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*Denbighshire County Council*



# ANNUAL REPORT

*on the*

*Health of Denbighshire*

*for the*

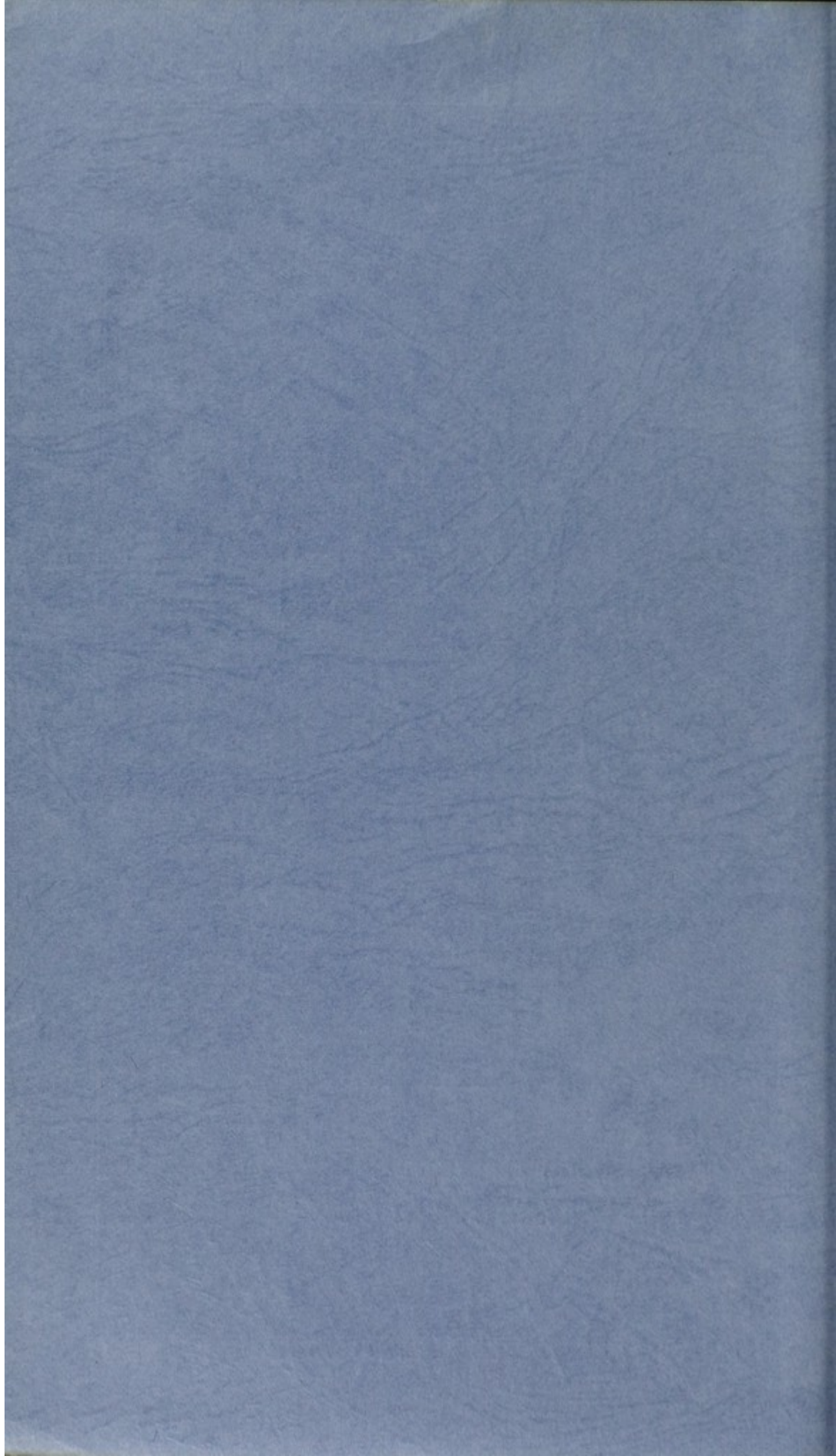
**YEAR 1963**

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**M. T. ISLWYN JONES, M.D., D.P.H.**

*County Medical Officer*





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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, M.Sc.  
Alderman Mrs. Florence Jones.  
Alderman F. H. Andleby Jones.  
Councillor H. Ewart Jones.  
Councillor Ernest Price.  
Councillor George Richards.  
Alderman R. C. Roberts.  
Alderman R. E. Rowlands.  
Alderman Edward Williams.  
Councillor Emmanuel Williams

## Foreword

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It is with pleasure that I submit my report for 1963, especially as it contains some statistics which indicate that the Health Services in Denbighshire have made substantial progress and achieved signal successes in many directions.

During 1963:—

there were no maternal deaths as compared with 4 in 1953.

the Infant Mortality Rate of 15.1 was, for the first time, below that for England and Wales at 20.9.

the Neo-natal Mortality Rate of 10.9 was, for the first time, below that for England and Wales at 14.2.

the Death Rate of 1.1 from Pulmonary Tuberculosis was, for the first time below that for England and Wales at 5.6.

for the first time there were no cases of Paralytic Poliomyelitis notified.

While the foregoing reflect but a few facets of the Health Service, they are hard facts which indicate that years of careful tilling are at last yielding substantial harvests. These successes reflect credit on the General Medical Practitioner, Hospital and Local Authority Services, for all three Services have worked together to achieve these ends. Long term planning of a decade or more ago is obviously paying dividends and I hope that the Local Health Authority will not hesitate to invest still more in the health of the people of Denbighshire.

### **The Ten Year Plan.**

In April, 1963, the Ministry of Health published the Plans for the Health and Welfare Services of the Local Authority in England and Wales under the title of "Health and Welfare, the Development of Community Care." The publication enabled authorities to compare their proposals with National averages and with other Authorities and this, in itself, will have justified



the work involved in its compilation. It was significant that the Denbighshire services erred on the meagre side of the averages. However, by the end of the year it was obvious that the implementation of the Capital programme had already fallen behind schedule and unless a new sense of urgency and considerably more drive is injected into the execution of the plan, it will be much longer than 10 years before its completion.

### **Domiciliary Health Services.**

In the practical application of preventive and curative domiciliary services, there is no separation into Local Health Authority and General Medical Practitioner Service as there is in the administrative structure. This artificial schism has been circumvented in many ways with the connivance of General Medical Practitioners and members of my staff. The cordial relationship between the two Services has been steadily built up over the years on the understanding that the Health Department can only function effectively in support of the General Medical Practitioners. There are numerous examples of this steady integration. It is significant that the Chairman of the Health Committee is not only a General Medical Practitioner but also Secretary of the Local Medical Committee and, conversely, that the County Medical Officer of Health is a member of the Local Medical Committee. Development plans of Local Health Authority Services are discussed at the Local Medical Committee and relevant information regarding them incorporated in the Minutes for distribution to General Medical Practitioners. Erection of new Clinics and extension of services are discussed at local meetings with the General Medical Practitioners concerned.

However, from the practical standpoint, I am far more impressed by the frequent consultations between General Medical Practitioners and my staff. These occur daily, either at a local level or directly with Central Office and range from queries regarding social services to a wide variety of clinical problems.

It is not unusual to meet a General Medical Practitioner browsing around the Central Office for discussions with various members of the administrative staff whom they know deal with some specific aspect of the Service. This pooling of resources results in a free flow of information, especially regarding specific cases and I record with gratitude the willing and ready help which most doctors in Denbighshire give to my Department. It is, therefore, regrettable that administrative separation should mar this growing harmony, particularly when it is appreciated that both services should serve the same patient. Community Care, if it is to mean anything, must be dependent on a closely knit team,



co-ordinated and untrammelled by bureaucratic hindrances. The medical services can no longer afford the luxuries of cumbersome, complex, and ill-conceived methods of administration and unless a more logical structure is found they will founder under the increasing stresses. Changes are inevitable and I hope that Denbighshire will interpret its responsibilities for the health of the community as broadly as permissible under present legislation.

### **Hospital Services.**

There are three Hospital Management Committees in the County and each Committee invites me, in a consultative capacity, to attend their Meetings. This presents an excellent opportunity for an exchange of information and consideration of plans for development which may have repercussions on either branch of the Services.

Particularly close relationships exist between us and the North Wales Psychiatric Hospital where the Mental Welfare Officers are accepted as members of the team. One Mental Welfare Officer visits the hospital routinely twice per week in order to maintain contact with staff and the patients. This arrangement works well and it has benefited substantially the service to the patient.

The Wrexham General Hospital receives the majority of Denbighshire patients and this probably accounts for the close co-operation that exists. Health Visitors regularly attend at the Maelor Hospital. One Health Visitor is entirely responsible for all Health Education at the Ante-Natal Clinic, while others liaise with the Paediatric Department. Two Health Visitors are permanently attached to the Chest Clinics.

### **Community Services for the Elderly.**

The grim weather conditions during the early months of 1963 strained the resources of the domiciliary services to the utmost. The care given by a community to its weakest members reflects its humanity. None of our elderly starved or froze to death, due, in no small measure, to the heroic efforts of the staff of the Health Department. Many Nurses, Health Visitors, Home Helps, Mental Welfare Officers, Voluntary Workers and Ambulance staff strove valiantly to overcome exceptional hazards to alleviate the suffering of many in dire straits. Their initiative, perseverance and determination deserve the highest commendation.

The increasing number of elderly in our midst will add to the demands which will continue, not for a few months, as in the winter of 1963, but for year after year. Again I urge that this problem should be looked at comprehensively. The plight of the



psycho-geriatric patients distresses all who have to endeavour to resolve their difficulties and, at present, there is hardly a ray of hope for those in the twilight of their years. Mere longevity can be a mixed blessing.

#### **Administration.**

With the growth of the Department, internal communications tended to become circumscribed within a particular section, which periodically resulted in inco-ordination and duplication. To obviate this, a weekly staff meeting is held at which are present the heads and deputies of the various sections. Items for discussion are submitted for inclusion on the Agenda and the deliberations of the Committee are recorded. In this way, problems, plans and progress of schemes are considered by all senior members of the staff and, in consequence, decisions are arrived at only when the full implications have been assessed. All participants agree that this weekly staff conference has made an invaluable contribution to the harmonious and smooth running of the administration.

#### **Staff.**

During 1963, there were the inevitable changes amongst the staff but, on the whole, the strength was maintained at the full establishment. Dr. H. Summers terminated his services as Medical Officer of Health to Wrexham Borough on the 30th September, 1963, and Dr. Peach, the Deputy County Medical Officer of Health, undertook these additional duties.

Dr. W. McKendrick decided to continue for another period of extended service and, at the time of writing, he is within a few weeks of his retirement. He has been Medical Officer of Health to Colwyn Bay since 1925 and throughout that period has served that Authority and the Denbighshire County Council with zeal and devotion of a high order. Few Authorities, if any, have been served by one Medical Officer of Health for so long and so consistently. Although officially retiring, I am sure that the occasion merely marks a change of post. We, in the Health Department acknowledge our deep indebtedness for his whole-hearted contribution to the common cause and we hope we can continue to call upon his services.

The retirement of Dr. J. H. O. Roberts, Medical Superintendent of the North Wales Psychiatric Hospital, terminated an association of many years. Much of the credit for the excellent Mental Health Service, both Hospital and Local Health Authority Service, in North Wales is due to his foresight, pertinacity and initiative. It is hoped that his experience and wise counsel will continue to be available.



Dr. S. O. Edwards, Assistant County Medical Officer, retired on 30th September, 1963, after 20 years conscientious and loyal service with the Denbighshire County Council. Her affection for children was reflected in the keen interest and meticulous examination of all those attending the Clinics. All the staff wish her many years of happy retirement.

In the opening paragraph, I presented statistical indications of the benefits that accrue from foresight and detailed planning to which can be added the successes of staff in completing Courses and obtaining additional qualifications. Staff seconded for further training are grateful for the generous support they have received from Denbighshire and this is manifest not merely in words but by a higher standard of work and their devotion to duty. This attitude percolates through the Department and accounts, in no small measure, for the high morale of the staff.

#### **Acknowledgments.**

Throughout the year, the Health Department had the help and co-operation of many statutory and voluntary agencies but, in particular, I wish to record my appreciation to all my colleagues on the staff of the County Council. On this occasion, it would not be inappropriate to single out one Officer, in view of his impending retirement.

The County Treasurer, Mr. William Burd, while maintaining financial rectitude has invariably shown a resilience and sympathy to expenditure on Health Services. It was of particular interest and pleasure to the Department when the Health Service became one of the subjects on which Mr. Burd was elected to act as a Financial Adviser to the County Councils Association. I am personally grateful to him for his forbearance and co-operation throughout the past 14 years and his numerous friends in the Health Department wish him a happy and long retirement.

Finally, on behalf of all the staff of the Health Department, I record our indebtedness and appreciation to the Chairmen and Vice-Chairmen of the Health and Health Sub-Committees who have responded to heavy demands with equanimity and invariably directed the affairs of the Department with wisdom and foresight.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department.

16 Grosvenor Road,

Wrexham.

Telephone 3076/7/8.

September, 1964.



# ANNUAL REPORT FOR 1963

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## PART I.

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

#### **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, 1963, was 174,680. This represents an increase of 500 over the previous year.

The Table below shows the estimated annual population of the County since 1954.

**TABLE I.**

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease
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
1963 ... ..	174680	+ 500	84100	+ 670	90580	-170

An analysis of the above Table shows that there has been an increase in the Urban Population of 670, while there has been a decrease of 170 in the Population of the Rural District. This indicates that the trend of rural de-population is continuing.



## VITAL STATISTICS

The following table gives a summary of the vital statistics for the year 1963 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			
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
1963 ... ..	16.1	13.5	0.01	2.6	18.3	Nil	15.1

### Births and Birth Rates.

The number of live births registered during the year was 2,839 after allowing for inward and outward transfers. This was a decrease of 53 compared with 1962.

The number of live births assigned to each County District is shown on Table VI on page 13 together with the corresponding birth rates.

The crude birth rate is 16.1 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 for each district by the Registrar-General. The factor for this County is 1.09 and when this is applied the adjusted birth rate is 17.6.

### **Illegitimate Live Births.**

The number of births of illegitimate children during 1963 was 130 as compared with 138 in 1962. This is 4.5 per cent. of the total live births.

### **Still Births.**

The still birth rate for 1963 was 18.3 per 1,000 live and still births as against 20.6 in 1962. The number of still births registered was 53, the lowest yet recorded for this County.

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

The total number of deaths registered during 1963 and allocated to the County was 2,370; this figure gives a crude death rate of 13.5 which when adjusted by the Comparability Factor gives an adjusted death rate of 12.6 of the estimated population.

### **Infant Mortality.**

During 1963, there were 43 deaths of children under one year. Of these, 25 died before reaching one week and 6 died between one and four weeks. This is illustrated in the following table:—

**TABLE III.**

Age at Death	Male	Female	Total
Under 1 week ... ..	15	10	25
Over 1 week but under 4 weeks ... ..	1	5	6
Over 4 weeks but under 1 year ... ..	6	6	12
Total ... ..	22	21	43

There were included in the total of 43, two 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 ... ..	3	3	6
Congenital Malformations ... ..	3	7	10
Accidents ... ..	2	—	2
Gastritis, Enteritis and Diarrhoea ... ..	1	1	2
Other defined and ill-defined diseases ...	13	10	23
<b>Total ... ..</b>	<b>22</b>	<b>21</b>	<b>43</b>

These figures give the following rates:—

	Total	Legitimate	Illegitimate
Infant Mortality per 1,000 live births ...	15.1	15.1	15.3

Neo-Natal Mortality (deaths under 4 weeks) ... .. 10.9  
 Early Neo-Natal Mortality (deaths under 1 week) ... .. 8.8  
 Peri-Natal Mortality (Still births and deaths under 1 week) 26.9

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

**TABLE V.**

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
<b>Infant Mortality Rate ... ..</b>	27.8	33.2	22.8	23.1	20.7	27.7	18.1	20.6	23.1	15.1

The statistics for the Maternity Services are universally gratifying. There were no maternal deaths. The still-birth rate was 18.3, the lowest yet recorded and the Infant Mortality Rate was 15.1 which is by far the lowest ever for this County. Similarly, the Perinatal Mortality rate was lower than in previous years. These statistics reflect considerable credit on the Maternity Services.

TABLE VI.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1963

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 ...	8200	130	15.8	3	23.1	145	17.7
Colwyn Bay Borough ...	22500	310	13.8	3	9.7	433	19.2
Aled Rural ...	6890	93	13.5	—	—	64	9.3
<b>Western No. 2:</b>							
Denbigh Borough ...	8130	128	15.7	—	—	155	19.0
Llanrwst Urban ...	2500	42	16.8	1	23.8	53	21.2
Ruthin Borough ...	3650	47	12.9	—	—	56	15.3
Hiraethog Rural ...	4520	79	17.5	—	—	56	12.4
Ruthin Rural ...	9630	163	16.9	2	12.2	98	10.2
<b>Eastern No. 1:</b>							
Wrexham Rural ...	62280	1015	16.3	18	17.7	799	12.8
Ceiriog Rural ...	<b>7260</b>	105	14.5	1	9.5	86	11.8
Llangollen Urban ...	<b>3000</b>	44	14.6	—	—	34	11.3
<b>Eastern No. 2:</b>							
Wrexham Borough ...	36120	683	18.9	15	21.9	391	10.8
<b>Total County ...</b>	<b>174680</b>	<b>2839</b>	<b>16.1</b>	<b>43</b>	<b>15.1</b>	<b>2370</b>	<b>13.5</b>
			<b>17.6</b>				<b>12.6</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
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
1963	43	9	9	14	71	515	624	1085	2370

There were 43 deaths of infants under one years. This number accounts for 1.81 per cent. of the total deaths.

At the other end of the age scale 45.8 per cent. of all deaths was in the age group 75 and over and 26.3 per cent. in the 65-75 years age group.

