

[Report 1964] / Medical Officer of Health, Denbighshire County Council.

Contributors

Denbighshire (Wales). County Council. no2004062613

Publication/Creation

1964

Persistent URL

<https://wellcomecollection.org/works/cwsz7rue>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Denbighshire County Council



ANNUAL REPORT

on the

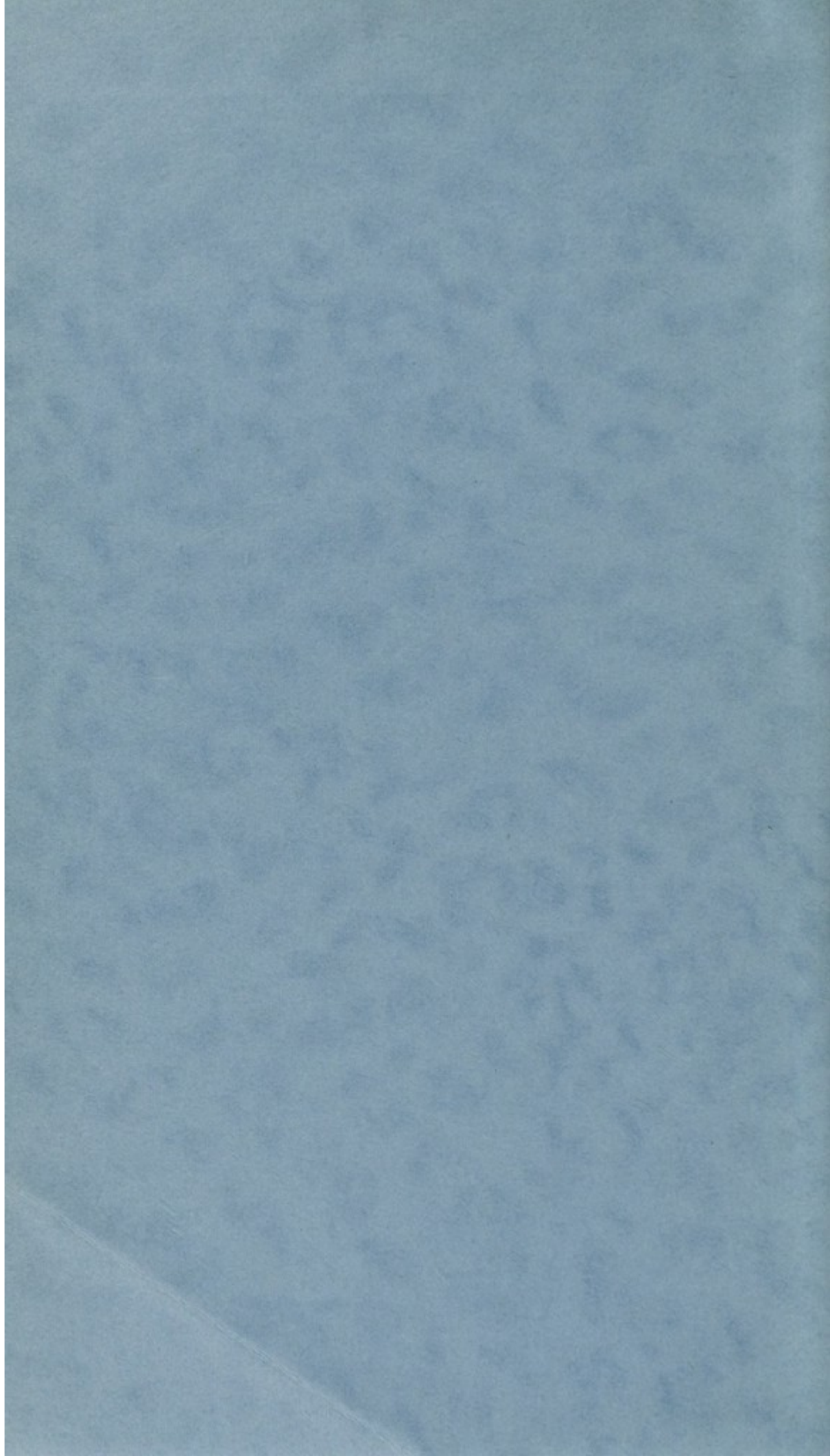
Health of Denbighshire

for the

YEAR 1964

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

County Medical Officer



CONTENTS

	Page
COMMITTEES	2
FOREWORD	3
Part I STATISTICS AND SOCIAL CONDITIONS	5
Part II ADMINISTRATION	18
Part III GENERAL PROVISION OF HEALTH SERVICES	22
Part IV ENVIRONMENTAL HYGIENE :	
Prevalence of, and control over, Infectious and Other Diseases	84
Sanitary Circumstances, Water Supply and Sewerage, Public Health Laboratory Service	87
Part V FOOD CONTROL :	
Milk Supply	91
Food and Drugs Acts	92
Part VI MISCELLANEOUS :	
Registration of Nursing Homes	96
Staff Medical Examinations	97

COMMITTEES

Health Committee:

- Chairman: Councillor Dr. I. H. Davies, M.Sc.,
M.B., Ch.B.
- 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. Christopher Davies, Wrexham.
Mrs. W. A. Evans, Denbigh.
Dr. Trevor Hughes,
L.R.C.P., L.R.C.S., Ruthin.
Mrs. May Jones, Wrexham.
Miss G. Jones, Ruabon.
Mr. E. B. Miller, Llangollen.
Dr. Sheila Reid, M.B., Ch.B.,
Llanychan.
Mrs. D. B. Jones, Colwyn Bay.

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.,
M.B., Ch.B.
Alderman Mrs. Florence Jones.
Alderman F. H. Andleby Jones.
Alderman Watkin Lloyd.
Councillor Ernest Price.
Councillor George Richards.
Alderman R. C. Roberts.
Alderman R. E. Rowlands.
Alderman Edward Williams.
Councillor Emmanuel Williams

Pentre Broughton Pre-employment Centre.

Advisory Sub-Committee.

- Chairman: Mr. D. Morley Smith.
- Vice-Chairman: Mr. B. L. Budd.
- Members: Mr. R. Lockett.
Mr. P. H. Meadows.
Mr. M. J. Smith.
Councillor James Barlow.
Alderman Thomas Jones.
Councillor George Richards.
Mr. Henry Williams.

Foreword

I have the honour to submit the Annual Report on the Health of Denbighshire for the year 1964.

Generally, the various statistical indices are satisfactory and, on the whole, indicate that the steady improvement which has occurred in recent years has been maintained. Again, the Birth Rate has risen, the population of the County increased and the number living beyond 65 years grown. Inevitably, therefore, the demands on the Health Department have increased.

Apart from an epidemic of Measles, there were no serious outbreaks of Infectious Diseases but the increased number of cases of Scarlet Fever and Whooping Cough emphasises the need for constant vigilance. Despite strenuous efforts on the part of staff, there was a fall in the number of infants immunised against Diphtheria, Whooping Cough and Tetanus, but the number of children in their second year vaccinated against Small-pox has shown a marked improvement.

The Maternity and Child Welfare Services have continued as in previous years but the opening of newly built Clinics at Brynteg and Rossett has already resulted in a considerable extension of the services in these areas. Co-operation with allied services has continued to improve and it is significant that at the new Ante-Natal Unit, Maelor General Hospital, one room has been reserved for use by the Health Visitor who, amongst other duties, is responsible for Health Education in the Hospital Ante-Natal Clinics.

Changes in policy regarding the discharge of mothers has added substantially to the work of the Local Health Authority. Meticulous attention to administrative co-ordination is essential if a scheme for the early discharge of Mother and Baby is to operate successfully. Fortunately, there exists, as already intimated, close co-operation between the Maelor Maternity Unit and this Authority with the result that, apart from a few unexpected minor difficulties, the scheme has functioned well. This cordial relationship is due, in no small measure, to the efforts of the Senior Administrative Nursing Officers and although

the resignation of Mrs. Warne after many years of valuable service with the County Council inevitably resulted in changes, it is gratifying that Miss Large, who replaced her, has also established a good liaison with her colleagues.

The Mental Health Service has continued to develop and as the Service becomes better known, so new demands increase. The pressure on Community Services continued to grow which conformed with the anticipated pattern of greater emphasis on Community Care. Whilst this Authority has not provided much for the Mental Health Service materially, it has, however embarked on a farsighted and long term plan for staff training. This is now beginning to bear fruit and it can be claimed that the Mentally Disordered in Denbighshire receive skilled and expert social therapy. However, it must be appreciated that their energies cannot be fully exploited without essential material resources such as hostels, social clubs and training centres.

It is encouraging to realise that many cherished projects are at long last materialising and that the excellent work already being done will be revitalised by transfer to well designed and equipped premises.

Finally, I wish to acknowledge the loyal support and diligence of my staff, the co-operation of colleagues, the leadership and inspiration of my Chairmen and Vice-Chairmen and the unstinting support of the members of the Health Committee.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department,

16 Grosvenor Road,

Wrexham.

Telephone 3076/7/8.

May, 1965.

Since completing the Annual Report, Councillor Emmanuel Williams, Vice-Chairman of the Health Committee has died and, on behalf of the staff of the Health Department, I wish to record our sense of grievous loss for he had been a staunch and valiant supporter for many years. His wide knowledge, acumen, forth-right sincerity and complete reliability were but a few of the many attributes that made him such a staunch campaigner for the common good. No tribute of mine would do justice to his contribution.

M. T. ISLWYN JONES,

County Medical Officer of Health.

2nd September, 1965.

ANNUAL REPORT FOR 1964

PART I.

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, 1964 was 176,840. This represents an increase of 2,160 over the previous year.

The Table below shows the estimated annual population of the County since 1955.

TABLE I.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease
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
1964	176840	+2160	86390	+2290	90450	-130

An analysis of the above Table shows that there has been an increase in the Urban Population of 2,290, while there has been a decrease of 130 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 1964 and the previous nine years.

TABLE II.

Year	Per 1,000 of Estimated Population				Still Birth Rate per 1000 live and still births	Maternal Mortality Rate per 1000 live and still births	Infant Mortality Rate per 1000 live births
	Live Birth Rate	Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer			
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
1964	16.5	12.7	0.04	2.5	12.9	Nil	21.9

Births and Birth Rates.

The number of live births registered during the year was 2,911 after allowing for inward and outward transfers. This was an increase of 72 compared with 1963.

The number of live births assigned to each County District is shown on Table VI on page 10 together with the corresponding birth rates.

The crude birth rate is 16.5 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 17.9.

Illegitimate Live Births.

The number of births of illegitimate children during 1964 was 137 as compared with 130 in 1963. This is 4.7 per cent. of the total live births.

Still Births.

The still birth rate for 1964 was 12.9 per 1,000 live and still births as against 18.3 in 1963. The number of still births registered was 38, the lowest yet recorded for this County.

Deaths and Death Rates.

The total number of deaths registered during 1964 and allocated to the County was 2,245; this figure gives a crude death rate of 12.7 which when adjusted by the Comparability Factor gives an adjusted death rate of 11.7 of the estimated population.

Infant Mortality.

During 1964 there were 65 deaths of children under one year. Of these, 37 died before reaching one week and 12 died between one and four weeks. This is illustrated in the following table:—

TABLE III.

Age at Death	Male	Female	Total
Under 1 week	23	14	37
Over 1 week but under 4 weeks	5	7	12
Over 4 weeks but under 1 year	7	9	16
Total	35	30	65

There were included in the total of 65, four deaths under one 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	
Whooping Cough ...	—	1	1
Pneumonia	2	4	6
Bronchitis	1	1	2
Other infective and Parasitic Disease ...	1	—	1
Congenital Malformations	6	8	14
Gastritis, Enteritis and Diarrhoea	1	1	2
Other defined and ill- defined diseases ...	24	15	39
Total	35	30	65

These figures give the following rates:—

	Total	Legitimate	Illegitimate
Infant Mortality per 1,000 live births ...	22.3	21.9	29.2

Neo-Natal Mortality (deaths under 4 weeks) 16.8
 Early Neo-Mortality (deaths under 1 week) 12.7
 Peri-Natal Mortality (Still births and deaths under 1 week) 25.4

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

TABLE V.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Infant Mortality Rate	33.2	22.8	23.1	20.7	27.7	18.1	20.6	23.1	15.1	22.3

For the second year in succession there were no maternal deaths and there was a further drop in the Still Birth and Peri-natal Mortality Rates. The Infant Mortality Rate rose from 15.1 to 22.3.

TABLE VI.
THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND
RATES ACCORDING TO DISTRICTS FOR 1964

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
Western No. 1:							
Abergele Urban ...	9000	141	15.6	3	21.3	149	16.5
Colwyn Bay Borough .	23490	314	13.4	6	19.1	417	15.7
Aled Rural ...	6690	91	13.6	3	33.0	67	10.0
Western No. 2:							
Denbigh Borough	8370	125	14.9	2	16.0	156	18.6
Llanrwst Urban ...	2490	36	14.4	2	55.5	37	14.9
Ruthin Borough ...	3740	54	14.4	1	18.5	41	10.9
Hiraethog Rural ...	4510	72	15.9	1	13.9	51	11.3
Ruthin Rural ...	9380	138	14.7	1	7.2	113	12.0
Eastern No. 1:							
Wrexham Rural ...	62630	1081	17.2	23	21.2	739	11.8
Ceiriog Rural ...	7240	116	16.0	1	8.6	73	10.1
Llangollen Urban ...	3000	54	18.0	2	37.0	34	11.3
Eastern No. 2:							
Wrexham Borough ...	36300	689	19.0	20	29.0	368	10.1
Total County ...	176840	2911	16.5	65	22.3	2245	12.7
							11.7

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	1-4	5-14	15-24	25-44	45-64	65-74	75+	Total
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
1964	65	5	5	27	75	466	632	970	2245

There were 65 deaths of infants under one year of age. This number accounts for 2.89 per cent. of the total deaths.

At the other end of the age scale 43.2 per cent. of all deaths was in the age group 75 and over and 28.1 per cent. in the 65-74 years age group.

