2.</b>								
Wrexham M.B. ...	10	11	11	2	44	2	80	2.2
Total ...	77	67	40	16	231	12	443	2.5

The trend in the mortality from all forms of cancer in the past ten years is shown in the following table:—

TABLE X.

Year						No. of Deaths	Death Rate per 1,000 Population
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
1960	...	...	...	...	...	416	2.4
1961	...	...	...	...	...	450	2.6
1962	...	...	...	...	...	443	2.5



Cancer was responsible for 443 deaths or 19.2 per cent. of all deaths. The following table gives the deaths from Cancer according to age, sex and classification, during 1961:—

**TABLE XI.**

Age	Malignant Neoplasms								Other malignant and lymphatic Neoplasms		Leukaemia Aleukaemia		Total all forms		
	Stomach		Lung Bronchus		Breast		Uterus								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
0-15 ... ..	—	—	—	—	—	—	—	—	—	2	—	1	—	1	2
15-25 ... ..	—	—	—	—	—	—	—	—	2	1	1	—	—	3	1
25-45 ... ..	2	1	—	—	—	3	—	4	3	11	—	2	—	5	21
45-65 ... ..	19	6	28	4	—	21	—	2	54	30	1	2	—	102	65
65-75 ... ..	17	10	24	—	—	11	—	6	36	28	3	1	—	80	56
75 and over ...	13	9	7	4	—	5	—	4	31	33	—	1	—	51	56
Totals ... ..	51	26	59	8	—	40	—	16	126	105	6	6	—	242	201

### Maternal Mortality.

There were two deaths classified as “pregnancy, child-birth, abortion.” This gives a rate per 1,000 live and still-births of 0.68. The incidence of maternal mortality over the past decade is shown in the following table:—

**TABLE XII**

Year	Total Births	No. of Maternal Deaths	Mortality per 1,000 Total Births
1953 ... ..	2616	4	1.50
1954 ... ..	2576	1	0.38
1955 ... ..	2321	1	0.41
1956 ... ..	2657	1	0.38
1957 ... ..	2621	2	0.76
1958 ... ..	2683	3	1.10
1959 ... ..	2769	Nil	Nil
1960 ... ..	2712	1	0.37
1961 ... ..	2826	1	0.35
1962 ... ..	2953	2	0.68

**TABLE XIII.**  
**COMPARATIVE RATES**

Rate	Denbighshire	England and Wales
Birth Rate (adjusted) ... ..	17.26	18.00
Death Rate (adjusted) ... ..	12.70	11.90
Maternal Mortality Rate ... ..	0.68	0.35
Infant Mortality Rate ... ..	23.10	20.70
Neo-Natal Mortality Rate ... ..	16.90	15.10
Still-birth Rate ... ..	20.60	18.10

### ACCIDENTS

**TABLE XIV.**

Deaths from Vehicular and Other Accidents which occurred  
in Denbighshire during 1962 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	2
5-15 years ... ..	1	—	1	1	—	1
15-25 years ... ..	3	—	3	1	—	1
25-45 years ... ..	4	1	5	2	2	4
45-65 years ... ..	6	1	7	8	2	10
65-75 years ... ..	2	—	2	3	5	8
75 years and upwards ...	2	2	4	5	19	24
	18	4	22	22	29	51



**TABLE XV.**  
**CAUSES OF DEATH, 1962.**

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

Causes	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro.	Denbigh Boro.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro.	Ruthin Rural	Wrexham Boro.	Wrexham Rural	Total
Tuberculosis respiratory ... ..	1	...	...	3	1	...	...	...	1	...	4	9	19
Tuberculosis Other .	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilitic disease ...	...	...	1	...	...	...	...	...	...	...	1	2	4
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ... ..	...	...	...	...	...	...	...	...	...	...	...	1	1
Acute Poliomyelitis .	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and Parasitic Diseases..	...	...	...	1	...	...	...	...	...	...	...	1	2
Malignant Neoplasm —Stomach ... ..	5	5	4	10	5	3	...	1	1	5	10	28	77
Malignant Neoplasm —Lung Bronchus .	2	1	...	16	1	2	...	...	3	2	11	29	67
Malignant Neoplasm —Breast ... ..	2	1	4	8	2	1	...	...	...	3	11	8	40
Malignant Neoplasm —Uterus ... ..	1	1	2	2	...	...	...	1	...	2	2	8	16
Other Malignant and Lymphatic Neoplasms ... ..	17	11	9	42	12	7	3	2	4	11	44	69	231
Leukaemia, Aleukaemia ... ..	...	1	2	2	...	1	1	...	...	...	2	3	12
Diabetes ... ..	...	...	...	3	...	...	...	1	2	...	1	4	11
Vascular lesions of nervous system ...	25	7	15	82	25	12	4	8	12	12	58	130	390
Coronary disease, angina ... ..	35	10	18	86	31	5	10	6	15	11	58	110	395
Hypertension with Heart Disease ...	1	2	3	5	6	1	3	2	...	3	3	10	39
Other Heart Disease	19	10	8	44	18	7	11	9	7	14	44	93	284
Other Circulatory Disease ... ..	7	5	1	31	3	3	...	2	4	4	10	27	97
Influenza ... ..	...	...	3	3	...	...	...	1	3	2	2	12	26
Pneumonia ... ..	6	3	3	9	20	1	2	2	6	7	25	35	119
Bronchitis ... ..	8	1	5	21	6	1	3	2	5	5	14	35	106
Other diseases of Respiratory System	...	...	...	3	...	...	...	...	1	...	2	12	18
Ulcer of Stomach, Duodenum ... ..	...	...	...	4	1	...	1	1	...	2	5	8	22
Gastritis, Enteritis and Diarrhoea ...	1	...	1	1	2	...	...	...	...	...	1	2	8

Table XV. Causes of Death, 1962 (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	Total
Nephritis and Nephrosis ... ..	...	1	2	3	1	1	...	1	1	4	3	5	22
Hyperplasia of Prostate ... ..	1	1	1	4	1	...	1	1	2	2	3	6	23
Pregnancy, child-birth, abortion ... ..	...	...	...	...	...	...	...	...	...	...	2	...	2
Congenital malformations ... ..	...	...	4	3	...	2	1	...	...	...	3	4	17
Other defined and ill-defined diseases ...	8	5	5	33	15	2	2	5	4	3	31	59	172
Motor vehicle accidents ... ..	3	2	...	1	1	2	...	...	...	...	3	10	22
All other accidents ... ..	...	...	3	12	2	3	1	...	...	3	12	15	51
Suicide ... ..	1	...	1	5	...	1	1	...	1	2	...	7	19
Homicide and operations of war ... ..	...	...	...	...	...	..	...	...	...	...	1	..	1
All causes ... ..	143	67	95	437	153	55	44	45	72	97	366	739	2313



PART II.

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*Administration*

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STAFF OF THE HEALTH DEPARTMENT

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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:

F. P. Peach, M.B., Ch.B., D.P.H. (from 1/2/62).

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.

H. Summers, M.Sc., M.B., Ch.B., D.P.H. (from 1/3/62).

F. P. Peach, M.B., Ch.B., D.P.H. (until 31/1/62).

Assistant County Medical Officers of Health and School Medical  
Officers:

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

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

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

A. J. Smith, M.R.C.S., L.R.C.P. (resigned 28/2/62).

E. S. Lovgreen, M.B., Ch.B., D.P.H.

Gareth Williams, M.B., Ch.B., D.P.H.

Alwyn Griffith, M.B., Ch.B., D.P.H. (from 1/7/62).

Chest Physicians (part-time):

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.

E. Clifford Jones, M.B., B.S., M.R.C.S., L.R.C.P.

J. B. Morrison, M.D., B.Sc.

J. Glyn Jones, M.D., B.Ch., M.R.C.S., L.R.C.P.

Consultant Geriatricians:

J. Arnold, M.D., Ch.B., D.C.H.

E. Griffiths, F.R.C.S., M.B., B.S., L.R.C.P.

Child Guidance Service:

Consultant Psychiatrist:

E. Simmons, M.D., L.R.C.P., L.R.C.S.

Registrar in Psychiatry:

J. Aled Williams, M.B., Ch.B., D.C.H.

Registrar in Child Guidance:

G. Joy Pryce, M.B., Ch.B., D.C.H. (commence 2/4/1962).

Senior Psychologist:

Lawrence Scobbie, M.A., B.Ed. (resigned 31/8/1962).

Psychologists:

J. B. Edwards, M.A.

P. J. McDonald, B.A.

Psychiatric Social Worker:

Mrs. V. Ford-Thompson.

Miss G. M. Brown, B.A.

County Ophthalmologist :

Mary Rowland Hughes, M.B., Ch.B., D.O.M.S.



Dental Staff:

Senior Dental Officer:

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

Dental Officers:

H. E. Fussell, L.D.S. (resigned 30/9/62).

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

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

S. Jones-Pritchard, L.D.S. (resigned 30/6/1962).

D. B. Waugh, L.D.S. (commenced 1/9/1962).

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

Consultant Orthodontist:

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

County Public Health Inspector:

Tom Hughes.

Inspector under Food and Drugs Acts (also Chief Inspector of Weights and Measures):

T. H. Evans.

Nursing Officers:

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 Officers:

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

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

Speech Therapists:

Miss R. Stephens, L.C.S.T.

Miss V. Northam, L.C.S.T.

Mrs. G. Smith, L.C.S.T.

Senior Administrative Officer:

G. L. Britton, D.P.A., A.R.S.H.

Deputy Administrative Officer:

Gwilym Davies.

Chief Mental Welfare Officer:

J. E. Evans, A.A.P.S.W.

Senior Mental Welfare Officer:

H. E. Romney.

Mental Welfare Officers:

J. L. Edwards.

G. E. H. Howard.

B. W. Hughes.

S. Robinson.

Staff of Training Centres:

Mrs. O. M. Thomas.

Mrs. M. Gresham (resigned 30/4/1962).

Miss P. Evans.

Mrs. G. M. Ball.

Miss N. Jones.

Mrs. G. Roberts.

Mrs. S. Jones.

Mr. W. Rigby.

Mrs. A. G. Roberts.

Miss H. Batten Jones.



### PART III

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## *General Provision of Health Services*

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### CARE OF MOTHERS AND YOUNG CHILDREN

The pattern of the Services provided under this Section has been firmly established and only minor modifications were introduced during the year.

The Health Department has continued to co-operate closely with the Hospital staff and General Medical Practitioners in providing a comprehensive Maternity Service and it would appear that the supportive role of the Department is appreciated and acknowledged. More Midwives are attending General Medical Practitioners' Ante-Natal Clinics and Health Visitors also are participating increasingly in this work.

The Relaxation and Health Education classes have prospered and the scope and content of the classes have widened. The attendances at the various Centres have been increasing which indicates that their value is being generally appreciated.

Mr. D. B. Whitehead has kindly sent me a copy of his Report on the Maternity Unit at the Maelor General Hospital and he has agreed to the inclusion of appropriate extracts in this Annual Report. It will be appreciated that Mr. Whitehouse's Report refers to the work of the Maternity Unit of the Maelor General Hospital which deals with cases, not only from East Denbighshire, but also from parts of neighbouring Counties, which fall in the area served by the Wrexham, Powys and Mawddach Hospital Management Committee.

**" Maelor General Hospital, Wrexham.**

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### MATERNITY UNIT

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### REPORT FOR 1962

" This is the third yearly Clinical Report on the work in the Maternity Unit since it opened in 1960. As the figures below show, the work has increased appreciably over the preceding year, and there is little doubt that 1963 will show

an even greater pressure on the maternity beds. This has necessarily meant the premature discharge of many mothers early in the puerperium, and we appreciate the help and co-operation of the County Health Staff in continuing their care at home. The strain on our own Midwifery Staff has been considerable and the time now seems ripe for an expansion of the Wrexham Maternity Unit to cope with the rising birth rate.

### STATISTICAL SUMMARY

#### " In-patients.

	1960	1961	1962
Total number of patients admitted	1593	1644	1828
Total number of patients discharged ... ..	1568	1646	1829
Total number of deliveries in hospital ... ..	1409	1470	1609
Babies born before arrival ... ..	17	11	10
Booked cases ... ..	1290	1366	1475
Non-booked cases ... ..	98	110	134
Maternal mortality ... ..	0	2	2
(mortality per 1,000 deliveries)...	0	1.3	1.2
<b>Stillbirths</b> ... ..	46	46	42
(Stillbirth rate per 1,000 deliveries	31.2	30.7	25.8
<b>Neonatal Deaths</b> ... ..	22	30	29
(Neonatal death rate per 1,000 deliveries) ... ..	15.6	20.8	18.3
Perinatal mortality per 1,000 deliveries ... ..	46.8	51.5	44.1

#### " Out-patients.

##### Attendances at Maelor Ante-natal Clinics.

	1960	1961	1962
New Patients ... ..	1467	1362	1928
Total attendances ... ..	8369	7882	10434

Figures are not included for the clinics at Cefn, Rhos, Mold, Chirk, Llangollen, Dolgellau and Welshpool.



**"Flying Squad.**—The Flying Squad was called out to 13 patients during the year, and blood transfusions were given to six only.

#### Indications for calling Squad.

Post-partum haemorrhage	...	...	5
P.P.H. with retained placenta	...	...	3
Retained placenta	...	...	1
Ante-partum haemorrhage	...	...	3
Abortion	...	...	1

### "COMPLICATIONS OF PREGNANCY AND LABOUR

1. **Toxaemia of Pregnancy.**—During the year 180 cases of pre-eclamptic toxaemia and 42 cases of essential hypertension were admitted for treatment. These included 8 patients with twins. Labour was induced surgically in 154 cases (70%). There were 16 stillbirths and 3 neonatal deaths—a perinatal loss of 8.2%. There were no cases of eclampsia. There was one case of chronic nephritis.

#### Comparative Figures.

	P.E.T.	Ess. Hypertension	Eclampsia	Perinatal Death
1960 ...	135	6	2	8.80%
1961 ...	94	40	3	11.00%
1962 ...	180	42	0	8.20%

#### 2. "Antepartum Haemorrhage.

(a) **Placenta Praevia.**—There were 21 cases of placenta praevia of which 11 required blood transfusion.

#### "Type of Placenta Praevia.

Type I	.....	8
Type II	.....	4
Type III	.....	5
Type IV	.....	4

**“Method of delivery.**

- 10 patients were delivered by lower segment Caesarean Section.
- 1 patient was delivered by Classical Caesarean Section.
- 6 patients had normal delivery following fore-water rupture.
- 2 patients had forceps delivery following fore-water rupture.
- 1 patient had a breech delivery following bringing down a leg.
- 1 patient delivered a Type III placenta praevia spontaneously followed by a stillborn baby.

**“Maternal Mortality.**—1 mother died during Caesarean Section (see Maternal Deaths).

**“Perinatal Mortality.**

- 1 baby was stillborn due to intra-partum anoxia.
  - 1 baby died from congenital malformation.
  - 2 babies died from prematurity and anoxia.
- Corrected perinatal mortality—14.2%.

- (b) **“Accidental Antepartum Haemorrhage**—There were 30 confirmed cases of accidental haemorrhage of which 11 were unbooked cases: 8 patients required blood transfusions: 13 babies were lost.

**“Causes of Stillbirth.**

Placenta separation	...	12
(one baby grossly malformed)		
Prolapsed cord	...	1

**“Cause of Neonatal Deaths.**

Prematurity	...	...	1
Perinatal loss	...	...	42%



- (c) **"Antepartum Haemorrhage of doubtful origin.**—In 24 cases of A.P.H. the cause was in doubt. 4 of these were lost: 3 died from prematurity and one was stillborn due to placental insufficiency.

### Comparative Figures.

		Placenta Praevia No. of cases	Perinatal Loss	Acc. Haem. No. of cases	Perinatal Loss	A.P.H. of doubtful origin
1960	...	12	16.6%	19	68%	—
1961	...	13	15.0%	30	58%	—
1962	...	21	14.2%	30	42%	24

### 3. "Breech Deliveries.

- (a) **Uncomplicated breech deliveries.**—There were 34 cases of uncomplicated breech deliveries of which 24 were primigravida. 2 babies were lost as follows:—

One neonatal death due to cerebral haemorrhage.

One neonatal death due to asphyxia.

Both were multigravida. No particular difficulties were experienced with delivery in either.  
Perinatal loss: 5.7%.

