

[Report 1965] / Medical Officer of Health, Denbighshire County Council.

Contributors

Denbighshire (Wales). County Council. no2004062613

Publication/Creation

1965

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Denbighshire County Council



ANNUAL REPORT

on the

Health of Denbighshire

for the

YEAR 1965

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

County Medical Officer



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COMMITTEES

Health Committee:

- Chairman: Councillor Dr. I. H. Davies, M.Sc.,
M.B., Ch.B.
- Vice-Chairman: Councillor James Barlow.
- 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. Gethin Davies, Wrexham.
Mrs. W. A. Evans, Denbigh.
Dr. Trevor Hughes,
L.R.C.P., L.R.C.S., Ruthin.
Mrs. K. B. Jones, Colwyn Bay.
Mrs. May Jones, Wrexham.
Mr. E. B. Miller, Llangollen.
Dr. Sheila Reid, M.B., Ch.B.,
Llanychan.

Health Standing 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 F. H. Andleby Jones.
Councillor H. Kyffin Jones.
Alderman Watkin Lloyd.
Councillor Ernest Price.
Councillor George Richards.
Alderman R. C. Roberts.
Alderman R. E. Rowlands.
Alderman Edward 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 of submitting the Annual Report on the Health of Denbighshire for the year 1965.

The vital statistics presented in this Report indicate that the various services provided by the County Council's Health Department have contributed to the steady improvement in the health of the inhabitants of this County. However, the periodic outbursts of gastro-intestinal diseases suggest that the standards of personal hygiene and of food preparation are often abysmally low.

Dysentery, food poisoning and paratyphoid outbreaks are becoming regular features of the summer holiday season. There are many contributory factors—increased communal feeding, ingestion of more sophisticated foods and indifference to personal hygiene. Generally, the hygiene standard in shops has steadily improved but the provision of appropriate equipment cannot neutralise the human element. Failure of technique on the part of food-handlers plays a part in these outbreaks but how many are due to the bad habits—touching and handling of unwrapped foods in stores—of the general public? Failure to wash hands after being to the toilet is not confined to the uninformed as can be observed in any public lavatory. The importance of the subject was appreciated by the Eastern No. 2 District Health Committee who advocated that a Food Hygiene class should be established. Dr. Alwyn Griffith, Wrexham Borough Medical Officer of Health, approached the Principal of the Technical College, Wrexham, with the result that a class of fifty students commenced a special Course on this subject.

Milk is a natural food for humans and also for many pathological bacteria. Despite great strides in the improvement of animal health, equipment, and production methods, milk continues to be liable to contamination by a variety of organisms. Shortly after being appointed County Medical Officer of Health to this Authority in 1950, I urged that all milk supplied to schoolchildren should be pasteurised and the Education Committee accepted my advice. Subsequently in 1959 this Authority resolved to introduce

the Tetra Pac Carton—another step forward in the milk hygiene saga—but unfortunately the general public, which strangely includes professional colleagues, conservatively adhere to the old wives tale that a good cream line is the real criterion of a good milk. It is probable that disposable milk containers will soon steadily replace the glass bottle and milk contamination will be restricted, in the main, to Zoonotic diseases. Apart from a few and infrequent break down of herds tuberculosis has been virtually eradicated from our cattle but this is not so with *Brucella Abortus*. Although Undulant Fever or Brucellosis is not notifiable my attention was drawn to two cases during 1965. The first patient was diagnosed in the Psychiatric Out-Patients' Dept. —the disease presenting dominant psychiatric symptoms. The symptoms of the second case were profuse sweating and tiredness but not sufficient to prevent him doing a heavy job and run his small holding as well. These cases indicate the protean nature of this disease and there are indications that it is much more prevalent than suspected. Once again I must reiterate my advice of fifteen years ago—all milk for drinking must be pasteurised.

Although the County Council approved, in principle, the fluoridation of water supplies it was evident that there were several members who were opposed to the scheme. I was instructed to report on alternative methods of administering fluoride to the appropriate members of the community. Subsequently, I was instructed to give a detailed report on the financial implications. In the meantime, the incidence of caries in our children continues unabated.

During the year the Ten Year Plan for the Health and Welfare Services was reviewed. It is gratifying to have long cherished dreams realised and it was a joy to open two more Maternity and Child Welfare Clinics. I well recall drawing attention to the desperate need for a Maternity and Child Welfare Clinic in Ruthin, as long ago as 1951, and subsequently, to visiting with sub-committees a series of old properties. Persistence has at last been rewarded and the staff and public are greatly enamoured of the fine building which Dr. I. H. Davies, Chairman of the Health Committee, declared open on 18th November, 1965.

The Gwersyllt Clinic, opened by Alderman Thomas Jones on 9th December, 1965, provides excellent facilities which could easily be utilised by the General Medical Practitioners in the district.