No less than 50.9 per cent. of the females who died were at least 75 years of age. The corresponding figure for men was 36.1 per cent.

Principal Causes of Death.

About 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) ...	701	31.2
Cancer (including leukaemia and aleukaemia)	441	19.6
Vascular lesions of nervous system	390	17.3
Other circulatory diseases ...	93	4.1
Bronchitis	110	4.9
Violence (including accidents, suicide)	101	4.5
Pneumonia	92	4.1
Tuberculosis (all forms) ...	8	.35

The above diseases are in the main, of course, generally associated with older people. Of the 701 deaths ascribed to Heart Disease 529, or 75.4 per cent. were of persons aged 65 or more; of the 390 due to vascular lesions of the nervous system, 337 or 86.4 per cent. were aged 65 and over.

Heart Diseases continue to be the chief causes of death. The percentage of total deaths, 31.2, is much higher than that of any other cause, and is equivalent to a death rate of 3.9 per 1,000 of the estimated population.

Of the total of 701 deaths, 442 were attributed to "coronary disease, angina" and of these 276 were males. Again, of these male deaths, 94 occurred in the age group 45-64 and 94 in the age group 65-74.

Tuberculosis.

The death rate per 1,000 population for Respiratory Tuberculosis shows a rise from .01 in 1963 to .04 in 1964.

Cancer.

Although there was a small decrease in the number of deaths from this condition, it is disturbing to note that Lung Cancer increased from 62 in 1963 to 81 in 1964.

TABLE IX.

District	Malignant Neoplasms						Total All Forms	Cancer Death Rate per 1,000 Population
	Stomach	Lung Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia Aleukaemia		
Western No. 1.								
Abergele U.D. ...	5	7	2	1	14	1	30	3.3
Colwyn Bay M.B.	5	10	8	2	43	4	72	3.6
Aled R.D.	2	1	1	1	10	—	15	2.2
Western No. 2.								
Denbigh M.B. ...	4	5	5	1	13	—	28	3.3
Llanrwst U.D. ...	1	—	1	—	2	—	4	1.6
Ruthin M.B. ...	2	2	—	—	3	1	8	2.2
Hiraethog R.D. ...	2	1	1	1	6	—	11	2.4
Ruthin R.D.	6	4	4	2	8	1	25	2.6
Eastern No. 1.								
Ceiriog R.D. ...	4	3	—	—	9	1	17	2.3
Llangollen U.D. ...	—	3	1	—	3	1	8	2.6
Wrexham R.D. ...	37	30	8	5	60	3	143	2.3
Eastern No. 2.								
Wrexham M.B. ...	9	15	12	7	37	—	80	2.2
Total	77	81	43	20	208	12	441	2.5

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

TABLE X

Year						No. of Deaths	Death Rate per 1,000 Population
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
1964	...	...	...	...	...	441	2.5

Cancer was responsible for 441 deaths or 19.6 per cent. of all deaths. The following table gives the deaths from Cancer according to age, sex and classification, during 1964:—

TABLE XI.

Age	Malignant Neoplasms								Other malignant and lymphatic Neoplasms		Leukaemia Aleukaemia		Total all forms	
	Stomach		Lung Bronchus		Breast		Uterus							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-14	—	—	—	—	—	—	—	—	1	—	—	1	1	1
15-24	—	—	—	—	—	—	—	—	1	2	—	—	1	2
25-44	—	—	2	—	—	6	—	4	6	4	1	—	9	14
45-64	15	7	20	5	1	17	—	7	35	27	—	1	71	64
65-74	21	8	35	6	—	8	—	5	32	35	3	2	91	64
75 and over ...	13	13	11	2	—	11	—	4	32	33	3	1	59	64
Totals	49	28	68	13	1	42	—	20	107	101	7	5	232	209

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
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
1964	2949	Nil	Nil

TABLE XIII.
COMPARATIVE RATES

Rate	Denbighshire	England and Wales
Birth Rate (adjusted)	17.9	18.40
Death Rate (adjusted)	11.7	11.30
Maternal Mortality Rate	Nil	.25
Infant Mortality Rate	22.3	20.00
Neo-Natal Mortality Rate	16.8	13.80
Still-birth Rate	12.9	16.30

ACCIDENTS

TABLE XIV.

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1964 giving Age and Sex Distribution.

Age Group	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0- 1 year	—	—	—	—	—	—
1- 4 years	—	—	—	—	—	—
5-14 years	—	—	—	2	1	3
15-24 years	11	1	12	1	1	2
25-34 years	3	1	4	2	1	3
35-44 years	—	—	—	2	—	2
45-54 years	2	—	2	2	3	5
55-64 years	1	—	1	4	1	5
65-74 years	3	3	6	1	3	4
75 years and upwards ...	4	1	5	4	14	18
Total	24	6	30	18	24	42

TABLE XV.
CAUSES OF DEATH, 1964.

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

Causes	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro.	Denbigh Boro.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro.	Ruthin Rural	Wrexham Boro.	Wrexham Rural	Total
Tuberculosis respiratory ... ..	...	...	1	...	1	...	...	...	...	...	2	3	7
Tuberculosis Other .	...	...	...	...	...	...	...	...	...	1	...	...	1
Syphilitic disease ...	...	...	...	1	...	...	...	...	...	1	...	...	2
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	1	1
Meningococcal infections ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis .	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and Parasitic Diseases..	...	...	...	...	2	...	...	...	...	...	...	1	3
Malignant Neoplasm —Stomach	5	2	4	5	4	2	...	1	2	6	9	37	77
Malignant Neoplasm —Lung Bronchus .	7	1	3	10	5	1	3	...	2	4	15	30	81
Malignant Neoplasm —Breast	2	1	...	8	5	1	1	1	...	4	12	8	43
Malignant Neoplasm —Uterus	1	1	...	2	1	1	...	...	...	2	7	5	20
Other Malignant and Lymphatic Neoplasms	14	10	9	43	13	6	3	2	3	8	37	60	208
Leukaemia, Aleukaemia	1	...	1	4	...	...	1	...	1	1	...	3	12
Diabetes	1	...	...	3	...	1	...	1	...	1	6	6	19
Vascular lesions of nervous system ...	26	13	12	81	26	11	5	11	4	21	54	126	390
Coronary disease, angina	28	11	9	87	27	8	7	9	2	20	74	160	442
Hypertension with Heart Disease ...	3	1	...	9	7	...	...	1	1	2	2	5	31
Other Heart Disease	12	4	15	30	20	3	4	2	8	13	33	84	228
Other Circulatory Diseases	6	3	2	33	5	3	1	2	2	3	6	27	93
Influenza	2	...	1	4	...	...	...	...	...	...	1	3	11
Pneumonia	3	4	4	16	11	2	...	1	...	6	18	27	92
Bronchitis	13	3	2	12	5	2	...	1	7	3	19	43	110
Other diseases of Respiratory System	1	...	2	1	3	3	1	...	1	2	7	10	31
Ulcer of Stomach, Duodenum	1	...	...	4	2	1	...	...	...	...	4	5	17
Gastritis, Enteritis and Diarrhoea ...	...	...	...	3	1	...	1	...	1	1	2	5	14

Table XV. Causes of Death, 1964 (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	3	...	...	4	...	...	1	...	...	...	4	5	17
Hyperplasia of Prostate ... ..	...	...	...	8	1	1	...	...	2	...	1	2	15
Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations ... ..	...	1	1	3	...	...	1	1	1	...	5	5	18
Other defined and ill-defined diseases ...	13	7	4	24	14	4	3	1	2	7	37	45	161
Motor vehicle accidents	1	2	2	5	...	1	1	1	...	2	7	8	30
All other accidents	1	1	1	14	1	...	1	2	1	1	4	15	42
Suicide	5	2	...	3	2	...	...	...	1	4	2	10	29
Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes	149	67	73	417	156	51	34	37	41	113	368	739	2245

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 1964 there were 6 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 1964, one was 53, another was 61 and the other 4 were in the age group 70-74 years of age.

PART II.

Administration

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and
Principal School Medical Officer:

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

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

F. P. Peach, M.B., Ch.B., D.P.H. (until 31/8/64).

E. S. Lovgreen, M.B., Ch.B., D.P.H. (from 1/9/64).

Senior Assistant Medical Officers of Health:

*W. McKendrick, M.D., D.P.H. (resigned 31/8/64).

*F. P. Peach, M.B., Ch.B., D.P.H. (from 1/9/64).

E. S. Lovgreen, M.B., Ch.B., D.P.H. (from 1/4/64
31/8/64).

Gareth Williams, M.B., Ch.B., D.P.H. (from 1/9/64).

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.

*Alwyn Griffith, M.B., Ch.B., D.P.H.

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

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

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

* 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.Chir.

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.

Clinical Assistant:

Patricia C. Powell, M.B., Ch.B.

Psychologists:

W. E. Moore, B.Sc. (Senior Psychologist).

J. B. Edwards, M.A.

P. J. McDonald, B.A.

Psychiatric Social Workers:

Mrs. V. Ford-Thompson.

Miss G. M. Brown, B.A. (resigned 29/2/64).

Miss S. Maston, B.A. (commenced 1/9/64).

County Ophthalmologist :

Gordon L. Harper, M.R.C.S., L.R.C.P., D.O.(Eng.).

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.

Miss A. Large, S.R.N., S.C.M., H.V.Cert., Q.N.

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, C.S.W.

Mental Welfare Officers:

B. W. Hughes, C.S.W.

S. Robinson.

G. Price (resigned 30/9/64).

Miss G. Thomas.

Speech Therapy Service:

Miss R. Stephens, L.C.S.T. (Senior Speech Therapist).

Miss V. Northam, L.C.S.T. (resigned 10/7/64).

Mrs. G. Smith, L.C.S.T. (resigned 21/8/64).

Chiropody Service:

R. S. Kelway.

R. W. Gleave (resigned 30/9/64).

Senior Administrative Officer:

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

Deputy Administrative Officer:

Gwilym Davies.

Administration.

1964 was a year of consolidation and the benefits of long term planning became more apparent. Slowly the pieces were fitted together until the mosaic was almost completed. Of course, it will never be completed; changes and extension of services are such that new challenges are ever thrust upon us. But at least the basic principles are now so securely established that such changes are accommodated without much fuss. Indeed, it is surprising that over the past few years so many additional burdens have been carried with so few staff changes. That this is so is undoubtedly due to the constant surveillance of the organisation and methods employed within the Department.

One aspect that is causing some little concern is that of accommodation. The ever-extending services with the concomitant increase in staff have brought us to the point where in many instances we cannot fulfil our obligations under the Shops, Offices and Railways Act. This is something that will have to be seriously looked at in the near future.

During the year, Mr. C. Ashworth left to join the Flintshire Health Department and Mr. E. E. Hughes joined the Montgomery Mental Health Service. Mr. D. Jones joined the Education Service and Mrs. Mary Jones left for personal reasons.

PART III.

General Provision of Health Services

CARE OF MOTHERS AND YOUNG CHILDREN

Generally, the pattern of the Service has not changed substantially, but owing to increased pressure on the Hospital Maternity Unit, Wrexham, it was found necessary to discharge some mothers from hospital at 48 hours after the birth of the baby. A closely co-ordinated scheme was prepared and this has worked well, despite the substantially greater burden thrown on both the Hospital and Local Health Authority Services.

Mr. D. B. Whitehouse, Consultant Obstetrician, Maelor General Hospital, has once again kindly consented to the following extracts from his report for 1964 on the Maternity Unit being included in this Annual Report.

"MAELOR GENERAL HOSPITAL, WREXHAM

"MATERNITY UNIT. REPORT FOR 1964

"This fifth annual clinical report on the work in the Maternity Unit shows a continuation of the trend in previous years of a rise in the number of deliveries with a fall in the perinatal mortality. It has only been possible to accommodate the increased number of patients by a vigorous policy of early discharge, and we greatly appreciate the help and co-operation of the local authorities and general practitioners in the care of these mothers.

"Despite the increase in the work, it is gratifying to record a sharp drop in perinatal deaths and this reflects considerable credit on the midwifery and paediatric staff. Analysis shows that a third of the perinatal deaths were due to malformation while toxæmia, with or without accidental haemorrhage, accounted for another third.

STATISTICAL SUMMARY.

" In-patients.

	1960	1961	1962	1963	1964
Total number of patients admitted	1593	1644	1828	1903	2132
Total number of patients discharged	1568	1646	1829	1916	2115
Total number of patients delivered in hospital ...	1409	1470	1609	1686	1851
Total number of babies born	1430	1493	1627	1714	1873
Babies born before arrival (including Flying Squad cases)	17	11	10	18	15
Booked cases	1290	1366	1475	1553	1733
Non-booked cases	98	110	134	133	148
Maternal mortality	0	2	2	1	1
(mortality per 1,000 deliveries)	0	1.3	1.2	0.59	0.53
Stillbirths	44	46	42	41	32
(Stillbirth rate per 1,000 deliveries) ...	31.2	30.7	25.8	23.9	17.1
Neonatal Deaths	22	30	29	28	29
(Neonatal death rate per 1,000 live-births) ...	15.6	20.8	18.3	16.7	15.7
Perinatal mortality per 1,000 deliveries	46.8	51.5	44.1	40.6	32.6

" Out-patients.

**Attendance at Maelor
Ante-natal Clinic.**

	1960	1961	1962	1963	1964
New patients	1467	1362	1928	1476	1392
Total attendances	8369	7882	10434	9876	8800

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 21 patients during the year, and blood transfusions were given to 10.

Indications for calling Squad.

Abortion	6
Retained placenta	4
Postpartum haemorrhage	3
P.P.H. with retained placenta	2
Antepartum haemorrhage	2
Bleeding fibroids	1
Breech presentation	1
Delayed second stage of labour	1
Impacted shoulder	1

" COMPLICATIONS OF PREGNANCY AND LABOUR.