- (b) **"Complicated Breech Delivery.**—Breech delivery was complicated by other obstetric factors in 35 cases, of which 15 were primigravida. In this group there were 9 stillbirths and 7 neonatal deaths.

### "Complicating Factors.

Twin pregnancy	...	...	...	...	11
Toxaemia	...	...	...	...	12
Cord complications	...	...	...	...	4
Accidental A.P.H.	...	...	...	...	4

Hydrocephalus	...	...	...	...	2
Hydramnios	...	...	...	...	1
Placenta Praevia	...	...	...	...	1

**“Causes of Stillbirth.**

Accidental Haemorrhage	...	...	...	...	3
Placental Insufficiency (toxaemia)	...	...	...	...	2
Malformation	...	...	...	...	2
Prolapsed cord	...	...	...	...	2

**“Causes of Neonatal Deaths.**

Malformation	...	...	...	...	3
Cerebral haemorrhage and prematurity	...	...	...	...	2
Prematurity	...	...	...	...	1
Infection	...	...	...	...	1

Corrected perinatal mortality: 31%.

**Comparative Figures.**

		Uncomplicated Breech	Perinatal Loss	Complicated Breech	Perinatal Loss
1960	...	41	7.3%	22	26%
1961	...	25	0%	27	25%
1962	...	34	5.7%	35	31%

4. **“Face and Brow Presentation.**—There were 3 face presentations which were delivered as follows:—

Spontaneous	...	...	...	...	2
Caesarean (contracted pelvis)	...	...	...	...	1
Forceps	...	...	...	...	1



There were 2 brow presentations—one was delivered by Caesarean and the other was corrected to vertex and delivered spontaneously.

5. **“Transverse Lie in Labour.”**—Transverse lie during labour occurred in only 2 cases—one was delivered by Caesarean and the other by internal version and breech extraction.

6. **“Multiple Pregnancy.”**—There were 18 sets of twins of which 8 were uniovular and 10 binovular. One set of moniamniotic twins was delivered with gross entanglement of the cords. No twin babies were lost during the year.

7. **“Labour following previous Caesarean Section.”**—11 patients were allowed to go into labour following a previous L.S.C.S.

**Method of delivery in present pregnancy.**

Spontaneous vertex ... ..	7
Assisted breech ... ..	1
Forceps ... ..	1
Repeat Caesarean Section (one for foetal distress and one for tender scar) ... ..	2

No babies were lost.

8. **“Disproportion.”**—In 37 patients a diagnosis of cephalopelvic disproportion was made. 5 patients were delivered by Elective Caesarean because of a previous Caesar and 3 were delivered by Elective Caesarean because of other factors. The remainder were given a trial of labour and delivery was as follows:—

Spontaneous ... ..	5
Forceps ... ..	5
L.S.C.S. ... ..	19

No babies were lost.

9. **“Prolapsed Cord.”**—Prolapsed cord occurred in 6 cases. One baby was stillborn and two died following breech extraction.

### Method of delivery.

Assisted breech ... ..	2
Breech extraction ... ..	3
Caesarean ... ..	1

10. **“Postpartum Haemorrhage.**—Postpartum haemorrhage (a loss over 20 ozs.) occurred in 53 patients of whom 14 required blood transfusion. In addition 4 cases were admitted from the District by the Flying Squad.

11. **“Manual Removal of Placenta.**—The placenta was removed manually in 20 cases of which 8 were associated with postpartum haemorrhage.

### Comparative Figures.

		P.P.H.	Incidence	Manual Removal	Incidence
1960	...	46	3.3%	14	0.95%
1961	...	41	2.7%	14	0.99%
1962	...	53	3.3%	20	1.20%

12. **“Surgical Induction of Labour.**—Surgical induction of labour was performed on 339 patients, an incidence of 21% of all deliveries. Induction was by forewater rupture in 300 cases and hind-water puncture in 39 cases.

### “Indication for induction.

Toxaemia (including essential hypertension) ... ..	140
Postmaturity ... ..	120
A.P.H. ... ..	23
Rhesus antibodies ... ..	12
False labour ... ..	8
Bad obstetric history ... ..	8



Unstable lie ... ..	6
Malformation ... ..	2
Hydramnios ... ..	2
Twins ... ..	2
Threatened miscarriage ... ..	3
Diabetes ... ..	1
Miscellaneous ... ..	12

**“ Method of delivery.**

Spontaneous vertex ... ..	274
Forceps ... ..	37
Assisted breech ... ..	10
Caesarean section ... ..	18

**“ Indication for Caesarean Section.**

Failed induction ... ..	3
Inco-ordinate uterine action ...	2
Disproportion ... ..	6
Foetal distress ... ..	4
Toxaemia ... ..	1
Prolapsed cord ... ..	1
Failed forceps ... ..	1

There were 7 stillbirths and 2 neonatal deaths—  
(perinatal mortality 5.5%).

**“ Causes of stillbirths.**

Malformation ... ..	3
Accidental A.P.H. ... ..	1
Cord complications ... ..	2
Rhesus antibodies ... ..	1

**“ Cause of Neonatal Deaths.**

Prematurity ... ..	2
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13. **Forceps Delivery.**—139 babies were delivered by forceps, an incidence of 8.5%. 137 of these deliveries were performed under pudendal block.

**“ Indications for Forceps Delivery.**

Secondary inertia	... ..	26
Foetal distress	... ..	37
Deep transverse arrest	... ..	22
P.O.P.	... ..	23
Maternal distress	... ..	7
Toxaemia	... ..	8
Cardiac disease	... ..	3
Prematurity	... ..	3

**“ Perinatal Mortality.**—There were 3 stillbirths and 2 neonatal deaths— a perinatal mortality of 3.6%.

**Causes of Stillbirths.**

Cord round neck	... ..	2
Unexplained	... ..	1

**Cause of Neonatal Deaths.**

Malformation	... ..	1
Prematurity	... ..	1

14. **“ Caesarean Section.**—86 patients were delivered by Caesarean Section, an incidence of 5.1% of all deliveries. 21 of these had previously been delivered by Caesarean Section.

8 patients were sterilised. The lower segment operation was performed 83 times and the Classical operation three times. One patient died during Caesarean Section (see Maternal Deaths).

**“ Indication for Caesarean Section.**—In some cases there was more than one indication. Those listed below are considered the major factor in each case.



Disproportion	...	...	...	...	29
Disordered action	...	...	...	...	12
Placenta Praevia	...	...	...	...	11
Foetal distress	...	...	...	...	9
Mal presentation	...	...	...	...	5
Toxaemia	...	...	...	...	4
Bad obstetric history	...	...	...	...	6
Fibroids	...	...	...	...	2
Accidental A.P.H.	...	...	...	...	1
Miscellaneous	...	...	...	...	5

**“Perinatal Mortality.**—There were no stillbirths but six babies died after delivery (6.8% mortality).

#### **Causes of Neonatal Deaths.**

Prematurity	...	...	...	...	2
Anoxia (placenta praevia)	...	...	...	...	1
Respiratory distress syndrome (diabetic mothers)	...	...	...	...	2
Haemorrhagic disease	...	...	...	...	1

#### **Comparative Figures**

		Surgical Induction		Forceps		Caesarean	
		No.	Incidence	No.	Incidence	No.	Incidence
1960	...	171	12.3%	106	7.5%	63	4.5%
1961	...	188	12.6%	118	7.9%	73	4.9%
1962	...	339	21.0%	139	8.5%	86	5.1%

15. **“Vacuum Extraction.**—Delivery was assisted by vacuum extraction on four occasions—twice for prolonged first stage of labour, and twice for inertia in the second stage. On each occasion delivery was successful and the babies were well.

16. **"Persistent Occipito-Posterior and Deep Transverse Arrest.**—There were 67 cases in which the occipute failed to rotate anteriorly.

**"Method of delivery.**

Manual rotation and forceps ...	23
Keilland forceps ... ..	23
Spontaneous delivery face to pubes ... ..	9
Forceps delivery face to pubs ...	9
Caesarean section ... ..	8
Vacuum extraction ... ..	1

(One baby was stillborn due to cord round neck).

17. **"Prolonged Labour.**—Prolonged labour is by convention a labour lasting 36 hours or more. There were 38 such labours during the year, an incidence of 2.3% (1961—2.3%).

**Method of delivery.**

Normal delivery ... ..	11
Forceps delivery ... ..	19
Caesarean Section ... ..	8

There was one stillbirth due to cord round neck.

18. **"Diseases associated with Pregnancy.** — Hospital admission was required for the following conditions, associated with pregnancy.

**Anaemia.**

Iron deficiency ... ..	23
Macrocytic ... ..	7

**Chest Disease.**

Pulmonary T.B. ... ..	6
Bronchiectasis ... ..	3
Asthma ... ..	1
Mitral Stenosis ... ..	7



Urinary infection	...	...	...	...	18
Bell's palsy	...	...	...	...	3
Epilepsy	...	...	...	...	3
Psychotic states	...	...	...	...	2
Chorea	...	...	...	...	1
Megacolon	...	...	...	...	1
Dysentery	...	...	...	...	1
Intestinal obstruction	...	...	...	...	1
Ulcerative colitis	...	...	...	...	1
Congen. syphilis	...	...	...	...	1
Condylomata accuriata	...	...	...	...	1
Venous thrombosis	...	...	...	...	5
Purpura	...	...	...	...	1

19. **“Puerperal Pyrexia.**—By definition puerperal pyrexia is a temperature of 100.4 or over within 14 days of childbirth.

(a) **Genital tract infection.** **9 cases**

  Infecting organism:

Staph. pyrogenes	...	...	...	...	2
Anaerobic strep.	...	...	...	...	1
B. Coli	...	...	...	...	1
Mixed infection	...	...	...	...	3
Unknown	...	...	...	...	2

(b) **Extra-genital infection.** **9 cases**

Urinary infection	...	...	...	...	8
Tonsilitis	...	...	...	...	1

20. **“Maternal Deaths.**—There were two maternal deaths during the year.

**1364/62. Mrs. K. B., aged 31 years.—Puerperal death due to pulmonary embolism.**—Gravida 6. with normal obstetric history who was delivered uneventfully at 39 weeks. The pregnancy had been normal and there

were no symptoms. On the third day of the puerperium she suddenly collapsed and died almost immediately. P.M. showed a massive pulmonary embolism from pelvic venous thrombosis.

**1359/62. Mrs. B. W., 33 years—Death during Caesarean Section for placenta praevia.**—A healthy gravida six was admitted at 37 weeks because of unstable lie. There had been no bleeding, but placentography indicated that there was a degree of placenta praevia. Elective Lower Segment Caesarean Section was performed at 38 weeks, and a healthy female child weighing 7lbs. 11ozs. was delivered. Central placenta praevia was confirmed. Cardiac arrest occurred during closure of the uterus. Cardiac massage and the use of the ventricular defibrillator restored the heart beat, but death occurred within two hours. There had been no anaesthetic complications, nor any technical difficulty with the operation. Postmortem was inconclusive, but there was some indication of amniotic fluid embolism.

21. **“Stillbirths.**—There were 42 stillbirths, an incidence of 25.8 per 1,000 deliveries.

Apparent Causes of Stillbirths.	cases
Placental insufficiency (associated with toxæmia, hypertension, diabetes, post-maturity and unknown causes	12
Accidental haemorrhage ... ..	11
Congenital malformation ... ..	9
Rhesus incompatibility ... ..	3
Cord round neck ... ..	2
Prolapsed cord ... ..	1
Contraction ring ... ..	1
Placental tumour ... ..	1
Vasa praevia ... ..	1
Placenta praevia ... ..	1

#### **“PAEDIATRIC SECTION**

1. **“Neonatal Deaths.**—There were 29 neonatal deaths out of a total of 1,583 live births, a neonatal death rate of 18.3 per 1,000 live births.



### Principal cause of Neonatal Deaths.

Respiratory distress syndrome ...	6
Respiratory distress syndroma...	6
Malformation ... ..	5
Asphyxia ... ..	3
Cerebral damage ... ..	3
Infection ... ..	2
Haemorrhagic disease ... ..	1
Rhesus incompatibility ... ..	1

2. **“Premature Babies.**—77 babies were admitted to the Premature Unit, of which 61 survived and were discharged—a mortality rate of 20.7% (1962—23%).

3. **“Congenital Malformation.**—64 babies were born with congenital malformations, of which 14 did not survive. Incidence of malformation 3.9% of births. (1962—3.8%).

### 4. **“Haemolytic Disease.**

Rhesus incompatibility ... ..	12
A.B.O. incompatibility ... ..	9

7 babies were given exchange transfusions.

10 babies were given no treatment.

3 babies were stillborn.

1 baby died shortly after birth.

### “GYNAECOLOGY UNIT

	1961	1962
Total number of operations as In-patients	881	960
Major operations ... ..	303	316
Minor operations ... ..	578	644
Operative mortality ... ..	—	1

### “Major Operations.

Total hysterectomy ... ..	100
Sub-total hysterectomy ... ..	1
Vaginal hysterectomy ... ..	40
Wertheim's hysterectomy ... ..	5
Ovariectomy and oophorectomy ..	20
Ovarian cystectomy ... ..	4
Salpingectomy ... ..	3
Myomectomy ... ..	7
Ventrosuspension ... ..	4
Hysterotomy ... ..	1
Hysterotomy and Sterilisation ...	4
Marshall Marchetti ... ..	3
Sterilisation ... ..	8
Laparotomy (miscellaneous) ...	13
Appendicectomy ... ..	2
Tubal implantation ... ..	2
Inguinal lymphadenectomy ...	2
Radical vulvectomy ... ..	4
Simple vulvectomy ... ..	2
Vaginal repairs ... ..	89
Repair of incisional hernia ...	2
	<hr/>
	316
	<hr/>

“Operation mortality.—One patient died 18 days following medical vulvectomy from toxæmia.

### Minor operations.

D. & C.	}	599	
Evacuation of retained products			
Tubal insufflation			
Vaginal myomectomy	...	...	2
Reverse-perineorrhaphy	...	...	3



Resuture of wound ... ..	4
Hymenotomy ... ..	2
Shirodkar ... ..	3
Excision of vaginal and vulval cysts ... ..	8
Diathermy to caruncle ... ..	3
Miscellaneous ... ..	11
Cystoscopy ... ..	9
	<hr/>
	644
	<hr/>

D. B. WHITEHOUSE, M.D., F.R.C.S., M.R.C.O.G.,  
Consultant Obstetrician and Gynaecologist."

**TABLE XVI.**

Attendances at Hospital Management Committee Ante-Natal  
Clinics (held in County Clinics) during 1962.

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Rhos ... ..	91	635	51	68
Cefn ... ..	58	307	45	57
	<hr/>	<hr/>	<hr/>	<hr/>
Totals ...	149	942	96	125

### 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 121 new cases at Wrexham, with a total attendance at 759 and 170 new cases at Colwyn Bay, with a total attendance of 596.

### **Puerperal Pyrexia.**

This is defined as "Any febrile condition occurring in a woman in whom a temperature of 100.4 degree F. or more has occurred within 14 days after childbirth or miscarriage." 20 cases were notified in accordance with these regulations.

### **Ophthalmia Neonatorum.**

No cases were notified during the year.

## **CHILD WELFARE**

### **Notification of Births.**

In accordance with statutory requirements, 3,092 live births and 59 still-births were notified during the current year. A list of notifications is dispatched at the end of each week to the Registrar of Births.

### **Child Welfare Clinics.**

The attendances at most of the Child Welfare Clinics have been maintained at about the same level as in previous years but it is significant that where there has been a decrease either, there has been a change of staff or the premises were unsatisfactory. This re-emphasises my observation, in previous reports, that many of the Child Welfare Clinics are held in unsuitable premises.

In submitting recommendations for capital development, careful consideration was given to the needs of every locality in the County and priorities were assessed accordingly. On an average about two Child Welfare Clinics per year should be erected during the next five years if the plan is implemented. It was a sore disappointment that the two projected clinics in Southsea and Rossett were not completed during the year.

The work devolving on the Child Welfare Service is constantly expanding. In addition to the traditional pattern of service, infants are now tested for hearing acuity and routinely for phenylketonuria. The immunological schedule has increased and has undergone many changes which have added to the work of the staff.