Whilst appreciative of the County Architect's diligence in completing in 1965 two Maternity and Child Welfare Clinics I must record my particular gratitude to him and his Principal

Assistant, Mr. R. B. Thomas, for expediting the adaptations to Pentre Broughton Pre-Employment Training Centre. The adaptations extended substantially the storage area and provided a new loading bay, Mr. R. B. Thomas, in collaboration with Mr. Stant, the Contractor, worked miracles of improvisation and expedition in order to have the place ready for 9th June.

On that date the Royal Society of Health held a sessional meeting in Wrexham when, in addition to a paper given by myself on "The Community Care of the Mentally Subnormal," the delegates also visited Pentre Broughton. It was therefore vital that the work should have been completed and it was—approximately half an hour before the delegates arrived.

In the body of the Report I have attempted to summarise the progress achieved at Pentre Broughton but can words, statistics or financial analysis truly reflect the warmth of human happiness, the relief of misery, the joy of hope or the pride of achievement. Some of this can be sensed in the atmosphere at Pentre Broughton but it was highly manifest when the parents attended an Open Day. Fortunately, even an unemotional, indeed, even a hard, cold, financial assessment has also been highly satisfactory. In the financial year 1964-65 the gross profit was about £3,000 while in 1965-66 it was £6,000. In fact, the money earned nearly paid for the running costs. When it is realised that fifteen severely mentally subnormal males have, through their own efforts, earned sufficient to pay for Pentre Broughton then the refusal of the Ministry of Labour to recognise this Establishment as a Sheltered Workshop seems entirely illogical. If progress is maintained then Pentre Broughton will, in the not too distant future, become an economically viable Unit.

I regret the constant emphasis in my Report on finance but this is an universal yardstick which can indicate the level of industrial proficiency and as it is our ambition to train our boys to a level at which they can migrate into open industry, with a reasonable prospect of success, it is essential that prospective employers should be given some indication of the boys' capabilities. That this materialistic approach to the problem pays dividends is evidenced by the acceptance of one boy in open employment and another in sheltered employment. Both have managed, so far, to survive satisfactorily in their jobs without undue support from Social Workers. There is undoubtedly an indefinable resistance to the employment of these mentally handicapped boys but it is hoped that this will steadily be eradicated.

Another progressive step taken during the year was the arrangement for discharged mentally disordered persons to be accommodated in lodgings. Such a scheme demands exceptional

co-operation between the staff of the Psychiatric Hospitals, the National Assistance Board and the Health Department. It also needed the sympathetic co-operation of the general public and in Denbighshire this is forthcoming in great measure.

The generosity and humanity of the people of this County inspire the staff of the Department to reciprocate by working well beyond the calls of duty. Many of the developments in the Mental Health Services would not have been possible without generous voluntary support, of which the most recent example was the presentation by the Wrexham Handicapped Children's Society of a £2,000 fork-lift truck to Pentre Broughton. Yet despite this deep concern for the handicapped the demands for the statutory services continue to increase. Each year General Medical Practitioners, Hospitals and Local Health Authorities have to cope with a larger case load and the time has come when this situation must be faced realistically. The competition for staff is intense and it is evident that optimistic forecasts in the Ten Year Plan will not be realised and the only rational approach is to analyse meticulously the work of professional staff and then ensure that they are employed wholly on work commensurate with their training. It must also be appreciated that developments in one branch of the National Health Service invariably have repercussions on the others and it was gratifying that the Welsh Hospital Board met a delegation from Denbighshire to discuss the siting of the New District General Hospital in the Clwyd and Deeside Hospital Management Committee area. The proposed Rhuddlan site was so inaccessible during the summer months that each journey would be delayed by as much as an hour. Alternative proposals based on a factual analysis of traffic density, distance involved, future road improvements and collateral routes were submitted and this information has been taken into account in selecting another site at Bodelwyddan.

Another happy augury of changing attitudes during 1965 was the growing number of discussions I had with various General Medical Practitioners regarding ways and means of integrating more closely the domiciliary health services. In two instances rural doctors have undertaken Child Welfare and School Health sessions on behalf of the Local Health Authority. Several doctors have discussed the possibility of having their surgeries in County Clinics but these negotiations have invariably broken down on financial considerations. It seems to me utterly illogical to have a large well equipped clinic in an area where branch surgeries are held in the front parlours of private houses and expect a General Practitioner to pay a considerably larger rent for the use of the Clinic, when, in the final analysis, the building has been erected by the people for the people.

There is a steadily growing contact between General Medical Practitioners and Local Health Authority ancillary staff, particularly Mental Welfare Officers. Community care of the mentally disordered necessitates close co-operation between all Services but this is especially so with the care of the psycho-geriatric patients, for they do not fall within any well defined group and, therefore, they cause an intolerable burden for those who have to manage them in the community. Mental Welfare Officers spend hours endeavouring to admit these cases to Hospital often without success for no one person is ultimately responsible for this type of case. This situation was discussed at length at a Conference convened by the Welsh Board of Health. The outcome of the Meeting was the formation of Liaison Committees which have the responsibility of ironing out problems and pin-pointing more precisely the responsibilities of various Officers.