1. **" Toxaemia of Pregnancy.**—During the year 203 cases of pre-eclamptic toxaemia and 79 cases of essential hypertension were admitted for treatment. Labour was induced surgically in 203 cases. There were 10 stillbirths and 4 neonatal deaths—a perinatal loss of 4.9% (corrected to exclude malformations—4.6%).

One case of pregnancy complicated by chronic nephritis was successfully delivered by Caesarean Section.

There were no cases of 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%)
1964 ...	203	79	0	4.9% (corrected 4.6%)

2. "Antepartum Haemorrhage.

(a) **Placenta praevia.**—There were 10 cases of placenta praevia, of which 8 required blood transfusion.

"Type of Placenta praevia.

	cases
Type I	2
Type II	3
Type III	3
Type IV	2

"Method of delivery.

6 patients were delivered by lower segment Caesarean Section.

2 patients delivered vaginally following rupture of the forewaters.

1 patient was delivered of a live baby by external version and breech extraction, but was subsequently found to have a tear in the lower uterine segment and required hysterectomy.

1 patient with type III placenta praevia went into labour spontaneously and was successful delivered vaginally by the ventouse.

"Perinatal mortality.—There were no stillbirths but 3 babies died after delivery—perinatal mortality 30%.

"Causes of Neonatal deaths.

Bleeding from the cord	...	...	...	1
Prematurity	...	...	...	1
Cause unknown (healthy 6lb. 3oz. baby, no cause found at P.M.)	...	...	...	1

(b) **"Accidental Antepartum Haemorrhage.** — There were 31 confirmed cases of accidental haemorrhage, 25 of these being booked cases. 8 required blood transfusion. 7 babies were stillborn due to placental separation, and there were 4 neonatal deaths.

(c) **"Antepartum haemorrhage of doubtful origin.**—In 15 cases of A.P.H. the cause was in doubt. No babies were lost in this group.

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)
1964	...	10	30.0%	31	35%	15 (nil lost)

3. **"Breech Deliveries.**

(a) **"Uncomplicated breech deliveries.**—There were 34 cases of which 18 were primigravida. There were no stillbirths, but 2 neonatal deaths occurred (perinatal mortality 5.4%).

"Cause of Neonatal Deaths.

Prematurity (3lb. 1 oz.)	...	1
Ps. Pyocaenus meningitis	...	1

- (b) **"Complicated breech deliveries.**—Breech delivery was complicated by other obstetric factors in 33 cases, of which 15 were primigravida. There were 6 stillbirths and 4 neonatal deaths (perinatal mortality 30%).

"Complicating factors.

Twins	14
Toxaemia	12
Accidental A.P.H.	3
Rh. antibodies	2
Placenta praevia	1
Hydramnios	1

"Causes of Stillbirths.

Toxaemia (placental insufficiency)	2
Accidental A.P.H.	2
Malformation	1
Rh. antibodies	1

"Causes of Neonatal Deaths.

Cerebral haemorrhage	2
Respiratory distress syndrome ...	1
Prematurity	1

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%
1964	...	37	5.4%	33	30%

4. **"Face and Brow Presentations.**—There were 7 face presentations, 6 delivered spontaneously. 1 presented Mento-posterior and was rotated and delivered with Keilland forceps. 2 babies were stillborn.

" Causes of Stillbirth.

Anencephalic 1

Cerebral haemorrhage (following spontaneous delivery 1

One brow presentation which corrected spontaneously to vertex, delivered normally.

5. **" Transverse Lie in Labour.**—Transverse lie in labour occurred in 2 patients. One was successfully delivered by internal podalic version and breech extraction. The other corrected to vertex and delivered normally.

6. **" Multiple Pregnancy.**—There were 22 sets of twins, of which 2 were uni-ovular. All were delivered vaginally. There were no stillbirths, but one set was lost through premature labour at 29 weeks, and the babies (under 2 lb.) did not survive. Another baby died on the third day from cerebral haemorrhage (breech). One foetus papyraceous was delivered.

7. **" Labour following Caesarean Section.**—22 patients were allowed to go into labour following Caesarean Section in a previous confinement.

" Method of Delivery in present pregnancy.

Spontaneous vertex 16

Forceps 5

Ventouse 1

Repeat Caesar (failed induction) ... 1

One patient, who delivered vaginally, developed a broad ligament haematoma after delivery. Examination revealed a ruptured lower segment scar. She was treated conservatively.

8. **"Disproportion.**—In 29 patients a diagnosis of disproportion was made.

"Method of Delivery.

Spontaneous	...	...	...	...	2
Forceps	...	...	...	...	7
Caesarean after trial of labour	...	...	...	...	9
Elective Caesarean Section	...	...	...	...	10
Caesar (after trial of forceps)	...	...	...	...	1

This baby died after birth — asphyxial changes only were found at P.M.

9. **"Prolapsed Cord.**—Prolapse of the cord occurred in 2 cases only. One case occurred at full dilatation and it was not possible to save the baby despite an early forceps delivery. The second case occurred at three finger dilatation and the baby was saved by breech extraction.

10. **"Postpartum Haemorrhage.**—P.P.H. (a loss over 20 ounces) occurred in 69 patients of whom 25 required blood transfusion. Two of these patients required hysterectomy—one for a ruptured lower segment and one for uncontrollable secondary P.P.H. following twin delivery.

11. **"Manual Removal.**—The placenta was removed manually in 22 patients—10 of which were associated with P.P.H. Three of these cases were brought in by the Flying Squad.

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%
1964	...	69	3.8%	22	1.10%

12. **“Surgical Induction of Labour.**—Surgical induction of labour was performed on 460 patients—an incidence of 25.7% of all pregnancies. Induction was by forewater rupture on 429 cases, hindwater puncture in 31 cases and by bougie in one case. When labour failed to start within 24 hours of surgical induction a Syntocinon drip or buccal pitocin was commenced. This was required for 80 patients (17% of inductions).

“Indications for induction.

Toxaemia (including essential hypertension)	204
Postmaturity	157
Bleeding in early or late pregnancy ...	32
Rhesus incompatibility	17
False labour	11
Hydramnios	4
Breech presentation	4
Unstable lie	4
Contracted pelvis	2
Miscellaneous	26

“Method of delivery.

Spontaneous vertex	364
Forceps	46
Assisted breech	13
Caesarean (8.9%)	32
Ventouse	5

“Indications for Caesarean Section.

Failed induction	11
Foetal distress	10

Disordered action	...	...	...	...	6
Disproportion	...	...	...	...	5

There were 5 stillbirths and 4 neonatal deaths amongst the cases induced (perinatal mortality 1.9%).

"Causes of Stillbirth.

Malformation	...	...	...	...	2
Postmaturity	...	...	...	...	2
Prolapsed cord	...	...	...	...	1

"Causes of Neonatal Deaths.

Prematurity (A.P.H.)	...	...	...	...	3
Hirschspring's disease	...	...	...	...	1

13. **"Forceps Delivery.**—156 babies were delivered with forceps—an incidence of 8.6%. 148 forceps deliveries were performed under pudendal block and 8 under general anaesthesia.

"Indications for Forceps Delivery.

P.O.P. or D.T.A.	...	...	...	...	46
Foetal distress	...	...	...	...	46
Secondary inertia	...	...	...	...	35
Maternal distress	...	...	...	...	13
Toxaemia	...	...	...	...	5
Prematurity (protective)	...	...	...	...	3
Cardiac disease	...	...	...	...	2
A.P.H.	...	...	...	...	2
Face presentation	...	...	...	...	1
Prolapsed cord	...	...	...	...	1
Contracted pelvis	...	...	...	...	1
Failed Ventouse	...	...	...	...	1

“ Perinatal mortality.—There were 2 stillbirths and one neonatal death—perinatal mortality of 1.2%.

“ Cause of Stillbirths.

Prolapsed cord 1

Intra-uterine asphyxia 1

“ Cause of Neonatal Death.

Haemolytic disease 1

14. **“ Caesarean Section.**—89 patients were delivered by Caesarean Section—an incidence of 4.8%. 17 of these had been delivered previously by Caesarean Section. 6 patients were sterilised. All operations were of the lower segment type.

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

Foetal distress 20

Disproportion 11

Failed induction 19

Bad obstetric history (including previous Caesarean Section) ... 7

Disordered uterine action 6

Mal-presentation 6

Elderly primigravida (with other factors) 5

Placenta praevia 6

Toxaemia 4

Diabetes 3

Ovarian cyst 1

Failed forceps 1

“Perinatal mortality.—There were no stillbirths, but 4 babies died after birth—perinatal mortality of 4.4%.

“Causes of Neonatal Death.

Respiratory distress syndrome	...	1
Bleeding from cord	... ..	1
Prematurity	... ..	2

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%
1964	...	460	25.7%	156	8.6%	89	4.8%

15. **“Ventouse.**—The Ventouse (vacuum extractor) was used to assist delivery in 10 cases. Six during the first stage and 4 during the second stage of labour. In one case, forceps was needed to complete delivery after full dilatation had been achieved with the Ventouse.

“Indications for the Ventouse.

Disordered uterine action	... ..	6
Foetal distress	... ..	2
Placenta praevia	... ..	1
P.O.P.	... ..	1

No babies were lost, but one suffered cerebral irritability whilst a second was hydrocephalic (surviving).

16. **"Persistent Occipito-Posterior and Deep Transverse Arrest.**—There were 68 cases in which the occiput failed to rotate anteriorly.

"Method of Delivery.

Keilland's forceps	25
Spontaneous delivery face to pubes	20
Manual rotation and forceps	10
Forceps delivery face to pubes ...	9
Caesarean Section	3
Ventouse	1

There was no perinatal loss.

17. **"Prolonged Labour.**—Prolonged labour is by convention a labour lasting 36 hours or more. There were 37 such labours during the year—an incidence of 2.1% (1963—2.6%).

"Method of Delivery.

Forceps delivery	17
Normal delivery	13
Caesarean Section	6
Ventouse	1

There was one neonatal death from respiratory distress syndrome following Caesarean Section.

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

"Heart Diseases.

Mitral stenosis	7
Interventricular septal defect	1

" Chest Diseases.

Pulmonary tuberculosis	6
Miliary tuberculosis	1
Bronchitis	2
Bronchiectasis	2
Asthma	1
Lobar pneumonia	1

" Blood Diseases.

Iron deficiency anaemia (severe) ...	54
Macrocytic anaemia	16
Henoch's purpura	1

" Venous Thrombosis.

Superficial thrombo-phlebitis	17
Deep vein thrombosis	3

" Tumours.

Uterine fibroids	4
Ovarian cyst	1
Fibro-sarcoma of ileum	1
Spinal secondaries (paraplegia) ...	1

" Miscellaneous.

Urinary tract infection	31
Diabetes (perinatal mortality—nil) ...	7
Epilepsy	4
Psychoneurosis	3

Colitis	...	...	...	...	...	2
Hiatus hernia	...	...	...	...	...	2
Erythema nodosum	...	...	...	...	...	1
Myxoedema	...	...	...	...	...	1
Tonsillitis	...	...	...	...	...	1
Congenital hyperbilirubinaemia	...	...	...	...	...	1
Jaundice	...	...	...	...	...	1

19. **"Puerperal Pyrexia.** — Puerperal pyrexia is by definition a temperature of 100.4 or over within 14 days of childbirth.

(a) **"Genital Tract Infection—11 cases (1963—6 cases).**

Infecting organisms:—

B. proteus	...	...	...	...	...	2
B. coli	...	...	...	...	...	3
C. Welchii	...	...	...	...	...	1
Alpha-haemolytic streptococcus	...	...	...	...	...	1
Anaerobic streptococcus	...	...	...	...	...	1
Monilia	...	...	...	...	...	1
Staph. Albus	...	...	...	...	...	2

(b) **"Extra-genital tract infection—6 cases (1963—6 cases).**

Urinary infection	...	...	...	...	...	5
Gastro-enteritis	...	...	...	...	...	1

20. **"Maternal Death.**—There was one maternal death—1357/63. **Death from melaena at 38 weeks pregnancy.**

A Gravida—3, aged 25, admitted 38 weeks pregnant with twins, with a two day history of diarrhoea and vomiting. No previous history of

significant medical disease. Patient developed massive melaena and died undelivered 10 hours after admission. Autopsy suggested that the cause of the melaena was Henoch's purpura.

21. **"Stillbirths.**—There were 32 stillbirths out of a total of 1,873 babies delivered—an incidence of 17.1 per 1,000 births.

" Causes of stillbirth.

Congenital malformation	11
Placental insufficiency due to:—	
(a) Toxaemia	3
(b) Postmaturity	3
(c) Unknown cases	4
Accidental A.P.H.	7
Prolapsed cord	1
Cord round neck	1
Rhesus incompatibility	1

" PAEDIATRIC SECTION

1. **" Neonatal Deaths.**—There were 36 neonatal deaths out of a total of 1,841 live births. This includes 2 babies which were transferred to Alder Hey and subsequently died after operation for congenital malformation. Also included are 7 babies weighing under 2lbs. which were technically abortions. Corrected to exclude the latter group, the neonatal mortality rate was 15.7 per 1,000 live births.

" Principal Causes of Neonatal Deaths.

Congenital malformation	9
Prematurity	9
Cerebral haemorrhage	3
Haemolytic disease	2
Haemorrhagic disease	1

Haemorrhage from cord	1
Meningitis (Ps pyocyaneus)	1
Respiratory distress syndrome ...	2
No cause found at autopsy (Caesarean)	1

2. **“Premature Babies.**—102 babies of birth weight $5\frac{1}{2}$ lb. and under were delivered of which 19 did not survive. 7 of the latter were under 2lb. weight.

3. **“Congenital Malformation.**—88 babies (4.8%) were born with congenital malformation, of which 11 were still-born and 9 died after birth (perinatal loss 22.7%). 7 were transferred to Alder Hey for operation and 5 of these survived.

4. **“Birth Trauma.**

Cephalohaematoma	5
Facial palsy	4
Cerebral haemorrhage	3
Cerebral irritability	2
Fractured humerus	1
Separation of femoral epiphyses ...	1

5. **“Neonatal Infection.**—86 babies (4.6%) developed some neonatal infection. In 36 the infecting organism was Ps. pyocyaneus, which continues to be a cause of concern in the Neonatal Unit.