## CHILD WELFARE CLINIC ATTENDANCES

Age 0 - 1 year:

Number of first attendances ... 2642

Total number of attendances ... 25965

Age 1 - 5 years:

Total number of attendances ... 12866

TABLE XVII.

## MATERNITY AND CHILD WELFARE

The following table furnishes information for 1962 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 1962 1961 1957/60	Present arrangements for medical supervision
Abergele, Pentre Mawr ... ..	Weekly	Thursday p.m.	35	90 62 121	Assistant Med. Officer
Broughton, Council School ... ..	Fortnightly	Monday p.m.	25	33 24 10	"
Brymbo, Council School ... ..	Fortnightly	Thursday p.m.	34	46 29 20	"
Cefn, County Clinic ... ..	Weekly	Friday p.m.	25	87 58 29	"
Chirk, Ambulance H.Q. ... ..	Fortnightly	Thursday p.m.	30	70 58 26	"
Coedpoeth, Church Hall ... ..	Fortnightly	Monday p.m.	28	60 43 32	"
Colwyn Bay, Nantyglyn Road ... ..	Weekly	Tues., a.m., p.m.	36	149 135 136	"
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	43	44 45 26	"
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	18	13 17 16	"
Denbigh, County Clinic ... ..	Weekly	Wednesday p.m.	39	95 93 47	"
Glan Conway, Church Institute ... ..	Fortnightly	Monday p.m.	20	26 17 36	"
Glynceiriog, Ceiriog Institute ... ..	Fortnightly	Tuesday p.m.	16	29 18 46	"
Gresford, Church House ... ..	Fortnightly	Friday p.m.	31	48 36 54	"
Holt, Kenyon Hall ... ..	Fortnightly	Wednesday p.m.	14	20 18 22	"
Johnstown, Christchurch Chapel Schoolroom	Fortnightly	Tuesday p.m.	15	22 29 12	"



Table XVII (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 1962 and who were born in 1961	No. of children who attended during the year 1957/60	Present arrangements for medical supervision
Llansannan Village Hall ...	Monthly	Thursday p.m.	32	13	30	Assistant Med. Officer
Llanddulas, C.M. Chapel ...	Monthly	Monday p.m.	11	5	11	"
Llangollen, Welfare House ...	Fortnightly	Tuesday p.m.	28	48	24	"
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	33	83	144	"
Llanrhaeadr Y.M., Public Hall ...	Fortnightly	Monday p.m.	19	20	26	"
Llay, County Clinic ...	Fortnightly	Tuesday p.m.	44	61	63	"
Rhos, County Clinic ...	Weekly	Wednesday p.m.	31	95	42	"
Rhos-on-Sea, Church House ...	Fortnightly	Tuesday a.m.	34	37	38	"
Rhosrobin, County Clinic ...	Fortnightly	Friday p.m.	55	100	74	"
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	29	34	22	"
Rossett, Church Hall ...	Fortnightly	Wednesday p.m.	23	25	40	"
Ruabon, Old People's Hall ...	Fortnightly	Thursday p.m.	21	41	26	"
Ruthin, Baptist Chapel ...	Weekly	Tuesday p.m.	20	77	63	"
Southsea, Church Institute ...	Fortnightly	Thursday p.m.	41	69	24	"
Merchandise Hall, Kinnel Bay ...	Monthly	Wednesday p.m.	18	23	26	"
Wrexham, Gatefield ...	Weekly	Monday p.m.	27	80	32	Gen. Med. Practitioner
Wrexham, Garden Village ...	Weekly	Wednesday p.m.	30	53	41	"
Wrexham, Queens Park ...	Weekly	Mon., Thurs., p.m.	40	222	39	Assistant Med. Officer
Wrexham, 1, Grosvenor Road ...	Weekly	Mon., Wed. p.m.	33	239	75	"
Vroncysyllte, Primitive Chapel ...	Monthly	Tuesday a.m.	11	19	8	"
Trevor, The Old School ...	Monthly	Monday p.m.	7	12	14	"

## MATERNITY AND CHILD WELFARE

### DENTAL TREATMENT

The Senior Dental Officer reports as follows:—

“Once again it is necessary to point out the lack of response to dental treatment offered on the Western side of the County. This is most surprising when one considers the comparative low average earnings of the Western side compared with the Eastern side.

It is most gratifying to find so many mothers who have previously attended for treatment bringing their children for advice.

I have to report that during the year Mr. Jones-Pritchard resigned but we were fortunate in being able to replace him at the Queens Park Clinic with Mr. D. B. Waugh.

Abergele Clinic was re-equipped during the year. Although the premises themselves leave a lot to be desired, it is hoped that in the near future a new clinic will be built to which the new equipment can be transferred.

New Clinics are to be constructed at Brynteg, Rossett and Ruabon which will have to be equipped with dental surgeries, so that I anticipate a rather large increase in capital expenditure for 1964.

Recruitment is still a major problem and will, I am afraid, remain with us for the next four to five years, after which period it is hoped that a full number of Dental Officers will be available.”



**DENTAL CARE**  
**TABLE XVIII.**  
**ANNUAL RETURN OF WORK**  
**EXPECTANT AND NURSING MOTHERS**  
**January to December, 1962.**

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	12	16	352	268	648
No. requiring treatment ...	11	12	346	268	637
No. completed treatment ...	10	12	284	199	505
Attendances for treatment ...	16	31	757	604	1408
Sessions devoted to treatment	6	11	86	80	183
Anaesthetics:					
General anaesthetics ... ..	4	3	165	106	278
Local anaesthetics ... ..	2	5	35	33	75
Extractions ... ..	51	16	755	555	1377
Fillings ... ..	11	11	126	67	215
Dentures supplied ... ..	4	4	139	98	245
Adjustments ... ..	—	—	49	19	68
Repairs ... ..	—	—	3	3	6
Sundries ... ..	3	2	19	18	42
Advice ... ..	3	3	53	49	108
Scaling and gum treatment ...	1	—	37	14	52

**TABLE XIX.**  
**MATERNITY AND CHILD WELFARE**  
**DENTAL TREATMENT, 1962**

**(a) Number provided with Dental Treatment.**

	No. examined	No. needing treatment	No. treated	No. made dentally fit
Expectant and Nursing Mothers ... ..	648	637	630	505
Children under 5 years of age ... ..	13	11	11	7

**(b) Forms of Dental Treatment provided.**

	Extractions	Local Anaesthetics	General Anaesthetics	Fillings	Scalings or Scalings and Gum Treatment	Silver Nitrate Treatment	Radio-graphs	Dentures provided
Expectant and Nursing Mothers ...	1377	75	278	215	59	—	4	245
Children under 5 years of age ...	9	—	—	—	—	—	—	—



## CARE OF PREMATURE INFANTS

During the year 171 premature live babies were born, of whom 143 survived until one month old.

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

Home	Private Nursing Home	Regional Hospital Board Accommodation
20	—	123

## PROVISION OF MATERNITY OUTFITS

Maternity Outfits containing requisites in accordance with the Ministry's guidance, were provided for domiciliary confinements.

These are issued to domiciliary midwives according to requirements and one outfit is always available for emergency use on every Denbighshire Ambulance.

605 Maternity Outfits were issued during 1962.

## WELFARE FOODS

During the year consideration was given to the distribution and sale of Welfare Foods. In many Clinics Voluntary Helpers cope entirely with this work thus relieving the Health Visitor for more essential and valuable duties. However, even in such clinics, some of the administrative responsibility rested on the Health Visitor and this placed an unnecessary burden upon a member of the staff who was already overloaded.

It was therefore decided that the responsibility for Welfare Foods should be taken off the Health Visitor and placed entirely on the administrative staff. Where necessary a paid person would be employed for the purpose of selling Welfare Foods at the various Clinics.

The total quantities of non-proprietary foods distributed during 1962 were:—

National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
14020	3031	3975	27092

In addition to the above a wide range of proprietary foods are sold in large quantities at all the Clinics.

### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year 65 mothers were admitted to Bersham Hall and of these 13 were from Denbighshire.

The Home has continued to function as in previous years and it is gratifying to note that the total admissions have been maintained due, to some extent, to the admission of cases from Warwickshire.

Admissions from the various Counties to the Home were:—

County of origin	No. of cases admitted during 1962
Anglesey ... ..	5
Caernarvonshire ... ..	6
Denbighshire ... ..	13
Flintshire ... ..	19
Merionethshire ... ..	5
Montgomeryshire ... ..	7
Warwickshire ... ..	10
	<hr/> 65

The disposal of Denbighshire babies born in 1962 while their mothers were resident at Bersham, was:—

Adopted	Children's Dept.	Remaining with Mother	Death	Total
10	3	1	—	14



## MIDWIFERY SERVICE

The Domiciliary Midwifery Service has continued to operate as in previous years.

In addition to mothers delivered at home, the domiciliary midwives have cared for those mothers discharged from hospital before the end of the "lying-in" period. The number of mothers in this category was 1,416.

Miss W. M. Chune, the non-medical Supervisor of Midwives reports as follows:—

"The number of home confinements has again increased and a first class domiciliary service has been given by General Practitioners and Midwives supported where required by the Home Help Service. The still-birth rate compares very favourably with the rate for the whole country and so does the premature baby survival rate. There is a close link between the Hospital and the Health Department. No mother is admitted on social grounds unless a report is sent from this Office giving the reason. Discharges before the tenth day of the puerperium are increasing, but all are referred for home care. This is done every day, including weekends. Thus, every mother has the necessary attention from a Midwife until her baby is 10 days old and longer, if necessary. The Midwives confer with the Health Visitors on cases where it is felt necessary. Hospital Clinic defaulters are referred here and followed up by the Domiciliary Staff—a very necessary step and one which we are glad to carry out.

"To further the co-operation between Hospital and district, Mrs. Molloy, Health Visitor, attends the ante-natal Clinic of the Maelor Hospital and she is a link for the mothers between Hospital and Health Visitor. In addition, Mrs. Molloy carries out Health Education and I attend Mr. Whitehouse's Clinical Meeting held every two months in an evening. This is most interesting, as a detailed discussion takes place on all cases which were not straight forward.

"Relaxation and Health Education Clinics for the pregnant mother are now held at Llanrwst, Abergele, Denbigh, Cefn, Rhos, Queens Park and Grosvenor Road, Wrexham. At these Clinics, the Midwife and Health Visitor work as a team and in some the Medical Officers give talks. Also, Health Visitors and Midwives are attending some of the ante-natal Clinics at the General Practitioner Units.



' Six Midwives have attended Post-Graduate Courses and four have attended Relaxation and Mothercraft Courses. All greatly benefited from this experience and have expressed thanks for being privileged to attend.

" The results so far published on the Perinatal Survey which was carried out in 1958 do not reflect favourably on domiciliary Midwifery but one must wait for a full report before commenting.

" In the country as a whole whether at home or in hospital, midwives were responsible, working without medical assistance, for over 70 per cent. of deliveries and in a further 14 per cent. they conducted the delivery in the presence of the doctors. These figures emphasise the overwhelmingly important role of the midwife in obstetrics. Denbighshire's midwives attended approximately the same percentage. Therefore, it is the duty of the local Supervising Authority to maintain a vigilant watch on all Midwives practising in this County.

" County Midwives staff the Hospital Ante-Natal Clinics at Rhos and Cefn and, at the request of the Consultant Obstetrician, sociological reports are submitted when the possibility of Home Confinement is considered and, similarly, staff trace mothers who play truant from the Ante-Natal Clinic. During the year, the number of requests received for:—

(a) Sociological report for Home Confinement was 124.

(b) Truanting from Ante-Natal Clinic was 73.

" The intimate and often personal relationship that exists between the domiciliary midwife and these mothers make these difficult tasks easier and I doubt whether anybody else could, as successfully, prevail upon some mothers to avail themselves of the various services at their disposal.

" The Denbighshire Branch of the Royal College of Midwives held a very successful Study Day in June. The first Speaker was Mr. Barry Whitehouse, followed by Mr. S. Burke, Obstetrician, Shrewsbury, and Mr. R. Hudson, Paediatrician, of Liverpool, who showed an excellent film on the disease Phenylketonuria which emphasised how early diagnosis and subsequent treatment could help these babies.



In addition, the Branch has had many stimulating lectures during the year and had many efforts to raise money for education and charitable funds.

“ It is also hoped to help four members to attend the International Congress of Midwives which is being held next year in Madrid, Spain.”

A Comparative Table of Live and Still Births occurring in Denbighshire during 1962 and allocated according to whether the birth occurred at home or in hospital.

Location of Birth	Number of	
	Live Births	Still Births
Domiciliary ... ..	602	2
Maternity accommodation ... ..	2490	57

Number of cases delivered in hospitals but attended by domiciliary midwives on discharge from institutions and before the tenth day	... ..	1416
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### Supervision of Midwives.

The duties of a local Supervising Authority are vested in the Denbighshire County Council, which has appointed the County Medical Officer of Health as Medical, and the Superintendent Nursing Officer as non-Medical Supervisor of Midwives.

The primary responsibility for these duties devolves upon Miss Chune and the high standard of the domiciliary midwives is due, in no small measure, to her enthusiasm and inspiration.

The following table shows the various Employing Authorities in Denbighshire, and the number of midwives they employ respectively:—

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority ... ..	62
Private Practice:	
Domiciliary ... ..	2
Private Nursing Home ... ..	—
Hospital Service:	
Welsh Hospital Board ... ..	65

### Analgesia.

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

Of the 588 domiciliary confinements attended by the Local Health Authority Midwives, either in their capacity as a midwife or maternity nurse, gas and air were administered in 388 confinements while pethidine was given in 387 confinements.

### Midwives Act, 1951, Section 14.

#### Medical Aid:

Number of patients for whom medical aid was summoned by a certified midwife ... ..	20
Total amount of medical claims paid by Local Health Authority ... ..	£16 16s. 0d.

### Part II. Midwifery School.

The part II Midwifery School continues to progress satisfactorily. The present Tutor, Miss Harding, works closely with the Department and this benefits all concerned.

28 pupils have been trained this year with 100 per cent. successful pass result. Many entrants to District Nursing work are our own Pupils.

Due to the increased intake of pupils at the Maelor Maternity Unit it has still not been possible to accept pupils from St. Asaph Hospital.



**TABLE XX.**  
**DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES**  
**DURING 1962.**

	Number of deliveries attended by Midwives in the area during the year				
	Domiciliary Cases				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority ... ..	4	7	139	438	588
Midwives in Private Practice (inc. Midwives employed in Nursing Homes) ... ..	—	—	—	1	1
Totals ... ..	4	7	139	439	589

## HEALTH VISITING

In their Annual Reports, the Health Visitors again emphasised the importance of the basic content of their work which is Home Visiting. As indicated previously, their constantly expanding role makes heavy and exacting demands upon their skills, energies and time. It is therefore vital that repetitive and semi-skilled tasks should be carried out by other than the Health Visitors, who, thus relieved, have more time to devote to their problems. Policy has been deliberately based on this premise and it is hoped that the additional duties which are constantly added to the burden of the Health Visitors can be absorbed without undue strain.

Manifold social problems were dealt with by Health Visitors and their work, in many fields, has been greatly appreciated, but with new services emerging there tends at times to be duplication and overlap.

To obviate this, in the realms of Mental Health, a series of Case Conferences were arranged between the staff concerned. From the ensuing discussions, much emerged which was of mutual benefit and many misconceptions were rectified. The relationship of the Health Department with Hospitals has changed radically in recent years and although improving, there still remains many failures of communications. To the field worker the fault lies at the door of the Central Office and it comes as a complete surprise to them that even the Central Office is not omniscient.

The growing problems of the aged are of deep concern to Health Visitors but the inability of other services to cope adequately with the disposal of the old persons, proves frustrating to and excessively demanding upon the Health Visitors.

The Health Visitors have found that an increasing proportion of their time has had to be devoted to the elderly and that they had to obtain the assistance of many other agencies but, in particular, they have relied upon the Home Help Service.

Gradually, the future role of the Health Visitor is emerging and it is obvious that improved facilities will have to be made available. The new Clinics will provide the Health Visitor with an administrative base which should facilitate her work and make her more accessible to the community. Undoubtedly, this will lead to a further extension of her role and a closer liaison with the General Medical Practitioners working in the area. This has been proved in areas where such arrangements exist.



At the present time, Health Visitors work closely with General Medical Practitioners and in many areas they call in at the Doctor's Surgery at specified times.