No less than 56.2 per cent. of the females who died were at least 75 years of age. The corresponding figure for men was 35.7 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) ...	782	32.9
Cancer (including leukaemia and aleukaemia) ... ..	454	19.2
Vascular lesions of nervous system ... ..	421	17.8
Other circulatory diseases ...	94	3.9
Bronchitis ... ..	104	4.4
Violence (including accidents, suicide) ... ..	74	3.1
Pneumonia ... ..	128	5.4
Tuberculosis (all forms) ...	3	.13

The above diseases are in the main, of course, generally associated with older people. Of the 782 deaths ascribed to Heart Disease 609, or 77.8 per cent., were of persons aged 65 or more; of the 421 due to vascular lesions of the nervous system, 361 or 85.7 per cent. were aged 65 and over.

**Heart Diseases** continue to be the chief causes of death. The percentage of total deaths, 32.9, is much higher than that of any other cause, and is equivalent to a death rate of 4.4 per 1,000 of the estimated population.

Of the total of 782 deaths, 451 were attributed to "coronary disease, angina" and of these 287 were males. Again, of these male deaths, 94 occurred in the age group 45-65 and 104 in the age group 65-75.

The Death Rate per 1,000 population for **Respiratory Tuberculosis** has fallen dramatically as compared with previous years from 0.11 in 1962 to 0.01 in 1963. This would indicate that the Services are now reaping the benefits of the prolonged struggle against this disease.

Unfortunately, the same cannot be said for the Death Rate from **Cancer**. This has gone up from 2.5 per thousand of the estimated population in 1962 to 2.6 in 1963.

#### **Malignant Neoplasms.**

While concern is felt regarding the rising incidence of cancer as a cause of death, it must be realised that people are living



longer and therefore coming to an age when the prevalence of cancer is greater than in earlier years.

In past generations, the average expectation of life was considerably shorter than at present and, therefore, many people died from other causes—infectious, industrial and other diseases—which were rife at the beginning of this century but which today no longer menace the life and health of our people. Many forms of cancer predominate in the older age groups and, therefore, there is a greater risk of contracting such diseases as one gets older and for the statistics to be truly comparable it is essential that like should be compared with like and that the incidence of carcinoma in the various age groups should be compared and not the total incidence in the community. However, one must be concerned with the incidence of lung cancer but it is of some consolation to see that the number of deaths from this disease was less in 1963 than in the previous year and that there were 30 fewer deaths than occurred in 1961.

Statistics have shown that the incidence of stomach cancer in North Wales has been substantially higher than in many other parts of Britain and the figures for the present year substantiate this statement.

It is disturbing to find that the incidence of cancer of the breast and uterus has risen, for these are preventable conditions and if diagnosed early could be effectively treated. These figures indicate the need for cytological examination of all women and the early provision of such a preventive service should be given high priority.

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. ...	2	4	2	—	15	—	23	2.8
Colwyn Bay M.B.	12	9	16	5	39	2	83	3.7
Aled R.D. ...	4	1	2	1	8	—	16	2.3
<b>Western No. 2.</b>								
Denbigh M.B. ...	4	—	—	—	13	1	18	2.2
Llanrwst U.D. ...	6	1	1	—	6	1	15	6.0
Ruthin M.B. ...	—	2	—	1	3	—	6	1.7
Hiraethog R.D. ...	3	—	—	—	4	1	8	1.8
Ruthin R.D. ...	7	1	3	—	8	—	19	2.0
<b>Eastern No. 1.</b>								
Ceiriog R.D. ...	5	4	3	—	4	—	16	2.2
Llangollen U.D. ...	2	1	1	1	4	—	9	3.0
Wrexham R.D. ...	42	27	14	7	70	2	162	2.6
<b>Eastern No. 2.</b>								
Wrexham M.B. ...	11	12	10	3	41	2	79	2.2
Total ...	98	62	52	18	215	9	454	2.6

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
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
1963	...	...	...	...	454	2.6



Cancer was responsible for 454 deaths or 19.2 per cent. of all deaths. The following table gives the deaths from Cancer according to age, sex and classification, during 1963:—

**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.						
0-15 ... ..	—	—	—	—	—	—	—	—	—	2	—	1	—	1
15-25 ... ..	—	—	—	—	—	—	—	—	1	—	—	—	1	—
25-45 ... ..	2	—	2	—	—	1	—	2	5	4	—	1	9	8
45-65 ... ..	25	8	24	3	1	25	—	11	33	30	—	—	83	77
65-75 ... ..	21	7	21	3	—	14	—	1	32	29	—	3	74	57
75 and over ...	15	20	8	1	—	11	—	4	40	41	1	3	64	80
Totals ... ..	63	35	55	7	1	51	—	18	111	104	1	8	231	223

**Maternal Mortality.**

There were no deaths classified as “pregnancy, child-birth, abortion.” 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
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
1963 ... ..	2892	Nil	Nil

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

Rate	Denbighshire	England and Wales
Birth Rate (adjusted) ... ..	17.6	18.20
Death Rate (adjusted) ... ..	12.6	12.20
Maternal Mortality Rate ... ..	Nil	.28
Infant Mortality Rate ... ..	15.1	20.90
Neo-Natal Mortality Rate ... ..	10.9	14.20
Still-birth Rate ... ..	18.3	17.30

### ACCIDENTS

**TABLE XIV.**

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1963 giving Age and Sex Distribution.

Age Group	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0-1 year ... ..	—	—	—	2	—	2
1-5 years ... ..	—	—	—	1	—	1
5-15 years ... ..	2	—	2	2	—	2
15-25 years ... ..	4	—	4	2	—	2
25-35 years ... ..	5	—	5	—	—	—
35-45 years ... ..	4	—	4	1	1	2
45-55 years ... ..	—	—	—	4	—	4
55-65 years ... ..	1	—	1	2	—	2
65-75 years ... ..	—	1	1	3	5	8
75 years and upwards ... ..	1	1	2	4	10	14
Total ... ..	17	2	19	21	16	37



**TABLE XV.**  
**CAUSES OF DEATH, 1963.**

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 respira- tory ... ..	...	...	...	1	...	...	...	...	...	...	...	1	2
Tuberculosis Other .	...	...	...	...	...	...	...	...	...	1	...	...	1
Syphilitic disease ...	...	...	...	...	...	...	...	...	...	...	...	1	1
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis .	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and Parasitic Diseases..	...	1	1	1	1	...	...	1	...	...	1	3	9
Malignant Neoplasm —Stomach ... ..	2	4	5	12	4	3	2	6	...	7	11	42	98
Malignant Neoplasm —Lung Bronchus .	4	1	4	9	...	...	1	1	2	1	12	27	62
Malignant Neoplasm —Breast ... ..	2	2	3	16	...	...	1	1	...	3	10	14	52
Malignant Neoplasm —Uterus ... ..	...	1	...	5	...	...	1	...	1	...	3	7	18
Other Malignant and Lymphatic Neoplasms ... ..	15	8	4	38	13	4	4	6	3	8	41	70	215
Leukaemia, Aleukaemia ... ..	...	...	...	2	1	1	...	1	...	...	2	2	9
Diabetes ... ..	2	...	1	...	...	...	...	...	...	...	3	10	16
Vascular lesions of nervous system ...	19	11	22	73	28	11	6	15	11	21	68	136	421
Coronary disease, angina ... ..	33	11	15	109	35	8	8	10	9	16	56	141	451
Hypertension with Heart Disease ...	3	1	1	12	4	1	1	...	1	5	5	16	50
Other Heart Disease	17	4	7	37	27	10	3	5	9	10	45	107	281
Other Circulatory Diseases ... ..	6	5	5	32	3	2	...	...	3	5	14	19	94
Influenza ... ..	...	1	...	...	...	2	1	...	...	...	...	2	6
Pneumonia ... ..	6	4	2	14	18	4	1	...	5	4	23	47	128
Bronchitis ... ..	3	1	5	21	4	2	2	2	3	...	16	45	104
Other diseases of Respiratory System	2	1	2	1	1	...	...	...	1	...	6	13	27
Ulcer of Stomach, Duodenum ... ..	2	...	...	6	...	...	1	...	1	1	5	6	22
Gastritis, Enteritis and Diarrhoea ...	2	...	1	4	1	...	...	...	1	...	3	3	15

Table XV. Causes of Death, 1963 (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	1	...	1	...	...	...	...	7	7	19
Hyperplasia of Prostate ... ..	1	1	...	1	2	...	...	...	3	2	4	5	19
Pregnancy, child-birth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations ... ..	1	...	1	1	...	...	...	...	...	...	5	6	14
Other defined and ill-defined diseases ...	20	6	3	20	12	5	1	4	1	5	35	50	162
Motor vehicle accidents ... ..	...	...	...	2	...	1	...	...	...	3	8	5	19
All other accidents ... ..	3	1	2	10	1	1	...	1	1	4	6	7	37
Suicide ... ..	1	...	...	4	...	...	1	...	1	2	1	5	15
Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	1	2	3
All causes ... ..	145	64	86	433	155	56	34	53	56	98	391	799	2370

### Pneumoconiosis.

The primary causes of death, as stated in the Death Certificate, are summarised in Table XV above but in many instances there has been a contributory cause of death. Amongst miners, pneumoconiosis may be a contributory cause, and during 1963 there were 5 such cases registered.

This disease, caused by the inhalation of dust, is the cause of prolonged disability which gradually becomes more severe with the passage of time.

Of those who died during 1963, one was in the age range 65-70, two in the 75-80 range, one in the 80-85 range and one was over 85 years of age.

Constant efforts to reduce the amount of dust in the mines should ensure a gradual reduction in the incidence of this disease.



## **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.

Senior Assistant Medical Officer of Health:

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

Assistant County Medical Officers of Health:

\*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.  
(resigned 30/9/63).

S. O. Edwards, M.B., Ch.B., D.P.H. (resigned 30/9/63).

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

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.

J. Gordon Williams, M.R.C.S., L.R.C.P. (from 2/12/63).

\* also District Medical Officers of Health.

**Consultant Staff (part-part):**

**Chest Service:**

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.

**Geriatric Service:**

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 Price, M.B., Ch.B., D.C.H.

**Psychologists:**

J. B. Edwards, M.A.  
P. J. McDonald, B.A.

**Psychiatric Social Workers:**

Mrs. V. Ford-Thompson.  
Miss G. M. Brown, B.A.

**County Ophthalmologist :**

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

**County Dental Service:**

**Senior Dental Officer:**

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



**Dental Officers:**

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

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

D. B. Waugh, L.D.S.

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

**Consultant Orthodontist:**

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

**County Public Health Inspector:**

T. Hughes.

**Food and Drugs. Chief Inspector:**

T. H. Evans.

**Nursing Service:**

**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. (resigned 31/1/63).

Miss A. Large, S.R.N., S.C.M., H.V.Cert., Q.N.  
(from 1/6/63).

**Mental Health Service:**

**Chief Mental Welfare Officer:**

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

**Senior Mental Welfare Officers:**

H. E. Romney.

G. E. H. Howard.

**Mental Welfare Officers:**

**B. W. Hughes.**

**S. Robinson.**

**J. L. Edwards (resigned 8/2/63).**

**G. Price (from 6/8/63).**

**Miss G. Thomas (from 14/10/63).**

**Speech Therapy Service:**

**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.**



### **PART III.**

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## **General Provision of Health Services**

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### **CARE OF MOTHERS AND YOUNG CHILDREN**

Broadly, the pattern of the Services remained unchanged but the tendency to discharge mothers from Maternity Units in less than 10 days added substantially to the load of the Domiciliary Midwife. The Ante-Natal care of mothers is a shared responsibility and this is evidenced by more attendances at peripheral clinics, which are staffed by domiciliary midwives, by a greater number of midwives attending General Medical Practitioner clinics and by the increasing number of requests for sociological reports from, and follow up of defaulters by, domiciliary midwives.

The need for closer co-ordination is considered periodically at the Maternity Consultative Committee, convened by the Wrexham, Powys and Mawddach Hospital Management Committee and without doubt the Committee has clarified situations and helped to delineate administrative responsibilities.

Perhaps it is indicative of the close relationship between the Hospital and Local Health Authority Services that the Consultant Obstetrician, Mr. D. B. Whitehouse, has once again sent me a copy of his Annual Report, with his acquiescence to suitable extracts being included in this Annual Report:—

**“ Maelor General Hospital, Wrexham.**

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#### **“ MATERNITY UNIT. REPORT FOR 1963**

“ This fourth annual clinical report on the work in the Maternity Unit shows a steady increase in the work done. Despite the heavy pressure on the Unit it has been possible to maintain the decrease in perinatal deaths, a fact which reflects much credit on the midwifery and paediatric staffs. Particularly pleasing is the fall in perinatal deaths from toxæmia and accidental antepartum hæmorrhage, the principal causes of death in previous years. Several factors have contributed to this, including earlier antenatal admission of toxæmia cases, a higher induction rate, the more vigorous treatment of antenatal anaemia and a higher salvage rate of premature babies. Deaths due to congenital malformation are now becoming the largest group in our perinatal death statistics.

## STATISTICAL SUMMARY

### " In-patients.

	1960	1961	1962	1963
Total number of patients admitted ... ..	1593	1644	1828	1903
Total number of patients discharged ... ..	1568	1646	1829	1916
Total number of deliveries in hospital ... ..	1409	1470	1609	1686
Babies born before arrival (including Flying Squad cases) ... ..	17	11	10	18
Booked cases ... ..	1290	1366	1475	1553
Non-booked cases ... ..	98	110	134	133
Maternal mortality ... ..	0	2	2	1
(mortality per 1,000 deliveries ... ..)	0	1.3	1.2	0.59
Stillbirths ... ..	44	46	42	41
(Stillbirth rate per 1,000 deliveries) ... ..	31.2	30.7	25.8	23.9
Neonatal Deaths ... ..	22	30	29	28
(Neonatal death rate per 1,000 livebirths) ... ..	15.6	20.8	18.3	16.7
Perinatal mortality per 1,000 deliveries ... ..	46.8	51.5	44.1	40.6

### " Outpatients.

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

	1960	1961	1962	1963
New patients ... ..	1467	1362	1928	1476
Total attendances ... ..	8369	7882	10434	9876

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 10.

#### Indications for calling Squad.

Post-partum haemorrhage ... ..	2
P.P.H. with retained placenta ... ..	3
Antepartum haemorrhage ... ..	3
Abortion ... ..	4
Epileptic fits ... ..	1

### "COMPLICATIONS OF PREGNANCY AND LABOUR

1. **Toxaemia of Pregnancy.**—During the year 235 cases of pre-eclamptic toxaemia and 55 cases of essential hypertension were admitted for treatment. Labour was induced surgically in 189 cases. There were 12 stillbirths and 1 neonatal death—a perinatal loss of 4.4% (corrected to exclude deaths from malformation—3%).

One case of acute nephritis in pregnancy was terminated at 22 weeks.

There were no cases of chronic nephritis or eclampsia.

#### Comparative Figures.

	P.E.T.	Essential Hypertension	Eclampsia	Perinatal Death
1960 ...	135	6	2	8.8%
1961 ...	94	40	3	11.0%
1962 ...	180	42	0	8.2%
1963 ...	235	55	0	4.4% (corrected 3%)

#### 2. "Antepartum Haemorrhage.

(a) **Placenta Praevia.**—There were 24 cases of placenta praevia of which 12 required blood transfusion.

#### **"Type of Placenta Praevia.**

Type I	.....	7
Type II	.....	7
Type III	.....	6
Type IV	.....	3

#### **"Method of Delivery.**

- 11 patients were delivered by lower segment Caesarean Section.
- 3 patients were delivered by Classical Caesarean Section.
- 1 Caesarean case required hysterectomy for placenta praevia accreta.
- 3 patients were delivered by the Breech.
- 4 patients were delivered spontaneously following rupture of the forewaters.
- 2 patients were delivered by forceps following rupture of the forewaters.
- 1 patient was transferred to another hospital.

#### **"Perinatal Mortality.**

- 7 babies were lost—a corrected perinatal mortality of 25%.

#### **"Causes of foetal loss.**

Neonatal deaths due to prematurity	4
Stillbirth due to malformation .....	1
Stillbirths due to anoxia .....	2

- (b) **"Accidental Antepartum Haemorrhage.**— There were 25 confirmed cases of accidental haemorrhage of which 12 were unbooked. 10 patients required blood transfusion. 7 babies were stillborn owing to placental separation.



- (c) **"Antepartum Haemorrhage of Doubtful Origin.**—In 2 cases of A.P.H. the cause was in doubt. Two babies were lost from 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
1963	...	24	25.0%	25	28%	29 (2 lost)

### 3. "Breech Deliveries.

- (a) **Uncomplicated breech delivery.**—There were 33 cases of which 15 were primigravidae. There were no stillbirths or neonatal deaths.
- (b) **"Complicated breech delivery.**—Breech delivery was complicated by other obstetric factors in 37 cases, of which 18 were primigravidae. In this group there were 9 stillbirths and 5 neonatal deaths.

#### "Complicating Factors.

Twin pregnancy	...	...	...	14
Toxaemia	...	...	...	8
Prematurity	...	...	...	5
Hydramnios	...	...	...	4
Prolapsed cord	...	...	...	3
Antepartum haemorrhage	...	...	...	3

#### "Causes of Stillbirths.

Malformation	...	...	...	5
Placental insufficiency	...	...	...	
(toxaemia)	...	...	...	4

#### **"Causes of neonatal deaths.**

Prematurity ... .. 3

Prematurity and cerebral  
haemorrhage ... .. 2

Perinatal loss (corrected): 24%.

#### **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%
1963	...	33	0%	37	24%

4. **"Face Presentations.**—There were 4 face presentations. One delivered spontaneously and 3 required forceps. There were no brow presentations during the year.

5. **"Transverse Lie in Labour.**—Transverse lie during labour occurred in 3 patients. One was delivered by Caesarean Section and two by an internal podalic version and breech extraction. Both the latter two babies were stillborn.

#### **"Causes of Stillbirths.**

Hydrocephaly ... .. 1

Prematurity and cerebral  
haemorrhage ... .. 1

6. **"Multiple Pregnancy.**—There were 28 sets of twins, of which 5 were uniovular. Two sets were delivered by Caesarean Section. 3 babies were stillborn and two died after birth—perinatal loss—8.9%.