6. **“Haemolytic Disease.**

Rhesus incompatibility	22
A.B.O. incompatibility	2

“16 babies were given exchange transfusions. 8 babies received no treatment. 4 babies were lost—2 being still-born and 2 dying during exchange transfusion.

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

TABLE XVI.

Attendances at Hospital Management Committee Ante-Natal Clinics (held in County Clinics) during 1964.

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Rhos	114	931	88	111
Cefn	64	373	34	60
Totals ...	178	1304	122	171

A comparison of the total number of attendances during 1963 and 1964 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 118 new cases at Wrexham, with a total attendance of 896 and 136 new cases at Colwyn Bay, with a total attendance of 991.

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." 30 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, 3,232 live births and 42 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.

At long last, the first of the long awaited new Clinic premises was completed and became ready for occupation in early 1964. The Maternity and Child Welfare Clinic at Brynteg was formally opened by the Chairman of the Health Committee on 20th March, 1964. These premises replaced two Clinics held in rented accommodation and already the benefits of a well planned and equipped Clinic are becoming manifest.

The attendances and the enthusiasm of the staff have rocketed and gradually new services are being brought into the area. Already a Speech Therapy Clinic has been started and shortly it will be possible to commence a Chiropody Clinic as well.

The new Clinic at Rossett was formally opened by Alderman Edward Boden on the 2nd October and a similar sequence of events has occurred there. The substantial increase in attendances has necessitated more frequent sessions by Doctors and Health Visitors. Another important development is the utilisation of these Clinics as a base by the Health Visitor for the area, with the result that she is far more readily available to the community and to her colleagues. A periodic "tea party" at the end of the day has proved an admirable way of establishing an informal meeting of doctors and social workers concerned with the health of the surrounding community.

TABLE XVII.

CHILD WELFARE CLINIC ATTENDANCES			
Age 0 - 1 year:			
Number of first attendances ...	...	2302	
Total number of attendances ...	...	27917	
Age 1 - 5 years:			
Total number of attendances ...	...	14024	

TABLE XVIII.

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1964 with regard to the Maternity and Child Welfare Centres established in the County.

Location	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1964	No. of children who attended during the year and who were born in 1963	No. of children who attended during the year and who were born in 1959/62
Abergele, Pentre Mawr	Weekly	Thursday p.m.	37	83	84	116
Brynteg, County Clinic	Weekly	Monday p.m.	41	122	123	96
Brymbo, Council School	Fortnightly	Thursday p.m.	26	40	30	26
Cefn, County Clinic	Weekly	Friday p.m.	37	75	128	62
Chirk, Ambulance H.Q.	Fortnightly	Thursday p.m.	34	76	45	39
Coedpoeth, Church Hall	Fortnightly	Monday p.m.	51	66	67	79
Colwyn Bay, Nantyglyn Road ...	Weekly	Tues., a.m., p.m.	44	143	69	145
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	41	27	36	82
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	23	12	25	44
Denbigh, County Clinic	Weekly	Wednesday p.m.	41	104	102	130
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	12	13	8	34
Glynceiriog, Ceiriog Institute ...	Fortnightly	Tuesday p.m.	15	59	127	110
Gresford, Church House	Fortnightly	Friday p.m.	36	38	44	54
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	13	30	14	33
Johnstown, Sports Pavilion	Twice monthly	Tuesday p.m.	30	49	35	17

Table XVIII (continued).

Location	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1964 1963 1959/62
Llansannan Village Hall ...	Monthly	Thursday p.m.	18	16 12 21
Llanddulas, C.M. Chapel ...	Monthly	Monday p.m.	8	4 4 20
Llangollen, Welfare House ...	Fortnightly	Tuesday p.m.	35	72 39 77
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	30	57 86 156
Llanrhaeadr Y.M., Public Hall ...	Fortnightly	Monday p.m.	21	19 26 45
Llay, County Clinic ...	Fortnightly	Tuesday p.m.	46	59 76 64
Rhos, County Clinic ...	Weekly	Wednesday p.m.	42	16 87 49
Rhos-on-Sea, Church House ...	Fortnightly	Tuesday a.m.	31	43 35 63
Rhosrobin, County Clinic ...	Fortnightly	Friday p.m.	47	81 76 82
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	25	31 36 54
Rossett, County Clinic ...	Weekly	Wednesday p.m.	18	32 28 39
Ruabon, Old People's Hall ...	Fortnightly	Thursday p.m.	32	48 50 33
Ruthin, Baptist Chapel ...	Weekly	Tuesday p.m.	20	70 83 121
Merchandise Hall, Kinnel Bay ...	Fortnightly	Wednesday p.m.	30	43 27 33
Wrexham, Gatefield ...	Weekly	Tuesday p.m.	29	83 73 43
Wrexham, Garden Village ...	Weekly	Wednesday p.m.	36	73 87 64
Wrexham, Queens Park ...	Weekly	Mon., Thurs., p.m.	36	197 175 362
Wrexham, 1, Grosvenor Road ...	Weekly	Mon., Wed. p.m.	34	199 194 105
Vroncysyllte, Primitive Chapel ...	Monthly	Tuesday a.m.	14	13 10 10
Trevor, The Old School ...	Monthly	Thursday p.m.	12	15 9 5

MATERNITY AND CHILD WELFARE

DENTAL TREATMENT

The Senior Dental Officer, Mr. J. G. Roberts, reports as follows:—

“Once again you will notice a decline in the number treated. This is a national trend, due to the fact that most young adults have their own dentist. It is only natural therefore that, should they require dental treatment during pregnancy, they attend their own dentist.

“This, however, poses a problem. Up to the present it has been necessary to allow one session per dental officer for the purpose of treating nursing and expectant mothers. If therefore, this work is gradually being taken over by the private practitioners it will lead to a duplication of the service.

“In view of the fact that we have built and are still building and equipping new clinics, the problem arises how to use them economically. I think that serious consideration should be given to the question of allowing the private practitioner the use of the clinics either by paying rent for the use of them, or being employed on a sessional basis.

“Clinics.

“As I mentioned earlier, we are building new clinics. This year Brynteg and Rossett came into use, and next year it is hoped that clinics at Ruthin and Ruabon should be ready, with Abergele and Llanrwst probably the following year.

“The present clinics, with the exception of Denbigh and Llanrwst are well equipped and used regularly.

“Staffing.

“The position shows no change. It is extremely difficult to persuade dentists to take up public dentistry; this is another reason for considering the possibility of employing private dentists to take up sessional work.”

DENTAL CARE
TABLE XIX.
ANNUAL RETURN OF WORK
EXPECTANT AND NURSING MOTHERS
January to December, 1964.

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	6	14	256	179	455
No. requiring treatment ...	6	14	256	179	455
No. completed treatment ...	6	11	79	48	144
Attendances for treatment ...	6	11	408	224	649
Session devoted to treatment	2	3	91	44	140
Anaesthetics:					
General anaesthetics	2	4	89	49	144
Local anaesthetics	2	2	1	8	13
Extractions	12	10	399	215	636
Fillings	2	2	77	36	117
Dentures supplied	2	1	62	39	104
Adjustments	2	1	22	14	39
Repairs	—	—	1	—	1
Sundries	1	1	31	21	54
Advice	1	—	47	33	81
Scaling and gum treatment ...	—	1	38	10	49

TABLE XX.
MATERNITY AND CHILD WELFARE
DENTAL TREATMENT, 1964.

(a) Number provided with Dental Treatment.

	No. examined	No. treated	No. made dentally fit
Expectant and Nursing Mothers	455	455	144
Children under 5 years of age	104	52	46

(b) Forms of Dental Treatment provided.

	Extractions	Local Anaesthetics	General Anaesthetics	Fillings	Scalings or Scaling and Gum Treatment	Radio-graphs	Dentures provided
Expectant and Nursing Mothers	636	13	144	117	49	3	104
Children under 5 years of age	42	—	25	24	—	—	—

CARE OF PREMATURE INFANTS

During the year, 170 premature live babies were born, of whom 153 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
16	—	137

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, compared with 1963, sales of National Dried Milk and Orange Juice have remained at the same level and there has been a small increase in the sale of Vitamin Tablets. Cod Liver Oil sales were down by approximately 300 bottles.

TABLE XXII.

The total quantities of non-proprietary foods distributed during 1963 and 1964 were:—

	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1963 	11436	2825	3906	27798
1964 	11317	2536	4194	27326

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 68 mothers were admitted to Bersham Hall and of these 11 were from Denbighshire. In 1963, the figures were 66 and 14 respectively.

Admissions from the various Counties to the Home were:—

TABLE XXIII.

County of origin	No. of cases admitted during 1964
Anglesey	4
Caernarvonshire	9
Denbighshire	11
Flintshire	27
Merionethshire	3
Montgomeryshire	7
Warwickshire	7
	<hr/> 68

Of the 12 babies born to Denbighshire mothers during 1964:—

5 were adopted.

3 were taken into Care by the
Children's Department.

2 remained with mother.

1 died soon after birth.

1 was taken into a foster home.

—
12
—

MIDWIFERY SERVICE

Although the number of domiciliary deliveries has decreased, the work of the Domiciliary Midwives has increased due to the substantially greater number of mothers discharged from Hospital during the "lying-in period." Also more responsibility is undertaken for the Ante-Natal Care of hospital patients. The follow-up of Clinic defaulters and the submission of sociological reports are also time-consuming, but are valuable contributions to the prevention of maternal deaths.

Relaxation and Health Education Clinics were held in all County owned Clinic premises and these were well attended. The close co-operation of the Midwife and Health Visitor and occasionally the General Medical Practitioner has ensured success.

In some areas the Midwives attend Ante-Natal Clinics in the General Medical Practitioners' own surgeries and this has proved most efficacious in integrating the domiciliary midwifery service.

During 1964 the Midwives visited:—

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

33 homes to see patients who failed to attend the Hospital Ante-Natal Clinic.

A Comparative Table of Live and Still Births occurring in Denbighshire during 1964 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	472	4
Maternity accommodation	2760	38

Number of cases delivered in hospitals but attended by domiciliary midwives on discharge from institutions and before the tenth day 1374

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	59
Private Practice:	
Domiciliary	1
Private Nursing Home	—
Hospital Service:	
Wales Hospital Board	64

Refresher Courses.

During the year, 13 Domiciliary Midwives attended Courses at various Centres which helped to maintain efficiency and interest in recent developments.

Analgesia.

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

Of the 466 domiciliary confinements attended by the Local Health Authority Midwives, gas and air was administered in 138 confinements, while pethidine was given in 288 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	5
Total amount of medical claims paid by Local Health Authority	Nil

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.

512 Maternity Outfits were issued during 1964.

Training of Pupil Midwives.

The Wrexham Part II Training School has continued to provide training facilities and although the number of pupils was less it was increasingly more difficult to arrange a sufficient number of confinements on the District.

During 1964 the number of pupil midwives trained in the area was 12 and they were all successful in their examinations.

TABLE XXVI.
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1964.

	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	1	9	133	323	466
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—
Totals	1	9	133	323	466

HEALTH VISITING

Steadily throughout the years the individual case load of each Health Visitor has been gradually reduced to manageable limits but the diversity and scope of her duties grow in proportion, so that there is no apparent relaxation of pressure. The main emphasis of her work has veered from early childhood to old age. This does not imply that the Health Visitor does not give due attention to the infant but with improving social conditions and a constant flow of Health Education through mass media, there has been a substantial improvement in child care and therefore there are not the recurring difficulties and problems of a generation ago. Health Visitors generally are deeply concerned by the plight of the elderly, particularly the lonely old people, and they are worried that insufficient is being done to alleviate this situation. In particular, they are disturbed by the diminishing help given to and interest taken in the Elderly by their own families. It seems inexplicable to find a daughter with sufficient time to devote to a Voluntary Organisation helping old folk but demanding a Home Help for her own mother who lives but a few doors away.

With new Clinic premises becoming available, it will not be long before each Health Visitor will operate from her own fixed base. This will facilitate her work substantially.

Training of Student Health Visitors.

During the year 1 student returned having successfully completed her training, while another sponsored by the Authority commenced her Course in Liverpool in September, 1964.

TABLE XXVII.

Visits made by Health Visitors during 1964:—

First visits to children under 1 year of age	...	2888
Total visits to children under 1 year of age	...	16264
Total visits to children between 1 and 5 years	...	35209
Total visits to persons aged 65 or over	... ..	6950
All other visits	... ..	4350

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	Persons aged 65 or over	All Other Visits
	First Visits	Total Visits		Total Visits	
Rhos and Johnstown	162	1601	2783	419	129
Penrycae, Garth, Trevor and Acrefair	98	709	689	116	114
Rhostyllen, Ruabon, Marchwiel, Isycoed and Abenbury	166	1085	2325	137	184
Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton	286	1184	3340	348	419
Llay, Gresford, Rossett	178	900	1554	267	252
Gwersyllt, Rhosrobin, Summerhill	103	494	1264	83	26
Llangollen and Cefn	155	637	1792	540	291
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos	169	1121	2621	483	329
Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	206	1122	4011	483	262
Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	104	666	694	499	287
Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	40	327	681	87	38

Table XXVIII (continued).

District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Persons aged 65 or over	All Other Visits
	First Visits	Total Visits		Total Visits	
Llanrhaeadr Y.M., Llansilin, Chirk, Glynceiriog and Vroncysyllte	107	508	1239	176	57
Ruthin Borough, Ruthin Rural (part)	143	819	1639	829	285
Borough of Colwyn Bay	296	1181	3098	1402	792
Borough of Wrexham	685	3910	7569	1081	885
Totals	2898	16264	35299	6950	4350

HOME NURSING

This service has continued to minister to all the sick at home who were in need of nursing attention. Despite increasing difficulties in recruiting staff the ingenuity of the Senior Nursing Officer ensured that all areas were adequately covered at all times. However, it must be appreciated that many of our nurses are approaching retirement or, indeed, are on extended service so, inevitably, the situation is certain to deteriorate.