In Wrexham, Ruthin, Abergele and Cerrigydrudion the Health Visitor attends at the Ante-Natal Clinics which are held by the General Medical Practitioner in his own premises. Some Doctors call periodically at a Clinic in order to discuss specific problems and it is felt, by many, that this rather informal and friendly visit leads to a closer understanding and better relationship.

Health Visitors have access to various departments of the Hospitals in the County and this formal arrangement has improved communications and enhanced the status of the Health Visitor.

Gradually, a domiciliary team is being welded to conform to the requirements of modern preventive, curative and social medicine. With the provision of new Clinic premises, and particularly if these should also be used by General Medical Practitioners, the evolution of a comprehensive domiciliary team would not be long delayed.

During the year, one Health Visitor was granted leave of absence for fifteen months so that an exchange could be made with a Health Visitor from New Zealand. Miss Somerton, who joined the staff in June, 1962, remained with us for a year and throughout that period she enhanced the high regard which we already had for the people of New Zealand. She worked diligently and made many friends. While regretting her departure, we thank her for her excellent services and wish her well.

Three Health Visitors seconded for training returned to duty, duly qualified.

**TABLE XXI**

First visits to children under 1 year of age ... ..	2927
Total visits to children under 1 years of age ... ..	21402
Total visits to children between 1 and 5 years ... ..	28359
First visits to expectant mothers ... ..	603
Total visits to expectant mothers ... ..	1104
Total visits to other cases ... ..	8680

TABLE XXII.

Summary of Work of Health Visitors.

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	129	1541	1225	34	46
Penycae, Garth, Trevor and Acrefair	112	608	815	23	62
Rhostyllen, Ruabon, Marchwiell, Isycoed and Abenbury	201	1248	1506	—	5
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	176	1134	959	30	43
Brymbo, Broughton	85	625	1640	45	66
Llay, Gresford, Rossett	169	1102	2118	31	45
Gwersyllt, Rhosrobin, Summerhill	124	1098	799	26	43
Llangollen and Cefn	156	749	1376	90	167
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos	116	1295	2094	55	80
Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	196	2068	2634	31	43
Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	95	576	713	36	70
Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	55	421	534	21	34



Table XXII (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
Llanrhaeadr Y.M., Llansilin, Chirk, Glynceiriog and Vroncysyllte ... ..	164	2084	3552	15	86
Ruthin Borough, Ruthin Rural (part) ... ..	128	678	1172	26	78
Borough of Colwyn Bay ... ..	352	1548	2247	61	111
Borough of Wrexham ... ..	687	4627	4817	79	125
Totals ... ..	2927	21402	28359	303	1104

## HOME NURSING

The increasing emphasis on domiciliary care provides a particular challenge to the Home Nursing Service and I am confident that it will be, indeed that it already has been, accepted. A perusal of Miss Chune's Report for 1962 clearly shows that the Service in Denbighshire is qualitatively as well as quantitatively of a high order.

I have pleasure in appending the Report of Miss W. M. Chune, the Superintendent Nursing Officer, on the Home Nursing Service.

"This Service has continued satisfactorily throughout the year and much good apart from actual nursing is done by the District Nurses. We are fortunate in having at all times our full establishment of Nurses and thus the people of Denbighshire at no time lack skilled nursing care in their homes. One Nurse told me how she had helped a household in the care of an elderly relative by asking for a bar to be fixed across the corner of a room. The old person, who was very heavy to lift, could then be pushed to this bar in a wheel chair, grasp the bar and lift herself up whilst the commode was slipped underneath her. So simple and yet it overcame one of the chief difficulties in caring for aged who are particularly incapacitated, in the Home.

"The incontinent pads now supplied are a great blessing in the Homes—by easing the washing and also making the Nurses' work easier.

"The Male Nurses continue to justify the risk taken in appointing them. They are as well received in all homes as are the Female Nurses.

"Sir Bruce Fraser, K.C.B. in an address to the Queen's Institute emphasised a point which has been found happening in this County. The quantity of the work of the District Nurse appears to have declined, but the quality has been improved upon.

"This is mostly to the aged who by virtue of their position need more care and in this way the District Nurse enables many elderly people to remain in their own Homes, but because they are alone with maybe one or more elderly person only with them, the number of visits per day is increased.



"When more children were on the lists of the District Nurses for visiting and they used to be far more than today (this number has reduced, thanks to the improved Child Care now given) young mothers could be trained and helped to do some Nursing care for their children.

"With the aged, this is not possible very often and the full responsibility for their Nursing care devolves on the shoulders of the home Nurse.

"In Denbighshire during 1962, only 2 cases who had been bedridden for a very, very long time developed bed sores. In one, the condition quickly cleared with more frequent visiting—with the other one, as the patient's condition worsened, there was no improvement and he subsequently died.

"Patients who have bed sores, when first referred to the District Nurse, soon have the condition improved and then cured. It has been said by the Ministry that except where the more complicated and expert forms of treatment are required for Medical reasons, an ill person is not only happier but often improves more quickly if nursed at Home.

"In addition to being called upon to do more Home Nursing, the District Nurse will be called upon to give help and advice in a far greater sense.

"This perhaps is not Health Education in its narrow sense, but it is in the wider meaning of the term.

"The money from the Marie Curie Memorial Foundation has been used to help seven cases to have extra nourishment and in some instances necessitous clothing and bedding. Also, it has paid for Night Sitters in some cases.

"We are grateful for this voluntary money which helps to give these patients and their relatives help and support to continue nursing them at Home.

"We hope to start a Night Nursing Service in the near future, which this money now makes possible.

"If special Home Nursing Care is required, for patients being discharged home the Consultants often ask to see the Nurse who will be in charge in order to give her full and clear instructions on the care of the patient.

" This, we are happy to arrange with the full knowledge and consent of the General Practitioner who will be responsible for the home care of his patient.

" All the equipment of all Staff has been kept up to date and replaced when necessary. New appliances have been purchased and issued to patients and each Nurse carries a stock of necessary equipment to loan out to her patients, thus easing her work and giving much comfort to the patients.

" Efforts are made to see that the Staff have regular off duty and adhere to a 44-hour week, and with the exception of this last month, this has been possible.

" It is an exciting time for the Nursing Profession with so many changes envisaged in the training, and it appears that the State Enrolled Nurse will continue to play a greater role in the bedside care of patients. The three part-time State Enrolled Nurses in Denbighshire work alongside the State Registered Nurses with harmony and full co-operation.

" Denbighshire is preparing plans to become a Queen's Nursing Training School and we hope, early in 1963, to be ready to seek the approval for this of the Ministry and the Queen's Institute of District Nursing. We have accepted sixteen student District Nurses from Manchester and Liverpool to observe work in rural areas and I would thank the Chairman of the Health Committee, Dr. Ifor Davies and his partners and the Nurses and Health Visitors in that area for the great help they give to these students at all times, in observing the Services in Cerrigydrudion and district. In particular, the general practitioner ante-natal clinic with doctor, midwife and health visitor working side by side impresses our visitors most favourably.

" Nursing visitors to other areas have also been helped considerably and thanks are extended to those areas too. Many letters of appreciation have been received regarding these visits from all over this Country and as far away as Ghana, Nigeria and Jordan. Six Nurses have attended post-graduate Courses and all expressed appreciation for being allowed to attend."



**TABLE XXIII.**  
**SUMMARY OF CASES ATTENDED AND VISITED BY HOME**  
**NURSES DURING 1962.**

(1)	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients incl. in (2)-(7) who were 65 or over at time of first visit during year.	(10) Children incl. in (2)-(7) who were under 5 at time of first visit during year.	(11) Patients incl. in (2)-(7) who have had more than 24 visits during year.
Number of cases attended by Home Nurses during the year	4522	1183	5	64	51	450	6275	3086	327	1204
Number of visits paid by Home Nurses during the year ...	110416	23398	54	2909	352	3698	140827	89543	2128	73898

## VACCINATION AND IMMUNISATION

### Smallpox Vaccination.

The number of infants vaccinated against Smallpox during 1962 was 1,463 which is 50.6% of those born during the year.

The Smallpox epidemic in various parts of this country brought home to the general public the need for protection against this disease. Many opinions have been expressed regarding the best method of achieving this. However, it remains an indisputable fact that, since the days of Jenner, vaccination has eradicated Smallpox from this country and it only recurs when it is re-introduced from overseas. It must also be conceded that vaccination is not free of risk and that occasionally infants have died as a result of complications. Furthermore, vaccination does not give a life-long immunity and it is necessary to re-vaccinate when infection is prevalent.

However, in my experience, which has included many thousands of vaccinations in the Army, I am sure that re-vaccination is far less dangerous than primary vaccination in adult life. I am also convinced that when vaccination is carried out deliberately at a selected time, with all conditions being favourable, the risks are insignificant, whereas the hysterical demands of the public, during an epidemic, jeopardise the normal selective procedure and increase substantially the risk of serious complications. Recent events support this and also that, irrespective of any bureaucratic control, the public will find means of having themselves vaccinated.

A statistical analysis of morbidity and mortality resulting from vaccination against Smallpox appears to indicate that the safest period for this procedure is shortly after the first birthday and in accordance with the Ministry of Health's suggestion the Schedule for Vaccination and Immunisation in Denbighshire has been altered accordingly. In future, Vaccination against Smallpox will be offered to children shortly after their first birthday.

Personally, I hold the view, based on my own comparatively limited experience, that Vaccination done properly is as safe at three months as at thirteen months. My main concern with this change is that a fickle public will soon forget the Smallpox Epidemic and it will be much more difficult to have parents offer their children for vaccination at thirteen months rather than in early infancy. In due course, the Vaccination rate will drop below that which existed prior to the recent epidemic.



**TABLE XXIV**

Vaccinations performed during 1962.

Primary Vaccinations	Re-vaccinations
Under 1 year ... .. 1463	Under 1 year ... .. —
1-4 years ... .. 838	1-4 years ... .. 64
5-14 years ... .. 1913	5-14 years ... .. 1146
15 years and over ... 2570	15 years and over ... 5087

**Diphtheria, Whooping Cough and Tetanus Immunisation.**

The protection against these three diseases can be afforded with the combined Triple Vaccine. The reduction in the number of immunisations is much appreciated. Many infants are immunised by their own Family Doctor and in order to obtain reasonably accurate statistics a personal Record Card for Vaccinations and Immunisations was issued to each baby. If these are used appropriately, then a more realistic assessment of the immunity state of the children will be obtained.

**TABLE XXV**

Number immunised during the year.

	Under 5 years	5-14 years	Total
Number immunised against Diphtheria:			
Primary ... ..	1809	32	1841
Booster ... ..	810	141	951
Number immunised against Whooping Cough ... ..	1776	26	1802
Number immunised against Tetanus ... ..	1763	19	1782

**TABLE XXVI.**

**DIPHTHERIA IMMUNITY INDEX**

Percentage of children born in 1961 and aged 0-14 years, estimated to have been immunised against Diphtheria during the years 1958-62.

	Born in 1961	Under 15 years
Denbighshire ... ..	59	74
Wales ... ..	61	52
England and Wales ... ..	67	54

**TABLE XXVII**

Number of cases of Whooping Cough notified since 1951 in Wrexham and Colwyn Bay Boroughs and the Administrative County.

Year	Wrexham Borough	Colwyn Bay Borough	County
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
1960	50	26	154
1961	11	1	85
1962	6	—	10



### Tetanus Immunisation.

The triple vaccine contains Tetanus Toxoid which stimulates protection against this disease.

As previously mentioned, it has now been possible to provide all infants with a personal record card and it is hoped that this will be available at all times.

### Poliomyelitis.

For some years the relative merits, of Salk Vaccine and Sabin Vaccine have been strongly contended. Finally the Ministry of Health decided to authorise the use of the live poliomyelitis vaccine (Sabin) into general use and this was introduced to Denbighshire in April, 1962. Sabin Vaccine is given by mouth and therefore, is acceptable to more people because it does not involve an injection.

Administrative re-arrangements had to be made to meet the changed procedure and this added to the work of the administrative staff, especially as this vaccine had to be given to those who already had received the Salk Vaccine some years previously.

It is gratifying to note that already the impact of previous years' vaccination against Poliomyelitis has resulted in a substantial reduction in the incidence of this disease. During 1962, there were only two cases of Poliomyelitis in the County—one a child and the other an adult, both of whom had not been vaccinated.

**TABLE XXVIII**

Number vaccinated during 1962.

PRIMARY VACCINATIONS					Reinforcement Injections	
0 - 4	5 - 14	15 - 25	25 - 40	Total	3rd	4th
<b>Salk</b> 330	100	120	247	797	3461	62
<b>Sabin.</b> 1575	496	268	876	3215	6737	1957

## AMBULANCE SERVICE

Re-organisation has continued and some progress was made during the year. Mr. G. Smith was promoted to Station Superintendent for East Denbighshire during the year and the appointments of Shift Leaders and additional drivers were made. At long last a mechanic was appointed and he now operates at headquarters in Wrexham; his responsibility, primarily, is for all vehicles in the Eastern part of the County, but it is already obvious that with the increasing strain on the service and the expansion of the nursing services, he cannot possibly cope with all the defects and servicing which require attention; if more work is not to be passed out to local garages then an additional mechanic will have to be sought. Economically it would be a sound and wise investment.

Demand continues to increase and apparently will continue to do so and there are times when a great strain is placed on the service. The number of patients attending out-patient clinics at hospitals and in particular physiotherapy units show no signs of decreasing. Indeed, with the setting up of peripheral clinics the situation has been aggravated. It is sometimes said that many of these out-patients could go by public transport but a ruthless vetting of the list does not help a great deal; the journeys have still to be made.

The Ambulance Service is normally thought of as an emergency service and indeed the prime function must be to provide an efficient emergency and accident service. But there are times when the service is quantitatively insufficient to meet the demand; this is particularly so when accidents and emergency removals occur simultaneously. No special accident ambulances are provided but all vehicles are equipped to deal with emergencies. The staff are all fully trained in first aid but for some time now it has been realised that ambulance staffs should receive further post-entry training. Consequently, a syllabus for further training has been agreed and instruction commenced.

The working arrangements for the control of the service have not changed during the year but I think that it is inevitable that in the near future full-time operational bases will have to be established in the Wrexham and Colwyn Bay areas. This Authority has been fortunate in the past in having the support of a number of voluntary organisations to assist the Ambulance Service, and indeed many of them have given extremely valuable support and assistance in the past year.

But there is no doubt the number of volunteers is declining and as the older personnel lay down the task, the younger ones



are not coming forward. The task becomes heavier with each succeeding demand on the service and consequently personnel are not always available when required.

It is a story that has been written many times in our history; the voluntary worker shows the way and ultimately the public authority has to take over because of the success of the voluntary efforts. I am quite sure, however, that the voluntary spirit will still prevail and find its outlet in some other form.

The capital building programme submitted for the ten-year plan envisages the building of a new station and headquarters at Wrexham in 1965-66 and at Colwyn Bay in 1966-67. I am sure the Authority would be wise to consider the need for and the implications of a fully operational control to coincide with these projects.

As can be seen from Tables XXIX and XXX the demands on the Service have continued to increase.

Approximately one-fifth of the number of patients were carried by sitting case car. The cost of this Service is not falling and it is difficult to foresee how cuts can be made. The vast majority of the patients are from the Ceiriog, Ruthin and Hiraethog Rural areas and are conveyed to such places as Shrewsbury, Wrexham, Bala, Liverpool, Llandudno and Rhyl. Even so, by careful planning and integration, the mileage per patient is only 13. When it is realised that the Ambulance at Cerrigydrudion (which is only used for accident cases) covered 45 miles for each patient carried, this can be better appreciated.