During 1965 Mr. J. G. Roberts retired from the Post of Principal Dental Officer and Mr. T. Hughes from the Post of County Sanitary Officer and Dr. T. K. Hughes has intimated his intention of retiring on 31-3-66. These Officers had served Denbighshire loyally and well for many years. Personally, I regret losing members of the staff whom I have looked upon as friends as well as colleagues.

Although Miss W. M. Chune does not retire until September, 1966, I feel it would be appropriate if I referred, in this Report, to her long, faithful and dedicated service to this County. Undoubtedly the high standard of the Denbighshire Domiciliary Nursing Service is due in no small measure to her foresight and inspiration. I record with gratitude my personal indebtedness for her devoted service, particularly in the difficult but important years immediately following the establishment of the National Health Service. Our best wishes accompany her into a well-earned but not inactive retirement.

I wish to acknowledge the gratitude of the Health Department to Mr. W. E. Bufton, Clerk of the County Council, and his staff, the new County Treasurer, Mr. Edgar Hughes, and our happiness on his promotion, colleagues in the Health Service and other statutory organisations and to the members of the Health Committee.

Finally, I thank the members of the staff who have loyally maintained the high tradition of the Department and also the Chairman, Dr. Ifor H. Davies and Vice-Chairman, Councillor J. Barlow, for their constant encouragement and cordial support.

M. T. ISLWYN JONES,
County Medical Officer of Health.

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August, 1966.

ANNUAL REPORT FOR 1965

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, 1965, was 178,480. This represents an increase of 1,640 over the previous year.

The Table below shows the estimated annual population of the County since 1956.

TABLE I.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease
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
1965	178480	+1640	88090	+1700	90390	- 60

An analysis of the above Table shows that there has been an increase in the Urban Population of 1,700, while there has been a decrease of 60 in the Population of the Rural Districts. 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 1965 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			
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	22.3
1965	15.5	12.9	0.02	2.6	21.2	Nil	14.1

Births and Birth Rates.

The number of live births registered during the year was 2,770 after allowing for inward and outward transfers. This was a decrease of 141 compared with 1964.

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

The crude birth rate is 15.5 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 1.10 and when this is applied the adjusted birth rate is 17.0.

Illegitimate Live Births.

The number of births of illegitimate children during 1965 was 147 as compared with 137 in 1964. This is 5.3 per cent. of the total live births.

Still Births.

The still birth rate for 1965 was 21.2 per 1,000 live and still births as against 12.9 in 1964. The number of still births registered was 60.

Deaths and Death Rates.

The total number of deaths registered during 1965 and allocated to the County was 2,311; this figure gives a crude death rate of 12.9 which when adjusted by the Comparability Factor gives an adjusted death rate of 11.5 of the estimated population.

Infant Mortality.

During 1965 there were 39 deaths of children under one year. Of these, 23 died before reaching one week and 3 died between one and four weeks. This is illustrated in the following table:—

TABLE III.

Age at Death	Male	Female	Total
Under 1 week	13	10	23
Over 1 week but under 4 weeks	2	1	3
Over 4 weeks but under 1 year	5	8	13
Total	20	19	39

There were included in the total of 39, one death under one year, of an illegitimate infant.

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

TABLE IV

Cause of Death	Number of Infant Deaths		Total
	Male	Female	
Pneumonia	3	2	5
Meningococcal Infections	—	1	1
Gastritis, Enteritis and Diarrhoea	1	—	1
Congenital Malformations	3	7	10
Other defined and ill-defined diseases ...	12	8	20
Accidents (not road) ...	1	—	1
Homicide and operations of war ...	—	1	1
Total	20	19	39

These figures give the following rates:—

Infant Mortality per 1,000 live births ...	Total	Legitimate	Illegitimate
	14.1	14.4	6.8

Neo-Natal Mortality (deaths under 4 weeks) 9.4

Early Neo-Natal Mortality (deaths under 1 week) 8.3

Peri-Natal Mortality (Still births and deaths under 1 week) 29.3

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

TABLE V.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Infant Mortality Rate	22.8	23.1	20.7	27.7	18.1	20.6	23.1	15.1	22.3	14.1

For the third year in succession there were no maternal deaths. The Infant Mortality Rate dropped to 14.1 but the Peri-natal Mortality Rate, because of the increase in Still Births, rose from 25.4 to 29.3 per 1,000 live and still births.

TABLE VI.
THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND
RATES ACCORDING TO DISTRICTS FOR 1965.