It will be noted that the number of patients attended increased by 354 but that the number of visits decreased. This is accounted for by the changed nature of the duties performed by the Nurse who generally has to undertake more arduous responsibility for more seriously ill patients.

Refresher Courses.

Two 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.

The Training School for the Queen's Nurses' Certificate and the Certificate of District Nursing awarded by the Ministry has continued satisfactorily. It is gratifying to record that so far there have been no failures.

Training School for the State Enrolled Nurse.

This Training School was started during the year and the two Nurses who were trained obtained their certificates.

Miss Chune, Superintendent Nursing Officer and Mr. Leslie Roberts deserve praise for the excellent results achieved by the Schools for I am sure that their infective enthusiasm has contributed greatly to the successes obtained.

TABLE XXIX.

Summary of Cases attended and visited by Home Nurses during 1964.

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	279	3233	3653	7165
No. of visits ...	1657	47455	91306	140418

VACCINATION AND IMMUNISATION.

Smallpox Vaccination.

The number of infants vaccinated against Smallpox during 1964 was 978. It was hoped that the deferment of vaccination until after the first birthday would not result in a substantial reduction in the number vaccinated but the figures indicate that only a minority of parents are bringing their infants to the Clinic for vaccination.

TABLE XXX.

Vaccinations performed during 1964.

Primary Vaccinations				Re-vaccinations			
Under 1 year	...	...	67	Under 1 year	...	...	—
1-4 years	...	...	911	1-4 years	...	...	7
5-14 years	...	...	22	5-14 years	...	...	55
15 years and over	...	...	58	15 years and over	...	...	198

Diphtheria, Whooping Cough and Tetanus Immunisation.

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

Despite strenuous efforts on the part of the staff, there has been a reduction in the number immunised.

Total	0-4 years	5-14 years	15 years and over	No. of cases
7189	6300	8888	978	...
11081	9180	9788	1001	No. of visits

TABLE XXXI.

Number immunised during the year.

	Under 5 years	5-14 years	Total
Number immunised against Diphtheria:			
Primary	2172	75	2247
Booster	1782	1287	3069
Number immunised against Whooping Cough	2137	62	2199
Number immunised against Tetanus	2176	92	2268

TABLE XXXII.

Number of cases of Whooping Cough notified since 1954 in Wrexham and Colwyn Bay Boroughs and the Administrative County.

Year	Wrexham Borough	Colwyn Bay Borough	County
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
1964	34	35	116

Poliomyelitis.

Table XXXIII shows the number vaccinated against this disease in 1964.

The oral administration of this vaccine has resulted in a higher proportion of infants being vaccinated against this disease.

TABLE XXXIII.

Number vaccinated during 1964.

PRIMARY VACCINATIONS					Reinforcement Injections	
0 - 4	5 - 14	15-24	25 - 40	Total	3rd	4th
Salk 38	—	—	1	39	14	11
Sabin. 2121	178	50	167	2516	104	2802

TABLE XXXIV.

VACCINATION AND IMMUNISATION IMMUNITY INDEX

Percentage of children born in 1962 and 1963 estimated to have been vaccinated up to 31st December, 1964.

	Whooping Cough		Diphtheria		Poliomyelitis		Smallpox *Children under 2 years of age
	Born 1962	Born 1963	Born 1962	Born 1963	Born 1962	Born 1963	
Denbighshire ...	75	67	78	70	56	55	31
Wales	64	64	68	65	62	59	19
England and Wales	70	68	72	69	65	60	32

(* Includes only children who were vaccinated during 1964 and were under 2 years old at the time).

AMBULANCE SERVICE

The demands on the Service continued unabated as a glance at Table XXXV will show. These demands are now such that it will prove impossible to efficiently meet them unless reorganisation takes place. Fortunately the planned capital programme should enable the resources to be expanded and reorganised.

More and more patients are being carried to out-patient Clinics and in the Wrexham area early discharge of maternity cases has increased the commitments but emergency calls are the ones that demand immediate action. In July, a separate telephone was installed at Wrexham for in-coming "999" calls only in East Denbighshire. During the first six months no fewer than 397 such calls were made and they were classified as follows:—

Road Accidents	122	Medical and Surgical...	15
Home Accidents	56	Casualties caused by	
		Animals	2
Illness at Home	23		
Industrial Accidents	20	Collapse Cases	81
Industrial Illness	9	Attempted Suicide	15
Maternity	44	Other	10

No separate figures are available for West Denbighshire.

This emphasises how imperative it is for the ambulance personnel to achieve a high standard of training. Fortunately, under the capable guidance of Dr. Gareth Williams, extensive training has continued almost as a permanent feature. The Course which started in October, 1963, culminated in practical and written examinations in April and it was pleasing to note the high standard that was obtained by the majority of the staff.

During the year, four replacement vehicles were received. One of these was built on the new B.M.C. ambulance chassis and one was a forward conversion of the Land Rover Ambulance. This latter will be watched with keen interest for not only has it the rugged qualities of its predecessors but it has now a greater carrying capacity than any other vehicle.

During the year, the Colwyn Bay Voluntary Ambulance Corps was accommodated in the Old Fire Station. Otherwise, there was no alteration of, or additional, premises.

I must pay tribute to the excellent work still being undertaken by Voluntary Organisations particularly in the Cefn Mawr area. Their help in transporting cases, particularly the spastic and subnormal children is greatly appreciated.

Again, the service could not have functioned without the help of private sitting case cars in the rural areas. A glance at Table XXXVI will show how effective they are.

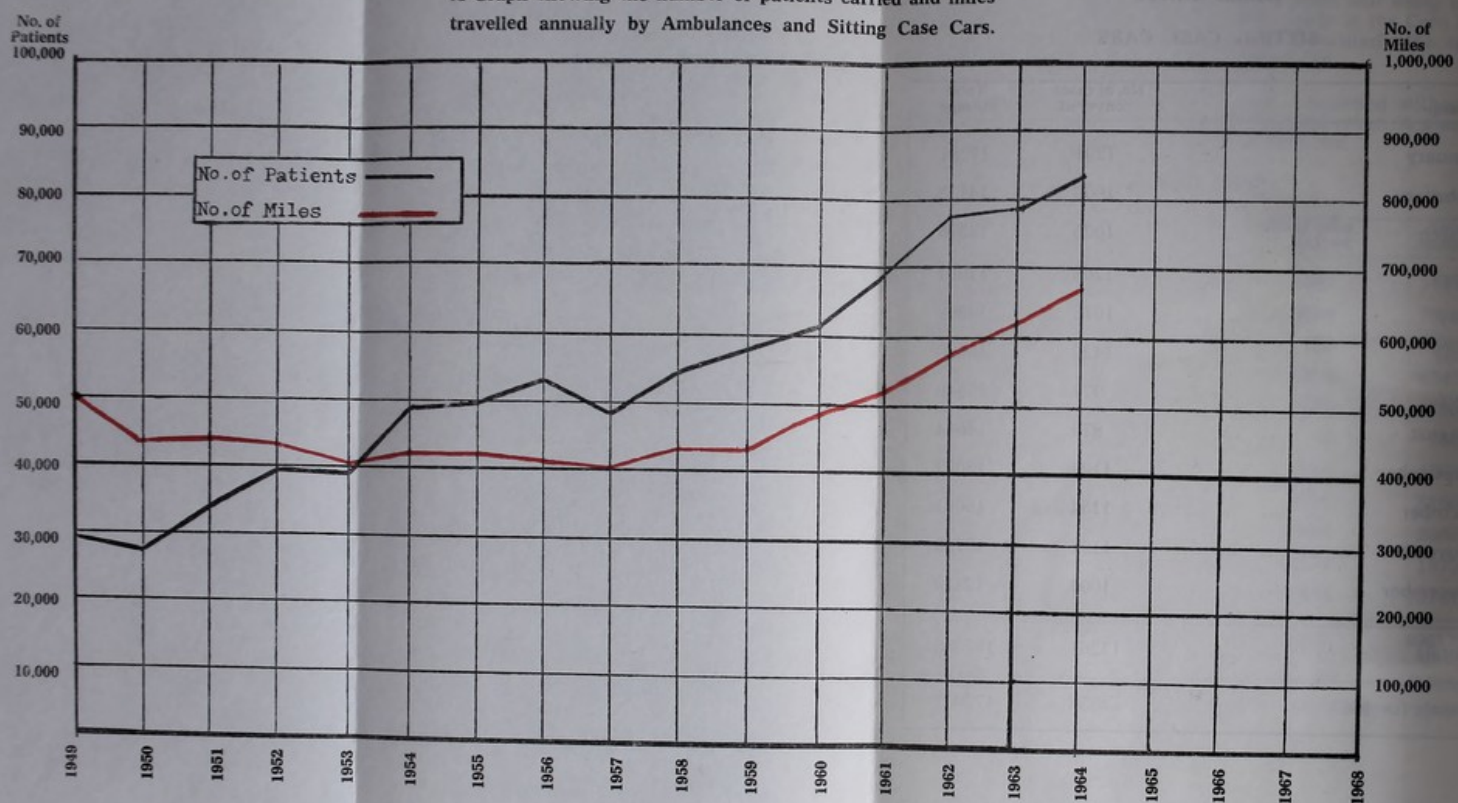
TABLE XXXV.

Station	No. of cases conveyed	Total mileage
Abergele	2849	31553
Colwyn Bay	9693	78795
Cerrigydrudion	120	5406
Denbigh	6874	62402
Llangernyw	2585	27804
Llanrwst	71	2660
Ruthin	3675	45339
Cefn	9001	51060
Chirk	2858	24007
Llangollen	2171	15706
Wrexham	30886	151441
Grand Total	70783	496173
1963	65803	455181

TABLE XXXVI.
SITTING CASE CARS

Month						No. of cases conveyed	Total mileage
January	...	...	...	...	...	1291	17281
February	...	...	...	...	...	1009	14132
March	...	...	...	...	...	1005	14578
April	...	...	...	...	...	1208	17981
May	...	...	...	...	...	1076	14668
June	...	...	...	...	...	1429	18090
July	...	...	...	...	...	971	15348
August	...	...	...	...	...	870	14644
September	...	...	...	...	...	1121	16003
October	...	...	...	...	...	1154	16001
November	...	...	...	...	...	1121	15753
December	...	...	...	...	...	1006	13379
Totals	...	...	...	...	...	13261	187858
Totals for 1963	...	...	...	...	...	12956	172057

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

Prevention of Tuberculosis.

Dr. E. S. Lovgreen, Deputy County Medical Officer, reports as follows:—

“ Once again it is a pleasure to report a decline in the incidence of tuberculosis throughout the county. For the second consecutive year the number of deaths from all forms of tuberculosis did not reach double figures, only 8 being recorded.

“ The number of new cases notified was 66, as compared with 77 in 1963, the second year this figure has been below 100, whilst the total number of patients on the Tuberculosis Register in the county fell from 1,276 in 1963 to 1,214. This number is for the most part made up of persons with quiescent disease who are kept under observation for a period of years before being taken off the register as cured.

“ The number of people with active disease comprises mainly the newly notified cases and a smaller number of chronic treatment-resistant cases. The main source of spread of the disease is now the undiagnosed active case and the use of the Mass X-ray and Chest Clinic facilities is steadily reducing their numbers. With this steady improvement in the whole field of tuberculosis we must not allow complacency to affect the efforts made to eliminate the disease and, indeed, the follow-up of each case becomes more important.

“ Miss Thomas, T.B. Health Visitor, in her annual report aptly sums up the present position: “ The most important cases to follow up now are:—

1. The contacts.
2. The reluctant attender.
3. The reluctant drug-taker.
4. The drug-resistant case.”

“ The contact follow-up by the Clinics reflects the efforts of the T.B. Health Visitors in their visits to the homes of the notified cases. From the 66 newly notified cases last year, 384 contacts were examined at the Chest Clinics, an average of

5.8 per case. To this figure must be added the work contacts and school contacts who are respectively referred to the Mass X-ray Unit, or are Tuberculin-tested by the Health Department Staff.

"The reluctant attender at the Clinic and the reluctant drug-taker belong to that class of individual who constantly involve the staff in an expenditure of time and effort out of all proportion to his or her real needs. That the staff persist in their efforts to help and persuade these people to take the necessary care of themselves and families is an example of their high sense of responsibility to their patients and the community.

"The drug-resistant and drug-sensitive patient is a challenge to the medical staff of the Clinic and Hospital and many variations in the treatment regimes have brought much improvement in the outlook for those so affected.

"B.C.G. Vaccination against tuberculosis is provided for all tuberculin-negative child contacts at the chest clinics. Routine vaccination with B.C.G. is offered to all school-children in their 13th year. It not only plays a part in the preventive field by reducing the number of susceptible individuals in the community, but also gives an indication of the level of infection in the community. The numbers of children tuberculin tested in school is shown in the table below.

TABLE XXXVII.

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1963	1326	213	1109	1094
1964	1493	201	1269	1266

TABLE XXXVIII. TUBERCULOSIS

Number of Cases on the County Tuberculosis Register for the years 1954 - 1964

Year	No. on Register			Deaths			Death Rate per Million of Population
	No. on Register		Total	Deaths		Total	
	Pulm.	Non- Pulm.		Pulm.	Non- Pulm.		
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
1964	1094	120	1214	7	1	8	45.2

TUBERCULOSIS

During the year under review, the number of cases notified was 35 males and 31 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	...	...	...	...	—	—	—	—	2	2
5	...	...	...	...	—	2	2	—	—	—
10	...	...	...	...	—	1	1	1	—	1
15	...	...	...	...	1	1	2	—	1	1
20	...	...	...	...	1	3	4	1	1	2
25	...	...	...	...	2	4	6	1	1	2
35	...	...	...	...	4	2	6	1	—	1
45	...	...	...	...	6	3	9	1	1	2
55	...	...	...	...	5	2	7	—	—	—
65	...	...	...	...	7	3	10	—	1	1
75 and over	...	...	...	...	4	2	6	—	—	—
Totals	...	...	...	...	30	24	54	5	7	12

Total No. of Notifications during 1964	...	...	...	66
No. of new contacts seen of new cases notified	...	...	...	384
No. of contacts notified of this number	...	...	...	3

TABLE XL.
TUBERCULOSIS
Active Cases on Registers according to County Districts,
31st December, 1964.