TABLE XXIX

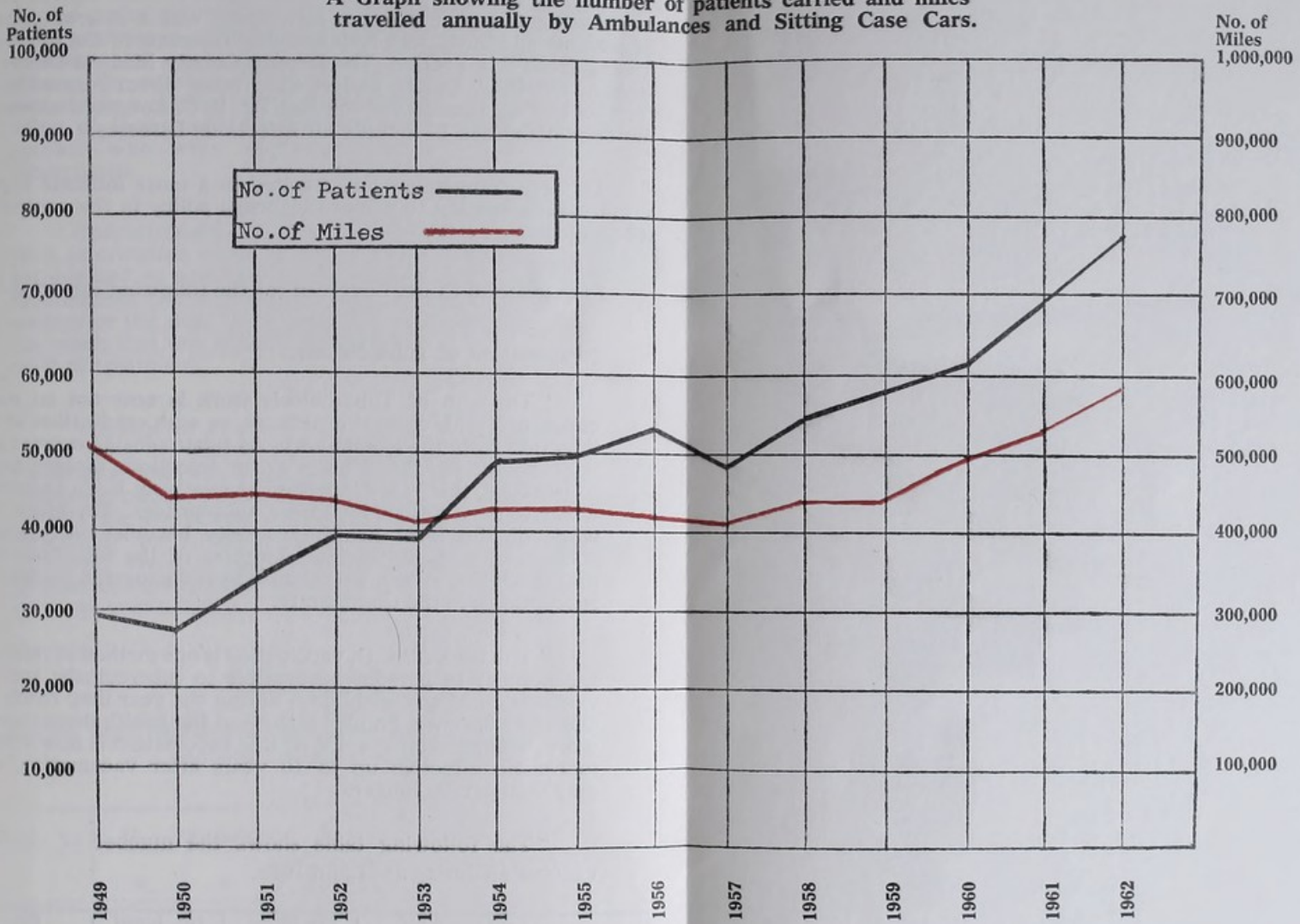
Name of Ambulance	No. of cases conveyed	Total mileage
Abergele ... ..	2393	27458
Colwyn Bay ... ..	7885	57999
Cerrigydrudion ... ..	68	3107
Denbigh ... ..	6734	53852
Llangernyw ... ..	2241	27043
Llanrwst ... ..	49	1880
Ruthin ... ..	3081	38815
Cefn ... ..	7582	43577
Chirk ... ..	1898	18454
Llangollen ... ..	2277	19561
Rhos ... ..	3095	13125
Wrexham ... ..	26152	107495
Grand Total ... ..	63455	412370
1961 ... ..	55980	358966



**TABLE XXX**  
**SITTING CASE CARS**

Month		Taxis	Cases W.V.S.	Total	Taxis	Mileage W.V.S.	Total
January	...	990	33	1123	13826	1156	14442
February	...	1174	14	1188	16189	723	16912
March	...	1321	9	1330	16859	286	17145
April	...	1003	11	1014	12767	196	12963
May	...	1399	4	1403	17608	129	17737
June	...	1219	7	1226	14316	318	14634
July	...	1478	9	1487	17788	253	18041
August	...	1187	20	1207	14044	735	14779
September	...	1331	10	1341	16004	214	16218
October	...	1194	8	1202	16493	137	16630
November	...	988	7	995	14038	158	14196
December	...	821	4	825	10954	337	11291
Totals	...	14105	136	14241	180346	4642	184988
Totals for 1961		13118	687	13805	167746	12721	18046

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





## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

During the year under review there was a re-arrangement of medical administrative responsibility for some of the functions arising from this Section. The Deputy County Medical Officer of Health, Dr. F. P. Peach, undertook a more direct responsibility for the Mental Health Service and Dr. E. S. Lovgreen extended his responsibilities to include all Infectious Diseases.

This re-arrangement has resulted in a more intimate supervision which has led to a more vigorous policy in the control of tuberculosis.

I am grateful to Dr. Lovgreen for the following Report.—

### **“ Prevention of Tuberculosis.**

“ The aim of Tuberculosis work is now not so much concerned with control of disease, as with eradication of the infection from the Community. As tuberculosis becomes less widespread, its significance as an infectious disease tends to increase, the “ seed ” becoming relatively more important when it may find many more susceptibles. Therefore, the work of the local health authority becomes increasingly concerned with tracing the contacts of the infectious and newly notified cases, and also with reducing the number of susceptibles in the Community.

“ The use of B.C.G. vaccination is one method of reducing the number of persons susceptible to tuberculosis, and the vaccination of schoolchildren during the year they reach the age of 13 is now a regular feature of the health department's work. The protective value of this vaccination is now known to remain effective up to 10 years after vaccination, and may well persist longer.

“ The following table shows the number of children vaccinated during 1961 and 1962.

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1961 ... ..	2820	578	2106	2097
1962 ... ..	1853	294	1532	1518

"Contact tracing is a vital part of the programme to eradicate tuberculosis, and the two health visitors employed by the authority to visit the tuberculous patients spend a large percentage of their time in the following up of family contacts, and arranging for their examination at the chest clinics. The number of such contacts seen during the year, 443, shows a marked increase on the figure for 1961, and the value of these contact examinations is borne out by the number who were subsequently notified as cases of tuberculosis.

"One notification in a child is of interest in that it arose from information received from a veterinary surgeon that a pet dog had, at post mortem examination been found to have tuberculosis. Arrangements were made for the family, owners of the dog, to be examined at the chest clinic with the result that one child was found to be tuberculous and in need of treatment.

"The number of cases on the tuberculosis register is kept up to date by information supplied through the Chest Physicians, and this year again shows a drop in the total remaining on the register at the end of the year. This drop reflects the increasing number of persons who, following treatment, are removed from the register as recovered. However, there is no room for complacency whilst the number of new notifications shows a slight increase on the previous year's figure.

**TABLE XXXI.**

Cases on the Tuberculosis Register on 31st December, 1961  
and 31st December, 1962.

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1961 ...	730	554	1284	67	82	149
1962 ...	667	491	1158	61	75	136



Total No. of cases on Register, 31st December, 1962:

Pulmonary	...	...	...	...	...	...	...	1158
Non-Pulmonary	...	...	...	...	...	...	...	136
Total No. of Notifications during 1961	...	...	...	...	...	...	...	116
No. of new contacts seen of new cases notified	...	...	...	...	...	...	...	443
No. of contacts notified of this number	...	...	...	...	...	...	...	20
No. of old contacts seen of old cases	...	...	...	...	...	...	...	2416

"The distribution of new cases between the sexes (Table XLVI) continues to show a preponderance in the males who form 61% of the total notified, compared with 39% for the females. The peak incidence for women occurs in those aged between 25-35 years, whilst for men it lies in the years between 55-65. These peaks are in line with the national trends.

"The number of deaths from tuberculosis show an increase from the previous year. Analysis of the figures by age groups shows that 11 out of the 19 deaths were in persons over 65 years of age—9 of these males, two over the age of 80, and 6 in the 70-80 age group. At these ages, treatment with anti-tuberculous drugs may be more difficult to maintain and there are often other factors affecting the individual's health which undermine the person's individual resistance to the infection.

"How can the problem of tuberculosis in the older person best be detected? The elderly are notoriously difficult to persuade to come for x-ray examination, and it is the influence of personal contacts in the home, or by the family doctor, who knows the person well, that is most effective in persuading them to come to the clinic or mobile unit.

"The Mass Radiography Service also plays a considerable part in the preventive field, not only in the finding of cases of tuberculosis, but also in finding other conditions, notably lung carcinoma, and thus expediting treatment for the individual who until then may have been unaware of any ill health.

"The following tables show the details of the work undertaken in Denbighshire during 1962."

## Mass Radiography Service.

The following Tables give details of the work done by the Mass Radiography Units in Denbighshire during 1962.

TABLE XXXII.

### Unit "F."

Location		No. X-rayed	Requiring Further Observation
Chirk ... ..	Males Females Total	97 106 203	— — —
Glynceiriog ... ..	Males Females Total	68 53 121	1 — 1
Llangedwyn ... ..	Males Females Total	37 24 61	2 — 2
Llanrhaiadr Y.M. ... ..	Males Females Total	55 61 116	1 — 1
Llansilin ... ..	Males Females Total	20 27 47	— — —
Royal Welsh Show ... ..	Males Females Total	445 301 746	5 3 8
Total ... ..	Males Females Total	722 572 1294	9 3 12



TABLE XXXIII.

**MASS MINIATURE RADIOGRAPHY UNIT**  
**VISITS TO OLD PEOPLE'S HOMES, 1962**

Home		No. examined			Requiring further observation		
		M.	F.	T.	M.	F.	T.
Rhyddfan, Ruthin ...	Resident	43	37	80	—	—	—
	Staff	3	8	11	—	—	—
Dolanog, Llanrwst ...	Resident	22	6	28	1	—	1
	Staff	1	5	6	—	—	—
New Hall, Ruabon ...	Resident	23	20	43	2	1	3
	Staff	3	7	10	—	—	—
Pen-y-Nant, Minera ...	Resident	15	13	28	1	—	1
	Staff	2	1	3	—	—	—
Gladwyn, Gresford ...	Resident	16	15	31	2	—	2
	Staff	2	5	7	—	—	—
Argoed, Vroncysyllte ...	Resident	13	16	29	—	—	—
	Staff	3	4	7	—	—	—
Total ... ..	Resident	132	107	239	6	1	7
	Staff	14	30	44	—	—	—

TABLE XXXIV

## Unit "G."

Circuit Location	No. Examined
Colwyn Bay ... ..	1062
Denbigh ... ..	473
Ruthin ... ..	428
Wrexham ... ..	2880
Special Surveys:	
Industrial Establishments, etc. ... ..	6653
	<hr/> 11496 <hr/>

## MENTAL HEALTH SERVICE.

Great emphasis has been placed on the development of the Mental Health Service and, although the path of progress has at times led to disappointments, it is reassuring to realise that in general, progression is along appropriate channels. The revolutionary changes embodied in the Mental Health Act, 1959, will require many years to implement, but in Denbighshire it is fortunate that long term staff training has at least ensured a cadre of competent and qualified staff. Gradually the more material adjuncts to the training of the Mentally Sub-normal, and the rehabilitation of the Mentally Ill, are beginning to appear on the horizon. Plans for New Training Centres and Hostels have been formulated, and it is hoped that they will materialise in the not too distant future.

I have received the following reports which reflect the work, and responsibilities of the Officers concerned.

Dr. Alwyn Griffith reports:—

“The year has been one of consolidation of existing services rather than of any further expansion which had been hoped for. This expansion is particularly desirable with regard to Training Centres. The long-term plan for the Hospital Service showed that the number of hospital beds for the mentally sub-normal would increase by about 4,000. Yet the most rapid growth in provision is needed outside the hospital.

“There were 72 pupils attending the Two Day Training Centres at Gwersyllt and Colwyn Bay, during the year. Another 34 pupils were waiting for admission, emphasising the urgent need for another centre suitably placed near the Centre of the County.

“The Senior Training Centre at Gwersyllt accommodates 16 sub-normal patients. It is hoped that new premises will soon be available so that the highly promising result obtained at this Centre can be further expanded and stimulated.

“These Centres for juniors and adults should ideally be flanked on the one side by the provision of residential hostel accommodation and on the other by the personal services of Mental Health Workers and others.

“There are eight patients requiring admission to a Local Authority Residential Home/Hostel. Unfortunately, no such premises are at present available. It may be that this is the most



urgent need requiring to be implemented by the Health Committee and other Departments of the Authority.

"The emphasis on length of stay in Hospital continues to be on a short-term basis. The result must be a greater demand for more community Mental Welfare Services. This trend is already evident in the increasing number of home visits made by the Mental Welfare Officers and Health Visitors. This is a strain on the staff, the Welfare Officers in particular who are already working with a depleted staff, two being away on the Young-husband Course.

"The regular Case Conferences attended by the Welfare Officers and Health Visitors concerned and presided over by the County Medical Officer or his Deputy, continue to serve an invaluable purpose not only by maintaining the good relationship between the Social Workers concerned but also by giving the opportunity of discussing any further measures available for helping each individual case.

"Dr. Craft, Consultant Psychiatrist, attached to Oakwood Park Hospital for the mentally sub-normal attends Out-patient Clinics at various Centres in the County. The staff are able to refer patients to these Clinics and attend themselves to discuss any problems. In addition, Dr. Craft and Dr. E. G. G. Roberts admit sub-normal children for short periods when home circumstances warrant it.

"A member of the medical staff attends the North Wales Hospital, Denbigh, weekly to examine patients with a view to compulsory detention for treatment under Section 26 of the Mental Health Act."

Mr. J. Emlyn Evans, Chief Mental Welfare Officer, reports:—

#### **"General.**

"Despite the depleted staff, the Mental Health Service continued to operate satisfactorily during the year, and in some fields, even expand its influence. During the year the Hospital plan for England and Wales was announced by the Ministry of Health, in which a run-down of Mental Hospital beds was forecast, which would be off-set by an increase in the facilities for caring for the Mentally Disordered in the community. In actual fact, as the figures illustrate, admissions to Psychiatric Hospitals increased rather than diminished—during the year, 100 more patients were admitted to the North Wales Hospital. In the case of the Mentally Sub-normal, it was gratifying to note that although 40 more patients were referred to the Department



compared with the previous year, the number of admissions into Psychiatric Hospitals for the Sub-normal decreased by one—the number awaiting removal to Psychiatric Hospitals remains constant at the small total of 5.

“The Mental Health Act, 1959, cleared the way for the provision of more community care as against admission and treatment for long periods in hospital, but community care cannot be provided without adequate tools to carry out the job. By tools I mean Training Centres for the Sub-normal, Hostels (of all kinds), Sheltered Workshops, Social Workers, Social Clubs, etc., and an administrative structure to support all these services.

“Opinions on the needs of the Mental Health Service vary widely, not only amongst Local Health Authorities, but amongst the various Departments and Sections of the Authorities themselves. The consequence of this is that we have an unbalanced growth of the services, such as a hurried development of the staffing of the Service by Social Workers who are unable to meet the needs and demands placed on them when out in the field. As far as I am aware, the Ministry has not yet made a definite statement regarding the respective roles of the Hospital and Local Authority Services, particularly in relation to the sub-normal, although the needs of the Mentally Ill are also considered in the same light. The Royal Commission Report, paragraph 602, states that “The division of functions between Local Authorities, Hospitals and other official bodies should be broadly the same in relation to mental disorder, as in relation to other forms of illness or disability . . . this would mean that the main function of the Hospital should be to provide specialist medical treatment and training; they should not be expected to provide long term Residential Care . . .” The implication in this is that those patients who are at present in Hospital for no other reason other than that of accommodation, should be catered for by the Local Authority, and the only ways open to do this is by returning them to their families; boarding out or placing them under guardianship; residential employment and hostels. In some respects Denbighshire have responded to this; for instance, by securing residential employment; by supporting relatives in accepting patients home, and, in the case of children, by accepting them into Day Training Centres and enabling parents to cope with children they would otherwise have to place in hospitals.