#### **"Causes of Stillbirths.**

Placental insufficiency  
(toxaemia) ... .. 2

Prolapsed cord ... .. 1

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

Prematurity (29 weeks) ... .. 2



7. **Labour following previous Caesarean Section.**—19 patients were allowed to go into labour following Caesarean Section in a previous confinement.

**“Method of delivery in present pregnancy.**

Spontaneous vertex ... .. 13

Forceps ... .. 3

Repeat Caesar ... .. 3

(2 for foetal distress).

(1 for disordered action).

8. **“Disproportion.**—In 43 patients a diagnosis of disproportion was made. 8 were delivered by Elective Caesarean Section and 14 by Caesarean after trial of labour. Of the remainder 13 were delivered with forceps, 6 spontaneously and 2 by assisted breech delivery. No babies were lost.

9. **“Prolapsed Cord.**—Prolapse of the cord occurred in 12 cases but only two babies were lost, one due to malformation.

**“Method of delivery.**

Spotaneous vertex ... .. 3

Forceps ... .. 1

Assisted breech ... .. 2

Breech extraction ... .. 2

Vacuum extraction ... .. 1

Caesarean ... .. 3

10. **“Postpartum Haemorrhage.**—Postpartum haemorrhage (a loss over 20ozs.) occurred in 48 patients, of whom 17 required blood transfusion.

11. **“Manual Removal.**—The placenta was removed manually in 24 cases, 12 of which 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%
1963	...	48	2.9%	24	1.45%

12. **"Surgical Induction of Labour.**—Surgical induction of labour was performed on 388 patients, an incidence of 23% of all pregnancies. Induction was by forewater rupture on 360 cases and hind-water puncture in 28 cases. When labour failed to start within 24 hours of induction, a Syntocinon drip was usually commenced. This was given to 64 patients.

#### **"Indications for induction.**

Toxaemia (including essential hypertension) ... ..	178
Postmaturity ... ..	120
Bleeding in early or late pregnancy ... ..	29
False labour ... ..	16
Rhesus incompatibility ... ..	14
Malformation and hydramnios ...	7
Contracted pelvis ... ..	5
Breech presentation ... ..	3
Unstable lie ... ..	3
Miscellaneous ... ..	13

#### **"Method of delivery.**

Spontaneous vertex ... ..	309
Forceps ... ..	42



Assisted breech ... .. 12

Caesarean (6%) ... .. 24

**“ Indications for Caesarean Section.**

Disproportion ... .. 8

Failed induction ... .. 7

Foetal distress ... .. 4

Toxaemia ... .. 2

Prolapsed cord ... .. 1

Prolonged labour ... .. 1

Transverse lie ... .. 1

There were 74 stillbirths and one neonatal death (perinatal mortality—2%).

**“ Causes of Stillbirth.**

Malformation ..... 4

Rhesus incompatibility ..... 2

Accidental A.P.H. .... 1

**“ Causes of Neonatal Death.**

Prematurity (placenta praevia)... 1

13. **Forceps Delivery.**—156 babies were delivered with forceps, an incidence of 11.2%. 151 forceps deliveries were performed under pudendal block and 5 under general anaesthesia.

**“ Indications for forceps delivery.**

Secondary inertia ..... 44

Foetal distress ..... 35

Deep transverse arrest ..... 27

P.O.P. .... 25

Toxaemia ..... 7

Maternal distress ..... 6

Prematurity .....	5
Face presentation .....	3
Cardiac disease .....	1
Prolapsed cord .....	1
Prolapsed arm .....	1
A.P.H. ....	1

**“ Perinatal mortality.**—There was 1 neonatal death from prematurity and 2 stillbirths—a perinatal mortality of 1.9%. One baby received a depressed fracture of frontal bone but made a complete recovery.

**“ Cause of Stillbirths.**

Placental insufficiency (toxaemia)	1
Unexplained intra-uterine asphyxia (I.U.D. on admission)	1

14. **“ Caesarean Section.**—89 patients were delivered by Caesarean Section—an incidence of 5.5%. 16 of these had been delivered previously by Caesarean Section. 10 patients were sterilised. The lower segment operation was performed 86 times and the classical operation on 3 occasions because of placenta praevia. One patient required Caesarean hysterectomy owing to uncontrollable haemorrhage from placenta praevia accreta.

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

Disproportion .....	22
Placenta praevia .....	14
Foetal distress .....	13
Malpresentation .....	9
Disordered uterine action .....	6
Bad obstetric history (including previous C.S.) .....	6



Elderly primigravida—with other factors .....	5
Failed induction .....	4
Prolapsed cord .....	3
Accidental A.P.H. ....	2
Previous vaginal repair .....	2
Diabetes .....	1
Toxaemia .....	1
Ovarian cyst .....	1

**“Perinatal mortality.**—There were one stillbirth and 5 neonatal deaths—a perinatal mortality of 6.6%.

**“Causes of Stillbirth.**

Intra-uterine asphyxia (placenta praevia) .....	1
-------------------------------------------------	---

**“Causes of Neonatal Death.**

Prematurity ... ..	2
Malformation ... ..	2
Respiratory distress syndrome ...	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	8.6%	86	5.1%
1963	...	387	23.0%	156	11.2%	89	5.5%

15. **“Vacuum Extraction.**—The ventouse was used to assist delivery in 8 cases, seven of these during the 1st stage of labour.

**"Indications.**

Uterine inertia ... ..	6
Foetal distress ... ..	1
Prolapsed cord ... ..	1

Forceps were used to complete delivery at full dilatation in 2 cases. All babies did well.

16. **"Persistent Occipito-Posterior and deep Transverse Arrest.**—There were 87 cases in which the occiput failed to rotate anteriorly.

**"Method of delivery.**

Keilland's forceps ... ..	28
Manual rotation and forceps ...	22
Spontaneous delivery face to pubes ... ..	22
Caesarean section ... ..	9
Forceps delivery face to pubes	6
Ventouse ... ..	2

No babies were lost.

17. **"Prolonged Labour.**—Prolonged labour is by convention a labour lasting 36 hours or more. There were 43 such labours during the year, an incidence of 2.6% (1962—2.3%).

**"Method of delivery.**

Forceps ... ..	21
Caesarean ... ..	10
Normal ... ..	8
Ventouse ... ..	4

There was one stillbirth due to toxæmia.

18. **"Diseases associated with Pregnancy.**—The following diseases were associated with pregnancy in cases admitted for confinement.



**" Heart Disease.**

Mitral stenosis ... ..	4
Pulmonary stenosis ... ..	1
Aortic stenosis ... ..	1
Mitral regurgitation ... ..	1
Patent Ductus ... ..	1

**" Chest Disease.**

Pulmonary T.B. ... ..	8
Bronchiectasis ... ..	2
Pneumonia ... ..	1
Asthma ... ..	2

**" Anaemia.**

Iron deficiency (severe) ... ..	32
Folic Acid deficiency ... ..	7
Pernicious anaemia ... ..	1

**" Nervous disorders.**

Epilepsy ... ..	6
Disseminated sclerosis ... ..	1
Psychotic states ... ..	11

**" Urinary tract.**

Pyelitis ... ..	18
Pyonephrosis ... ..	1
Polycystic kidneys ... ..	1
Carcinoma of kidney ... ..	1

**" Miscellaneous.**

Diabetes ... ..	2
Congenital syphilis ... ..	1

Acquired syphilis	...	...	...	1
Constitutional hyperbili rubinaemia	...	...	...	1
Purpura	...	...	...	1
Bartholin's abscess	...	...	...	1
Dysentery—Sonne	...	...	...	2
Salmonella	...	...	...	1

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

- (a) **“Genital Tract Infection.**—6 cases (1962 — 9 cases).

**Infecting Organisms.**

E. coli	...	...	...	...	3
Proteus	...	...	...	...	1
Staph. pyogenes	...	...	...	...	1
Non-haemolytic strep	...	...	...	...	1

- (b) **“Extra Genital Tract Infection.**—11 cases (1962 —9 cases).

Urinary infection	...	...	...	4
Tonsillitis	...	...	...	3
Chest	...	...	...	1
Thrombophlebitis	...	...	...	1
Injection abscess	...	...	...	1
Virus infection	...	...	...	1

20. **“Maternal Death.**—There was one maternal death.

**“77/62. Mrs. P. D., aged 26. Death from Carcinomatosis at 22 weeks pregnancy.**—A gravida 3 referred to the Antenatal Clinic at 22 weeks. Patient ill with pain, vomiting, anaemia and cachexia. Enlarged liver and enlarged lymph-nodes in axillae, neck and groins. Admitted at once, but patient's condition rapidly deteriorated with intractable vomiting and increasing pain. Died four days after admission. Autopsy showed generalised carcinomatosis from primary neoplasm of left kidney.



21. **"Stillbirths.**—There were 41 stillbirths, an incidence of 23.9 per 1,000 deliveries.

**" Apparent causes of Stillbirths.**

Congenital malformation ... ..	13
Placental insufficiency due to:—	
Toxaemia ... ..	10
Postmaturity ... ..	1
Unknown causes ... ..	3
Accidental A.P.H. ... ..	7
Placenta praevia ... ..	2
Rhesus incompatibility ... ..	3
Prolapsed cord ... ..	1
Cerebral haemorrhage and Prematurity ... ..	1

**" PAEDIATRIC SECTION**

1. **" Neonatal Deaths.**—There were 28 neonatal deaths out of a total of 1,673 live births; an incidence of 16.7 per 1,000 live births.

**" Principal Causes of Neonatal Deaths.**

Congenital malformation ... ..	7
Prematurity ... ..	11
Prematurity with respiratory distress syndrome ... ..	4
Prematurity and cerebral damage	2
Intra-pulmonary haemorrhage ...	2
Adrenal haemorrhage ... ..	1
Respiratory distress syndrome (full term) ... ..	1

2. **" Premature Babies.**—78 babies of birth weight 5½lbs. and under were admitted to the Premature Unit of which 17 did not survive.

3. **"Congenital Malformation.**—51 babies were born with congenital malformations of which 13 were stillborn and 7 died after birth—a perinatal loss of 39% (1962—20.7%). 8 babies were transferred to Alder Hey Hospital for operation.

4. **"Birth Trauma.**

Cephalohaematoma ... ..	4
Orbital haematoma ... ..	1
Cerebral damage ... ..	5
(including 1 S.B. and 2 neonatal deaths).	
Facial palsy ... ..	2
Fracture of humerus ... ..	1
Fracture of frontal bone ... ..	1

5. **"Neonatal Infection.**—111 (6.6%) babies developed some neonatal infection. 27 were by *Ps. pyocyaneus*, an organism which has caused increasing concern during the year.

6. **"Haemolytic Disease.**

Rhesus incompatibility ... ..	17
? ABO incompatibility ... ..	2

12 babies were given exchange transfusions.

4 babies were given no treatment.

3 babies were stillborn (hydrops foetalis).

No babies were lost after birth.

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 1963.

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Rhos ... ..	88	625	59	69
Cefn ... ..	83	471	43	61
Totals ...	171	1096	102	130

A comparison of the number of attendances at the Cefn Clinic during 1962 and 1963 shows a substantial increase, indicating that mothers appreciate the convenience of a local clinic and that they will utilise local services. It is vital that, throughout pregnancy, the mothers receive regular Ante-Natal Care and this situation emphasises how imperative it is to bring the services to the patient.

#### **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 160 new cases at Wrexham, with a total attendance of 877 and 231 new cases at Colwyn Bay, with a total attendance of 1,141.

#### **Puerperal Pyrexia.**

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

#### **Ophthalmia Neonatorum.**

1 case was notified during the year.

## **CHILD WELFARE**

### **Notification of Births.**

In accordance with statutory requirements, 3,042 live births and 49 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.**

Taking into consideration the severe weather conditions during early 1963, the total number of attendances at the Clinics compared fairly well with previous years. Furthermore, it is important to appreciate that the number of attendances is not the only criterion of the work carried out at the Child Welfare Clinics. Other statistical data, such as the low Infant Mortality Rate indicate the invaluable contribution of these Clinics to child health.

Any assessment must be related to a comprehensive appreciation of the whole service provided for the health of the mother and child and it is apparent upon considering the various yard sticks that much has been achieved. The Paediatrician, General Medical Practitioner, Medical Officer and Health Visitor form a closely knit team whose aim is to promote health and to prevent and treat sickness. Towards this end, the team has circumvented the inherent administrative difficulties of the National Health Service and I wish to acknowledge the indebtedness of the Health Department to the Consultant paediatricians, Dr. McLean and Dr. G. Roberts, and to the majority of the General Medical Practitioners for their leadership and co-operation.

Previously, I have reported that Dr. McLean conducts a Child Welfare Clinic at Nantyglyn, Colwyn Bay, and I have indicated how this arrangement assures close co-operation of the services in that area.

Although no such such an arrangement exists in East Denbighshire, other means have been used for the same purpose. In this area, the staff of the Local Health Authority go to the hospital in order to ensure close liaison. Formal arrangements have been made for Health Visitors to routinely visit the Paediatric Wards and Outpatients' Department so that information can be channelled to and from the Consultant, Dr. E. G. G. Roberts, who reports: "Health Visitors bring vital information concerning patients, particularly regarding housing problems and standards of parentcraft. This information enables us to



decide about early discharge and the need for hospital follow-up attendance. In return, of course, the hospital staff are able to exchange information concerning physical progress and feeding. In the Neonatal Department, premature babies, and those born with congenital abnormalities, receive joint attention."

Whenever a child is referred to the Paediatric Department by a Medical Officer, the family doctor is consulted before referral and, subsequently, copies of the Consultant's Reports are routinely sent to the General Medical Practitioner and the County Medical Officer of Health. These reports are invaluable to the Health Department and form a basis for co-ordinating subsequent action and also for assessment as to whether or not the child should be included in the "At Risk Register."

The arrangement for the transmission of copies of the Consultant Paediatrician's reports to the Health Department became fully operative throughout the County only quite recently and I was most gratified that the General Medical Practitioners, practically without exception, acquiesced to this arrangement. I wish to record my appreciation for this, since it acknowledges the acceptance of the Health Department as a member of the team and also indicates the appreciable improvement in relationships, for which, the Health Department has been striving throughout the years. This, by itself, perhaps, may not appear to be of considerable importance but when taken into consideration with other developments, it supports strongly my impression that the General Medical Practitioner Service and the Local Health Authority Service are rapidly coalescing. Changes in the General Medical Practitioner Service are inevitable and I hope that this Authority will continue to interpret broadly its responsibilities for the Health of the Community and encourage actively any trends towards closer co-operation.

During the year, two General Medical Practitioners started Child Welfare Clinics in their own premises at which the Health Visitor attended. In addition, several doctors have discussed the possibility of such a development within their own practice. Meetings with groups of General Medical Practitioners were convened, when the plans for new Maternity and Child Welfare Clinics were being prepared, in order to discuss the possibility of providing accommodation for General Medical Practitioners' surgeries in conjunction with the new Clinics. Unfortunately the present "per capita" method of payment is inimical to this proposal and although some individual doctors were in favour, the majority decision was against such a development at the present time. However, it was decided by the Health Committee that all sites for Clinics, built in future, should be sufficiently



large to provide sufficient space for General Medical Practitioner surgeries to be added on at some future date.

The provision of new clinic premises is sadly needed if the additional commitments of the Health Department are to be provided efficiently and economically. This is implicit in the Ministry of Health's Ten Year Plan for Health and Welfare Services. Yet, at the end of 1963, only one of the two Clinics planned for 1962/63 had been completed.

During the year, the Ministry of Health published its Building Notes for Maternity and Child Welfare Clinics, which will be invaluable in future planning.

At the time of writing, both the Brynteg and Rossett Clinics are functioning and already the benefits of pleasant, convenient and functional premises are evident. Not only do these premises ensure congenial working conditions for the staff but also modern, comfortable and pleasing accommodation for the public. In addition, Health Visitors have office accommodation at these Clinics which ensures that they are available to the public at specified hours. Additional services, such as chiropody and speech therapy, can now be established at these Clinics which will add substantially to the usefulness of the building, and I am confident that they will enhance the value of the services provided in these localities.

Now that the anticipated benefits of a purpose-built Clinic have materialised, I hope that it will spur the Authority to speed up the building programme.

**TABLE XVII.**

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**CHILD WELFARE CLINIC ATTENDANCES**

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**Age 0 - 1 year:**

Number of first attendances ... 2185

Total number of attendances ... 23864

**Age 1 - 5 years:**

Total number of attendances ... 11608

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TABLE XVIII.