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Western No. 1.								
Abergele ... Males ...	30	3	...	—	3	1	29	2
... Females ...	17	5	...	1	2	2	16	4
Colwyn Bay ... Males ...	56	2	...	2	9	—	52	4
... Females ...	36	5	...	1	4	2	35	4
Aled ... Males ...	12	—	...	1	—	—	13	1
... Females ...	20	5	—	—	4	—	16	5
Western No. 2.								
Denbigh ... Males ...	57	4	4	1	—	2	61	3
... Females ...	31	5	1	1	3	1	29	5
Llanrwst ... Males ...	9	2	1	—	1	1	9	1
... Females ...	1	2	1	1	—	—	2	2
Ruthin Borough Males ...	10	2	—	—	1	—	9	2
... Females ...	10	1	—	—	5	1	5	—
Hiraethog ... Males ...	9	1	—	—	2	—	7	2
... Females ...	8	2	—	—	5	—	3	2
Ruthin Rural ... Males ...	39	5	—	—	8	—	31	5
... Females ...	33	3	—	1	4	—	29	4

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 moved from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Eastern No. 1.								
Wrexham R.D. .. Males ...	280	17	9	1	20	1	269	17
... Females ...	216	22	10	1	18	1	208	22
Ceiriog ... Males ...	17	1	3	1	1	2	19	—
... Females ...	19	3	—	1	7	—	12	4
Llangollen ... Males ...	11	1	—	—	—	—	11	1
... Females ...	5	—	—	—	1	—	4	—
Eastern No. 2.								
Wrexham Bor. .. Males ...	141	12	6	1	11	2	136	11
... Females ...	87	19	9	1	7	1	89	19
Totals	1154	122	56	15	115	17	1094	120

TABLE XLI

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England and Wales, for 1964 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
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
1964	3.4	4.4	3.9	4.7

" Mass Radiography Service.

The Mass Radiography Service of the Welsh Hospital Board continues to play its part in the tuberculosis case-finding programme and a Unit pays regular visits throughout the year to centres at Wrexham, Colwyn Bay, Denbigh and Ruthin. Special surveys are regularly carried out in industrial establishments in the county and visits are made to the County Welfare Homes. A second Unit has carried out visits to villages in the county to offer its services to members of the general public at sites convenient to their homes. Not only does this service discover cases of tuberculosis but also reveals many other diseases affecting the heart and lungs and all such cases are referred to their general practitioner for investigation and treatment."

The following Tables give details of the work done by the Mass Radiography Units in Denbighshire during 1964.

TABLE XLII.

Unit "F."

Location		No. X-rayed	Requiring Further Observation
Brymbo	Males	42	1
	Females	48	2
	Total	90	3
Bryneglwys	Males	23	—
	Females	11	1
	Total	34	1
Chirk	Males	73	1
	Females	70	—
	Total	143	1
Clawddnewydd	Males	8	—
	Females	14	—
	Total	22	—
Coedpoeth	Males	83	1
	Females	68	—
	Total	151	1
Cyffylliog	Males	17	—
	Females	12	—
	Total	29	—
Gellifor	Males	11	—
	Females	16	—
	Total	27	—
Graianrhyd	Males	36	1
	Females	21	—
	Total	57	1
Llanbedr	Males	4	—
	Females	2	—
	Total	6	—
Llandegla	Males	17	2
	Females	30	—
	Total	47	2
Llangollen	Males	181	5
	Females	270	6
	Total	451	11
Llay	Males	114	2
	Females	43	—
	Total	157	2

Table XLII. Unit "F" (continued).

Location		No. X-rayed	Requiring Further Observation
Loggerheads	Males	17	1
	Females	20	—
	Total	37	1
Maeshafn	Males	12	—
	Females	11	—
	Total	23	—
Pwllglas	Males	6	1
	Females	12	—
	Total	18	1
Rhewl	Males	15	1
	Females	18	—
	Total	33	1
Rhosllanerchrugog	Males	186	3
	Females	157	1
	Total	343	4
Ruabon	Males	42	—
	Females	70	—
	Total	112	—
Waen Aberwheeler	Males	23	—
	Females	21	—
	Total	44	—
Total	Males	910	19
	Females	914	10
	Total	1824	29

Unit "G."

TABLE XLIII.

Circuit Location	No. Examined
Colwyn Bay	868
Denbigh	431
Ruthin	499
Wrexham	3227
Special Surveys:	
Industrial Establishments, etc.	6275
	<hr/> 11300 <hr/>

TABLE XLIV.

Mass Miniature Radiography Unit.

Visits to Old People's Homes, 1964.

Home		No. examined			Requiring further observation		
		Males	Females	Total	Males	Females	Total
Penynant, Minera ...	Resident	6	13	19	—	—	—
	Staff	—	1	1	—	—	—
Argoed Hall, Fron ...	Resident	10	16	26	1	—	1
	Staff	1	6	7	—	—	—
Gladwyn, Gresford ...	Resident	15	17	32	—	—	—
	Staff	3	5	8	—	—	—
Rhyddfarn, Ruthin ...	Resident	36	34	70	—	1	1
	Staff	2	5	7	—	—	—
New Hall, Ruabon ...	Resident	19	18	37	1	—	1
	Staff	2	7	9	—	—	—
Total	Resident	86	98	184	2	1	3
	Staff	8	24	32	—	—	—

MENTAL HEALTH SERVICE

The transition from Hospital to Community Care has brought increasing pressures on the Local Health Authority Services which has left little time for readjustment and planning. The Services have been fully extended and it has been a constant struggle to consolidate new advances while endeavouring to meet new challenges.

During 1964, a Report on a Comprehensive Survey of the Services for the Mentally Subnormal was considered by the Health Committee which should form the foundation for a lucid and logically phased plan for the future development of this Service. The experience gleaned over many years provided factual information which enable the future requirements to be estimated more realistically and the ultimate objectives to be more specifically defined.

Staff Recruitment and Training.

The expansion of the Training Centre necessitated additional staff and these were appointed in the traditional manner. However, it is evident that the entire staffing of Training Centres needs reviewing for unless more skilled and better trained teachers are employed the optimum results will not be achieved.

Preventive Social Services.

Most of the specialised social services contribute directly to the prevention of mental ill-health but generally it is incidental to other responsibilities rather than a positively directed effort. Invaluable contributions are made by the Child Welfare Clinics, the Children's Department, the Child Guidance Service and, increasingly, by the Psychiatric Day Hospital, but the main responsibility devolves upon the Mental Welfare Officers who co-operate increasingly in this work with the General Medical Practitioners.

Hospital Services for the Mentally Ill.

The number admitted to the Psychiatric Hospital increased, but generally the length of stay was shortened. This change from custodial to intensive therapy has added substantially to the pressure on the hospital and, subsequently, on Local Health Authority Services. The shortage of beds at the North Wales Mental Hospital could be relieved if many long stay patients were returned to the community and if the hospital declined to accept psycho-geriatric patients but, if this were to happen, then the results would be catastrophic.

It must be appreciated that there will be inevitably, an increasing number of elderly confused patients needing hospitalization and it is imperative that this acute problem should be resolved by the full co-operation of all concerned.

Hostels.

The need for, and the part to be played, by Local Authority residential accommodation should be clearly defined before embarking upon ambitious schemes for building hostels. The therapeutic role of the Hostel as a halfway house between Hospital and the Community would commend itself to a Local Authority as a worthwhile project but I doubt whether there is much to commend the discharge to Hostels of long stay patients, apart from the transfer of financial responsibility.

Services for the Mentally Subnormal.

Ascertainment.

The diagnosis of Mental Subnormality may either present no difficulties or, on the other hand, be extremely complex. Generally the parents are informed as soon as the diagnosis is indisputable but whenever there is any doubt the child is kept under supervision and given the benefit of all available services. Formal ascertainment, which entails reporting to Committee, may therefore be deferred until the child has had a trial at an ordinary school and in some instances until the school leaving age. On 31/12/64 there were 571 mentally subnormal persons in Denbighshire which gives a rate of 3.3 per 1,000 population.

Domiciliary Mental Health Service.

This Service continued on the same pattern as in previous years. There was an increase of 26 subnormals in Care during the year.

The Out-patient Clinics for the Subnormal were held at the Maelor General Hospital. At the 8 sessions held, 17 new and 25 recalled patients were seen.

4 patients were awaiting urgent admission to Hospital and all of them were cot cases under 16 years of age.

Training Centres.

Junior Training Centre, East Denbighshire—Rhosrobin.

This Centre continued to admit children in the age range 4-16 years. Due to the transfer of the Senior Girls to Bersham,

it was possible to utilise the Hut for some of the classes. However, this was only a temporary expedient for shortly the hut will be demolished prior to the erection of the new Centre.

There were 43 children on the Register.

Junior Training Centre, West Denbighshire. Glan-y-Don.

The number of pupils on the register during the year varied from 16 to 23 and there remained several awaiting admission. The original plans for extending the Centre have had to be completely reconsidered in view of the uncertainty regarding the lease of the premises. It is now evident that a new purpose-built Junior Training Centre will have to be established for West Denbighshire.

Senior Training Centre, East Denbighshire. Bersham.

The acquisition of the old School premises at Bersham enabled a Senior Training Centre for males and females to be established. This provides accommodation for 20 males and 20 females and already most of this has been filled.

With the additional space available, it has been possible to allocate one classroom with an Assistant Supervisor in charge for formal teaching. The outcome of this is awaited with eagerness.

Senior Training Centre, West Denbighshire. Henllan.

A site for this Centre is being purchased and the Architect is in the final stages of preparing the plans.

Denbighshire Pre-employment Centre, Pentre Broughton.

Members of the Health Sub-Committee inspected this project and they are, therefore, well acquainted with the substantial progress achieved.

The acquisition of skills by, and the development of personality of, this group of Mentally Severely Subnormal males has been so substantial that consideration had to be given to re-designating this Centre as a Sheltered Workshop. In this respect, the formation of an Advisory Sub-Committee has ensured a critical industrial appraisal, specialised planning and a stimulating force. Undoubtedly, this Committee has more than justified its formation and I wish to record my deep appreciation to the members not only for their invaluable contribution to the success of this project but also for their profound and generous interest in the advancement of this group of severely handicapped boys.

Hostels.

Due to various reasons, the provision of a Group Home in Wrexham did not materialise during 1964. However, the plans are now being finalised and it is hoped that the Hostel for 8 males will be ready for occupation before the end of 1965.

Voluntary Organisations.

It is gratifying to record once again our indebtedness to many Voluntary Organisations for their magnanimous generosity and support. These were reported to the Committee individually throughout the year and all were gratefully acknowledged. Such generosity results in a two-fold benefit to the Service for it not only provides material needs but by tangible recognition also stimulates staff to renewed efforts in the knowledge that their dedicated service is being appreciated.

I must refer to the magnificent gift of an Industrial Fork-Lift Truck which the Wrexham and District Handicapped Children's Society proposes to make to the Pre-employment Centre at Pentre Broughton. This action, which is in the true tradition of Voluntary Organisation is not merely an expenditure of money but also proffers an opportunity for pioneering a new concept. It would not be inappropriate to acknowledge also the wonderful co-operation and most generous terms of the manufacturers of the Lancing Bagnall Fork-Lift Truck.

It is hoped that the Fork Lift will not only assist the production but also be a means of proving that these boys can be taught to use machinery.

Social Clubs.

During 1964, two new Clubs were opened, one at Denbigh and the other at Colwyn Bay. These function in the same way as the original Club at Gwersyllt and already they have proved their worth. Whilst each Club should evolve its own characteristics, it is essential that there should be a basic policy and some degree of co-ordination. To ensure this and to maintain the voluntary nature of the work, the Health Committee requested the Denbighshire Aid Society to act as its agent.

TABLE XLV.

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

	M.	F.	T.
Mental Health Act, 1959.			
Section 25 (Observation Order)	18	34	52
Section 26 (Treatment Order)	33	61	94
Section 29 (Urgency Order)	45	50	95
Informal	23	25	48

	M.	F.	T.
Total informal patients admitted to Hospital during year	154	246	400

TABLE XLVI.

Mental Health Act, 1959.

	M.	F.	T.
No. of mentally disordered in hospitals at 31/12/64	108	97	205
No. of mentally disordered under guardianship at 31/12/64	—	—	—
No. of mentally disordered in "Place of Safety" at 31/12/64	—	—	—
No. of mentally disordered under Supervision at 31/12/64	279	284	563
No. of mentally disordered awaiting removal to hospital at 31/12/64	2	2	4
No. of mentally disordered (new cases) reported during the year, 1964	11	21	32
No. of mentally disordered admitted to hospitals during the year, 1964	2	6	8
No. of mentally disordered taken to "Places of Safety" during the year, 1964	—	—	—
No. of mentally disordered placed under Super- vision during the year, 1964	8	19	27
No. of mentally disordered that ceased to be under care by reason of death or removal from the area during the year, 1964	7	6	13

TABLE XLVII.
Visits by Mental Welfare Officers during 1964.

	No. of Visits
Mentally Ill	2281
Subnormal and severely subnormal	1206
Total	3487

OTHER TYPES OF ILLNESS

In association with various Voluntary Organisations, the Department has met the nursing equipment needs of the community. Many of the smaller articles which are in regular use are stored at the homes of the District Nurses, but the larger equipment is held centrally at Wrexham and Colwyn Bay.

The Authority supplied 11,000 incontinence pads during 1964. No particular difficulty was encountered in their disposal, this being done by burning. In smokeless zones they are put in plastic bags and placed in the bin.