“Plans to provide Hostels on a Group-Home basis are underway and will no doubt, occupy the Department's time and energy in the ensuing year, but in the meantime our contribution by support in the community has already meant a reduction even in admission to hospital, insofar as the Mentally Sub-normal is concerned.



" Statistically the picture is encouraging since a glance at the table will show that there are 12 less patients in Hospital than in the previous year, despite the fact that the number under supervision at home has increased by 182. It should be remembered of course that Denbighshire has a geographical problem, since attendance at Day Centres is not possible for everyone in view of the large distance which is inevitable in a rural area. This problem of distance means that community support is less intensive than we would like.

" With the help of the Disabled Resettlement Section of the Ministry of Labour, it has been possible to find employment for 6 sub-normal persons and although the number may not appear to be impressive, it should be borne in mind that there is high unemployment in this area (it is above the national average), and in addition a large number of the sub-normals are not able to undertake employment in any case.

" The securing of employment for the mentally ill often presents even greater difficulties than that of the sub-normal. Employers are quite wary of mental illness and whilst sympathetic to the needs of the mentally ill, are not often willing to accept the responsibility of taking the convalescent mentally ill on to their staff. In fairness, I should point out that the reluctance is not always on the employer's side but often because of the intolerance of other members with whom the patient would have to work. The placing in employment is a therapeutic act in its own right; by that I mean that although it is obviously an economic addition to the patient, family and the country, it also means that the future mental health of the patient is likely to be improved.

" The improvement of mental health by work cannot be measured, since without work a man almost loses his identity—it is really not possible to separate a man from his employment, and when we think of a person we also think of him in relation to the work he undertakes. Indeed, in Wales his nickname is related to his work, such as " Williams the Milk," or " Roberts the Draper "; in our culture we never even ask a child what he is going to **do** when he grows up, but rather what he is going to **be**, on the assumption that work and the individual is indivisible. Even historically our surnames are related to employment, e.g. Smith, Cooper, etc. On the other side of the coin is that the wrong type of employment is often instrumental in causing mental breakdown—certainly more research is needed into the relationship of work and mental disorder.

" The total number of days lost on account of mental ill health is more than 10 per cent. of the total number of working days



lost from all causes, viz., 30,000,000 days approximately per annum.

#### **" Services for the Sub-normal.**

" The very title " Training Centres " illustrates the progress which has been made in this field. Pre-war, there was little to offer the mentally handicapped child and as the years passed by, Occupation Centres were provided by some progressive Authorities where mentally handicapped children attended and they were cared for but not educated in the sense that we know it today.

" Now there are Training Centres where mentally handicapped children are trained or taught by Teachers of the mentally handicapped and, although the term " Supervisors " is the official one, the emphasis has now swung right over to teaching.

" During the year an additional Supervisor was appointed; the Training Centres at Gwersyllt were re-organised on pioneering lines and this re-organisation is being followed with interest by other Authorities.

" The value of nursery school methods applied to the training of young mentally handicapped children is well established but school methods have not been applied in any formal fashion. During the year all children attending the Centre were assessed both from their educational and their social competence, and were placed in groups according to the results.

" By concentrated training on those whom it is considered will benefit, and using modern equipment, an effort is being made to educate the sub-normal child to the limits of his capacity.

" The work at the Pre-employment Centre for Boys proceeded at a rapid pace and the trainees showed great aptitude for wood-working involving use of hammers, saws, drills, etc. Contact was made with local firms, such as Brick Works, Chemical Works, etc., for the sub-contract work of pallets which are low, wooden platforms used for stacking purposes and we were able to provide these at competitive prices. This market gave an impetus to the Trainees, since they were aware that they were producing a valid, commercial article which was used in Industry. This was reinforced by taking them, as a group, to see the pallets being used at one of the local Brick Works.

" The Centre has now become established in the area as being available to meet contracts for the provision of all kinds of pallets and providing sufficient notice is given, we are able to meet their demands. We are hampered, of course, by lack of space and



refinements, such as loading bays and so on, but will have to await premises at Pentre Broughton for which negotiations were completed during the year.

"It may well be argued that we are providing training for the young sub-normal through the Primary Centre, Junior Centre, Senior Centre, Pre-employment Centre and out to open employment but in reality this is only part of the Service. In the latter stages of the training of these sub-normals the stimulus which we have been providing throughout the years of their training requires even further development into social skills. With this end in view, the strong Parent/Teacher Association at Gwersyllt has been approached for their support in the formation of a Social Club for the sub-normal. The sub-normal is often aware of his inability to mix with his contemporaries and although he may lack the ability to verbalise this, he nevertheless feels rejected. It has only been too apparent in the past, that sub-normals have welcomed the re-opening of the Centres, because the long holidays have denied them the company and pleasure they have from their friends at the Centres. The Gwersyllt Parent/Teacher Association warmly support the idea and a Social Club is to commence in January, 1963. It will be the first of its kind in Wales, which follows the pattern already established by this Authority in regard to the Berwyn Social Club for the mentally ill.

"In an endeavour to bring modern trends into the life of the sub-normal it was with some trepidation that a Sports Day was arranged at our Gwersyllt Centres. This venture proved to be an unqualified success and the amount of effort expended upon it was well worthwhile. The Sports Day was opened by Mrs M. T. Islwyn Jones and was attended by the Chairman of the Health Committee, Dr. Ifor Davies and also by other County Councillors.

"A film of the proceedings was taken and subsequently shown to the parents and trainees during the Winter.

#### **" Speech Therapy.**

"Often it is found that the mentally sub-normal child has additional handicaps and the defect of speech is quite a common one. Even when a congenital speech defect is not present poor training and intellectual endowment has resulted in faulty speech.

"As an additional service the speech therapists have sessions at our Training Centres where the child is taught to overcome these disabilities as far as possible and the parents are also instructed in the best way of continuing the pattern of training set by the speech therapists.



### **" Clinics for the Sub-normal.**

" Clinics that were set up the previous year and staffed by Dr. Michael Craft, Consultant Psychiatrist, Oakwood Park Hospital, Conway, were developed during the year, and a total number of 10 were held. These Clinics are used for diagnostic and assessment purposes and have proved a valuable support for our domiciliary services.

"At these clinics not only are new patients examined and their future care planned, but a variety of problems are dealt with. The doubts and difficulties of the parents of in-patients are discussed and resolved and advice given on behaviour problems in the general community. Patients are also seen at the Clinic on behalf of the Children's Department, Probation Service, Courts, etc., and thus it plays a valuable role as part of a comprehensive service for the sub-normal.

### **" Hospital Service.**

" Despite wide services for the community care of the sub-normal there will always be a need for hospital admission. Although training and treatment can be provided through the services of the local Health Authority in certain cases this can only be given through a hospital, e.g. in the case of the severely sub-normal where parents are either unable or unwilling to carry the burden, or where there is too much conflict between the patient's needs and the remainder of the family, it is often essential that the patient should be admitted to hospital for varying periods. Periods of admission to hospital can differ according to the need of the patient and family; the use of the short-term admission has been a boon in the past and continues to be so. This is where a temporary vacant bed at the hospital is used for a patient out in the community, thus giving relatives a rest from the continuous demanding care of the sub-normal person—this enabled many relatives to have a carefree holiday, which would otherwise not be available for them. This service is also useful when relatives are ill or for any other period of crisis. During the year 5 patients were provided for in this way.

### **" Service for the Mentally Ill.**

" In January of this year the Ministry of Health presented the hospital plan for England and Wales which give an outline of the Minister's intention for the development of the hospital service as a whole. I strongly feel that so far as the Hospital Services for mental illness is concerned, there is no very clear policy laid down. One point that arose out of the plan which appears to be quite unrealistic is a run down of the hospital beds available on



the grounds presumably that new methods of treatment and improved community care will reduce the need.

“ Briefly, it was estimated that instead of approximately three beds per thousand of the population 1.8 beds only would be needed at the time limit of ten years. This means that the North Wales Mental Hospital beds would run down to 900, although in the Medical Superintendent of the North Wales Hospital's Annual Report for 1962 it lists that if the demand for Geriatric beds proceeds at the present rate all such beds will be filled by psychogeriatric patients.

“ Investigation into the trends of admissions to the North Wales Hospital shows that the number of patients admitted under the age of 65 has been reduced but there has been a greater corresponding increase in the admission of patients over the age of 65.

“ Mental illness is essentially an illness of older patients and it should be noted that the admissions to Mental Hospitals increase proportionately with the age of the patient. The senile dementia presents the worst problem both medically and socially—an established senile patient responds only minimally to treatment. If the treatment that is provided is continuous it does arrest further deterioration which would suggest that one means of helping in this problem would be to discover the early case. At present patients are referred at the point where illness is so far advanced and social circumstances so difficult, that it produces an immediate disposal problem. The reasons for the late referral of the aged are many and varied—some of them are general and others have individual and usually family reasons. Here are some of the reasons as I see it:—

- (i) As a society we have conditioned to the people that little can be done for the aged insofar as mental illness is concerned.
- (ii) Early signs of mental disorder are attributed to the process of ageing rather than mental disorder.
- (iii) The failure of relatives to seek psychiatric guidance for many minor reasons ranging from fear of a relative being sent to a Mental Hospital to an inability to observe the early signs of mental disorder.
- (iv) The protected and lonely life of the aged often shelters them from the impact of modern life, which would show up early symptoms more clearly.



- (v) Since it is often difficult to secure a bed for an aged person in the mental hospital, people, including the General Practitioners, no longer try.

"Over five and a half million people in England and Wales are aged 65 years or more and, according to the rate of increase, by the end of the Hospital Ten Year Plan this will have increased to seven and a quarter million—in other words, nearly twelve per cent. of the whole population. According to the 1961 Census the proportion of persons aged 65 years and over in Denbighshire was 13.9 per cent. as compared with a proportion of 12.0 per cent. for England and Wales.

"What is of immediate concern to this Department is the difficulty experienced by the Mental Health Service in finding accommodation for its mentally ill patients and this applies to both sexes and all ages, except that there is less pressure on beds for the younger male. The North Wales Mental Hospital is twenty-five per cent. over-bedded so that the prospect of admitting an aged senile patient is very remote. This picture can be repeated in varying degrees of severity in every Local Authority in the country and although further accommodation is badly needed it is only partly the answer. The best and perhaps the only proper answer is that a preventive outlook on the part of everyone engaged in health is needed—this particularly applies to the General Practitioner Service, the Hospital Service and the Local Health Authority Health and Welfare Services.

"The care of old people cannot be sub-divided into various parts according to the needs of the old people at that particular time since it is obvious that one facet has repercussions on another. The aged person living alone requires care and services which should be designed to prevent, as far as is possible, any mental or physical hazards. To be successful, the care of old people must be a co-ordination of all branches of services and although at first the logical co-ordinator of such services would be the General Practitioner this would not work out in practice. The administrative structure and knowledge of all the varying services that would be required to make a success is best at the disposal of the Medical Officer of Health with the General Practitioner as the leader of the services in the field. More co-ordination is needed, I feel, with the Welfare Service which is "required to provide residential accommodation for those in need of care and attention which is not otherwise available to them."

"Every area has its waiting list and these waiting lists are growing but it is problematical whether the best use of the available accommodation is being made. The criterion for selection for



the Homes is too much at the mercy of those who are remote from the actual need and yet available to other pressures. A Panel for the consideration of allocation of beds in Homes would be one way of over-coming this objection. Difficulty is also experienced when a patient is a candidate for either a Geriatric Unit or a Mental Hospital—the function of either in respect of the senile patient does not seem to be clearly established except in those cases where a patient totally disrupts the life in a Geriatric Ward. I have dwelt upon this at some length because the problem of an elderly patient (generally a female) presenting psychiatric features and requiring care is one that is becoming increasingly frequent. The method now employed by Mental Welfare Officers when approached by General Practitioners for a bed at a Psychiatric Hospital for such a patient is to refer the General Practitioner to the Consultant Psychiatrist directly at the Mental Hospital. Thus at least the pressure is removed from his Department to the Hospital itself, although I am doubtful whether the pressure should rightfully be placed there. Incidentally, the reply of the Hospital to this is to refuse, categorically, beds, except in the most extreme cases, on the grounds that the community at large must in some way or other, be made aware of this pressing problem and therefore by public opinion some concerted action might help in alleviating the problem.

#### **“Berwyn Social Club.**

“The Club continues to operate most successfully and now forms an integral and established part of the after-care service. It has now completed four years during which time over 150 patients have been part of its constantly changing membership.

#### **“After-care.**

“The normal pattern is for a patient to be discharged from Hospital to the community when the Medical Officer considers that the patient is ready to leave and return to the community. This does not necessarily imply that the patient is fully recovered and more often than not it is that the Hospital cannot offer further treatment that will improve matters and that the Local Authority After-care Services should now carry on treatment. Too often it is assumed that after-care is a separate entity whereas in reality there is an active social treatment which is a natural corollary of Hospital treatment for psychiatric illnesses.

“In the past there was a most complicated “routine” of admission of patients to Psychiatric Hospitals but new legislation has altered all this—I feel that there is a strong case for a discharge routine with an equally laudable object, viz., that of continuing the treatment which has already been started. After-care should be a planned service carried out with the maximum



co-operation between all the services involved and in Denbighshire we have a nucleus of this. Mental Welfare Officers are accepted at the North Wales Hospital where their function of admitting patients is even now looked at as being one of the smallest and most disagreeable part of their work. Nevertheless I feel that more co-operation with the Hospitals will be a "must" if after-care is to be successful.

#### **" New Legislation.**

##### **" The Suicide Act, 1961.**

" During the year the Suicide Act, 1961, came on the Statute Book. Under the provision of the Suicide Act, 1961, attempted suicide now ceases to become a criminal offence and this illustrates the progress being made in the awareness of the effect that mental illness has on behaviour.

" It is now considered that an attempt by anyone to take his own life is regarded as a medical or social problem and not one to be taken before the Court for punishment although almost invariably Courts referred offenders for medical treatment so that the Act has only confirmed what was already happening in practice.

##### **" Social Workers Training.**

" During the year four students were placed with me under supervision. Two were on a Child Care Post Graduate Course at Liverpool University and two were Younghusband students from the Liverpool College of Commerce. The Regulations for accepting students and reporting on them is rigid since Reports are sent to external examiners and are included in the student's overall assessment. I have been accepted as a Supervisor for these and other Courses by virtue of my P.S.W. Diploma and the fact that I did a Supervisor's Course at the William Rathbone College, Liverpool, the previous year. Students are demanding, since good material has to be provided, their development watched and their work supervised and discussed with them. It has its rewards in prestige value and also in keeping the Section up to date with latest publications, techniques, skills, etc. Since practical placements of this kind are difficult to obtain the Department will, no doubt, be requested each year to take students from other Universities further afield and already a tentative request has been received from both Cardiff and Swansea Universities.

" I would like to conclude this report by repeating what I am sure is already well appreciated by you, viz., that there are a



number of ill-defined social problems which do not fall into any definite category and eventually find their way to the Mental Health Section. I have not commented on these but your remarks regarding how Local Authority Services might be developed to meet these and which you have expressed in the past would appear to be particularly appropriate. I refer chiefly to the concept of a Social Services Section or Department which would embrace all difficulties which could come under the heading of general family case work."

**TABLE XXXV.**

Cases dealt with by the Mental Welfare Officers and  
admitted to Hospital.

	M.	F.	T.
<b>Mental Health Act, 1959.</b>			
Section 25 (Observation Order) ... ..	6	8	14
Section 26 (Treatment Order) ... ..	20	40	60
Section 29 (Urgency Order) ... ..	37	67	104
Informal ... ..	18	17	35

	M.	F.	T.
Total informal patients admitted to Hospital during year ... ..	192	266	458

**TABLE XXXVI.**

**Mental Health Act, 1959.**

	M.	F.	T.
No. of mentally disordered in hospitals at 31/12/62	108	91	199
No. of mentally disordered under guardianship at 31/12/62 ... ..	—	1	1
No. of mentally disordered in "Place of Safety" at 31/12/62 ... ..	—	—	—
No. of mentally disordered under Supervision at 31/12/62 ... ..	229	244	473
No. of mentally disordered awaiting removal to hospital at 31/12/62 ... ..	1	4	5
No. of mentally disordered (new cases) reported during the year, 1962 ... ..	40	55	95
No. of mentally disordered admitted to hospitals during the year, 1962 ... ..	3	3	6
No. of mentally disordered taken to "Places of Safety" during the year, 1962 ... ..	—	—	—
No. of mentally disordered placed under Supervision during the year, 1962 ... ..	20	15	13
No. of mentally disordered that ceased to be under care by reason of death or removal from the area during the year, 1962 ... ..	11	7	18

**TABLE XXXVII.**

**Visits by Mental Welfare Officers during 1962.**

	No. of Visits
Mentally Ill ... ..	1226
Subnormal and severely subnormal ... ..	614
<b>Total</b> ... ..	<b>1840</b>



## OTHER TYPES OF ILLNESS.

Nursing Equipment Loan Depôts have continued to provide for those being nursed at home. The Health Department equipment is held by District Nurses, while large and heavy articles are stored centrally. Walking aids were issued to appropriate cases. In addition, the St. John and British Red Cross Society also stock nursing equipment at their various depôts throughout the County.