## MATERNITY AND CHILD WELFARE

The following table furnishes information for 1963 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 1963 and who were born in 1962	Present arrangements for medical supervision
Abergele, Pentre Mawr ... ..	Weekly	Thursday p.m.	38	84	Assistant Med. Officer
Broughton, Council School ... ..	Fortnightly	Monday p.m.	20	28	"
Brymbo, Council School ... ..	Fortnightly	Thursday p.m.	24	36	"
Cefn, County Clinic ... ..	Weekly	Friday p.m.	21	111	"
Chirk, Ambulance H.Q. ... ..	Fortnightly	Thursday p.m.	28	38	"
Coedpoeth, Church Hall ... ..	Fortnightly	Monday p.m.	41	65	"
Colwyn Bay, Nantyglyn Road ... ..	Weekly	Tues., a.m., p.m.	35	187	"
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	41	46	"
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	17	17	"
Denbigh, County Clinic ... ..	Weekly	Wednesday p.m.	43	118	"
Glan Conway, Church Institute ... ..	Fortnightly	Monday p.m.	14	18	"
Glynceiriog, Ceiriog Institute ... ..	Fortnightly	Tuesday p.m.	18	31	"
Gresford, Church House ... ..	Fortnightly	Friday p.m.	30	38	"
Holt, Kenyon Hall ... ..	Fortnightly	Wednesday p.m.	14	22	"
Johnstown, Christchurch Chapel Schoolroom	Fortnightly	Tuesday p.m.	19	33	"
				84	Assistant Med. Officer
				28	"
				36	"
				111	"
				38	"
				65	"
				187	"
				46	"
				17	"
				118	"
				18	"
				31	"
				38	"
				22	"
				33	"
				15	"
				9	"

Table XVIII (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 1963	No. of children who were born in 1958/61	Present arrangements for medical supervision
Llansannan Village Hall ...	Monthly	Thursday p.m.	17	11	27	Assistant Med. Officer
Llanddulas, C.M. Chapel ...	Monthly	Monday p.m.	8	3	14	"
Llangollen, Welfare House ...	Fortnightly	Tuesday p.m.	27	58	13	"
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	32	66	146	"
Llanrhaeadr Y.M., Public Hall ...	Fortnightly	Monday p.m.	16	21	37	"
Llay, County Clinic ...	Fortnightly	Tuesday p.m.	26	75	74	"
Rhos, County Clinic ...	Weekly	Wednesday p.m.	29	94	44	"
Rhos-on-Sea, Church House ...	Fortnightly	Tuesday a.m.	26	38	48	"
Rhosrobin, County Clinic ...	Fortnightly	Friday p.m.	44	74	57	"
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	25	34	63	"
Rossett, Church Hall ...	Fortnightly	Wednesday p.m.	13	29	39	"
Ruabon, Old People's Hall ...	Fortnightly	Thursday p.m.	22	46	16	"
Ruthin, Baptist Chapel ...	Weekly	Tuesday p.m.	17	81	77	"
Southsea, Church Institute ...	Fortnightly	Thursday p.m.	40	66	24	"
Merchandise Hall, Kinnel Bay ...	Monthly	Wednesday p.m.	21	25	35	"
Wrexham, Gatefield ...	Weekly	Tuesday p.m.	24	83	41	Gen. Med. Practitioner
Wrexham, Garden Village ...	Weekly	Wednesday p.m.	26	67	30	Assistant Med. Officer
Wrexham, Queens Park ...	Weekly	Mon., Thurs., p.m.	32	191	243	"
Wrexham, 1, Grosvenor Road ...	Weekly	Mon., Wed. p.m.	31	225	102	"
Vroncysyllte, Primitive Chapel ...	Monthly	Tuesday a.m.	7	8	2	"
Trevor, The Old School ...	Monthly	Monday p.m.	9	13	1	"



## MATERNITY AND CHILD WELFARE

### DENTAL TREATMENT

The Senior Dental Officer reports as follows:—

“In submitting my report for the current year, I would like to call attention to the drop in numbers of patients treated. This is a national trend and since 1948, the beginning of the Health Act, more and more young people have attached themselves to a private dentist so that it is only natural that, when dental treatment is necessary during pregnancy, they should attend their own dentist.

“In view of this, I intend cutting down on the time devoted to this work.

“There has been no change in the dental staff during the year. Recruitment is still very difficult, although there are signs that this should improve in the fairly near future.

“There is under construction a new Dental School in Cardiff (the first in Wales) and it is hoped that more Welsh students will take up dentistry.

“I had hoped that the proposed new Clinics at Rossett, Brynteg and Ruabon would have been finished before the end of the year but I am assured that at least two should be ready early in the New Year.”

**DENTAL CARE**  
**TABLE XIX.**  
**ANNUAL RETURN OF WORK**  
**EXPECTANT AND NURSING MOTHERS**  
**January to December, 1963.**

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	8	10	280	230	528
No. requiring treatment ...	8	10	250	204	472
No. completed treatment ...	7	8	100	72	187
Attendances for treatment ...	8	9	613	321	951
Sessions devoted to treatment	2	2	80	79	163
Anaesthetics:					
General anaesthetics ... ..	4	4	105	90	203
Local anaesthetics ... ..	3	—	17	13	33
Extractions ... ..	22	14	441	260	737
Fillings ... ..	4	5	184	44	237
Dentures supplied ... ..	2	1	93	47	143
Adjustments ... ..	2	—	36	14	52
Repairs ... ..	—	—	3	1	4
Sundries ... ..	1	—	24	18	43
Advice ... ..	1	—	43	51	95
Scaling and gum treatment ...	—	—	37	19	56



**TABLE XX.**  
**MATERNITY AND CHILD WELFARE**  
**DENTAL TREATMENT, 1963**

(a) Number provided with Dental Treatment.

	No. examined	No. treated	No. made dentally fit
Expectant and Nursing Mothers ... ..	528	472	187
Children under 5 years of age ... ..	83	58	53

(b) Forms of Dental Treatment provided.

	Extrac- tions	Local Anaes- thetics	General Anaes- thetics	Fillings	Scalings or Scaling and Gum Treatment	Radio- graphs	Dentures provided
Expectant and Nursing Mothers ... ..	737	33	203	237	56	8	143
Children under 5 years of age ... ..	57	—	54	8	—	—	—

## CARE OF PREMATURE INFANTS

During the year, 153 premature live babies were born, of whom 140 survived until one month old.

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

**TABLE XXI.**

Home	Private Nursing Home	Regional Hospital Board Accommodation
18	—	122

## WELFARE FOODS

The Authority continued to arrange, on behalf of the Ministry of Health, the distribution of Welfare Foods to expectant and nursing mothers and children under the age of 5 years. Voluntary Helpers at the various Clinics and other depots have given valuable assistance, but many are disinclined to accept responsibility for cash payments. In several clinics, it has become necessary to recruit paid help.

It will be noted that there was a substantial fall in the quantity of National Dried Milk and Cod Liver Oil sold but only an insignificant fall in Vitamin Tablets, while the Orange Juice sales have increased.

**TABLE XXII.**

The total quantities of non-proprietary foods distributed during 1962 and 1963 were:—

	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1962     ...     ...	14020	3031	3975	27092
1963     ...     ...	11436	2825	3906	27798



### Proprietary Foods and Medicaments.

A wide range of proprietary foods and medicaments were sold at the Clinics in accordance with local requirements. The branded products are supplied in special clinic packs at a reduced cost to which is added a small charge to cover administrative costs. These foods are only sold to those attending the Clinic.

### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year 66 mothers were admitted to Bersham Hall and of these 14 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:—

TABLE XXIII.

County of origin	No. of cases admitted during 1963
Anglesey ... ..	6
Caernarvonshire ... ..	5
Denbighshire ... ..	14
Flintshire ... ..	18
Merionethshire ... ..	4
Montgomeryshire ... ..	9
Warwickshire ... ..	10
	<hr/> 66

Of the 14 babies born to Denbighshire mothers during 1963:—

8 were adopted.

1 was taken into Care by the  
Children's Department.

5 remained with mother.

---

14  

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## MIDWIFERY SERVICE

The necessity of maintaining an effective and efficient domiciliary midwifery service, particularly in a large rural County, such as Denbighshire, was never more cogently emphasised than in the early part of 1963 when, owing to the severe weather conditions, many hospital booked cases had to be delivered at home. It is the emergencies that truly test a service and it is significant that, despite adversity and exceptional conditions, the midwives of Denbighshire never failed to attend to their patients and in spite of the lack of communications and transport, there were no maternal deaths in the County during 1963. Undoubtedly, this is an exceptional feat in exceptional conditions and all concerned deserve the highest commendation. A précis of one midwife's report is worth recording:—

"I was called to a patient who had started in labour at 1.15 a.m. The patient lived in an isolated house and, because of the weather conditions, I had to walk the last half mile.

"No doctor or midwife had been booked.

"The house was bitterly cold, no fires, and the water pipes were frozen.

"The patient was well advanced in labour but, even so, was shivering from the cold.

"A fire had to be lit in the bedroom fireplace but a fire bottom had to be improvised.

"Snow was collected and, as there were no hot water bottles, three lemonade bottles were used. Boiling water was used for sterilising."

The baby was born about 5 a.m. and the doctor and midwife departed, leaving mother and child progressing satisfactorily.

This one incident amply supports the contention that a domiciliary midwifery service must be provided, irrespective of any academic arguments in favour of all mothers being confined at maternity hospitals.

It must be appreciated that for many years approximately 80% of confinements in Denbighshire have been in hospital, which has thrown a heavy load on the available accommodation, so



much so, that it has now become the accepted practice to routinely discharge mothers on the sixth day, unless there are contra-indications.

This policy has added substantially to the work of the domiciliary midwife and added to the administrative problems. It is gratifying to know that the staff concerned have coped splendidly and domiciliary midwives actually attended 1,211 mothers who had been discharged from hospital before the end of the "lying-in" period. In addition they visited:—

102 homes, to determine whether they were fit for home confinement.

98 homes to see patients who failed to attend the Hospital Ante-natal Clinic.

32 homes, to see patients needing treatment during the Ante-natal period.

In addition, the Midwives attend Hospital and General Medical Practitioner Ante-natal Clinics which, of course, ensures continuity of interest and close co-operation.

A Comparative Table of Live and Still Births occurring in Denbighshire during 1963 and allocated according to whether the birth occurred at home or in hospital is given below:—

**TABLE XXIV**

Location of Birth	Number of	
	Live Births	Still Births
Domiciliary ... ..	526	7
Maternity accommodation ... ..	2516	49

Number of cases delivered in hospitals but attended by domiciliary midwives on discharge from institutions and before the tenth day ... .. 1211

The following Table shows the number of Midwives employed in Denbighshire by various Authorities:—

**TABLE XXV.**

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority ... ..	58
Private Practice:	
Domiciliary ... ..	1
Private Nursing Home ... ..	—
Hospital Service:	
Wales Hospital Board ... ..	59

#### **Refresher Courses.**

During the year, 5 Midwives attended Courses at various Centres which helped to maintain efficiency and interest in recent developments.

#### **Analgesia.**

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

Of the 514 domiciliary confinements attended by the Local Health Authority Midwives, gas and air was administered in 285 confinements, while pethidine was given in 324 confinements.

#### **Medical Aid—Midwives Act, 1951, Section 14.**

In an emergency, a Midwife must call to her assistance an appropriately qualified medical practitioner and, if he has not been engaged by the mother to attend her during the pregnancy, then the doctor is entitled to payment under the Midwives Act, 1951. Medical Aid was provided as follows:—

Number of patients for whom medical aid was summoned by a certified midwife ... ..	13
Total amount of medical claims paid by Local Health Authority ... ..	£14 5s. 6d.



### **Maternity Outfits.**

All mothers confined at home were issued with sterile dressings and equipment needed after the confinement. Where necessary, a modified pack is issued for mothers discharged from hospital before the end of the "lying in" period.

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

576 Maternity Outfits were issued during 1963.

### **Training of Pupil Midwives.**

The Part II Midwifery Training School established in Wrexham has continued to progress and the number of successful candidates has been very satisfactory. The intake of pupils has declined which is a general trend throughout the country and is reflected in the difficulties of recruitment. In this respect, Denbighshire is exceedingly fortunate, due, in no small measure, to the fact that midwives trained here prefer to stay on, which is one recompense to the Authority for the trouble taken in providing training facilities.

During 1963, the number of pupil midwives trained in this area was 28, of whom 27 were successful in their examinations.

TABLE XXVI.  
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES  
DURING 1963.

	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 ... ..	3	4	116	391	514
Midwives in Private Practice (inc. Midwives employed in Nursing Homes) ... ..	—	—	—	1	1
Totals ... ..	3	4	116	392	515



## HEALTH VISITING

At the end of the year 37 Health Visitors were in the employment of the Denbighshire County Council but as they all have the joint appointment of Health Visitor/School Nurse, the equivalent strength allocated to Health duties was 17. In the rural areas, 3 hold the combined appointment of Health Visitor/School Nurse/District Nurse/Midwife. In addition, two Health Visitors are employed whole-time as Tuberculosis Health Visitors. Throughout this period the strength was up to establishment but recruitment to this Service is becoming increasingly difficult.

Generally, the Health Visitor in this County undertakes the full range of social work which, while providing a diversity of interests, makes heavy demands on her resources. Of necessity, they carry a heavy case load which minimises their capacity for intensive case work. However, their reports indicate that they have coped with a wide range of social problems, while also performing essential routine duties such as phenylketonuria and hearing tests. In addition, all Health Visitors report a closer liaison with General Medical Practitioners, either on a formal or on a specific case basis. Where General Medical Practitioners hold Child Welfare Clinics in their own surgeries, the co-operation is excellent and, similarly the relationship is good where the Health Visitor attends General Medical Practitioner Ante-natal Clinics. Generally, the informal meeting seems to be the rule and the occasion varies from one locality to another. The formation of Group Practices presents the most fruitful opportunity for liaison. In East Denbighshire, the Health Visitor have a ready access to all Hospital Departments but the situation in West Denbighshire is more difficult, due to the dispersal of the hospital units.

During the year at a Study Day for Medical Officers and Health Visitors, the subject "Normal Patterns of behaviour in the various Age Groups" was discussed. The findings of the conference were collated and proved sufficiently interesting and informative for inclusion in various professional publications.

### Training of Student Health Visitors.

During the year, three Health Visitors were sponsored for training by this Authority. They attended the Course at Liverpool and all were successful in passing the Examination.

Visits made by Health Visitors during 1963:—

TABLE XXVII.

First visits to children under 1 year of age ...	2779
Total visits to children under 1 year of age ...	16022
Total visits to children between 1 and 5 years ...	33938
First visits to persons aged 65 years or over ...	1814
Total visits to persons aged 65 years or over ...	4099

TABLE XXVIII.

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	1546	1656	102	188
Penycae, Garth, Trevor and Acrefair	140	911	1679	48	82
Rhostyllen, Ruabon, Marchwiel, Isycoed and Abenbury	190	1055	2131	40	54
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	156	667	1044	94	133
Brymbo, Broughton	78	672	1728	36	84
Llay, Gresford, Rossett	164	912	1490	78	154
Gwersyllt, Rhosrobin, Summerhill	101	689	1302	2	8
Llangollen and Cefn	84	204	882	101	268
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellan-yn-Rhos	114	995	2551	88	351
Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	229	1710	4130	102	365
Llanrwst, Llanddoleg, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	106	678	1263	106	494
Ysbyty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	37	298	673	10	44



Table XXVIII (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 ... ..	129	543	2181	19	146
Ruthin Borough, Ruthin Rural (part) ... ..	142	696	1233	117	469
Borough of Colwyn Bay ... ..	302	910	3034	307	798
Borough of Wrexham ... ..	678	3536	6961	564	461
Totals ... ..	2779	16022	33938	1814	4099

## HOME NURSING

The early months of the year were particularly exacting ones for this Service but, fortunately, the majority of the staff remained in good health and overcame the difficult and hazardous conditions with ingenuity and perseverance. In many instances, the Nurse not only had to nurse the patient but also procure such basic essentials as warmth, food and water. Many old persons would have suffered grievously but for the attention they received from the Nurses who invariably organised essential services. This willingness to cope with the manifold problems of sickness in the home, is characteristic of the District Nurse and her flexible and dedicated approach is manifest in many ways.

Besides giving skilled nursing, often in difficult situations, she is expected to deal with social and domestic difficulties which involve not only the patient but often the entire family. It is, therefore, not surprising that the District Nurse holds a unique and respected position, especially in rural communities.

Due in no small measure to her efforts, many elderly people can be nursed at home. In some cases, the Nurse undertakes the major responsibility while, in others, she reinforces the care given by members of the family. It is perhaps in the terminal illnesses that the District Nurse shows her dedication, for, in such cases, the needs of the patient make demands beyond the normal call of duty. It is gratifying to know that our Nurses invariably will pay a late night call to make a patient comfortable or to administer a sedative.

Another aspect of their work which is little appreciated is the amount of effort they devote to rehabilitating patients. Under the guidance of the doctor, they ensure that fractures and paralysed limbs are appropriately exercised; that morale is maintained, and that energies are directed into recuperative channels.

The relationship between doctor and nurse has always been excellent and the association with the hospitals is such, that all patients being discharged requiring further nursing attention, are promptly notified to the nurse concerned.

### **Night Sitter-in Service.**

With the increasing number of cases of long term illness being treated at home, the strain on families who have to care for them is exacting. More difficult is the case who lives alone, often an elderly person, who has to rely on friends and neighbours for attention and care. A growing number of cases fall into this



category and such circumstances cause grave concern, for, despite all efforts, the necessary care and attention cannot be given in every case.

Consideration should now be given to providing a Night Sitter-in service. The value of such a service has been amply demonstrated through the generosity of the Marie Curie Memorial Foundation which has granted money for the provision of Night Sitters-in for patients in their terminal illness. This Foundation has provided comfort and relief for 10 patients in this County during 1963.

#### **Refresher Courses.**

Eight District Nurses attended Refresher Courses during the year. This ensures that they are kept up to date and abreast of recent advances.

#### **Training School for Queen's Nurses.**

During 1963, it was resolved that a Training School for Queen's Nurses should be established in Denbighshire. The Superintendent Nursing Officer, Miss Chune, undertook this task with her customary initiative and drive and I have pleasure in appending her report on the Training School for 1963.

#### **" Report on the Training School for Queen's Nurses in the County of Denbigh.**

" I think that this is the greatest achievement for the year in the Home Nursing Service, and one that has given me happiness and pride in the Department.

" On 27th May, 1963, the training of Queen's Nurses in Denbighshire was commenced. This training was designed so that the practical training and most of the tutorial were to be given in Denbighshire, which meant that the students had to go to Liverpool for only three weeks' theoretical work and some observation visits. So far, this arrangement has worked quite well.

" I am happy to state that the first group of 5 students were all successful in their examination, and the Queen's Visitor appeared to be very satisfied with the training methods and the way in which the nurses conducted themselves on their own Districts during the course of the practical examination dealing with the patients.

"The second group of five students commenced training on 14th October, 1963, and took their first part of the examination in the week commencing 9th December, 1963—the second part takes place on Thursday, 16th January, 1964, this being a written paper.

"Since the establishment of the Denbighshire Training School, the co-operation received from many has been most encouraging and helpful.

"This co-operation has undoubtedly eased what could have been a considerable burden on me, especially in the beginning, but what "teething troubles" there were, were quickly and efficiently ironed out.

"Some of the observation visits required by the Syllabus of Training have been carried out in our own County and, in particular, I would like to pay tribute to Doctor Evan Griffiths, Geriatric Consultant Physician to the Wrexham Group of Hospitals for personally conducting all the students around the Geriatric Rehabilitation Unit at the Maelor General Hospital and the "long stay" Unit at Trevalyn Hospital, also Miss D. Bridger, Matron, and staff of the Wrexham School of Nursing and Miss K. Williams, Matron, and staff of Trevalyn Hospital.