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 ...	9800	152	15.5	2	13.4	173	17.6
Colwyn Bay Borough .	23910	281	11.8	3	10.7	417	17.4
Aled Rural ...	6700	95	14.2	—	—	51	7.6
			16.5				7.5
Western No. 2:							
Denbigh Borough	8410	128	15.2	3	23.4	171	20.3
Llanrwst Urban ...	2510	43	17.1	—	—	33	13.1
Ruthin Borough ...	3780	57	15.1	1	17.5	55	14.5
Hiraethog Rural ...	4510	78	17.2	1	12.8	50	11.1
Ruthin Rural ...	9360	132	14.1	2	15.1	122	13.0
			16.2				13.3
Eastern No. 1:							
Wrexham Rural ...	62600	991	15.8	13	13.1	749	11.9
Ceiriog Rural ...	7220	129	17.9	1	7.7	90	12.4
Llangollen Urban ...	3010	42	13.9	—	—	40	13.3
			16.2				11.9
Eastern No. 2:							
Wrexham Borough ...	36670	642	17.5	13	20.2	360	9.8
			16.6				11.8
Total County ...	178480	2770	15.5	39	14.1	2311	12.9
			17.0				11.5

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
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
1965	39	12	11	19	71	540	619	1000	2310

There were 39 deaths of infants under one year of age. This number accounts for 1.68 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 26.7 per cent. in the 65-74 years age group.

No less than 52.2 per cent. of the females who died were at least 75 years of age. The corresponding figure for men was 34.5 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) ...	775	33.1
Cancer (including leukaemia and aleukaemia)	463	20.0
Vascular lesions of nervous system	402	17.4
Other circulatory diseases ...	81	3.5
Bronchitis	120	5.2
Violence (including accidents, suicide)	105	4.6
Pneumonia	101	4.4
Tuberculosis (all forms) ...	7	.3

The above diseases are in the main, of course, generally associated with older people. Of the 775 deaths ascribed to Heart Disease 563, or 72.6 per cent. were of persons aged 65 or more; of the 402 due to vascular lesions of the nervous systems, 331 or 82.3 per cent. were aged 65 and over.

Heart Diseases continue to be the chief causes of death. The percentage of total deaths, 33.1, is much higher than that of any other cause, and is equivalent to a death rate of 4.3 per 1,000 of the estimated population.

Of the total of 775 deaths, 504 were attributed to "coronary disease, angina and of these 328 were males. Again, of these male deaths, 133 occurred in the age group 45-64 and 105 in the age group 65-74.

Tuberculosis.

The death rate per 1,000 population for Respiratory Tuberculosis shows a fall from .04 in 1964 to .02 in 1965.

Cancer.

Deaths from lung cancer fell from 81 in 1964 to 78 in 1965. There was, however, an increase of 22 in the number of deaths from all forms of cancer, the total being 463 as compared with 441 during 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. ...	3	8	5	2	22	—	40	4.1
Colwyn Bay M.B.	7	11	12	7	39	—	76	3.2
Aled R.D.	1	4	1	—	5	—	11	1.6
Western No. 2.								
Denbigh M.B. ...	6	3	3	—	18	—	30	3.5
Llanrwst U.D. ...	3	1	—	—	3	—	7	2.8
Ruthin M.B. ...	4	2	4	—	8	—	18	4.7
Hiraethog R.D. ...	1	—	1	—	4	—	6	1.3
Ruthin R.D.	5	2	3	1	22	—	33	3.5
Eastern No. 1.								
Ceiriog R.D. ...	1	1	—	—	14	1	17	2.3
Llangollen U.D. ...	1	1	2	—	4	—	8	2.6
Wrexham R.D. ...	29	33	10	8	68	5	153	2.4
Eastern No. 2.								
Wrexham M.B. ...	8	12	5	2	37	—	64	1.7
Total	69	78	46	20	244	6	463	2.6

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

TABLE X

Year						No. of Deaths	Death Rate per 1,000 Population
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
1965	...	...	...	...	...	463	2.6

Cancer was responsible for 463 deaths or 20.0 per cent of all deaths. The following table gives the deaths from Cancer according to age, sex and classification, during 1965:—

TABLE XI.

Age	Malignant Neoplasms								Other malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Total all forms			
	Stomach		Lung Bronchus		Breast		Uterus							
	M.	F.	M.	F.	M.	F.	M.	F.						
0-14	—	—	—	—	—	—	—	—	2	—	—	1	2	1
15-24	—	—	—	—	—	—	—	—	2	2	1	—	3	2
25-44	1	—	3	1	—	3	—	3	2	6	—	2	6	15
45-64	16	5	25	3	—	21	—	7	27	35	—	1	68	72
65-74	12	7	28	2	—	10	—	4	42	39	—	—	82	62
75 and over ...	16	12	15	1	—	12	—	6	36	51	—	1	67	83
Totals	45	24	71	7	—	46	—	20	111	133	1	5	228	235

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
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
1965	2830	Nil	Nil

TABLE XIII.
COMPARATIVE RATES

Rate	Denbighshire	England and Wales
Birth Rate (adjusted)	17.0	18.10
Death Rate (adjusted)	11.5	11.50
Maternal Mortality Rate	Nil	.25
Infant Mortality Rate	14.1	19.00
Neo-Natal Mortality Rate	9.4	13.00
Still-birth Rate	21.2	15.70

ACCIDENTS

TABLE XIV.