Some of the nurses commented that patients found these pads uncomfortable and that it was doubtful whether they reduced substantially the laundry requirements of an incontinent patient.

Recuperative Holiday.

22 patients were provided with recuperative holidays during the year. Each application was supported by a Certificate or Report from the 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.

Although there were more cases of Gonorrhoea and other Venereal Diseases during 1964, the Department was only called upon to trace contacts in two instances.

Posters were displayed at Maternity and Child Welfare Clinics and also in other suitable public places. Members of the staff spoke to various groups on this subject.

TABLE XLVIII.

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	1	4	15	20
St. Asaph General Hospital ...	1	4	3	8
Wrexham War Memorial Hospital	—	16	85	101
Totals	2	24	103	129

Community Care of the Elderly.

The improved Hospital Geriatric Services have reduced to some extent the pressure on the Domiciliary Services. However, the demand for Home Help is steadily increasing and it is hoped that it will be more fully met now that the policy has been altered to include long-term cases.

The provision of Old People's Bungalows, suitably grouped, is helping to reduce the demands on residential accommodation, for this arrangement not only makes it easier to establish various services but it fosters a substantial degree of mutual support amongst the elderly.

Chiropody Service.

During 1964, the Chiropody Service was criticised for its inability to meet all the demands that were made. Denbighshire decided upon a directly provided service and appointed two chiropodists. The number of patients gradually increased but suddenly the reputation of the chiropodists became established and there resulted a flood of demands for more sessions and an extension to many new areas. It was quite impossible to meet this and the position was further aggravated by the resignation of Mr. Gleave, the Chiropodist in West Denbighshire. Fortunately, the appointment of Mr. Daley to replace Mr. Gleave

met the demands of that area. It was evident that additional staff would be needed and authority has been given to the appointment of two additional chiropodists and it is anticipated that one, for East Denbighshire, will be appointed in 1965.

Due to staff shortage, it has only been possible, apart from a few bedfast patients, to treat patients at the clinics. However, many patients have been transported by ambulance for treatment. It is hoped that additional clinics will operate as soon as the new chiropodist has been appointed. During 1964 Clinics were held as follows:—

TABLE XLVIX.

Location	Frequency	Day and Time
Wrexham:		
1 Grosvenor Road	Weekly	Tuesday (all day)
Queens Park	Fortnightly	Monday (a.m.)
Cefn Mawr	Fortnightly	Wednesday (p.m.)
Chirk Clinic	Weekly	Wednesday (a.m.)
Coedpoeth	Weekly	Thursday (all day)
Holt	Monthly	Monday (p.m.)
Llangollen	Weekly	Friday (all day)
Rhos	Fortnightly	Monday (all day)
Ruabon	Monthly	Wednesday (p.m.)
Ruthin	Monthly	Wednesday (p.m.)
Abergele Clinic	Weekly	Monday (p.m.) Fourth Tuesday (p.m.)
Abergele (Home for Aged) ..	Fortnightly	Monday (a.m.)
Llanrwst Clinic	Weekly	Tuesday (a.m.)
Llanrwst (Home for Aged) ..	Monthly	Tuesday (p.m.)
Colwyn Bay Clinic	Weekly	Wednesday Thursday (alt.) all day Friday (alt.)
Colwyn Bay (Tandderwen Old People's Club)	Fortnightly	Tuesday (p.m.)
Denbigh Clinic	Fortnightly	Thursday (p.m.)

The following Table shows that 1,086 persons received treatment and that each person attended approximately four times.

TABLE L.

No. of persons on register at 31/12/64	No. of persons treated during 1964	No. of Sessions	Total attendances
1245	1086	771	4239

Problem Families.

During 1964, the Health Department was engaged constantly with 49 families, which entailed the application of two or more agencies, but this does not, in any way, reflect the considerable work and effort devoted to this difficult group.

Blind Persons.

During 1964 the Health Department which is responsible for ascertainment of the blind, examined 86 persons and informed the Welfare Department that 57 should be registered as blind persons.

TABLE LI.

	Males	Females
No. of cases on Register at 31/12/64	166	205
No. of cases ascertained during 1964	23	34
No. of cases ascertained during 1964 with:		
(a) Cataract	7	12
(b) Glaucoma	5	3
No. of cases of Blindness due to Retrolental Fibroplasia ...	—	—

TABLE LII.**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	19	35	—	—
10-15	20	13	—	—
15-25	3	1	—	—
25-50	7	7	2	—
50 and over	9	10	9	10

TABLE LIII.**Spastics.**

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

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10	10	14	2	3
10-15	8	5	6	5
15-25	1	4	—	—
25-50	4	6	—	1
50 and over	2	1	—	—

HEALTH EDUCATION.

Throughout the year, members of the staff have lectured to schoolchildren and groups of adults on a wide range of subjects including the dangers of smoking. Full use has been made of visual aids and some members of the staff have demonstrated considerable ingenuity in their presentation.

Inadvertently, I found myself quoted in the national Press following a remark on Cigarette smoking. This was based on my opinion that restrictive and punitive methods seldom succeed with adolescents and it should not have implied that I do not accept the medical evidence regarding the harmful effects of cigarette smoking. Having successfully discouraged my son from cigarette smoking, I felt that the influence of the home should be stressed rather than expect teachers to more than encourage their pupils along the paths of rectitude.

DOMESTIC HELP SERVICE.

Pressure on this Service has steadily mounted and during the past year it became imperative to review the entire situation. Following consideration of a full report, the Health Committee decided to extend the service to include "Long-term Cases" and consequently to increase the number of Home Helps employed. This was inevitable as it had been found impossible to adhere to the old policy without causing hardship to many old folk.

With this substantial growth of the service, it will be necessary to appoint a Home Help Organiser for it would not be feasible for the Senior Nursing Officer to continue carrying this heavy burden any longer. The Administrative Nursing Officers have nurtured the growth of this Service from its inception and I wish to record my appreciation for their excellent supervision which ensured that the Service was always deployed for the benefit of the patient.

The number of Home Helps employed on 31st December, 1964 was:—

(a) Whole-time	...	...	...	—
(b) Part-time	...	...	...	204

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

Over 65 years of age	...	...	671
Under 65 years of age:			
Chronic Sick and T.B.	...	114	
Mentally Disordered	...	6	
Maternity	...	47	
Other	...	77	
		<hr/>	
		915	
		<hr/>	

PART IV.

Environmental Hygiene

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

There were no significant outbreaks of infectious diseases during 1963, apart from the considerable number of cases of measles.

Acute Poliomyelitis.—There was one case of paralytic poliomyelitis in Wrexham Borough. A woman, aged 26 years developed paralytic poliomyelitis. She had completed a course of Salk Vaccine in August, 1961. The immediate contacts were given a prophylactic dose of Trivalent oral poliomyelitis vaccine in an attempt to prevent further spread. No further cases occurred.

Dysentery.—Only 5 cases were notified during 1964. This is a considerable drop when one considers that during the previous year a total of 80 cases were notified.

Para-typhoid.—It will be noted that there were no cases of para-typhoid during the year.

TABLE LIV.

INFECTIOUS DISEASES.

The following table furnishes particulars, respecting the notifications received during 1964 and, for comparative purposes, the nine preceding years are shown.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Scarlet Fever ...	147	156	114	78	86	79	30	20	36	79
Whooping Cough ...	212	160	198	72	109	154	88	10	82	116
Diphtheria ...	1	—	—	—	—	—	—	—	—	—
Measles ...	3056	473	1811	881	535	1796	2749	414	1222	1160
Acute Pneumonia ...	73	67	72	87	64	23	45	11	10	24
Meningococcal Infection ...	6	3	3	3	2	3	1	1	3	1
Acute Poliomyelitis:										
Paralytic ...	8	2	10	—	3	3	1	2	—	1
Non-Paralytic ...	2	2	—	1	—	—	—	—	—	—
Acute Encephalitis:										
Infective ...	—	—	—	1	—	—	—	1	—	—
Post-infectious ...	—	—	—	—	—	—	—	—	1	—
Dysentery ...	23	207	3	24	21	51	93	86	80	5
Ophthalmia Neonatorum ...	5	1	7	—	1	2	—	—	1	1
Puerperal Pyrexia ...	9	6	8	2	26	23	40	20	14	30
Paratyphoid Fever ...	—	—	—	1	—	1	—	—	3	—
Enteric or Typhoid Fever ...	—	1	—	4	—	—	—	—	—	—
Food Poisoning ...	10	6	15	146	30	13	4	5	6	19
Erysipelas ...	17	13	12	8	11	8	3	1	1	9
Malaria ...	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	161	138	142	136	143	122	95	108	68	53
Non-Pulmonary Tuberculosis ...	15	21	27	31	23	12	9	10	7	9
T.B. Meninges and C.N.S. ...	—	—	—	—	—	—	11	4	—	2
Totals ...	3745	1256	2422	1475	1054	2290	3159	693	1534	1509

TABLE LV.

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	Meninges and C.N.S.	Acute Poliomyelitis
Western No. 1.																
Abergele	1	10	64	5	—	2	—	—	5	2	—	—	—	—	—	—
Colwyn Bay	1	35	120	10	—	—	3	—	1	8	4	—	—	—	—	—
Aled	2	5	5	—	—	—	—	—	—	2	—	—	—	—	1	—
Western No. 2.																
Denbigh	13	8	14	—	—	—	—	9	—	2	—	—	—	—	—	—
Llanrwst	2	—	102	—	—	—	—	—	—	1	—	—	—	—	—	—
Ruthin Borough	—	—	5	—	—	—	—	—	—	1	—	—	—	—	—	—
Hiraethog	7	—	66	—	—	—	—	—	—	—	—	—	—	—	—	—
Ruthin Rural	3	5	21	—	—	—	—	—	1	—	1	—	—	—	—	—
Eastern No. 1.																
Wrexham R.D.	20	19	266	7	1	1	7	9	2	19	2	—	—	—	—	—
Ceiriog	3	—	92	1	—	—	—	1	—	3	2	—	—	—	—	—
Llangollen	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern No. 2.																
Wrexham Borough	27	34	385	1	—	2	20	—	—	15	—	—	—	1	1	1
Totals	79	116	1160	24	1	5	30	19	9	53	9	—	—	1	2	1

DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1964 together with comparative figures for previous years:—

TABLE LVI.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Meningococcal										
Infection	1	—	—	1	2	—	—	1	—	—
Measles	1	—	—	1	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	1	—	—	—	—	1	1	—	—	—
Tuberculosis:										
Pulmonary	26	16	32	26	15	22	11	19	2	7
Non-Pulmonary	3	2	2	1	2	2	6	—	1	1
Pneumonia	80	59	75	66	81	83	101	119	128	92

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:—

“ Provision of Schemes of Water Supply and Sewerage.

The County of Denbigh has travelled far since 1944 in the provision of the essential public service water supply and sewerage disposal. I had hoped to put on record in this

report a complete survey of events from 1944 to date, giving full details of all schemes.

The progress made in the provision of works of water supply reflects credit on the Water Undertakers in the County and more particularly on the Rural District Councils. Major schemes involving substantial capital commitments on headworks, trunk and distribution mains have been carried out in the post-war years. These works have become the back-bone of the large distribution schemes which have been carried out in the County.

The progress made since 1944 has been praiseworthy and it is safe to say that apart from a few pockets which include those very sparsely populated areas, the rural population is well served with an adequate and pure supply.

The position in some of the Urban Districts must be reviewed. The surveys carried out into the water resources of some of the Urban areas fifteen years ago have been found to be erroneous, and to some degree misleading. Building development has exceeded the estimates then made and together with the changed pattern of life and living, water consumption per head of the population has at least doubled. The Water Undertakers are now alive to the position and Consulting Engineers are preparing schemes based on new sources which will no doubt make adequate provision for the future. It is, however, necessary to avoid the development of limited sources and to take the long term view in future planning.

In the year 1964 we witnessed three important events in the history of the public water supply in the County.

Priority of place must be given to the Wrexham and East Denbighshire Water Company who celebrated their Centenary on the 23rd June, 1964. The Company was the first statutory water authority in the Eastern part of the County. In 1864 the Company was formed to provide a piped water supply for the people of Wrexham. That was in the dark days of sanitation and before public health received its first real charter—the Public Health Act, 1875—when reasonable standards were set. The Company have risen from humble beginnings when they served a population of 7,000, to a position today when they provide for a population of 120,000. The high ideals which prompted the establishment of such private statutory water undertakings are still held and are the aim of this Company. They are conscious of their great responsibility, that of providing an essential public service.

The second event of importance was that on the 21st May, 1964, when we saw the opening Ceremony of the Llyn Conwy Water Scheme. This scheme when fully developed will prove an inheritance of immense value to generations yet unborn. The immediate needs of the water famine areas in the County have been truly met by this Scheme.

Then on the last day of the year there came into operation the West Denbighshire and West Flintshire Water Board Order, 1964, No. 2097. In the formation of the Board we saw the fusion of eleven Local Authority Water Undertakings, one private Water Company and a bulk supply Water Board into a single Water Authority. This can rightly be termed as progress, and we extend to the new Board our best wishes and all possible success. They will soon, as members of the Board, be less conscious of their old loyalties and will become aware of the great opportunity which is theirs, that of working as an unit to provide water, this necessity of life.

" Individual Schemes.

Water Supply.

Aled Rural District.

The laying of mains to Llanfair T.H., have been completed and the works were estimated to cost £16,265, the final costs have not been completed.

" Llyn Conwy Scheme—distribution mains.

Work is in progress on the second stage of the Llyn Conwy distribution mains serving parts of the parishes of Llanellian-yn-Rhos, Betws-yn-Rhos, Llanfair T.H., Abergele Rural, Llansannan, and Llansantffraid Glan Conway. This scheme is estimated to cost £100,000.

" Sewerage and Sewage Disposal.

" Hiraethog Rural District.

	£
Scheme to serve Mountain View, Capel Garmon has been completed at a final cost of	3,114

" Ruthin Rural District.

" Gyffylliog.