### Recuperative Holiday.

22 patients were provided with recuperative holidays during the year. Each application was supported by a Certificate or Report from General Medical Practitioners, Consultants, Medical Officers, or Health Visitors. Cases have to be carefully selected as the recuperative holiday tends to become the Annual Holiday.

### Venereal Diseases.

The number of Denbighshire patients dealt with for the first time during 1962 at Treatment Centres was 116 which were classified as follows:—

TABLE XXXVIII.

	Syphilis	Gonorrhoea	Other Conditions	Total
Royal Infirmary, Chester ... ..	—	2	7	9
Llandudno General Hospital ...	2	2	6	10
St. Asaph General Hospital ...	3	2	3	8
Wrexham War Memorial Hospital ... ..	3	8	77	88
No. 1, Belmont, Shrewsbury ...	—	—	1	1
Totals ... ..	8	14	94	116

## **Community Care of the Elderly.**

The services provided to support the needy elderly within the community have continued to be borne mainly by the Health Visiting, Home Nursing and Domestic Help services. The Health Visitor in particular is much employed in organising and co-ordinating the Social Services both statutory and voluntary in aiding the elderly person in need, whilst approximately 75 per cent. of the demand on the resources of the Domestic Help Services are made by the aged and infirm.

Liaison with the Consultant Geriatricians serving the County is excellent and a Medical Officer and Health Visitor pay periodic visits to the Geriatric Unit at the Maelor General Hospital to consult on patients who on discharge may require domiciliary support.

The Committee on the care of the aged referred to in the 1961 report have initiated, in co-operation with the Voluntary Organisations, the compilation of a comprehensive register of elderly persons in need within the Borough of Wrexham, and also meets to consider individual problems as they arise.

The problems concerned with the care of the senile confused patient are increasing and have yet to be satisfactorily solved.

Many of such elderly people cannot be satisfactorily supported within the Community and require the care which only a suitable institution can provide.

The already overcrowded Mental Hospitals cannot bear the burden of such chronic long stay cases as the majority of these patients prove to be, and it is hoped that future joint meetings to be held between the Local Authority Hospital and General Medical Practitioner representatives, will be able to resolve this acute and urgent problem.

The department continues to provide medical services to the Welfare Homes within the county and the liaison so established between the County Health and Welfare departments has been beneficial to the well being of the residents.

## **Chiropody Service.**

This Service has now overcome its initial difficulties and the two whole-time chiropodists are able to cope with the existing case load.



There are sixteen clinics held throughout the County and in addition regular visits are made to two of the Old People's Homes. At the beginning of the year there was quite a large waiting list for treatment. At the end of the year, however, the numbers awaiting treatment were negligible.

The number of treatments given was 3,726 and each patient was treated on an average four times in the year. The service at present is provided for the elderly, and those receiving treatment represent about 5 per cent. of the elderly living within the County.

One slightly disturbing feature is the number of appointments which are not kept. During 1962 this was approximately 12 per cent. There are various reasons for this—illness, forgetfulness, weather—but it is a waste of the Chiropodists valuable time and particularly so as other patients could have received treatment.

Only a few domiciliary visits were made, despite numerous requests from medical practitioners. Such visits are uneconomical in time and very often present difficult operating conditions. To overcome this problem use has been made of the ambulance service.

This service has grown rapidly but with comparatively few troubles. There are still certain rural areas in the County which are not receiving the full benefit of the service and probably consideration will have to be given to expanding the Service so as to include these communities within the scheme in preference to the inclusion of schoolchildren and expectant mothers.

**TABLE XXXIX.**

No. of persons on register at 31/12/62	No. of persons treated during 1962	No. of Sessions	Total attendances
1188	839	517	3726

#### **Problem Families.**

During 1962, the Health Department was engaged constantly with 72 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.

## Blind Persons.

During 1962 the Health Department which is responsible for ascertainment of the blind, examined 79 persons and informed the Welfare Department that 54 should be registered as blind persons.

**TABLE XL.**

## Blind Persons.

	Males	Females
No. of cases on Register ... ..	174	204
No. of cases ascertained during 1962 ... ..	28	26
No. of cases ascertained during 1962 with:		
(a) Cataract ... ..	12	12
(b) Glaucoma ... ..	4	6
No. of cases of Blindness due to Retrolental Fibroplasia ...	—	—

**TABLE XLI.**

## 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 ... ..	25	17	—	1
10-15 ... ..	20	18	—	1
15-25 ... ..	3	3	—	—
25-50 ... ..	3	5	3	—
50 and over ... ..	8	21	8	11



## Spastics.

The Spastic Day Centre at the Maelor General Hospital, Wrexham, continued to provide treatment, training and teaching for Spastic Children handicapped physically and mentally. The Assessment Panel meet to select admission under the Chairmanship of the Consultant Paediatrician, and the Centre Committee consider the progress achieved at periodic intervals.

The arrangements for tuition has continued as previously, and Mrs. Davies, the Tutor, reports as follows:—

“Owing to the varied ages and handicaps, each child receives more or less individual tuition in the mornings and group teaching in the afternoon session.

“I still continue with the two half-hourly periods of singing or miming, or rhythmic movement (as far as handicaps permit). These lessons are very popular and in my opinion very successful. All 17 children are present at these lessons. I devote much of my time to teaching the 3 R's, as handwork, i.e. painting, modelling, sense training, is taken by the Nursing Aides under my supervision. I do, however, take design work, knitting and expression drawing at a more advanced stage with the children receiving tuition. They also receive religious tuition, nature talks, and stories for about half an hour each, weekly.”

TABLE XLII.

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

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

## HEALTH EDUCATION.

Health Education is carried out by Medical Officers and Health Visitors during routine School Medical and Clinic Sessions, in addition to specific sessions organised at Child Welfare Clinics, where Health Visitors instruct mothers in child care, accident prevention, hygiene in the home and other topics relating to the maintenance of positive health.

Health education material in the form of posters and pamphlets are displayed and distributed at all Clinics and appropriate departments of the Authority. Officers of the Department communicate to the press articles relating to Public Health and during the year the importance of food hygiene, the prevention of accidents in the home and the dangers of cigarette smoking have been significant contributions publicised.

The relationship between carcinoma of the bronchus and cigarette smoking has been given particular attention as far as young people are concerned and advice along with suitable publicity material issued to the school authorities. Unfortunately such resources available to bring to the notice of the young the inherent dangers in smoking are insignificant in relation to the vast amount allocated by tobacco firms to advertise their wares.

The need for Health Education is greater today than ever when positive health is within the reach of the majority of the population; but to "get through" to a people continually being bombarded by propaganda via Mass Media and "high pressure" advertising techniques demands adequate financial resources and specially trained staff, if any significant progress in this field of work is to be made at all.

## DOMESTIC HELP SERVICE

The administrative arrangements for this Service continued as in previous years. It will be noted that the demand continues to increase and it is extremely difficult to cope adequately with deserving applicants without a considerable increase in the cost of the Service.

The number of Home Helps employed on the 31st December, 1962, was:—

(a) Whole-time	...	...	...	...	...	2
(b) Part-time	...	...	...	...	...	158



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

(a) Maternity (inc. expectant mothers)	68
(b) Tuberculosis ... ..	11
(c) Chronic Sick (inc. aged and infirm)	528
(d) Others ... ..	122
Total ... ..	<hr/> 729 <hr/>

## PART IV.

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# *Environmental Hygiene*

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

During the year under review, the total number of cases of infectious diseases in the County was the lowest ever recorded. This was mainly due to the large fall in measles notifications from the peak figure of 2,749 in the epidemic of last year to this year's figure of 414. Measles tends to show a biennial peak of incidence and in view of the high figure in 1961 the low rate of this year is only what could have been anticipated.

A more welcome drop is that of the notifications of whooping cough now down to the exceptionally low figure of 10. This is a disease against which effective immunisation is available, and the reduction in the incidence can be attributed to the readiness of most parents to accept such immunisation for their children.

Two cases of poliomyelitis occurred in the County, one in a man aged 68 and the second case in a girl aged 4 years. Both were isolated cases occurring at different periods in widely separated parts of the County, and in both cases the victim had not been immunised. Plans were drawn up to organise mass vaccination should it have become necessary, but fortunately no further developments occurred.

Dysentery and food poisoning provide the other groups of infections where the incidence remains little changed from the previous years. Dysentery appears periodically throughout the County. No large scale outbreaks have arisen although it is likely that many cases go unrecognised and therefore are not notified. The reduction in numbers of these cases can only come when everybody appreciates the need for hand washing after visits to the toilet and before preparation of food.



TABLE XLIII.

## INFECTIOUS DISEASES.

The following table furnishes particulars, respecting the notifications received during 1962 and, for comparative purposes, the nine preceding years are shown.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Scarlet Fever ...	123	69	147	156	114	78	86	79	30	20
Whooping Cough ...	317	237	212	160	198	72	109	154	88	10
Diphtheria ...	—	—	1	—	—	—	—	—	—	—
Measles ...	2149	511	3056	473	1811	881	535	1796	2749	414
Acute Pneumonia ...	129	63	73	67	72	87	64	23	45	11
Meningococcal Infection ...	6	4	6	3	3	3	2	3	1	1
Acute Poliomyelitis:										
Paralytic ...	7	2	8	2	10	—	3	3	1	2
Non-Paralytic ...	4	2	2	2	—	1	—	—	—	—
Acute Encephalitis:										
Infective ...	—	3	—	—	—	1	—	—	—	1
Post-infectious ...	—	—	—	—	—	—	—	—	—	—
Dysentery ...	8	3	23	207	3	24	21	51	93	86
Ophthalmia Neonatorum ...	1	—	5	1	7	—	1	2	—	—
Puerperal Pyrexia ...	18	10	9	6	8	2	26	23	40	20
Paratyphoid Fever ...	—	—	—	—	—	1	—	1	—	—
Enteric or Typhoid Fever ...	—	—	—	1	—	4	—	—	—	—
Food Poisoning ...	3	11	10	6	15	146	30	13	4	5
Erysipelas ...	26	19	17	13	12	8	11	8	3	1
Malaria ...	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	202	231	161	138	142	136	143	122	95	108
Non-Pulmonary Tuberculosis ...	25	51	15	21	27	31	23	12	9	10
T.B. Meninges and C.N.S. ...	—	—	—	—	—	—	—	—	11	4
Totals ...	3028	1216	3745	1256	2422	1475	1054	2290	3159	693

TABLE XLIV.

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

	Scarlet Fever	Whooping Cough	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Dysentery	Puerperal Pyrexia	Food Poisoning	Erysipelas	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Meninges & C.N.S.	Acute Encephalitis (Infective)
<b>Western No. 1.</b>														
Abergele ...	1	1	48	2	—	—	9	—	—	—	11	—	—	—
Colwyn Bay ...	1	—	53	1	—	—	2	1	—	1	8	—	—	1
Aled ...	—	1	10	—	—	—	—	—	—	—	2	1	—	—
<b>Western No. 2.</b>														
Denbigh ...	1	—	33	—	—	—	—	—	—	—	6	—	—	—
Llanrwst ...	—	—	1	—	—	—	—	—	—	—	2	1	—	—
Ruthin Borough ...	—	—	3	—	—	—	—	—	—	—	1	—	—	—
Hiraethog ...	—	—	—	—	—	—	—	—	2	—	2	—	—	—
Ruthin Rural ...	—	—	24	—	—	—	—	—	—	—	1	—	—	—
<b>Eastern No. 1.</b>														
Wrexham R.D. ...	13	2	67	6	1	—	51	6	1	—	52	5	4	—
Ceiriog ...	—	—	—	—	—	1	—	—	—	—	5	1	—	—
Llangollen ...	—	—	—	—	—	—	—	—	—	—	3	—	—	—
<b>Eastern No. 2.</b>														
Wrexham Borough ...	4	6	175	2	—	1	24	13	2	—	15	2	—	—
<b>Totals</b>	20	10	414	11	1	2	86	20	5	1	108	10	4	1



TABLE XLV.

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England and Wales, for 1962 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
1953	17.7	13.1	15.2	18.0
1954	22.8	18.5	20.5	16.0
1955	11.4	18.6	15.2	13.0
1956	10.0	8.8	9.1	11.0
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
1960	15.1	11.0	12.9	6.8
1961	7.2	5.5	6.3	6.5
1962	11.9	9.9	10.9	5.9

## TUBERCULOSIS

During the year under review, the number of cases notified was 71 males and 45 females. The age and sex distribution are given in the following table:—

**TABLE XLVI.**

Age	Respiratory			Non-Respiratory		
	M.	F.	T.	M.	F.	T.
0 ... ..	1	—	1	—	—	—
1 ... ..	1	1	2	—	—	—
2 ... ..	1	2	3	—	—	—
5 ... ..	4	2	6	—	2	2
10 ... ..	—	4	4	1	—	1
15 ... ..	5	—	5	—	1	1
20 ... ..	5	1	6	—	—	—
25 ... ..	7	10	17	1	2	3
35 ... ..	9	6	15	—	1	1
45 ... ..	6	5	11	—	—	—
55 ... ..	19	2	21	—	4	4
65 ... ..	5	—	5	—	—	—
75 and over ... ..	5	2	7	1	—	1
<b>Totals ... ..</b>	<b>68</b>	<b>35</b>	<b>103</b>	<b>3</b>	<b>10</b>	<b>13</b>



**TABLE XLVII.**  
**TUBERCULOSIS**

Active Cases on Registers according to County Districts,  
31st December, 1962.

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.
<b>Western No. 1.</b>								
Abergele ...	29	3	8	1	6	—	31	4
...Males ...	17	4	9	1	12	1	14	4
...Females ...	61	4	10	—	19	1	52	3
Colwyn Bay ...	44	4	3	—	8	1	39	3
...Males ...	20	—	1	—	3	—	18	—
...Females ...	18	5	1	—	—	—	19	5
<b>Western No. 2.</b>								
Denbigh ...	73	5	4	—	16	1	61	4
...Males ...	41	10	2	1	4	4	39	7
...Females ...	13	3	2	—	3	—	12	3
Llanrwst ...	4	—	—	1	2	1	2	—
...Males ...	11	2	2	—	—	—	13	2
...Females ...	17	1	—	—	6	—	11	1
Ruthin Borough	10	2	4	—	7	—	7	2
...Males ...	13	2	—	—	2	—	11	2
...Females ...	42	9	1	—	3	1	40	8
Ruthin Rural	40	1	2	—	2	—	40	1
...Males ...								
...Females ...								

Table XLVII (continued).

Tuberculosis (continued).

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
<b>Eastern No. 1.</b>								
Wrexham R.D. .. Males ...	297	21	36	—	63	1	270	20
... Females ...	234	27	15	8	44	9	205	26
Ceiriog ... Males ...	12	3	3	1	1	3	14	1
... Females ...	15	5	2	—	3	1	14	4
Llangollen ... Males ...	8	2	4	—	4	—	8	2
... Females ...	7	—	—	—	2	—	5	—
<b>Eastern No. 2.</b>								
Wrexham Bor. .. Males ...	154	14	15	2	28	4	141	12
... Females ...	104	23	9	2	21	3	92	22
<b>Totals</b> ... ..	1284	150	133	17	259	31	1158	136



TABLE XLVIII. TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1952-1962.