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1965 giving Age and Sex Distribution.

Age Group	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0- 1 year	—	—	—	1	—	1
1- 4 years	—	—	—	2	—	2
5-14 years	—	—	—	2	—	2
15-24 years	3	1	4	2	—	2
25-34 years	2	1	3	—	1	1
35-44 years	1	—	1	2	—	2
45-54 years	4	1	5	1	1	2
55-64 years	2	2	4	2	2	4
65-74 years	—	3	3	1	4	5
75 years and upwards ...	2	1	3	10	22	32
Total	14	9	23	23	30	53

TABLE XV.
CAUSES OF DEATH, 1965

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	...	...	...	2	...	...	...	1	4
Tuberculosis Other ... ..	...	...	...	1	1	...	...	...	...	...	...	1	3
Syphilitic disease	2	...	...	1	...	...	...	...	...	...	...	...	3
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	1	...	...	...	...	...	...	...	...	...	...	...	1
Acute Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	1	1
Other infective and Parasitic Diseases..	2	...	...	2	2	...	...	...	...	1	1	...	8
Malignant Neoplasm —Stomach	3	1	1	7	6	1	1	3	4	5	8	29	69
Malignant Neoplasm —Lung Bronchus	8	4	1	11	3	...	1	1	2	2	12	33	78
Malignant Neoplasm —Breast	5	1	...	12	3	1	2	...	4	3	5	10	46
Malignant Neoplasm —Uterus	2	...	...	7	...	...	...	...	...	1	2	8	20
Other Malignant and Lymphatic Neoplasms	22	5	14	39	18	4	4	3	8	22	37	68	244
Leukaemia, Aleukaemia ... ..	...	...	1	...	...	...	...	...	...	...	...	5	6
Diabetes	1	...	...	3	...	...	...	...	...	2	1	5	12
Vascular lesions of nervous system	37	8	19	86	27	7	12	5	7	23	56	115	402
Coronary disease, angina	31	12	17	89	28	12	8	7	11	26	98	165	504
Hypertension with Heart Disease	3	...	2	6	6	...	1	...	1	2	4	6	31
Other Heart Disease	17	9	12	47	19	3	1	2	8	11	33	78	240
Other Circulatory Diseases	5	...	3	23	2	2	...	1	4	4	12	25	81
Influenza ... ..	...	1	...	...	...	...	...	...	...	...	...	1	2
Pneumonia	3	...	...	11	13	4	2	1	...	4	21	42	101
Bronchitis	8	2	6	23	12	2	2	...	2	2	12	49	120
Other diseases of Respiratory System ... ..	...	2	1	2	...	1	2	...	...	1	3	12	24
Ulcer of Stomach, Duodenum	2	1	...	1	...	...	...	1	...	1	1	2	9
Gastritis, Enteritis and Diarrhoea	1	...	...	1	1	...	...	...	...	...	1	4	8

Table XV. Causes of Death, 1965 (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 Bo.o.	Wrexham Rural	Total
Nephritis and Nephrosis	1	...	2	2	...	1	...	...	...	...	...	2	8
Hyperplasia of Prostate ... ..	...	...	...	1	1	1	...	1	1	...	...	5	10
Pregnancy, child-birth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations	2	...	...	1	1	...	...	...	1	2	8	3	18
Other defined and ill-defined diseases ...	8	4	6	23	12	8	1	3	1	7	30	50	153
Motor vehicle accidents	3	...	1	2	1	...	1	...	...	...	7	8	23
All other accidents	4	1	2	9	13	2	2	2	1	3	3	11	53
Suicide	2	...	1	6	2	1	...	1	...	...	5	10	28
Homicide and operations of war ...	...	...	1	...	...	...	...	...	...	...	...	...	1
All causes	173	51	90	417	171	50	40	33	55	122	360	749	2311

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 1965 there were 5 such cases registered.

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

Of those who died during 1965, one was 53, another was 64 and the other 3 were over 75 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:

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

Senior Assistant Medical Officers of Health:

*F. P. Peach, M.B., Ch.B., D.P.H.

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

Assistant County Medical Officers of Health:

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

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

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

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

Paediatrician.

M. M. McLean, M.D., F.R.C.P., D.C.H.

Child Guidance Service:

Consultant Psychiatrist:

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

Senior Registrar in Psychiatry:

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

Registrar in Psychiatry:

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

Psychologists:

W. E. Moore, B.Sc. (Principal Psychologist).
J. B. Edwards, M.A.
Mrs. R. M. de Hutiray.
Mr. B. G. Meredith.

Psychiatric Social Workers:

Mrs. V. Ford-Thompson.
Mrs. D. P. Wolfenden.