Works in progress; contract price	20,996
---	--------

“ Waen, Aberwheeler.

Works in progress cost (estimated) 39,920.”

LABORATORY FACILITIES

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

The Pathological Laboratory, Maelor General Hospital, Wrexham.

The Public Health Service Bacteriological Laboratory, Conway.

The Public Health Service Bacteriological Laboratory, Shrewsbury.

The Pathological Laboratory, Chester Royal Infirmary.

Analyses are also undertaken by Mr. J. Graham Sherratt, County Analyst.

PART V.

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:—

“ During the year, 1,413 samples of milk were taken and submitted to the Public Health Laboratory, Conway, for examination. I give below details of samples taken and a summary of the laboratory reports.

Designation of Milk	No. of Samples Taken	Statutory Test	Passed	Failed
Pasteurised	1118	Phosphatase	1118	—
		Methylene Blue	1065	53
Sterilised	22	Turbidity	22	—
Untreated	273	Methylene Blue	206	67

It is gratifying to report that all samples of pasteurised milk satisfied the phosphatase test, and of the 53 samples that failed the Methylene Blue test, only two were from processing dairies licensed by the County Council.

“ The position in regard to Untreated milk is not so satisfactory. The percentage of failures is much higher than is the case in heat-treated milk.

“ Milk in Schools Scheme.

The milk supplied to schools under the Milk-in-Schools Scheme has been kept under constant supervision. Regular sampling is carried out and during the year 411 samples

were taken and 38 did not conform to the Methylene Blue Test. The unsatisfactory results were found in milk processed in Dairies outside the County.

“ Biological Examination of Milk.

As in recent years, the sampling of milk for biological examination has been confined to those of producer-retailer herds. During the year, 60 herds samples were taken and submitted to the Public Health Laboratory for examination and 9 showed evidence of Brucella infection. Further sampling was carried out on the infected herds and 79 individual cow samples were taken, and 14 cows were found to be infected with Brucella. I was also called to investigate four cases of Brucellosis in humans and in each case there was evidence that the milk supply had been the principal cause of the infection. The number of calves vaccinated during the year against bovine contagious abortion under the Free Calf Vaccination Service was 6,883, which compares with 6,998 vaccinated in 1963.

It is gratifying to see that a more realistic approach is being made by those concerned both with Public Health and Animal Health towards the proper control of this disease. There is, however, a great deal more field work to do, and also follow up, and more control work than is done at the present time.

I have in previous annual reports called attention to the inadequate staff in the Department to properly carry out the duties devolving on the County Council in the exercise of their duties under the Food and Drugs Act and Milk Regulations.”

Food and Drugs Act (Composition and Quality).

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

“ During the year ended 31st December, 1964, 522 samples of food and drugs were submitted to the Public Analyst for analysis under the above Act, the particulars being as follows:—

TABLE LVII.

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Milk:					
Retail	322	322	—	316	6
Taken on Delivery...	1	1	—	1	—
Appeal to Cows ...	3	3	—	3	—
Butter	15	—	15	15	—
Margarine	3	—	3	3	—
Lard	2	—	2	2	—
Cooking Fat	1	—	1	1	—
Cheese	4	—	4	4	—
Rice	1	—	1	1	—
Sago	1	—	1	1	—
Oatmeal	1	—	1	1	—
Pearl Barley	1	—	1	1	—
Cinnamon	1	—	1	1	—
Arrowroot	1	—	1	1	—
Flour	4	—	4	4	—
Bread	5	—	5	5	—
Cake Mixture	2	—	2	2	—
Cakes	1	—	1	1	—
Iced Buns	1	—	1	1	—
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	—
Dried Peas	1	—	1	1	—
Dried Mint	1	—	1	1	—
Meat Paste	2	—	2	2	—
Luncheon Meat	2	—	2	2	—
Sausages	22	22	—	22	—
Suet	1	—	1	—	1
Tinned Fish	2	—	2	2	—
Fish Paste	1	—	1	1	—
Salmon Spread	1	—	1	1	—
Fish Cakes	1	—	1	1	—
Potted Shrimps	1	—	1	1	—
Vinegar	2	—	2	2	—
Salad Cream	1	—	1	1	—
Pepper	1	—	1	1	—
Salt	1	—	1	1	—
Sauce	1	—	1	1	—
Tea	1	—	1	1	—
Coffee	1	—	1	1	—
Drinking Chocolate ...	2	—	2	2	—
Baking Powder	1	—	1	1	—
Jam	4	—	4	4	—
Marmalade	1	—	1	1	—
Condensed Milk	3	—	3	3	—

Table LVII (continued).

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Mincemeat	1	—	1	1	—
Marzipan	2	—	2	2	—
Ice Cream	30	1	29	30	—
Ice Lollies	8	—	8	7	1
Custard Powder	1	—	1	1	—
Blanc Mange Powder	1	—	1	1	—
Table Jelly	1	—	1	1	—
Sweets	3	—	3	3	—
Saccharin Tablets	1	—	1	1	—
Honey	2	—	2	2	—
Fresh Cream	3	—	3	3	—
Double Cream	1	—	1	1	—
Soft Drinks	6	—	6	6	—
Iced Drinks	1	—	1	1	—
Beer	6	—	6	6	—
Brandy	2	—	2	2	—
Whiskey	2	—	2	2	—
Rum	2	—	2	2	—
Gin	2	—	2	2	—
Wine (Port Type)	1	1	—	1	—
Aspirin Tablets	1	—	1	1	—
Carbonate of Magnesia	1	—	1	1	—
Tartaric Acid	1	—	1	1	—
Gripe Mixture	2	—	2	2	—
Halibut Oil Capsules...	1	—	1	1	—
Olive Oil	1	—	1	1	—
Cod Liver Oil	1	—	1	1	—
Sweet Spirit of Nitre	1	—	1	1	—
Amm. Tinc. of Quinine	1	—	1	—	1
Liquid Paraffin	1	—	1	1	—
Cream of Tartar	1	—	1	1	—
Hydrogen Peroxide ...	1	—	1	1	—
Glycerin	1	—	1	—	1
Eucalyptus Oil	1	—	1	1	—
Camphorated Oil	1	—	1	1	—
Tincture of Iodine ...	1	—	1	1	—
Totals	522	350	172	512	10

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

	Fat	Solids-not-fat
Eastern Division	3.61%	8.73%
Western Division	3.59%	8.75%
Whole County	3.60%	8.74%
The legal presumptive standard	3.00%	8.50%

"As will be observed from the above Table, 326 milk samples were submitted to the Public Analyst during the year, consisting of 322 taken from retailers, 3 "Appeal to Cow" samples taken at farms and one "On Delivery" sample. Of the six samples shown in the Table as "Not Genuine" five of them were found to be deficient in fat and one contained added water. Two of the fat deficiencies were eliminated when comparison samples were taken from the cows and in the other three instances the deficiencies were slight and were dealt with by advising and cautioning the persons concerned. With regard to the sample in which it was reported that extraneous water was present it was decided to take legal proceedings against the offender and the prosecution is at present awaiting hearing.

In addition to the 326 samples of milk analysed by the Public Analyst, 298 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 152 Schools in the County. The results of all the tests thus taken were satisfactory. The average fat content of the School Milks was 3.58% and that of the solids-not-fat 8.82%.

"Of the 196 samples of food 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 Ammoniated Tincture of Quinine, Glycerin, Ice Lolly, and Suet. 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 LVIII.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	3	—	60	60
Total Homes on the register at the end of the year	8	—	125	125

STAFF MEDICAL EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1964 the number of such medical examinations totalled 630. In addition 180 College Entrants were medically examined.

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

I N D E X

A

	Page
Accidents	15
Administration	18
Adulteration of Food and Drugs	92
Ambulance Service	59
Ambulance Service—Graph	62
Analgesia—Midwives	49
Ante-Natal Clinics	39

B

Biological Examination of Milk	92
Births and Birth Rates	7
Blind Persons	81
B.C.G. Vaccination	64

C

Cancer	12
Care of the Elderly	79
Care of Mothers and Young Children	22
Care of Unmarried Mothers	47
Causes of Death	12
Causes of Infant Deaths	9
Child Welfare	40
Chiropody Service	79
Committees	2
Contents	1

D

	Page
Deaths and Death Rates	8
Deaths from Accidents	15
Deaths from Infectious Diseases	87
Dental Treatment of Expectant and Nursing Mothers	44
Diphtheria Immunisation	57
Domestic Help Service	83

E

Epileptics	82
Environmental Hygiene	84
Expectant and Nursing Mothers—Dental Care	43

F

Family Planning	39
Food Control	91
Food and Drugs Act	92
Foreword	3

G

Graph—Ambulance Service	62
--------------------------------	----

H

Health Education	82
Health Visiting	52
Health Visitors—Summary of Work	53
Heart Disease	12
Home Nursing	55
Hygiene—Environmental	84

I

Immunisation	58
Infant Mortality	8
Infectious Diseases	84
Infectious Diseases—Deaths	87

	Page
L	
Laboratory Facilities	90

M	
Mass Radiography Service	70
Maternal Mortality	14
Maternity Outfits	50
Maternity Unit—Maelor General Hospital	22
Medical Examination—Staff	97
Mental Health Service	73
Midwifery Service	48
Milk Supply	91

N	
Notifications of Births	40
Nursing Homes—Registration	96

O	
Ophthalmia Neonatorum	39

P	
Pneumoconiosis	17
Poliomyelitis Vaccination	58
Population	5
Premature Infants—Care of	46
Prevention of Illness, Care and After-care	63
Problem Families	81
Puerperal Pyrexia	39
Pupil Midwives—Training	50

Q

Page

Queens Nurses—Training School	55
-------------------------------	----

R

Recuperative Holiday	78
Registration of Nursing Homes	96

S

Sanitary Circumstances	87
Smallpox Vaccination	56
Spastics	82
Staff	18
Staff—Medical Examinations	97
Statistics and Social Conditions	5

T

Tetanus Immunisation	56
Training Centres	74
Training of Pupil Midwives	50
Tuberculosis—Prevention of	63
Tuberculosis—Deaths	69
Tuberculosis—Notifications	66

U

Unmarried Mothers—Care of	47
---------------------------	----

V

Vaccination	56
Venereal Disease	78

W

Water Supply and Sewerage	87
Welfare Foods	46
Whooping Cough Immunisation	56

T A B L E S

Number	Page
I. Population figures, estimated for past 10 years	6
II. Vital Statistics for past 10 years	7
III. Infant Deaths	8
IV. Causes of Infant Deaths	9
V. Infant Mortality rates for past 10 years	9
VI. Distribution of Population, Births, Infant Deaths, Total Deaths and rates according to County Districts	10
VII. Distribution of deaths in age groups for the past 10 years	11
VIII. Principal Causes of Deaths	12
IX. Cancer Deaths according to County Districts ...	13
X. Cancer Deaths and Rates for past 10 years ...	13
XI. Cancer Deaths, according to Age, Sex and classification	14
XII. Maternity Mortality for the past 10 years ...	14
XIII. Comparative Rates	15
XIV. Deaths from Vehicular and other Accidents, with Age and Sex distribution	15
XV. All Causes of Deaths, according to County Districts	16-17
XVI. Ante-Natal and Post-Natal Clinics — Hospital Management Committee	39

Number		Page
XVII.	Child Welfare Clinic Attendances	40
XVIII.	Maternity and Child Welfare Centres ...	41-42
XIX.	Dental Care—Annual Return	44
XX.	Dental Care—Treatment Provided	45
XXI.	Premature Infants—Place of Birth	46
XXII.	Total Quantities of Non-Proprietary Foods Distributed	46
XXIII.	Bersham Hall—Admissions from the various Counties	47
XXIV.	Comparative Table of Live and Still Births ...	48
XXV.	Number of Midwives employed in Denbighshire by various Authorities	49
XXVI.	Deliveries attended by Domiciliary Midwives ...	51
XXVII.	Statistics of Work done by Health Visitors ...	52
XXVIII.	Summary of Work of Health Visitors ...	53-54
XXIX.	Summary of Cases Attended and Visited by Home Nurses	55
XXX.	Smallpox Vaccinations performed during 1964 ...	56
XXXI.	Whooping Cough and Tetanus Immunisations— Number immunised	57
XXXII.	Whooping Cough Notifications	57
XXXIII.	Poliomyelitis Vaccinations—Number vaccinated	58
XXXIV.	Vaccination and Immunisation—Immunity Index	58
XXXV.	Ambulances—Cases conveyed and mileage ...	60
XXXVI.	Sitting Case Cars—Cases conveyed and mileage	61
XXXVII.	B.C.G. Vaccination	64
XXXVIII.	Number of Cases on the County Tuberculosis Register for the years 1954-1964	65

Number		Page
XXXIX.	Tuberculosis—Total number of Cases notified. Age and Sex Distribution	66
XL.	Active Cases on Registers according to County Districts, 31st December, 1964	67-68
XLI.	Comparative Death Rates from Pulmonary Tuberculosis	69
XLII.	Mass Radiography Service—Work done during 1964	70-71
XLIII.	Mass Radiography Service—Circuit Location ...	72
XLIV.	Mass Radiography Service—Visits to Welfare Homes	72
XLV.	Mental Health — Cases dealt with by Mental Welfare Officers and admitted to Hospital ...	77
XLVI.	Mental Health—Annual Statistics	77
XLVII.	Visits by Mental Welfare Officers during 1964	78
XLVIII.	Venereal Diseases	79
XLVIX.	Chiropody Service—Clinics	80
L.	Chiropody Service—Annual Statistics	81
LI.	Blind Persons	81
LII.	Epileptics	82
LIII.	Number of Ascertained Spastics—Age and Sex Distribution	82
LIV.	Infectious Diseases—Comparative Table for past 10 years	85
LV.	Infectious Diseases according to County Districts	86
LVI.	Deaths from Infectious Diseases during 1964 and comparative figures for previous years	87
LVII.	Summary of Samples analysed by Public Analyst	92-94
LVIII.	Registration of Nursing Homes	96