Year	No. on Register			Deaths			Death Rate per Million of Population	
	No. on Register		Total	Deaths		Total		
	Pulm.	Non- Pulm.		Pulm.	Non- Pulm.			
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
1960	...	1352	173	1525	22	2	24	141.3
1961	...	1284	149	1433	11	6	17	97.8
1962	..	1158	136	1294	19	—	19	109.1

## DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1962 together with comparative figures for previous years:—

**TABLE XLIX.**

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Meningococcal										
Infection	2	3	1	—	—	1	2	—	—	1
Measles ... ..	1	—	1	—	—	1	—	—	—	—
Whooping Cough .	1	—	—	—	—	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	1	—	—	—	—	1	1	—
Tuberculosis:										
Pulmonary ...	26	35	26	16	32	26	15	22	11	19
Non-Pulmonary .	3	3	3	2	2	1	2	2	6	—
Pneumonia ... ..	70	85	80	59	75	66	81	83	101	119

### Tuberculosis.

19 deaths from pulmonary tuberculosis occurred during the year, as compared with 11 in 1961. No deaths from non-pulmonary tuberculosis were recorded, compared with 6 the previous year.

The death rate per million of the population of the County was 109.1.



## SANITARY CIRCUMSTANCES

### Water Supply and Sewerage.

Throughout the year, and 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 of an unsatisfactory bacteriological report. The independent sampling of water supplies ensures unbiased information and more stringent supervision of the supply.

The County Public Health Officer reports as follows:—

#### “ Water Supply.

“ The provision of schemes of water supply sufficient in quantity and pure in quality are the first essential of health living. It is, therefore, pleasing to report that the majority of the major schemes in the County are nearing completion. These works will be the back-bone of the large distribution network of water mains. The distribution mains have in many instances been laid. This has been a sound policy as it has made it possible to make immediate connection to the new trunk mains.

“ In the early and foreseeable future every village and hamlet in the County will be served with a pure and adequate supply of water. This is a great achievement, especially when we consider the position prior to the coming of The Rural Water Supplies and Sewerage Act, 1944.

“ There are, however, a few areas more particularly those Urban in nature where, due to building development, sources are found inadequate to meet present day demands. Much thought has been given to this problem by the County Council, and proposals have been formulated which will meet all foreseeable demands. My main concern is for Llanddulas and Rhydyfoel in the Abergele Urban District. The area is at the tail end of three schemes and after investigation it appears that to take a supply from the Llyn Conwy Source will be the most economical and attractive.

**“Llyn Conwy Water Supply Scheme.**

“The trunk mains have been completed and the treatment works, provided the weather is clement, will be completed in mid-summer, 1963.

**“Aled Rural District.**

“Work is in progress on the laying of the distribution mains from the Llyn Conwy Source to Llansannan, Llanfairtalhaiarn and Betws-yn-Rhos. They will eventually link up with the mains serving Llanellian and Llansantffraid, Glan Conway.

**“Bylchau-Llanefydd Water Scheme.**

“Mains extensions to serve farms on the fringe of the Rural District have been approved. The County Council requested the Rural Council to enlarge the diameter of main from 2 inch to 4 inch so as to make a supply available for Henllan in the Borough of Denbigh, the County Council for the time being undertaking to pay the loan charges on the difference in cost of the larger main. The amended cost of the extension was £2,222. Mains extensions have also been carried out from Bylchau to near Tanybryn Mawr, Nantglyn, at a cost of £1,893.

**“Wrexham Rural District.**

“Mains have been extended from Froncysyllte to serve Penygraig Area at a cost of £6,032.

**“Sewerage and Sewage Disposal.**

**“Ruthin Rural District.**

**“Llanbedr Village.**—The County Council have approved a scheme of Sewerage and Sewage disposal estimated to cost £29,334.

**“Waen, Aberwheeler.**—A Scheme of Sewerage and Sewage Disposal has been approved, estimated to cost £28,783. The Scheme provides for the concentration of sewage treatment from Waen and the Village of Bodfari in Flintshire at Waen, and the works have been designed accordingly.



**“Llanrwst Urban District.**

“The Urban District Council have submitted proposals for the construction of a new Disposal Works for the partial treatment of Sewage.

**“Abergele Urban District.**

“The Council have instructed Engineers to prepare a new scheme of sewerage and sewage disposal for Llanddulas and Rhydyfoel.

**“Sewerage—General.**

“The coming into force of the Rivers (Prevention of Pollution) Act, 1961, and its proper implementation by the Rivers Boards may have its effects on some of the older sewage disposal works in the County. Some of the Works will have to be extended and improved. It is also necessary to see that all disposal works receive regular and proper attention.”

## **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. J. Graham Sherratt, County Analyst.

## PART V.

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# Food Control

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

### **“ Milk (Special Designation) Regulations, 1960.**

“ The inspection, sampling and control of the liquid milk supply must be regarded as an important duty and one which merits the close attention of the officers of the County Health Department. It has been possible to make regular visits to the processing dairies, and to the main storage and distribution dairies, but I have found it difficult to give the same coverage to the small dairies and retail shops.

“ I have found a genuine attempt by all milk retailers to conform to the statutory requirement of the Regulations. This is particularly true of the processing dairies and any defect in plant, premises or methods is immediately rectified. I am pleased to put on record that I have received the the complete co-operation of management in the processing dairies, and this is reflected in comparatively low percentage of failures.

“ In some areas in the County the sale of Tuberculin Tested Raw milk tends to be on the increase. The exact reason for such increase is not clear, and the value from the health standpoint of heat-treated milk, even after many years of educational work appears to be challenged.

“ The percentage failures in Tuberculin Tested Raw milk is much higher than heat-treated milk. The producer-retailer is licensed by the Minister of Agriculture, Fisheries and Food, and unsatisfactory reports on samples of Raw milk are sent on to the Officers of the Ministry for investigation. It would be of advantage if a closer liaison existed between the Officers of the Central and local Government in respect of methylene blue failures.

“The Food and Drugs Authorities submit monthly reports on milk sampling to the Ministry of Agriculture, Fisheries



and Food giving details of failures. These notifications of failures are sent from the Ministry Headquarters, London, to their local offices in the County. This is a desirable procedure but it should be reciprocal; it would ultimately lead to a better coverage and tend to eliminate duplicate sampling. In all cases of divided control, co-operation is of paramount importance. The County Council is represented on the County Milk Committee set up by the Minister of Agriculture, Fisheries and Food, but, unlike the County Council, the proceedings of this Committee are not made public, and I am completely in the dark as to their findings.

“ During the year, 1,252 samples of milk were taken in accordance with the provisions of the Milk (Special Designation) Regulations, 1960. The following gives details together with the laboratory reports:—

Designation of Milk	No. Taken	Statutory Test	Passed	Failed
Pasteurised	655	Phosphatase	654	1
		Methylene Blue	630	24
Sterilised	18	Turbidity	18	—
Tuberculin Tested (Pasteurised)	337	Phosphatase	337	—
		Methylene Blue	333	4
Tuberculin Tested (Raw)	242	Methylene Blue	204	38

“ The one Sample that failed to conform to the Phosphatase Test was from a small Batch Pasteuriser, and was due to a fault in the recording Thermometer.

“ The percentage of methylene blue failures in heat-treated milk was 2.82% and in Tuberculin Tested (Raw) Milk, 18.62%.

#### “ Milk in Schools Scheme.

“ The milk delivered to schools under the Milk-in-Schools Scheme has received close attention. During the year, 458 samples were taken. All the samples conform to the phosphatase test, but 15 failed to satisfy the methylene blue test. Of the unsatisfactory results, two were from processing plants in the County and thirteen from dairies outside the County.

### **“ Biological Examination of Milk.**

“ During the year, 149 composite herd samples of milk were taken for biological examination. The Laboratory reports showed no evidence of tuberculosis, but eight samples showed evidence of Brucellosis infection.

“ Individual cow samples were taken from the infected herds, and eleven cows were found to give positive results. The infected cows were in producer-retailer herds, the milk being retailed in its raw state to the public. I visited each farm and informed and advised the milk-producer. The farmers were informed of the danger to persons consuming the milk, including their own family. Undulant fever was explained in some detail. They were also informed of the effects of the disease on their herds, and how it can spoil the breeding programme. These talks have on each occasion had the desired effect, the infected cows were isolated and the milk diverted for heat-treatment. The diseased cows when they became dry were sold for slaughter. I have received the full co-operation of the producer-retailers, and in no case was it necessary to exercise the formality of serving statutory Notices.

“ The time has surely arrived when far more effective measures are instituted by the Central Government for the eradication of Brucellosis in cattle. Progress to date has been piecemeal and slow.”

### **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 follows:—

“ During the year under review, 498 samples were analysed by the Public Analyst, the particulars being as follows:—



TABLE L.

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Milk:					
Retail .....	311	311	—	306	5
On Delivery .....	1	1	—	—	1
Appeal to Cows ...	1	1	—	1	—
Butter .....	14	—	14	14	—
Margarine .....	4	—	4	4	—
Lard .....	2	—	2	2	—
Cheese .....	3	—	3	3	—
Cheese Spread .....	1	—	1	1	—
Flour .....	4	—	4	4	—
Cakes .....	1	—	1	1	—
Cake Mix .....	1	—	1	1	—
Sponge Mixture .....	1	—	1	1	—
Bread .....	3	—	3	3	—
Rice .....	1	—	1	1	—
Pearl Barley .....	2	—	2	2	—
Sago .....	1	—	1	1	—
Oatmeal .....	1	—	1	1	—
Baking Powder .....	1	—	1	1	—
Arrowroot .....	1	—	1	1	—
Cinnamon .....	1	—	1	1	—
Meat Paste .....	2	—	2	2	—
Tinned Meat .....	2	—	2	2	—
Sausages .....	16	16	—	16	—
Suet .....	1	—	1	1	—
Fish Paste .....	2	—	2	2	—
Fish Cakes .....	1	—	1	1	—
Tinned Fish .....	1	—	1	1	—
Tinned Shrimps .....	1	—	1	1	—
Tinned Mixed Vegetables	1	—	1	1	—
Tinned Peas .....	1	—	1	1	—
Tinned Beans .....	1	—	1	1	—
Tinned Carrots .....	1	—	1	1	—
Tinned Tomatoes .....	1	—	1	1	—
Pepper .....	1	—	1	1	—
Salt .....	1	—	1	1	—
Mustard .....	1	—	1	1	—
Pickled Onions .....	1	—	1	1	—
Vinegar .....	1	—	1	1	—
Salad Cream .....	2	—	2	2	—
Dried Mint .....	1	—	1	1	—
Tea .....	1	—	1	1	—
Coffee .....	1	—	1	1	—
Cocoa .....	1	—	1	1	—
Mincemeat .....	1	—	1	1	—
Christmas Pudding ...	1	—	1	1	—

Table L (continued).

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Jam .....	6	1	5	5	1
Marmalade .....	2	—	2	2	—
Sugar .....	1	—	1	1	—
Sweets .....	3	—	3	3	—
Honey .....	2	—	2	2	—
Ice Cream .....	28	1	27	27	1
Ice Lollies .....	5	—	5	3	2
Fresh Cream .....	1	—	1	1	—
Double Cream .....	5	1	4	3	2
Evaporated Milk .....	1	—	1	1	—
Condensed Milk .....	2	—	2	2	—
Table Jelly .....	1	—	1	1	—
Blanc Mange Powder	1	—	1	1	—
Custard Powder .....	1	—	1	1	—
Saccharin Tablets ...	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	—
Carbonate of Magnesia	1	—	1	1	—
Bi-carbonate of Soda	1	—	1	1	—
Borax .....	1	—	1	1	—
Infant Carminative ...	1	—	1	1	—
Cod Liver Oil .....	1	—	1	1	—
Amm. Tinc. of Quinine	1	—	1	1	—
Halibut Oil Capsules ..	1	—	1	1	—
Liquid Paraffin .....	1	—	1	1	—
Cream of Tartar .....	1	—	1	1	—
Sweet Spirit of Nitre	1	—	1	—	1
Olive Oil .....	1	—	1	1	—
Eucalyptus Oil .....	1	—	1	1	—
Camphorated Oil .....	1	—	1	1	—
Glycerin .....	1	—	1	1	—
Hydrogen Peroxide ...	1	—	1	1	—
Tincture of Iodine ...	1	—	1	1	—
Totals .....	498	333	165	485	13



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

	Fat	Solids-not-fat
Eastern Division ... ..	3.65%	8.71%
Western Division ... ..	3.60%	8.68%
Whole County ... ..	3.63%	8.70%
The legal presumptive standard ... ..	3.00%	8.50%

PART VI.

*Miscellaneous*

REGISTRATION OF NURSING HOMES

TABLE LI.

	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 ... ..	5	—	112	112

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 1962 the number of such medical examinations totalled 579. In addition 161 College Entrants were medically examined.

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



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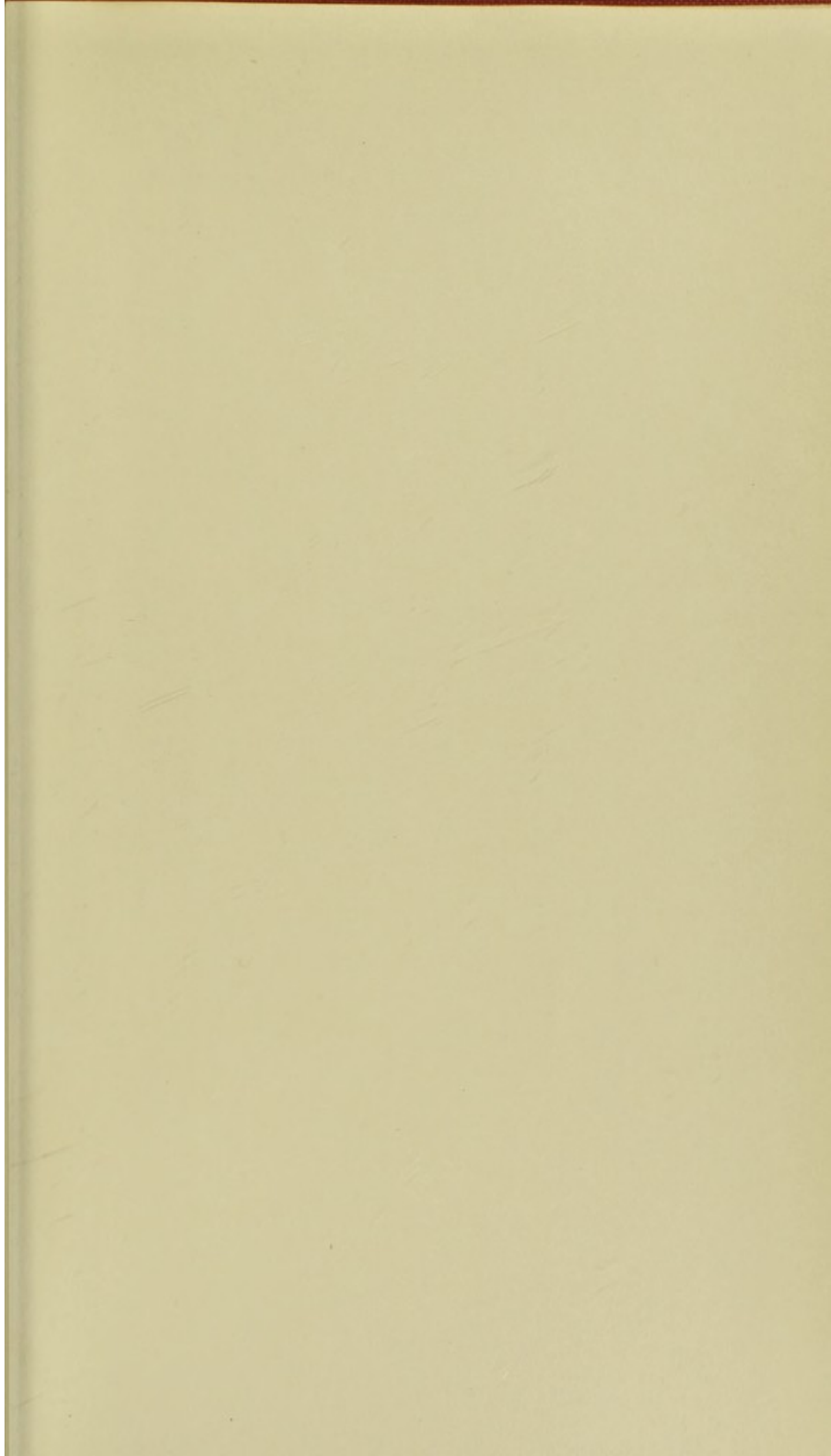
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