County Ophthalmologists:

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. (retired 30/9/65).
D. R. Pearse, B.D.S. (from 1/10/65).

Area Dental Officer:

J. P. Reid, L.D.S. (from 1/8/65).

Dental Officers:

J. P. Reid, L.D.S. (to 31/7/65).

H. J. Matthews, L.D.S., L.R.C.P., L.R.C.S.
(from 3/5/65).

N. A. James, L.D.S. (Part-time from 22/10/65).

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:

D. H. Owens.

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.

Home Help Organiser:

Miss H. M. Cuddy (from 1/7/65).

Mental Health Service:

Chief Mental Welfare Officer:

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

Senior Mental Welfare Officers:

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

S. Robinson, C.S.W.

Mental Welfare Officers:

Miss G. Thomas.
M. Watson (from 1/9/65).
K. V. Williams (from 1/9/65).

Speech Therapy Service:

Miss R. Stephens, L.C.S.T. (Senior Speech Therapist)
(resigned 12/6/65).
Miss J. Bellis, L.C.S.T. (Senior Speech Therapist)
(from 1/12/65).
Miss Barbara R. Ellis (from 1/9/65).

County Ambulance Officer:

E. Evans-Hughes (from 1/10/65).

Chiropody Service:

B. J. Daley (from 1/1/65).
R. S. Kelway.
V. O. Jones (from 1/9/65).

Senior Administrative Officer:

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

Deputy Administrative Officer:

Gwilym Davies.

Administration, 1965.

The work of a Health Department constantly expands but administratively the natural expansion was contained during 1965, within the existing framework of the Department.

However, there are many problems which need attention and which must be tackled in the future. Appreciation of this has led to the beginning of a study of computers, to ascertain how they could be applied to the work of the Department, not only to enable more efficient statistical data to be available, but also to more efficiently make use of the scarce professional and administrative staff. Preliminary enquiries would seem to suggest that with the movement towards the concept of a family health service, there is a place for the computer in the Health Department.

Dr. Peach, Senior Assistant Medical Officer, Colwyn Bay, reports as follows:—

"The year has been one of steady progress in establishing a comprehensive community health service pioneered by my predecessor, Dr. William McKendrick, under the guidance of the County Medical Officer of Health.

"The advantages of officer delegation of County Health functions to the Western District No. 1 Medical Officer became apparent to me on taking over office. There is the integration of all the public health services, both personal and environmental which is so essential in meeting the needs of contemporary society. Inefficient and time-consuming administrative procedures are being replaced by more progressive ones, to keep pace with advancement in other branches of medicine and the social services. There is now under one roof at the Civic Centre, Colwyn Bay, a comprehensive team of health and social workers responsible to one administrator and co-ordinator of services, the Senior Assistant Medical Officer of Health, who, whilst working under the general policy and direction of the County Medical Officer, is able to mobilise and utilise the services under his control without unnecessary delay and the encumbrance of more traditional but archaic lines of communication. This achieves that essential comprehensive service to the community without which social preventive medicine cannot be practised in our modern society.

"The administration of the Office has been reorganised to bring it into parallel with the organisation of the County Health Staff at the Health Department in Wrexham. Three Sections have been established. School Health, to deal with the administration of the School Health Service in its entirety, including handicapped pupils, speech therapy, etc., and, to follow the pattern set in Wrexham, this section also deals with Mental Health Services. A General Section, which is concerned with the administration of the Ambulance Service, chiropody, the control of infectious disease, health visiting, maternity and child welfare, etc. The third section is concerned with environmental health and deals essentially with the district services. The work of the services is co-ordinated and directed by the Chief Clerk, who is directly responsible to the Medical Officer of Health.

"The establishment of the Office has been increased by the addition of two General Division Clerks. These posts have been transferred from the establishment of the County Medical Officer in Wrexham, in consequence of the additional work delegated to this Officer during the year."

Changes in the administrative staff during the year were confined to Miss B. Garrigan who left to join Leeds County

Borough, and Mr. T. Roberts, who was transferred to the County Roads Department.

Miss R. Stephens, the Senior Speech Therapist resigned and was replaced by Miss J. Bellis, from Salop County Council.

Mr. G. E. H. Howard, one of the Senior Mental Welfare Officers, joined the staff of the Cheshire County Council and was succeeded by Mr. S. Robinson. Mr. Robinson had earlier in the year successfully completed the course leading to the grant of the Certificate in Social Work.

Mr. H. E. Romney, the Senior Mental Welfare Officer for the Colwyn Bay area retired and was succeeded by Mr. B. W. Hughes.

Miss H. M. Cuddy was appointed during the year as Home Help Organiser for East Denbighshire. There is no doubt that this appointment has greatly relieved the pressure on the Nursing Officers.