"These visits, demonstrating the emphasis on the treatment and rehabilitation of the aged, referred to previously, have proved most helpful because two-thirds of the District Nurses' work is concerned with patients who are over 65 years of age, and if the amount of skill and effort put into the treatment in hospital is not to be lost, the District Nurse must be given an opportunity to learn how to partially or fully rehabilitate her patients. This is especially important in the arthritic cases and those suffering from the past effects of a cerebral catastrophe.

"Liaison between various sections of the Health Team has improved as a result of the Training School and most of the General Practitioners have shown great interest in it. The great bond between the District Nurse and the General Practitioners is, and always has been, very strong.

"Recently, I have received from the Queen's Institute of District Nursing outlines of two schemes, one for the training of part-time S.R.N.'s for the Queen's Nurse Certificate, the second for the training in District Nursing of State Enrolled Nurses. These have been examined as practical propositions, and the conclusion has been reached that they very easily could be incorporated within the existing pattern of our present Training School.



"The establishment of the Training School in Denbighshire has been carried out smoothly and with the minimum of inconvenience and, undoubtedly, this is attributable in the main to the efforts of my own staff, who have unstintingly given of their very best, very often beyond what would be the course of their normal duties, and I feel that Denbighshire County Council, as the Local Health Authority, can feel modestly proud of the work being done for the relief of suffering and loneliness within its administrative area for those resident in their own homes.

"In the formation of the School, tribute must be paid to Mr. Leslie Roberts who, in order to establish the School, did the extra work involved along with his ordinary District duties. This was considerable, and I appreciate what he has done, and is doing, so efficiently. Also, thanks are extended to Miss Eirlys Jones for the additional work she undertook, especially at a time when the Nursing Administrators were already working at top pressure due to the sickness of one Officer.

"The written examination is held at the Denbighshire Technical College, Wrexham, for Denbighshire students and others who live near and I would thank Mr. C. Morgan and his staff for the help given to us on these occasions. Also, Mrs. Massee for invigilating with me at the examination."

**TABLE XXIX.**  
**SUMMARY OF CASES ATTENDED AND VISITED BY**  
**HOME NURSES DURING 1963.**

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	352	3088	3371	6811
No. of visits ...	2004	51263	92561	145828

## VACCINATION AND IMMUNISATION

### Smallpox Vaccination.

The number of infants vaccinated against Smallpox during 1963 was 144. This considerable reduction was due to the change in policy whereby infants were offered vaccination in their second year instead of at the age of 3 months.

It is hoped that when the time lag has been taken up, the figures will rise but already it is apparent that mothers are even more apathetic to smallpox vaccination in the older infant than they were when vaccination was offered at 3 months of age.

A report on the value of smallpox vaccination was submitted to the July Health Committee.

TABLE XXX.

Vaccinations performed during 1963.

Primary Vaccinations	Re-vaccinations
Under 1 year ... .. 144	Under 1 year ... .. —
1-4 years ... .. 199	1-4 years ... .. 7
5-14 years ... .. 29	5-14 years ... .. 30
15 years and over ... 88	15 years and over ... 197

### Diphtheria, Whooping Cough and Tetanus Immunisation.

The following Table shows the number of children who were protected against these diseases.

During the year, arrangements were made for the issue of Tetanus Toxoid to General Medical Practitioners who desired to immunise older children.



**TABLE XXXI.**

Number immunised during the year.

	Under 5 years	5-14 years	Total
Number immunised against Diphtheria:			
Primary ... ..	2469	177	2646
Booster ... ..	1131	592	1723
Number immunised against Whooping Cough ... ..	2369	169	2538
Number immunised against Tetanus ... ..	2384	167	2551

**TABLE XXXII.**

Number of cases of Whooping Cough notified since 1953 in Wrexham and Colwyn Bay Boroughs and the Administrative County.

Year	Wrexham Borough	Colwyn Bay Borough	County
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
1963	27	21	82

## Poliomyelitis.

Table XXXIII shows the number vaccinated against this disease during 1963.

The Ministry of Health Circular 10/63 (Wales) stated that the Joint Committee on Vaccination and Immunisation had reviewed the arrangements for vaccination against poliomyelitis and had advised the Minister that certain further measures were desirable. The Health Committee resolved to implement these recommendations and arrangements were made accordingly.

In March, 1963, an informative booklet "Active Immunisation against Infectious Disease" prepared by the Standing Medical Advisory Committee of the Central Health Services Council was issued. This summarised the present knowledge on this subject and it should ensure a uniformity of procedure amongst the medical profession.

**TABLE XXXIII.**

Number vaccinated during 1963.

PRIMARY VACCINATIONS					Reinforcement Injections	
0 - 4	5 - 14	15 - 25	25 - 40	Total	3rd	4th
<b>Salk</b> 8	—	—	—	8	2	1
<b>Sabin.</b> 1849	256	72	195	2372	515	2410

**TABLE XXXIV.**

### VACCINATION AND IMMUNISATION IMMUNITY INDEX

Percentage of children born in 1962 estimated to have been immunised during the years 1962/63.

	CHILDREN BORN IN 1962		
	Diphtheria	Whooping Cough	Poliomyelitis
Denbighshire ... ..	73	71	44
Wales ... ..	62	59	48
England and Wales ...	65	64	53



## **AMBULANCE SERVICE**

Perusal of Table XXXV shows that the demands on this Service increased, despite the fact that during the early months of 1963 the road conditions were grim. It must be accepted that this trend will continue for some time to come and it is now imperative to expand the available resources, otherwise it will not be possible to meet efficiently the increasing commitments.

The role of the Ambulance Service is two-fold—routine and emergency transportation of patients.

The routine conveyance of patients is planned ahead and presents few problems if there are sufficient resources, but the Emergency cases test the efficiency of the Service to the limit. During 1963, the resources of the Denbighshire Ambulance Service were severely tested during the severe weather in the early months, but, once again, the Land Rover Ambulances proved invaluable. The Land Rover Ambulances evacuated over 100 patients in conditions in which an ordinary vehicle could not have operated. These are not the only conditions in which this vehicle excels for it is ideal, not only for normal ambulance work, but particularly well suited for the narrow lanes and rough tracks in the rural areas.

Accidents are the other emergencies which demand an immediate response. The joint Radio Control with the Police has proved an invaluable ally and tribute should be paid to the police for their unfailing co-operation and practical assistance. It is significant that a high proportion of the Denbighshire Police are First Aid Trained—often in classes organised by the Health Department—and it is therefore not surprising that the two Services work so well together. I am indebted to the Chief Constable for his assistance to the Ambulance Service in a variety of ways, but particularly at accidents and when transferring patients to Liverpool, which often necessitates a police escort in order to assure a speedy and uninterrupted transfer.

One accident case may exemplify this point.

A call was received to a serious accident some 8 miles from the Ambulance Station. The Police and Ambulance Vehicles went to the scene, rendered the necessary First Aid and delivered the seriously injured casualties to hospital; all within half an hour. This contributed, in no small measure, to their ultimate recovery.

### **Ambulance Personnel Training.**

Recruits into the Ambulance Service, so far, have all been members of the St. John Ambulance Brigade and, therefore, have



had a basic training in First Aid. Experience has shown that a broader course of training was needed for the Ambulance Service. In conjunction with Dr. W. McKendrick, Dr. Gareth Williams and Mr. D. R. Jones, a syllabus was drawn up which was designed to meet the problems that arose in the day to day work. The Course included not only First Aid but also instruction in simple nursing, driving, radio technique, simple mechanical repairs and on a code of responsibility.

All whole-time drivers attended the Courses, which were held at Wrexham for East Denbighshire, Dr. G. Williams being the Course Tutor, and at Colwyn Bay for West Denbighshire, where Dr. McKendrick was the Tutor. Several outside lecturers, mainly from other Departments of the County Council, gave specialist lectures and I am deeply appreciative of the willingness of all to give so freely of their leisure time.

The success of the Course makes it imperative that it should continue and I must emphasise that a formal recognition of such courses of training is long overdue.

#### **Ambulance Personnel Uniform.**

During the year, a standard issue of uniform was agreed upon by the Health Committee. This will ensure that a high standard of turn-out can be maintained.

#### **The National Competition for Local Authority Ambulance Services.**

These Competitions, organised nationally, aim at improving the standards of the Service. They are arranged so that the winners of Regional Competitions meet at the Final.

For the second time, the Denbighshire team won the Wales Regional Competition. At the Final Competition, held at Moreton-on-Marsh on the 6th October, the Denbighshire Team came third. This was a fine effort, particularly in view of the opposition which was from the biggest counties in England. "David did very well."

Denbighshire was represented by Shift Leader D. O. Williams, and Driver Eric Evans, with Driver D. H. Jones as reserve.

#### **Ambulance Stations.**

During the year, Ambulance Garages were built at Denbigh. Elsewhere the position remained as before.



The Headquarters at Wrexham accommodates the Ambulance Control and the Ambulance Drivers but, with the expansion of the Service, this is totally inadequate.

Garage space is limited to 3 covered-in open bays, so most of the vehicles have to stand in the open. That they have been maintained in such good condition, is due to the care given by the drivers.

The Voluntary Ambulance Corps, Colwyn Bay, will have to vacate their present Headquarters and it is hoped to accommodate them temporarily in the Old Fire Station.

### **Voluntary Ambulance Service.**

Denbighshire Ambulance Service has been well served by Voluntary Organisations since its inception and it is with reluctance that the various agreements have been terminated. However, conditions have changed dramatically since 1948, not only in the stupendous increase in the volume and nature of the work but also in the attitude of the general public. The Ambulance Service, being a public service, must meet high standards consistently and the public demands this at all times. To meet such a standard, there must be a well administered, disciplined and trained organisation which can only be achieved through a whole-time service. However, every effort has been made and will be made to fit the Voluntary personnel into the developing pattern and it would appear that there is still a role for some Voluntary Units in the routine work of the Ambulance Service.

The voluntary ambulance organisations at Rhosllanerchrugog and Denbigh terminated their formal agreement with the Denbighshire County Council. Both these Services have rendered invaluable assistance to the County Ambulance Service since 1948. They have given generously of their time and energies to help suffering humanity and any tribute of mine would be inadequate. However, I wish to record my appreciation, not only for what they have done but for their continued interest and co-operation.

### **Sitting Case Cars.**

In a large, scattered area reliance has to be placed on the services of a large number of private hire proprietors, otherwise the cost of the service would rise substantially. This is particularly the case in those areas where the catchment areas of the various hospital abut. In such cases, it is not unusual to have

3 patients travelling to 3 different hospitals on the same day and at the same time. Obviously, taxis must be used in such circumstances.

The majority of proprietors give excellent service and take a considerable pride in the service they render to patients.

#### Costs.

According to the Ministry of Health Summary of Ambulance Costing Returns, the Denbighshire Ambulance Service was again near the bottom of the league. To provide an efficient Service at approximately 60 per cent. of the National Average Cost, reflects credit on both Voluntary and paid personnel.

TABLE XXXV.

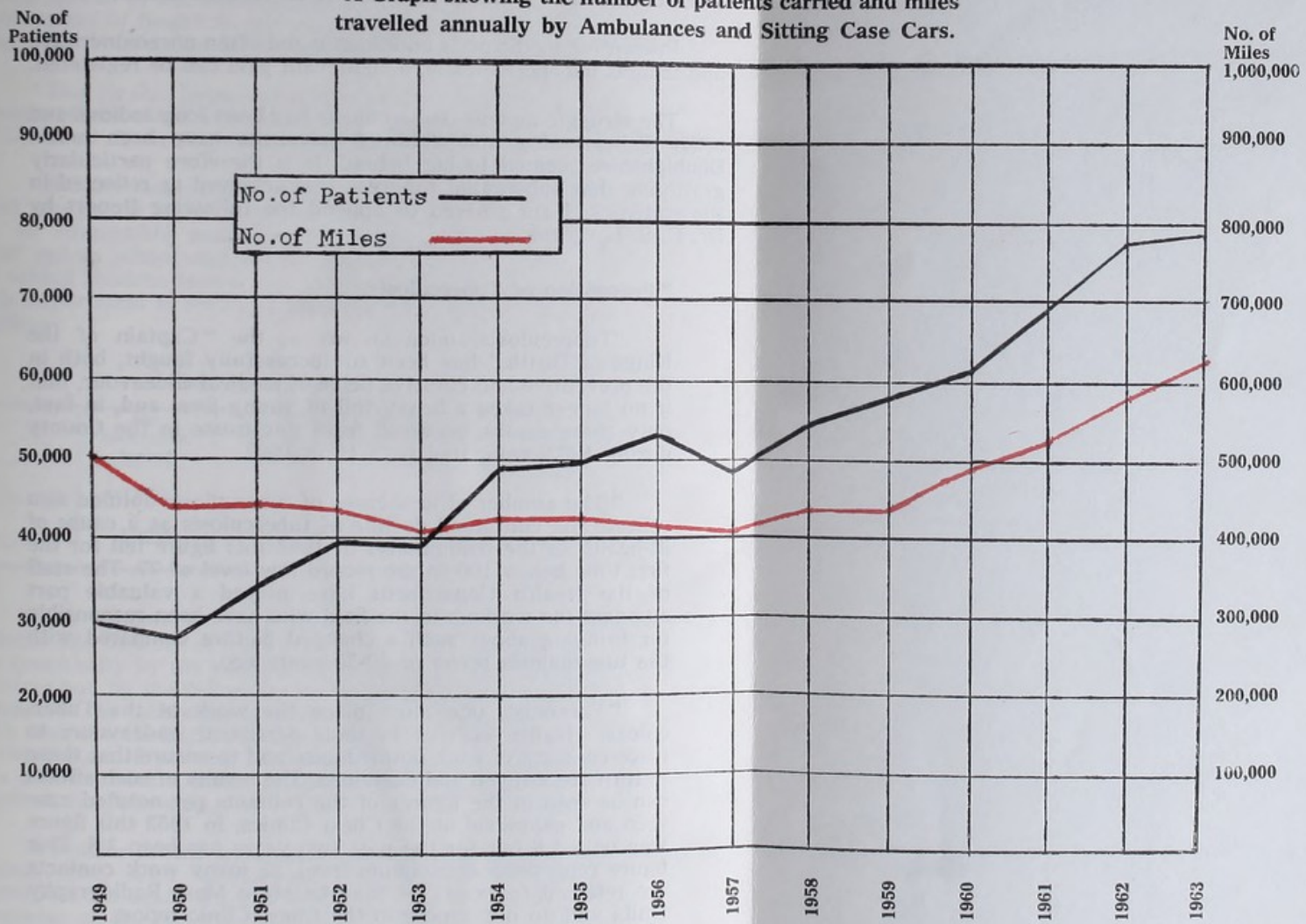
Name of Ambulance	No. of cases conveyed	Total mileage
Abergele ... ..	2826	29550
Colwyn Bay ... ..	9375	70545
Cerrigydrudion ... ..	56	3095
Denbigh ... ..	6161	51875
Llangernyw ... ..	1932	26154
Llanrwst ... ..	77	2245
Ruthin ... ..	4076	45993
Cefn ... ..	8722	46929
Chirk ... ..	2863	22102
Llangollen ... ..	2434	18100
Wrexham ... ..	27231	138593
Grand Total ... ..	65803	455181
1962 ... ..	63455	412370



**TABLE XXXVI.**  
**SITTING CASE CARS**

Month	Taxis	Cases W.V.S.	Total	Taxis	Mileage W.V.S.	Total
January ... ..	1004	3	1007	13497	254	13751
February ... ..	776	5	781	11365	242	11607
March ... ..	1046	1	1047	14778	16	14794
April ... ..	1187	4	1191	15548	90	15638
May ... ..	1381	3	1384	17598	22	17620
June ... ..	1042	—	1042	14194	—	14194
July ... ..	1234	4	1238	16464	36	16500
August ... ..	956	1	957	13423	105	13528
September ... ..	1108	—	1108	13933	—	13933
October ... ..	1142	2	1144	12801	116	12917
November ... ..	1070	—	1070	14149	—	14149
December ... ..	987	—	987	13426	—	13426
Totals ... ..	12933	23	12956	171176	881	172057
Totals for 1962	14105	136	14241	180346	4642	184988

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.**

Preventive medicine is undramatic and often unremunerative and tedious but, periodically, a significant gain can be registered.

The struggle against Tuberculosis has been long tedious and often disheartening and although advances have been made, Denbighshire seemed to lag behind. It is therefore particularly gratifying that substantial progress was achieved as reflected in the statistics. I am pleased to append the following Report by Dr. E. S. Lovgreen:—

### **“ Prevention of Tuberculosis.**

“Tuberculosis, once known as the “Captain of the Kings of Death,” has been so successfully fought, both in the preventive and curative fields of medical endeavour, that it no longer takes a heavy toll of young lives and, in fact, only three deaths occurred from this cause in the County during 1963, compared with 19 in 1962.

“ The number of new cases of tuberculosis notified also reflects the continued decline of tuberculosis as a cause of ill-health in the community. In 1963 this figure fell for the first time below 100 to the record low level of 77. The staff of the Health Department have played a valuable part amongst the workers in the field who have been responsible for bringing about such a changed picture compared with the tuberculosis scene of 20-30 years ago.

“ Foremost, one must place the work of the Tuberculosis Health Visitors in their persistent endeavours to trace contacts of each notified case and to ensure that these in turn are x-rayed and examined. The results of such efforts can be seen in the figures of the contacts per notified case seen and examined at the Chest Clinics. In 1953 this figure was only 1.6 but for the past two years has been 3.8. This figure represents a minimum level, as many work contacts are referred for x-ray at the Miniature Mass Radiography Units and do not appear in the Chest Clinic report.

“ Contact tracing is but part of the health visitors' work and they are also actively concerned in dealing with the patients' personal problems relating to their illness, maintaining contact between patient and clinic—particularly after discharge from hospital—ensuring that the patient follows the advice of, and takes the medicines prescribed by, the doctor; education of the patient with regard to the infectious



nature of the disease and the precautions to be taken to avoid spread of the infection; all of which contribute to the restoration of health to the individual and the reduction of the risks of infection in the community.

"The Health Department also provides extra nourishment to those cases who, following a report from the Health Visitor and Chest Physician, need such help.

"B.C.G. vaccination against tuberculosis has now a well recognised place in the preventive field and is offered to all susceptible contacts of notified cases—to nursing staff and to school children in their 13th year. The number of school children tested and vaccinated by medical staff of this Department in 1962 and 1963 are shown in the following table:—

TABLE XXXVII.

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1962 ... ..	1853	294	1532	1518
1963 ... ..	1326	213	1109	1094

"This vaccination programme in the schools not only reduces the number of those susceptible to tuberculosis in the community by the vaccination of the tuberculin negative children but, by the follow-up of the children whose positive reaction to the tuberculin test is evidence of previous contact with the tubercle Bacillus, may reveal other unknown cases of the disease. From the 1963 programme one child in fact was notified with a primary tuberculous lesion as a direct result of this follow up.

"A regular review is made of cases on the tuberculosis register and, with information supplied by the Chest Physicians has again led to a reduction in the total number remaining on the register at the end of the year.



TABLE XXXVIII. TUBERCULOSIS

Number of Cases on the County Tuberculosis Register for the years 1953-1963.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non- Pulm.	Total	Pulm.	Non- Pulm.	Total	
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
1963	1154	122	1276	2	1	3	17.2

## TUBERCULOSIS

During the year under review, the number of cases notified was 48 males and 29 females. The age and sex distribution are given in the following table:—

**TABLE XXXIX.**

Age	Respiratory			Non-Respiratory		
	M.	F.	T.	M.	F.	T.
0 ... ..	—	—	—	—	—	—
1 ... ..	1	—	1	—	—	—
2 ... ..	1	—	1	—	1	1
5 ... ..	—	4	4	1	—	1
10 ... ..	—	—	—	—	—	—
15 ... ..	2	1	3	—	—	—
20 ... ..	3	—	3	—	—	—
25 ... ..	7	6	13	—	—	—
35 ... ..	6	3	9	1	1	2
45 ... ..	8	3	11	—	3	3
55 ... ..	7	3	10	—	—	—
65 ... ..	10	3	13	—	—	—
75 and over ... ..	1	1	2	—	—	—
Totals ... ..	46	24	70	2	5	7

Total No. of Notifications during 1963	...	...	...	77
No. of new contacts seen of new cases notified	...	...	...	282
No. of contacts notified of this number	...	...	...	6
No. of old contacts seen of old cases	...	...	...	2258



**TABLE XL.**  
**TUBERCULOSIS**  
Active Cases on Registers according to County Districts,  
31st December, 1963.

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 ... Males ...	31	4	2	—	3	1	30	3
... Females ...	14	4	3	1	—	—	17	5
Colwyn Bay ... Males ...	52	3	6	—	2	1	56	2
... Females ...	39	3	6	2	9	—	36	5
Aled ... Males ...	18	—	—	—	6	—	12	—
... Females ...	19	5	1	1	—	1	20	5
<b>Western No. 2.</b>								
Denbigh ... Males ...	61	4	2	—	6	—	57	4
... Females ...	39	7	1	—	9	2	31	5
Llanrwst ... Males ...	12	3	—	—	3	1	9	2
... Females ...	2	—	1	2	2	—	1	2
Ruthin Borough Males ...	13	2	1	—	4	—	10	2
... Females ...	11	1	—	—	1	—	10	1
Hiraethog ... Males ...	7	2	2	—	—	1	9	1
... Females ...	11	2	—	—	—	—	8	2
Ruthin Rural ... Males ...	40	8	1	—	3	3	39	5
... Females ...	40	1	—	2	7	—	33	3

Table XL (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. ..	270	20	20	1	10	4	280	17
Males ..	205	26	14	—	3	4	216	22
Females ..	14	1	3	—	—	—	17	1
Ceiriog ..	14	4	5	—	—	1	19	3
Males ..	8	2	3	—	—	1	11	1
Females ..	5	—	—	—	—	—	5	—
<b>Eastern No. 2.</b>								
Wrexham Bor. ..	141	12	15	—	15	—	141	12
Males ..	92	22	8	1	13	4	87	19
Females ..								
<b>Totals</b> .. ..	<b>1158</b>	<b>136</b>	<b>94</b>	<b>10</b>	<b>98</b>	<b>24</b>	<b>1154</b>	<b>122</b>



**TABLE XLI**

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England and Wales, for 1963 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
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
1963	1.1	1.1	1.1	5.6

"In the table showing the new cases notified during the year in relation to the age and sex group, the percentage of males—62% to female 38%—is almost identical with that applying in 1962 and is in line with the national trend, the man over 45 years of age again being in the section most at risk.

"The number of deaths from tuberculosis—three—is the lowest ever recorded in the County and brings the county rate per 100,000 population well below that for England and Wales as a whole. Whilst these figures, both for new cases and deaths, are very encouraging, we must not become over-complacent and relax in any way our efforts. Warning notes are sounded in reports received from the Chest Physicians. Dr. Morrison, Consultant Chest Physician, Abergele, writes:—

'Although the number of new cases being notified is not very high, we are seeing nowadays some very

advanced and acute tuberculous disease of the lungs. This is particularly so among the older people and in the last year or two I have seen a few cases of acute miliary tuberculosis in patients over 60'.

"This is also emphasised by Dr. Clifford Jones, Consultant Chest Physician, Wrexham, in the following extract:—

'I think one should strike a note of warning that we may be reaching the point at which tuberculosis is being forgotten as a possibility in the differential diagnosis of many chest conditions, and paradoxically the less tuberculosis there is about the more sinister does each individual case become. I myself have seen miliary tuberculosis develop in a totally unexpected way'.

"Tuberculosis is on the decline but, as yet remains undefeated and we must continue to heed the warnings given above and remember the words of Professor Etienne Bernard in his address to the fifteenth Conference of the International Union Against Tuberculosis in 1959:—

'As tuberculosis declines it will appear to health authorities and to the public in general as an unimportant and practically solved problem, so that the material resources placed at the disposal of the organisers of the fight against this disease will be in danger of diminishing each year and the achievement of final success delayed. It will need a great deal of propaganda effort to convince the public that the first country to achieve this goal is the one which considers the problem as difficult right to the end'.

#### **"Mass Radiography Service**

"The Mass Radiography Service of the Welsh Hospital Board plays its part in the tuberculosis case-finding services and a unit pay regular visits throughout the year to centres at Wrexham, Ruthin, Colwyn Bay, Denbigh and also carries out special surveys in industrial establishments in the County. A second unit has made visits to villages in the Western part of the County and the tables below summarise the attendances at these units.



The following Tables give details of the work done by the Mass Radiography Units in Denbighshire during 1963.

**TABLE XLII.**

**Unit "F."**

Location		No. X-rayed	Requiring Further Observation
Abergele ... ..	Males	134	2
	Females	133	2
	Total	267	4
Betws-yn-Rhos ... ..	Males	30	—
	Females	29	—
	Total	59	—
Bylchau ... ..	Males	17	—
	Females	23	—
	Total	40	—
Glan Conway ... ..	Males	48	—
	Females	61	—
	Total	109	—
Groes ... ..	Males	23	—
	Females	20	—
	Total	43	—
Llanddulas ... ..	Males	52	1
	Females	53	—
	Total	105	1
Llanfair T.H. ... ..	Males	40	—
	Females	40	—
	Total	80	—
Trefnant ... ..	Males	27	—
	Females	46	—
	Total	73	—
Total ... ..	Males	371	3
	Females	405	2
	Total	776	5

TABLE XLIII.

## Unit "G."

Circuit Location	No. Examined
Colwyn Bay ... ..	937
Denbigh ... ..	357
Ruthin ... ..	539
Wrexham ... ..	3070
Special Surveys:	
Industrial Establishments, etc. ... ..	6239
	<hr/> 11142 <hr/>

"The Medical Director of the Welsh Hospital Board, commenting on the Annual Report of the Mass Radiography Service for 1963, states:—

"The pattern of the yield per 1,000 examined in respect of the various groups examined and the units employed remains as expected: the overall yield from the static and circuit units continues to be higher than on the mobile units and this is, in the main, accounted for by the higher yield from cases with minor symptoms referred to these units by general practitioners. This follows the pattern revealed by the work of the service in previous years.

"The decrease in the yield of new active cases of pulmonary tuberculosis per 1,000 examined, which has been evident in mass radiography work since 1954, has continued during 1963. This decrease is reflected in all the larger groups examined except that of the general population and is evident even amongst those referred for examination by general practitioners.

"The yield per 1,000 examined by age and sex, reveals that the yield of new cases of pulmonary tuberculosis is higher in the older age groups, especially amongst males, although this difference in yield between the older and younger age groups has decreased during the past four years.



### **'Non-Tuberculous Conditions.'**

'A large number of abnormalities other than pulmonary tuberculosis are, of course, discovered by the service. The most important, interesting, and clinically significant groups are: bacterial, virus, and other lung infections; sarcoidosis; malignant and non-malignant neoplasm; congenital heart conditions; and lymphadenopathies'."

### **MENTAL HEALTH SERVICE**

The concept of Community Care of the Mentally Disordered was formally approved by the statutory provisions of the Mental Health Act, 1959, but their general acceptance and implementation particularly by Local Health Authorities has been tardy. While humanitarian principles are readily accepted, the hard, financial implications, when faced, often lead to evasion and delays. Whilst Denbighshire embarked on a far sighted plan of staff training, which is now paying handsome dividends, it has been dilatory in providing premises and equipment for the expanding service. It is sad to realise that while, in 1955, Denbighshire was amongst the first Authorities to open a Training Centre for the Mentally Subnormal, it still, in 1963, has not erected a single purpose built Centre and that all our pupils are trained in adapted premises. However, it must be conceded that not all the blame rests upon the County Council, for the development of this service has been bedevilled by grievous disappointments, but more impetus, more resources and a greater sense of urgency might yet bring the Mental Health Service of this County abreast of other Authorities.

The foregoing strictures should not be taken as implying that I am not appreciative of what has been done and it must be admitted that the delays have not been without some benefits. The experience gleaned during these formative years, which have been largely experimental, has enabled the staff to delineate more clearly the objectives which should be our aim, and also define more lucidly the methods of attaining them. This experience will be invaluable in planning the next phase of development.

#### **Staff Recruitment and Training.**

It may be pertinent to recall that this Authority first started training staff in 1952. The secondment of staff for training has been an established practice since then. This long-sighted policy has ensured that this Authority has a high percentage of trained



staff, probably the highest percentage of trained staff of any Local Health Authority, which has ensured a high standard of service to the Mentally Disordered. Each year since 1959, a trainee has been seconded for the 1 year Diploma Course for the Teachers of the Mentally Handicapped, organised by the National Association for Mental Health. Then, in 1960, Mr. Emlyn Evans was seconded for one year to obtain his Diploma in Social Administration. In 1961, Mr. G. Howard and Mr. B. Hughes were sent on the Younghusband 2-year Course, and both returned in July, 1963, duly qualified. In September, Mr. S. Robinson was seconded for the 2-year Course in Social Training at the Liverpool College of Commerce.

In 1963, there was a departure from the customary practice of recruiting from our staff, when Mr. Gordon Price, a qualified nurse from the North Wales Psychiatric Hospital and Miss G. Thomas, who had a Social Science Diploma, were appointed to the staff.

### **Preventive Social Services.**

The aetiology of mental disorder is so uncertain and ill-defined that no specific preventive measure can be specified but the gross manifestations of various mental disorders can be ameliorated and counteracted if appropriate preventive action can be instituted at the opportune moment. Manifold factors are contributory causes to the high incidence of mental illness and, unfortunately, the aggravating situations are allowed to persist for far too long before simple remedial steps are taken. Disharmony in personal relationships, particularly in unstable persons, is often the precipitating factor and, what situation is more prone to this than the one where the young bride has to contend with temporary accommodation with her in-laws? Yet the commonplace of such a situation tends to its acceptance as inevitable. It is in such situations as these and similar circumstances that much valuable preventive psychiatry could be most effective.

Besides trying to prevent the impending breakdown, the social worker has a particular role to play in managing the recovering mental patient. Following hospitalisation of many months or years, a patient must be inured for his return to his family, the community and to his work. The transition from the sheltered atmosphere of the hospital to the cold realities of community life can engender stresses which might easily lead to a recurrence. Each phase of progression must be supervised meticulously and skilfully. It is in this critical period that the Mental Welfare Officer has a crucial part to play.



The Day Psychiatric Hospital opened in Wrexham in September and this should bring the specialist services much nearer to the patient than previously. It should result in patients seeking specialist psychiatric treatment at a much earlier stage with the concomitant benefit to the service generally.

### **Hospital Services for the Mentally Ill.**

Most psychiatric patients from Denbighshire needing hospital treatment are admitted to the North Wales Psychiatric Hospital and over the years the relationship between the Hospital and the Local Health Authority has been excellent. Mental Welfare Officers have ready access to the hospital and are considered integral members of the team. A few years ago, several Mental Welfare Officers attended In-service training organised by the hospital and since then they have invariably been invited to attend all the hospital case conferences.

Patients needing and willing to receive after care are referred to the Health Department and the necessary arrangements are made accordingly. To augment this arrangement, authority has been granted for one of the Mental Welfare Officers—an ex-member of the nursing staff—to act as a liaison officer. Each week, this officer visits the hospital and contacts Denbighshire patients so that their domestic problems can be dealt with by the Mental Welfare Officer responsible for the area from which the patient was admitted. Subsequently, the Mental Welfare Officer concerned also visits the patient so that he gets to know him prior to his discharge. This arrangement has worked well and has much to commend it.

Denbighshire Health Department has accepted responsibility for the statutory procedures under the Mental Health Act, for the compulsory detention of patients in the Hospital. The need for such action arises when patients admitted under Section 29 of the Act fail to recover sufficiently to appreciate their need for further treatment. An Approved Medical Officer and a Mental Welfare Officer attend each week to examine such patients.

In 1963, there was an increase in the number of compulsory admissions to the Hospital, particularly in the number of Treatment Orders, which authorised the detention of patients for treatment for a period of up to 1 year. In all categories—Informal, Observation and Treatment Orders—females predominated.

Some difficulty periodically occurred in getting patients into hospital because of overcrowding and it must be appreciated that until the Local Health Authority begins to shoulder some of the



responsibilities, this situation will persist. Consideration must be given to providing hostels to which suitable patients can be discharged from hospital. There are many patients detained at the hospital merely because they have nowhere to go to. Such cases must be accepted as a Local Health Authority responsibility. Another cause of the overcrowding is the admission of so many psycho-geriatric patients to this Hospital. The Ministry of Health Circular No. 2/62 suggested that "... in drawing up its plans for Residential Homes, the Council will need to decide whether, and to what degree, elderly people with a mild degree of mental disorder should be accommodated in residential homes provided under Section 21 of the National Assistance Act or in separate accommodation provided under Mental Health Powers."

The psycho-geriatric problem has not been resolved, nor has the problem received the combined consideration of all those concerned. This is a growing and urgent problem and it should be investigated fully, especially when the National Corporation for the Care of Old People states in its booklet—"The early mortality amongst elderly persons admitted with psychiatric disturbance is high. In one Mental Hospital, 24% of patients over 65 years of age die within 3 months of admission and the great majority of these deaths occur within the first month. This is a close parallel with the mortality rate amongst patients admitted to Geriatric Hospitals."

In my previous reports, I have referred to the problems of the psycho-geriatric patient and expressed my deep concern. For many years I have been grievously disturbed to note the number of elderly patients who died within a short time of admission to the Psychiatric Hospital. This problem involves many services and it should, therefore, be considered at a Conference of all those concerned.

#### **Hostels.**

Originally, a hostel for approximately one hundred was included as an immediate development in the plan of the County Council. This project would have met the initial needs and therefore the remainder of the 10-year plan was devoted to the building programme of other essential Health Services. As members are aware, the premises for the hostel were not acquired and, therefore, no further provision has been included in the projected building programme. This situation will require reviewing.

#### **Services for the Mentally Subnormal.**

##### **Ascertainment.**

For many years, concerted efforts have been made to ascertain Mentally Subnormal persons within the County but it



is only since the establishment of the Training Centres that this has approximated the full number. Generally, the mentally subnormal child is diagnosed at or shortly after commencing school, but in more recent years the Department has been informed at a much earlier age.

To diagnose mental subnormality has far reaching consequences and it is the policy to defer, except in indisputable cases, a diagnosis until there can be no further doubt. The cases are referred by Health Visitors, Medical Officers, Paediatricians and General Medical Practitioners and in every case there is the closest possible consultation before any definite action is taken. The child is invariably fully investigated and, if necessary, the resources of the local hospitals are reinforced by the Liverpool Hospitals. Finally the child is referred to the Consultant in Mental Subnormality.

The manifold problems of a mentally subnormal child are carefully considered in the context of the family setting and the best possible provisions for the future are meticulously planned. In such arrangements, the Health Department has an important role, for it is only through the domiciliary service that there is any hope for many families to cope adequately with their heavy burden.

#### **Domiciliary Mental Health Service.**

Home visiting in this County is undertaken by the Health Visitors with periodic support by the Mental Welfare Officers. Traditionally, the Health Visitor has been concerned with the well-being of the family unit and it was considered that her long experience in this work would be of value in dealing with the routine problems presented by a mentally subnormal living at home. This arrangement has worked well and it has resulted in the family being able to receive constant advice and support from an already well-known and established source.

To maintain liaison, case conferences have been convened at which the Medical Officer, Health Visitor and Mental Welfare Officer were present. A joint sociological report by the Health Visitor and Mental Welfare Officers assures a constant interchange of information. The Health Visitor maintains regular contact with the General Medical Practitioner and can therefore be the medium for the flow of information to and from him. The co-ordinated support of the domiciliary services is vitally important during early childhood, as it is then that the strain upon the parents and family is greatest.



The Out-patient Clinics of the Psychiatric Hospital for the Mentally Subnormal, held at Wrexham and Colwyn Bay, afford further substantial support, not only diagnostically but also therapeutically, for the Consultant can reassure the parents regarding treatment and disposal. The knowledge that the patient can be admitted for short or long term hospital care relieves many anxieties. The admission of the child to a Training Centre is further tangible evidence of help and if the child can be kept at home until this is practicable, then the prospects for its remaining there are substantially enhanced. However, it is essential that there should be a close association between the home and the Training Centre.