Mr. E. E. Hughes, took up duties as County Ambulance Officer; previously he was in charge of the West Denbighshire Division.

PART III.

General Provision of Health Services

CARE OF MOTHERS AND YOUNG CHILDREN.

There were during the year under review no changes in the Maternity Services provided in Denbighshire. The cordial relationship existing between the various branches has ensured the maintenance of high standards. The Maternity Liaison Committee convened by the Wrexham, Powys and Mawddach Hospital Management Committee has proved itself an excellent forum particularly for discussing and reviewing those problems where there is some overlap of responsibility.

Mr. D. B. Whitehouse, Consultant Obstetrician, Maelor General Hospital, has once again kindly consented to the following extracts from his report for 1965 on the Maternity Unit being included in this Annual Report.

"MAELOR GENERAL HOSPITAL, WREXHAM

"MATERNITY UNIT.

REPORT, 1965.

"This 6th annual clinical report shows a continuing increase in the number of deliveries which have been accommodated despite no increase in the number of beds. Only by increasing the number of early discharges has this been possible. This has meant great pressure on the staff, both midwives and doctors, and close liaison with the local authorities and general practitioners and has involved administration problems. Early discharge is by no means ideal either for patients or midwives, and its drawbacks have included the re-admission of several patients for various complicating reasons. Means of reducing the bookings at the Maternity Unit are at present under critical review.

"The report shows a rise in stillbirths, off-set by a drop in neonatal deaths, giving a perinatal mortality rate slightly above the 1964 figure. Again, analysis shows that a third of the perinatal loss was attributable to malformation, while toxæmia with or without accidental hæmorrhage accounted for another third. Two-thirds of the babies lost were premature (5lbs. or under).

“ STATISTICAL SUMMARY

“ In-patients.

	1960	1961	1962	1963	1964	1965
Total number of patients admitted ...	1593	1644	1828	1903	2132	2168
Total number of patients discharged ..	1568	1646	1829	1916	2115	2171
Total number of patients delivered in hospital	1409	1470	1609	1686	1851	1886
Total number of babies born	1430	1493	1627	1714	1873	1917
Babies born before arrival (including Flying Squad cases)..	17	11	10	18	15	18
Booked cases	1290	1366	1475	1553	1733	1759
Non-booked cases ...	98	110	134	133	148	127
Maternal mortality ...	0	2	2	1	1	1
(Mortality per 1,000 deliveries)	0	1.3	1.2	.59	.53	.53

Stillbirths.

(Stillbirth rate per 1,000 deliveries) ...	31.2	30.7	25.8	23.9	17.1	25.0
Neonatal Deaths	22	30	29	28	29	22
(Neonatal death rate per 1,000 live births)	15.6	20.8	18.3	16.7	15.7	11.7
Perinatal mortality per 1,000 deliveries) ...	46.8	51.5	44.1	40.6	32.6	36.7

"Out-patients.

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

	1960	1961	1962	1963	1964	1965
New patients	1467	1362	1928	1476	1392	1438
Total attendance ...	8369	7882	10434	9876	8800	9268

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 16 patients during the year and blood transfusions were given to 5.

Indications for calling Squad.

Antepartum haemorrhage	4
Abortion	3
Eclampsia	2
P.P.H.	2
P.P.H. with retained placenta	1
Retained placenta	2
Twins	1
Subarachnoid haemorrhage	1

"COMPLICATIONS OF PREGNANCY AND LABOUR

1. "Toxaemia of Pregnancy.

	Cases	S.B.	Neonatal Deaths
Pre-eclamptic toxaemia	154	15	2
Essential hypertension..	52	8	0
Eclampsia (antepartum)	2	0	0
Chronic nephritis ...	2	0	0
Total	210	13	2

Comparative Figures.

		P.E.T.	Essential Hypertension	Eclampsia	Perinatal Deaths
1960	...	135	6	2	8.8%
1961	...	94	40	2	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%)
1965	...	154	52	2	6.8%

2. "Antepartum Haemorrhage.

- (a) **"Placenta Praevia.**—There were 16 cases of placenta praevia, of which 7 required blood transfusion.

"Type of Placenta Praevia.

					cases
Type I	...	...	...	...	6
Type II	...	...	...	...	3
Type III	...	...	...	...	4
Type IV	...	...	...	...	3

"Method of delivery.

						cases
Classical Caesarean Section	...	...	...	...	...	1
E.U.A. amniotomy and normal delivery	...	...	...	...	...	6
E.U.A. lower segment Caesarean Section	...	...	...	...	...	4
Elective lower segment Caesarean Section	...	...	...	...	...	5

"Perinatal mortality.—There were 2 stillbirths (anoxia) and 2 neonatal deaths (respiratory distress syndrome). A perinatal mortality of 22.2%.