The older subnormals living in the community require constant friendly supervision and guidance. Health Visitors look after the females and the Mental Welfare Officers the males. These social workers have to cope with the manifold problems of living which overwhelm the mentally subnormal. Those in employment need help in adjusting personal relationships, in managing their finances, in arrangements for their leisure and in dealing with personal affairs. For various reasons, several cannot reside at home with their families and alternative accommodation has to be found. Periodically, the stresses and strains of the job prove too much and the social workers have to manipulate dexterously the resultant entanglements. Such work demands skill and assiduity but it does ensure that many more continue to live in the community.

### **Training Centres.**

During 1963, there were substantial readjustments to the Training Centres in the County. In the formative years, during which the Training Centres were largely experimental, valuable experience was gleaned which has enabled a more logical and lucid scheme of training to evolve. It became clear that, for many reasons, there should be a clear cut separation of Junior and Senior Training Centres. Having accepted this principle, it became possible to define more precisely the functions of the various Centres which then permitted a readjustment in teaching techniques and a more optimistic appraisal of ultimate aims and objectives.

### **Junior Training Centre, East Denbighshire.**

This Centre was established at Rhosrobin Clinic in 1955 and it accommodates 40 pupils. According to the plan, a new building was due to be commenced in 1963 but, due to various reasons, this did not materialise. However, this merely delayed the



readjustments of the training programme which can only take place in more spacious accommodation. In the meantime, the potential attainment of each pupil has been assessed according to his progress and intellectual capacity. This information will focus training on those innate abilities which can be best developed.

#### **Senior Boys' Training Centre, East Denbighshire.**

Until this year, the senior boys occupied the hut which is located at the rear of the Clinic. Their progress in acquiring social and manipulative skills far exceeded expectations and towards the end of their time here it became obvious that they could be employed more remuneratively. With the acquisition of skills, they became more responsible, amenable and industrious, so a wider outlet had to be found. The acquisition of the Drill Hall, Pentre Broughton, afforded this opportunity.

#### **Senior Girls' Training Centre, East Denbighshire.**

When the boys vacated the hut, the senior girls were transferred from the Junior Training Centre to the hut and although they have not been long in their new premises, they have already made substantial progress.

#### **Denbighshire Pre-employment Centre, Pentre Broughton.**

The circumstances of the transfer to Pentre Broughton did not augur well for its future development. To maintain progress, it had been decided to occupy the building before the commencement of the adaptations and, in consequence, the boys had to contend with adverse conditions. Despite this, they soon settled down and found a new pride and poise in their new setting. Here, the emphasis was deliberately set on simulating industrial conditions. The hours, nature and tempo of the work were those of the factory and they responded slowly but steadily to these new and more exacting demands. They were, and are, proud of their achievement. They accepted the challenge, perhaps hesitantly, but with new found confidence, and already they are seeking new avenues of advancement. Can they be denied the fulfilment of their wish? Already they have proved that, given the opportunity, they can do an honest day's work and, given the chance, I am confident that their output will approximate closely that of the average workman.

Pentre Broughton has already proved that these boys can develop in every way, when given sympathetic understanding,



confidence, stimulation and appreciation which must be combined with a blind faith and hope—a refusal to accept the general concept of mental subnormality—that, if the innate ability of these boys can be explored, found and exploited, then their potential development will far exceed expectations.

### **Junior Training Centre, West Denbighshire—Glan-y-Don.**

It was with relief and great joy that the Centre was transferred from Nant-y-Glyn Clinic to the old Nurses' Home, Glan-y-Don. I appreciated very much the tolerance and forbearance of all those who had to use Nant-y-Glyn during the prolonged stay of the Centre in these premises.

Due to various reasons, these premises were occupied prior to any readaptations and this prevented the admission of new pupils. However, the additional classrooms and the surrounding lawns permitted a more active and interesting programme which has benefited all the children.

### **Senior Training Centre, West Denbighshire—Henllan.**

A site has been earmarked for the erection of a purpose-built Centre at Henllan. It is proposed to begin building this in 1966.

### **Hostels.**

With the provision of Training Centre facilities, the need for hostel accommodation has become more urgent, for many pupils have to travel considerable distances daily, while those who live too far away are prevented from benefiting from the training facilities available.

The Glan-y-Don Hostel could not be established until essential adaptations had been carried out. This had been planned to accommodate 8 of the pupils attending the Centre.

The Wrexham Hostel has been planned in co-operation with the Wrexham Borough Council who have agreed to let to the Local Health Authority two modified Council Houses for use as a hostel for 8 mentally subnormals. This hostel, when ready, will cater for the older group who, for various reasons, have no home or whose home influences are inimical to their life in the community.



### **Parent-Teacher Association.**

Each Training Centre has an active Parent-Teacher Association which ensures close co-operation between home and Centre. Meetings were arranged at least once per term and they have afforded an opportunity for parents to learn about the Centre activities, objectives and progress. Parental problems, difficulties and anxieties have been presented and discussed either individually or in groups. Social events have been arranged by the Association and it has ensured the whole-hearted support of the parents for the various Centre activities.

### **Voluntary Organisations.**

It is with deep gratitude that I record the indebtedness of the Mental Health Service of this County to a great many Voluntary Organisations. Without their generosity some essential and much luxury equipment and appliances could not have been provided. Their munificence has accelerated the advancement of the various services and provided help for many individuals that could not have been given in any other way. The financial benefits which have poured our way have been much appreciated but of even greater importance, at least for the staff, has been the initiative, interest, energy, encouragement and wealth of humanity and kindness which the Voluntary Organisations have pooled with our resources. It has been an inspiration and incentive.

The Organisations most directly concerned with the mentally subnormal, are the National Mentally Handicapped Children's Society and the Wrexham Handicapped Children's Society. The former organised a highly successful Conference at Colwyn Bay which stimulated considerable public interest in the problems of the mentally handicapped.

The Berwyn Psychiatric Social Clubs are more intimately concerned with the Health Department for it is a voluntary organisation run for the Mentally Disordered mainly by members of the staff in their private capacity. These Clubs meet at various Clinics at weekly intervals. For the Mentally Subnormal, the Berwyn Clubs meet at Colwyn Bay, Denbigh and Wrexham.

However, the first Club to be formed was, about 4 years ago, at Wrexham for the Mentally Ill. The aim then was to provide a social environment which would be a halfway house between the hospital and the community. This pioneering effort, due in large measure to the initiative and drive of the Chief Mental Welfare Officer, Mr. Emlyn Evans, has prospered to such an extent that it now has about 60 members continuously on its books. Patients come and go according to their progress towards

recovery. The character of the Club has been moulded by circumstances, but it is evident that it plays an important part in helping recovery and maintaining health.

The Berwyn Clubs are aided by the Denbighshire County Council who provide premises, office facilities, and essential transport. Monetary gifts were also received from various other Voluntary Organisations. However, the main burden falls upon the Mental Welfare Officers and other members of the staff who, week in week out, give voluntarily one evening per week to the Clubs, besides which, they are responsible for all the arrangements, organisation of activities and the weekly letter to every member.

Few other Local Health Authorities can claim to be running Psychiatric Social Clubs as successfully as we do, despite having more staff and better facilities.

**TABLE XLIV.**

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	19	25
Section 26 (Treatment Order) ... ..	29	50	79
Section 29 (Urgency Order) ... ..	42	58	100
Informal ... ..	32	28	60

	M.	F.	T.
Total informal patients admitted to Hospital during year ... ..	177	227	404



**TABLE XLV.**  
**Mental Health Act, 1959.**

	M.	F.	T.
No. of mentally disordered in hospitals at 31/12/63	114	99	213
No. of mentally disordered under guardianship at 31/12/63 ... ..	—	—	—
No. of mentally disordered in "Place of Safety" at 31/12/63 ... ..	—	—	—
No. of mentally disordered under Supervision at 31/12/63 ... ..	287	250	537
No. of mentally disordered awaiting removal to hospital at 31/12/63 ... ..	1	3	4
No. of mentally disordered (new cases) reported during the year, 1963 ... ..	26	13	39
No. of mentally disordered admitted to hospitals during the year, 1963 ... ..	6	7	13
No. of mentally disordered taken to "Places of Safety" during the year, 1963 ... ..	—	—	—
No. of mentally disordered placed under Supervision during the year, 1963 ... ..	26	13	39
No. of mentally disordered that ceased to be under care by reason of death or removal from the area during the year, 1963 ... ..	10	11	21

**TABLE XLVI.**  
**Visits by Mental Welfare Officers during 1963.**

	No. of Visits
Mentally Ill ... ..	1384
Subnormal and severely subnormal ... ..	994
<b>Total</b> ... ..	<b>2378</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.

18 patients were provided with recuperative holidays during the year. Each application was supported by a Certificate or Report from General Medical Practitioner, Consultant, Medical Officer, or Health Visitor. Cases have to be carefully selected as the recuperative holiday tends to become the Annual Holiday.

### Venereal Diseases.

The national recrudescence of these diseases, particularly amongst adolescents, does not appear to be reflected in Denbighshire and I hope the statistics are a true indication of the situation in the County. Another index of promiscuity—the illegitimate birth rate was less for 1963 than for 1962. So it would seem that the situation is not deteriorating.

The Health Department was concerned on two occasions in tracing contacts of infected cases. This difficult task is undertaken, diplomatically, by senior members of the staff.

The number of Denbighshire patients dealt with for the first time during 1963 at Treatment Centres was 101 which were classified as follows:—

TABLE XLVII.

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	2	2	8	12
St. Asaph General Hospital ...	—	1	5	6
Wrexham War Memorial Hospital ... ..	3	12	68	83
Totals ... ..	5	15	81	101



## Community Care of the Elderly.

Throughout 1963, much of the resources of the Health Department were devoted to the care of the Elderly and it is obvious that this growing problem will have to be tackled in a more co-ordinated manner if the resources of the numerous agencies are to be utilised to the best advantage. There is also, obviously, need to expand the facilities provided by Hospitals, Welfare, Local Health Authority and Voluntary Organisations. In her report, Dr. June Arnold, the Consultant Geriatrician, Clwyd and Deeside Hospital Management Committee lucidly pin points these deficiencies as can be noted from the following extracts:—

“ We find your Department, both Health and Welfare most willing to assist us at all times, and ,in particular, we have received great benefit from the Speech Therapy session you have sub-let to Clwyd and Deeside.

“ On some occasions, however, willingness has, I think, been ineffectual because of lack of facilities. There have been occasions when I have recommended Home Help and such Home Help has not been provided. I realise that your County Council feel that Home Helps should only be used to cover an emergency, but I have frequently found the service of great value in preventing the emergency from arising. There are numerous occasions when hospital admission can be avoided if a Home Help can be obtained to give a supervising relative a break each week. To do this, of course, you would require considerably more Home Helps than you have at present, and I am hoping that you will be able to approach something in the region of the suggested 0.73 per 1,000 population mentioned in the Command Paper. Even so ,this may not meet our needs completely, as in Colwyn Bay we have a retirement area.

“ I am delighted to hear that the new Home at Abergele will soon be open. There would appear to be a genuine shortage of ground floor beds and no facilities at all for the housing of the independent wheelchair case. I am hoping that Abergele will help to meet this demand. I am rather concerned about the proposed reduction in residential Home accommodation over the next 10 years. The Ministry suggestion of 22 per 1,000 aged 65 and over takes into full account the development of other housing including flatlets and bungalow groups with resident Wardens. There is no doubt that the numerous small private Homes are taking an appreciable load from the Welfare authority at the moment but it is difficult to see how much help they will provide in



the future as these Homes become more expensive to run and private means get less. I think the flatlet with Warden schemes, etc., will mean that many of the more able people in residential Homes at the moment will be able to remain as independent units in the community, and that the Homes themselves will be reserved for the more infirm. I realise that the planning of these flatlets is the problem of the local Council, and I would very much like to know if there are any schemes of this nature under way.

"I would also like to suggest that during the next year you reconsider the question of a Home for the ambulant mentally confused. At present a few of these are in my Wards. Many are in Denbigh, and the far greater number, I think, are living alone in their own homes where they impose a very heavy burden on relatives and neighbours.

"If it is possible, I would very much appreciate it if Denbigh County Council could allocate a larger convalescent grant next year. As you know, I am trying very hard to get the Board to cover this scheme I have for providing convalescence, following hospital, for patients at Pantasaph but I have been unable, so far, to get their consent. At present we are getting the patients to pay for themselves but, in many cases, there is considerable hardship and, of course, on other occasions we have some difficulty in persuading the people to go home when I think they are fit to do so. There is no doubt that a spell of convalescence after hospital admission in selected cases is proving of tremendous benefit."

The psycho-geriatric problem referred to in the above report is particularly distressing and tragic and such cases frequently present the staff of my department with an insoluble situation for there is no one statutory agency which accepts full responsibility for such cases and, consequently, the admission of these patients to residential accommodation entails hours of frustrating endeavour for General Medical Practitioners and members of my staff.

These poignantly tragic cases often have to remain in their own homes well beyond the point where the domiciliary services can safely cope and this places members of my staff, voluntary workers and relatives, in an intolerable situation. Responsibilities, often far in excess of the normal calls of duty, have to be accepted if tragedies are to be avoided. Once again, I would urge this Authority to convene a Conference of all those concerned with this problem so that a co-ordinated scheme can be evolved.



### **Chiropody Service.**

The demands upon this service have increased and although every effort has been made to cope with this, it is obvious that more staff will be needed, if only to treat the elderly.

The following Table shows that 1,021 persons received treatment and that each person attended approximately 4 times.

**TABLE XLVIII.**

No. of persons on register at 31/12/63	No. of persons treated during 1963	No. of Sessions	Total attendances
1260	1021	811	4072

### **Problem Families.**

During 1963, the Health Department was engaged constantly with 69 families, which entailed the application of more than two other agencies, but this does not, in any way, reflect the considerable work and effort devoted to this difficult group.

### **Blind Persons.**

During 1963 the Health Department which is responsible for ascertainment of the blind, examined 87 persons and informed the Welfare Department that 44 should be registered as blind persons.

**TABLE XLVIX.****Blind Persons.**

	Males	Females
No. of cases on Register at 31/12/63 ... ..	166	202
No. of cases ascertained during 1963 ... ..	17	27
No. of cases ascertained during 1963 with:		
(a) Cataract ... ..	1	4
(b) Glaucoma ... ..	2	2
No. of cases of Blindness due to Retrolental Fibroplasia ...	—	—

**TABLE L.****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 ... ..	12	26	—	—
10-15 ... ..	20	11	—	—
15-25 ... ..	4	3	—	—
25-50 ... ..	7	4	3	—
50 and over ... ..	10	9	9	8



## 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 admission, progress and discharge of children to and from the Unit are regularly considered by the Assessment Panel. This Unit provides early treatment which is so essential in these cases, and also formal teaching to ensure educational progress. During the year, Denbighshire was able to provide for the Unit the services of a Speech Therapist for 2 sessions per week.

With the opening of the Special Residential School for Physically Handicapped Pupils for North Wales at Llandudno, several of the older patients have been transferred to the new school where they can be educated in an environment where the primary emphasis is on education. Close liaison between the Spastic Day Centre and the School has been established and the transition of the pupil from the Centre to the School is integrated to a pre-determined plan. Already, the value of early treatment and introductory teaching at the Centre is manifest upon entry to the Special School.

TABLE LI.

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

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10 ... ..	9	13	2	3
10-15 ... ..	8	5	6	5
15-25 ... ..	5	6	—	1
25-50 ... ..	2	3	—	—
50 and over ... ..	1	1	—	—

## **HEALTH EDUCATION.**

During the year, the pattern of the health education service was maintained as in previous years with particular emphasis on the dangers of cigarette smoking.

In conjunction with the National Education Campaign, the Wrexham and District Teachers' Association and the School Health Service displayed and demonstrated various procedures and equipment used in the Department at an exhibition held at the Wrexham Library. One vividly realistic demonstration was a manakin smoking a cigarette. The smoke travelled along glass tubes and was condensed in a glass flask. A Medical Officer gave a short talk while the experiment proceeded and if the number of cigarettes smoked was proportional to the audience, then most of the Wrexham schoolchildren would have seen the demonstration.

More Mothercraft Classes opened during the year and many subjects, with a health education content, were discussed. These classes were held at various Child Welfare Clinics and, apart from any benefit from the lectures, the impact of posters and displays should be substantial.

Members of the staff lectured to organised groups on a wide variety of health subjects and many had substantial Press coverage. Health Visitors have concentrated on talking to senior pupils and it is evident that this fruitful field for health education can be rapidly expanded.

The Central Council for Health Education arranged an In-Service Training Course in Denbighshire for Medical Officers, Health Visitors, Mental Welfare Officers, etc. This not only brought staff abreast of new developments but re-impressed upon them the need for maintaining their efforts.

## **DOMESTIC HELP SERVICE**

Rationing invariably has led to discontent and due to the increasing demands on the service, it has been necessary for strict economy in allocating help to those in need. This has resulted in complaints regarding the deficiencies of the service, particularly in the Wrexham area. These strictures have been levelled, not at the quality of the service, but at the quantity and it would be fair to comment that the maximum use is made of the available resources. Indeed, but for the ingenuity of those



administering the Service, the complaints would have been far more numerous.

Whenever a request was received, it was immediately investigated and every avenue explored to see if there was other help available, either within the family, or through a grant from the National Assistance Board or one of the Voluntary Organisations. This procedure, while ensuring the utmost economy, entailed much work and considerable skill and diplomacy but the mounting demands have reached a level which is too time-consuming for the present administration and the time has come for a review of the entire situation.

The number of Home Helps employed on 31st December, 1963, was:—

(a) Whole-time	...	...	...	...	—
(b) Part-time	...	...	...	...	167

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

**Over 65 years of age** ... .. 567

**Under 65 years of age:**

Chronic Sick and T.B. ... .. 72

Mentally Disordered ... .. 7

Maternity ... .. 50

Others ... .. 60

**Total** 756

## PART IV

---

# *Environmental Hygiene*

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

Periodically, the need for constant vigilance against epidemics of Infectious Diseases is forcibly brought home. In my Report for 1962, I indicated that the number of notifications in the County had reached the lowest recorded level but, during 1963, there was an epidemic of measles. There were 1,222 notified cases and, what was more disappointing, 82 cases of Whooping Cough.

**Dysentery—80 cases were notified.** These seemed to occur sporadically in various parts of the County. Some of these cases followed organised trips to various resorts but the isolated cases suggested that this disease was generally prevalent. This emphasises the need for improving the standards of personal hygiene.

**Para-typhoid**—two cases were notified in West Denbighshire, and one case in East Denbighshire. In one instance it was concluded, following exhaustive enquiries, that the infection had been contracted outside the County. All the necessary precautions were taken and there was no spread of the disease.

**Food Poisoning**—six cases of Food Poisoning were notified and in one group it was evident that the illness resulted from food eaten while returning from holiday.

**Acute Poliomyelitis**—This is the first year during which there have been no notifications of either Paralytic or Non-paralytic Poliomyelitis in this County. Ten years ago, there were 7 Paralytic and 4 Non-paralytic cases of Poliomyelitis. Since the introduction of Vaccination against Poliomyelitis, the occurrence of the disease has dramatically fallen and its reduction to nil in 1963 was recompense for the enormous effort put into this work by the Health Department.

Whilst rejoicing in this magnificent victory, I must also warn against any let-up in the attack against this disease, for it is still with us, underground perhaps, but ready to strike again. Children must continue to receive their vaccination.



TABLE LII.  
INFECTIOUS DISEASES.

The following table furnishes particulars, respecting the notifications received during 1963 and, for comparative purposes, the nine preceding years are shown.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Scarlet Fever ...	69	147	156	114	78	86	79	30	20	36
Whooping Cough ...	237	212	160	198	72	109	154	88	10	82
Diphtheria ...	—	1	—	—	—	—	—	—	—	—
Measles ...	511	3056	473	1811	881	535	1796	2749	414	1222
Acute Pneumonia ...	63	73	67	72	87	64	23	45	11	10
Meningococcal Infection	4	6	3	3	3	2	3	1	1	3
Acute Poliomyelitis:										
Paralytic ...	2	8	2	10	—	3	3	1	2	—
Non-Paralytic ...	2	2	2	—	1	—	—	—	—	—
Acute Encephalitis:										
Infective ...	3	—	—	—	1	—	—	—	1	—
Post-infectious ...	—	—	—	—	—	—	—	—	—	—
Dysentery ...	3	23	207	3	24	21	51	93	86	80
Ophthalmia Neonatorum	—	5	1	7	—	1	2	—	—	1
Puerperal Pyrexia ...	10	9	6	8	2	26	23	40	20	14
Paratyphoid Fever	—	—	—	—	1	—	1	—	—	3
Enteric or Typhoid Fever	—	—	1	—	4	—	—	—	—	—
Food Poisoning ...	11	10	6	15	146	30	13	4	5	6
Erysipelas ...	19	17	13	12	8	11	8	3	1	1
Malaria ...	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	231	161	138	142	136	143	122	95	108	68
Non-Pulmonary Tuberculosis	51	15	21	27	31	23	12	9	10	7
T.B. Meninges and C.N.S. ...	—	—	—	—	—	—	—	11	4	—
Totals ...	1216	3745	1256	2422	1475	1054	2290	3159	693	1534

TABLE LIII.

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	Dysentery	Puerperal Pyrexia	Food Poisoning	Erysipelas	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Acute Encephelitis (Post-infective)	Paratyphoid Fever	Ophthalmia Neonatorum
<b>Western No. 1.</b>														
Abergele ...	—	17	198	1	—	7	—	—	—	2	1	1	—	—
Colwyn Bay ...	10	21	191	4	—	4	2	—	—	8	—	—	—	—
Aled ...	—	3	65	—	—	3	—	—	—	1	1	—	1	—
<b>Western No. 2.</b>														
Denbigh ...	—	4	21	—	—	1	—	2	—	2	—	—	—	—
Llanrwst ...	—	—	4	—	—	—	—	—	—	—	1	—	1	—
Ruthin Borough	—	—	29	—	—	—	—	—	—	1	—	—	—	—
Hiraethog ...	2	—	24	—	—	1	—	—	—	—	1	—	—	—
Ruthin Rural ...	—	—	19	—	—	12	—	—	—	1	—	—	—	—
<b>Eastern No. 1.</b>														
Wrexham R.D.	14	10	92	2	—	38	3	4	—	32	1	—	—	—
Ceiriog .....	—	—	80	—	—	—	—	—	—	4	—	—	—	—
Llangollen ...	—	—	51	—	—	1	—	—	—	—	—	—	—	—
<b>Eastern No. 2.</b>														
Wrexham Borough ...	10	27	448	3	3	13	9	—	1	17	1	—	1	—
<b>Totals</b>	<b>36</b>	<b>82</b>	<b>1222</b>	<b>10</b>	<b>3</b>	<b>80</b>	<b>14</b>	<b>6</b>	<b>1</b>	<b>68</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>1</b>



## DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1963 together with comparative figures for previous years:—

**TABLE LIV.**

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
<b>Meningococcal</b>										
Infection	3	1	—	—	1	2	—	—	1	—
Measles	—	1	—	—	1	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	1	—	—	—	—	1	1	—	—
<b>Tuberculosis:</b>										
Pulmonary	35	26	16	32	26	15	22	11	19	2
Non-Pulmonary	3	3	2	2	1	2	2	6	—	1
Pneumonia	85	80	59	75	66	81	83	101	119	128

## 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.

“ Steady progress has been made during the year in the provision of schemes of water supply. The completion of the Llyn Conwy Water Scheme at the end of the year was a

major achievement for the Llyn Conwy Board and particularly for the constituent members, the Aled and Hiraethog Rural District Councils. It is expected that treated water will flow into the mains early in 1965.

"This regional water supply scheme will be sufficient to meet the requirements of the area for the foreseeable future. We are, however, living in times of shift and change and are finding to our sorrow that estimates made, say, ten years ago have been misleading. This has been particularly noticeable in the urban and borough areas. Sources of supply which 10 years ago were considered to be adequate and sufficient for a long period are now suspect. The increase in domestic demands alone has shown clearly that the old yard stick of 30 gallons per day per person is outdated. County surveys carried out by Consulting Engineers soon after the end of the last War must be revised and brought up to date so that the present position can be properly assessed, and adequate provision made for the future.

"The Grouping of the 12 Water Undertaking in the County into two Undertakings is making progress.

"In the Eastern part of the County the Rural Districts of Ceiriog and Wrexham and the Urban District of Llan-gollen will cease to be Water Undertakers and control will be vested in the Wrexham and East Denbighshire Water Company.

"Agreement has been reached in the Western area for the amalgamation of eight Water Undertakings in the County, together with three Flintshire Authorities, Edeyrnion Rural District Council in Merioneth and the Llyn Conwy Water Board to form the West Denbighshire and West Flintshire Water Board. The details of the Draft Order have been agreed to by the Working Committee representing the Authorities and the date for the Public Inquiry had been fixed for the 11th December, 1963. The Inquiry had to be deferred as the Denbigh Water Company had failed to pass the necessary resolution applying for the Order. The local authority representatives on the Working Committee, however, are resolved to proceed with the Order and their Joint Clerks have been given power to act in the best interests of the proposed Board.

"During the year the following schemes of Water Supply have been considered.



£

**Aled Rural District.**

Llanfair T.H. Renewal of Water Mains ... 16265

**Hiraethog Rural District.**

Llanddoget and Tanllan final cost ... 22659

**Llanrwst Urban District.**

Connection from Llyn Conwy Main to Pentre  
Tafarn Fedw ... 1520

**Denbigh Borough.**

The Council have instructed Consulting Engineers to report on the existing supply to Henllan and on works necessary to provide a pure and adequate supply.

**“SEWERAGE AND SEWAGE DISPOSAL.**

**“Ruthin Rural District.**

Graigfechan ... £  
Scheme to serve Graigfechan completed at  
a cost of ... 14417

**“Cyffylliog.**

New Scheme for Sewerage and Sewage  
Disposal Estimated cost ... 15895

**“Aled Rural District.**

Cae Shon, Trefnant, final cost ... 11627.”

## 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.

Category	No. of Samples	Result	Remarks
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk
Unsterilised Milk	10	100%	Unsterilised Milk



## PART V.

### Food Control

The County Council as the Food and Drugs Authority exercises its powers through the Chief Inspector of the Weights and measures Department for the composition and quality of food, and the County Public Health Officer for the wholesomeness of food.

The County Public Health Officer submitted the following Report under the Food and Drugs Act, and Milk and Dairies Regulations:—

“ The year saw the coming into operation of The Milk (Special Designation) Regulations, 1963. They re-enacted with certain amendments the Milk (Special Designation) Regulations, 1960. The main change was to clarify the designations of milk. The designation “Tuberculin Tested” which was regarded by many as a misnomer has been discontinued. ‘Tuberculin Tested Raw Milk’ will now be known as ‘Untreated Milk’. We have now ‘Pasteurised’, ‘Sterilised’ and ‘Untreated’ Milks.

“ During the year, 1,508 samples of milk were taken and sub-mitted to the Public Health Laboratory for examination I give below details of samples taken and a summary of the laboratory reports.

Designation of Milk	No. Taken	Statutory Test	Passed	Failed
Pasteurised	1184	Phosphatase	1174	10
		Methylene Blue	1153	31
Sterilised	35	Turbidity	35	0
Untreated	289	Methylene Blue	244	45

"The failure of 10 samples taken from two processing dairies in the County to satisfy the phosphatase test were a matter of some concern to the County Health Department. Eight of the failures were from a dairy which had hitherto a clean record since 1948, but the standards of maintenance had fallen following the taking over of the dairy by one of the larger dairy companies. Following three failures, it was found that the requirements of the regulations had to be strictly enforced.

"Proper standards of plant maintenance were set, and these were adopted by the new owners.

"The number of 'untreated milk' samples which failed to satisfy the methylene blue test is high, and does not reflect favourably on milk production at some farms.

#### **" Milk in Schools Scheme.**

"The milk delivered to schools under the Milk in Schools Scheme has been subject to regular sampling. During the year, 472 samples were taken. One failed to satisfy the phosphatase test and 22 failed to pass the methylene blue test.

#### **" Biological Examination of Milk.**

"The sampling of milk for biological examination has been limited to those from the producer-retailer herds. During the last decade, sufficient general sampling has been done to prove that disease, particularly brucellosis is present in many of our dairy herds. From the public health angle, the evidence obtained is conclusive and suggests that strong action is necessary to eliminate the disease in cattle. The eradication is principally a matter of animal health. The free inoculation of calves is a step in the right direction, but it is a voluntary duty and not a statutory requirement. There is still a strong bias towards untreated milk in the rural areas and market towns. We endeavour to keep such milk supplies under control. During the year 56 composite herd samples were taken and three showed evidence of brucellosis. Individual cow samples were taken from the infected herds and in two cases it was possible to clear the infected cattle from the herds; the other herd was too



heavily infected and the milk of the entire herd was diverted for pasteurisation, and the retailing as untreated milk was prohibited."

#### **Food and Drugs Act (Composition and Quality).**

The Chief Inspector of Weights and Measures submitted the following Report:—

"During the year under review, 524 samples were analysed by the Public Analyst, the particulars being as follows:—

TABLE LV.

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Milk:					
Retail .....	322	322	—	313	9
On Delivery .....	—	—	—	—	—
Appeal to Cows ...	5	5	—	5	—
Butter .....	15	—	15	15	—
Margarine .....	4	—	4	4	—
Lard .....	3	—	3	3	—
Cooking Fat .....	1	—	1	1	—
Cheese .....	3	—	3	3	—
Cheese Spread .....	1	—	1	1	—
Bread .....	4	—	4	4	—
Flour .....	3	—	3	3	—
Sponge Mixture .....	2	—	2	2	—
Cakes .....	1	—	1	1	—
Buns .....	1	—	1	1	—
Rice .....	1	—	1	1	—
Sago .....	1	—	1	1	—
Oatmeal .....	1	—	1	1	—
Pearl Barley .....	1	—	1	1	—
Meat Paste .....	2	—	2	2	—
Tinned Meat .....	1	—	1	1	—
Sausages .....	16	16	—	16	—
Suet .....	1	—	1	1	—
Fish Paste .....	1	—	1	1	—
Salmon Spread .....	2	—	2	2	—
Tinned Fish .....	1	—	1	1	—
Potted Shrimps .....	1	—	1	1	—
Fish Cakes .....	1	—	1	1	—
Vinegar .....	2	—	2	2	—
Pickled Onions .....	1	—	1	1	—
Chutney .....	1	—	1	1	—
Salad Cream .....	1	—	1	1	—
Pepper .....	1	—	1	1	—
Salt .....	1	—	1	1	—
Dried Mint .....	1	—	1	1	—
Dried Peas .....	3	1	2	1	2
Tinned Mixed Vegetables	1	—	1	1	—
Tinned Beans .....	1	—	1	1	—
Tinned Carrots .....	1	—	1	1	—
Tinned Peas .....	1	—	1	1	—
Tinned Tomatoes .....	1	—	1	1	—
Tea .....	1	—	1	1	—
Coffee .....	2	—	2	2	—
Jam .....	5	—	5	5	—
Marmalade .....	2	—	2	2	—



Table LV (continued).

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Sweets .....	3	—	3	3	—
Honey .....	2	—	2	2	—
Lemond Curd .....	1	—	1	1	—
Custard Powder .....	1	—	1	1	—
Blanc Mange Powder .....	1	—	1	1	—
Table Jelly .....	1	—	1	1	—
Cornflour (flavoured) ..	1	—	1	1	—
Arrowroot .....	1	—	1	1	—
Baking Powder .....	1	—	1	1	—
Marzipan .....	1	—	1	1	—
Mincemeat .....	1	—	1	1	—
Christmas Pudding ...	1	—	1	1	—
Condensed Milk .....	3	—	3	3	—
Ice Cream .....	30	—	30	29	1
Ice Lollies .....	6	1	5	6	—
Fresh Cream .....	3	—	3	3	—
Double Cream .....	2	—	2	1	1
Saccharin Tablets .....	1	—	1	1	—
Soft Drinks .....	6	—	6	6	—
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	—
Wine (Port type) .....	1	—	1	1	—
Aspirin Tablets .....	1	—	1	1	—
Carbonate of Magnesia ..	1	—	1	1	—
Cream of Tartar .....	1	—	1	1	—
Borax .....	1	—	1	1	—
Bicarbonate of Soda ..	1	—	1	1	—
Tartaric Acid .....	1	—	1	1	—
Halibut Oil Capsules ..	1	—	1	1	—
Cod Liver Oil .....	1	—	1	1	—
Amm. Tinc. of Quinine ..	1	—	1	1	—
Sweet Spirit of Nitre ..	1	—	1	1	—
Gripe Mixture .....	2	—	2	2	—
Glycerine .....	1	—	1	1	—
Liquid Paraffin .....	1	—	1	1	—
Olive Oil .....	1	—	1	1	—
Hydrogen Peroxide ...	1	—	1	1	—
Camphorated Oil .....	1	—	1	1	—
Tincture of Iodine ...	1	—	1	1	—
Eucalyptus Oil .....	1	—	1	1	—
Totals .....	524	346	178	511	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 ... ..	3.57%	8.72%
Western Division ... ..	3.61%	8.77%
Whole County ... ..	3.59%	8.74%
The legal presumptive standard ... ..	3.00%	8.50%

"As will be observed from the above Table, 327 samples of milk were submitted to the Public Analyst during the year, consisting of 322 taken from retailers and 5 'Appeal to Cow' samples taken at farms for comparison purposes. Of the nine milk samples shown in the Table as 'Not Genuine' eight of them were found to be deficient in fat and in only one instance was added water complained of. Three of the fat deficiencies were eliminated when comparison samples were taken from the cows; four of the samples were so slightly deficient that the producers were visited, advised and cautioned and in the remaining instance of fat deficiency the farmer was prosecuted but the case was dismissed. With regard to the sample in which it was reported that extraneous water was present, the percentage of water was so small that after proper investigation it was decided to caution the dairying company concerned.

In addition to the 327 samples of milk analysed by the Public Analyst, 277 samples of milk were tested by the Inspectors at Wrexham and Colwyn Bay Offices. These consisted of samples taken from Farms, Institutions, Hospitals and Milk Vending Machines and included samples of the milk supplied to 141 schools in the County. The results of all the tests thus taken were satisfactory. The average fat content of the School Milks was 3.55% and that of the solids-not-fat 8.82%.

Of the 197 samples of foods and drugs other than milk submitted for analysis only four samples were adversely reported on by the Public Analyst. These "Not Genuine" samples consisted of Dried Peas (2), Double Cream and Ice Cream. In each of these instances the infringement was of a minor nature and was dealt with, at the time, by advising and cautioning the vendors."



## **PART VI.**

### **Miscellaneous**

#### **REGISTRATION OF NURSING HOMES**

The County Council continued to inspect and register Nursing Homes in accordance with the relevant Sections of the Public Health Act, 1936.

The Nursing Homes Act, 1963, empowered the Minister of Health to make regulations as to the conduct of Nursing Homes registered under Part VI of the Public Health Act, 1936, and these became operative on 27th August, 1963. These regulations required, inter alia, the provision of efficient day and night nursing care by suitably qualified and competent staff of adequate numbers, reasonable day and night accommodation and space, adequate and suitable furniture, bedding and medical and nursing equipment, sufficient washing, bathing and sanitary facilities and adequate light, heating and ventilation.

All the Nursing Homes in the County were inspected.

The legal obligation of anyone desiring to run a Nursing Home to have it registered was notified in the Press and several persons directly informed and interviewed.

**TABLE LVI.**

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	2	—	15	15
Total Homes on the register at the end of the year ... ..	6	—	78	78

## STAFF MEDICAL EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1963 the number of such medical examinations totalled 685. In addition 195 College Entrants were medically examined.

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



# STAFF MEDICAL EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1953 the number of such medical examinations totalled 685. In addition 195 College Entry candidates were medically examined.

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80 members of the staff spent for prolonged periods owing to sickness were examined by medical officers.

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