- (b) **"Accidental Antepartum Haemorrhage.** — There were 22 confirmed cases of accidental haemorrhage, 15 of these being booked cases. 8 were given blood transfusions. There were 8 stillbirths from placental separation but no neonatal deaths (perinatal mortality of 36%).
- (c) **"Antepartum Haemorrhage of doubtful origin.** — In 10 cases of antepartum haemorrhage, 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)
1965	...	16	22.2%	22	36%	10 (nil lost)

3. "Breech Deliveries.

- (a) **"Uncomplicated breech deliveries.** — There were 38 cases of which 13 were primigravida. There was one stillbirth due to congenital abnormality. No neonatal deaths occurred in this group (perinatal mortality of 2.68%).
- (b) **"Complicated Breech Deliveries.** — Breech delivery was complicated by other obstetric factors in 28 cases, of which 9 were primigravida. There were 7 stillbirths and 3 neonatal deaths in this group. (perinatal mortality of 35%).

"Complicating Factors.

Twins	...	...	...	...	...	15
Accidental A.P.H.	...	...	...	...	...	5

Toxaemia	3
Hydramnios	2
Prolapsed cord	2
Rh. antibodies	1

“ Causes of Stillbirths.

Placental insufficiency (toxaemia etc.)	4
Accidental A.P.H.	1
Rh. antibodies	1
Placenta praevia	1

“ Causes of Neonatal Deaths.

Congenital malformation	2
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%
1965	...	38	2.6%	28	35%

4. **“ Face and Brow Presentation.**—There was one face presentation which was delivered by forceps and one brow presentation delivered by Caesarean Section.

5. **“ Transverse Lie in Labour.**—Transverse lie during labour occurred in 3 patients. Two babies were treated by internal podalic version and breech extraction and one by classical Caesarean Section. No babies were lost.

6. **“ Multiple Pregnancy.**—There were 28 sets of twins (5 uniovular sets) and one set of triplets. The triplet pregnancy

was complicated by placenta praevia and the mother was delivered by Caesarean Section. All three babies survived. Three twin babies were lost—2 neonatal deaths from prematurity and one stillbirth, from placental insufficiency.

7. **“Labour following Caesarean Section.**—17 patients were allowed to go into labour following Caesarean Section in a previous confinement. 13 delivered vaginally and 4 required repeat Caesarean Section.

“Indications for repeat Caesarean.

	cases
Tenderness of scar	2
Disordered uterine action	1
Border-line disproportion	1

One baby was stillborn from accidental haemorrhage.

8. **“Disproportion.**—In 32 cases a diagnosis of cephalopelvic disproportion was made.

(a) **“Management.**

	cases
Trial of labour—spontaneous delivery	2
Trial of labour—forceps delivery ...	3
Trial of labour—Caesarean Section ...	10
Trial of forceps—Caesarean Section	2
Elective Caesarean Section	15

One baby was stillborn (hydrocephalus).

9. **“Prolapsed Cord.**—Prolapse of the cord occurred in 4 cases—twice at full dilatation and twice at threequarters dilatation. Management was by breech extraction in two cases and by replacement of the cord and forceps delivery in the other two cases. All 4 babies were saved.

10. **“Postpartum Haemorrhage** (a loss of over 20 ounces).—Postpartum haemorrhage occurred in 37 cases—5 of whom required blood transfusion.

11. **“Manual Removal of Placenta.**—The placenta removed manually in 10 patients only, 2 being associated with P.P.H. 2 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%
1965	...	37	1.9%	10	0.50%

12. **“Surgical Induction of Labour.**—Surgical induction was performed on 350 patients—an incidence of 19% of all pregnancies. Induction was by forewater rupture in 328 patients and hindwater puncture in 22 cases. When labour failed to start within 24 hours a Syntocinon drip or buccal pitocin was usually commenced. This was required for 81 patients (23%).

“Indications for induction.

Postmaturity	...	...	...	...	...	156
Toxaemia (including essential hypertension)	...	...	...	...	...	109
Rhesus antibodies	...	...	...	...	...	18
False labour	...	...	...	...	...	16
Bad obstetric history	...	...	...	...	...	10
Hydramnios and foetal abnormality	...	...	...	...	...	16
Antepartum haemorrhage	...	...	...	...	...	12
Contracted pelvis	...	...	...	...	...	5
Pyelitis	...	...	...	...	...	3
Breech	...	...	...	...	...	3
Unstable lie	...	...	...	...	...	2

" Method of delivery.

Spontaneous vertex	308
Forceps	21
Caesarean (4.3%)	15
Breech	6

" Indications for Caesarean Section.

Failed induction	5
Disproportion	5
Foetal distress	3
Bad obstetric history	1
Eclampsia	1

There were 12 stillbirths but no neonatal deaths in this series (perinatal mortality 3.4%).

" Causes of Stillbirth.

Malformation	5
Toxaemia	3
Accidental A.P.H.	2
Rhesus antibodies	1
Placenta praevia	1

13. **" Forceps Delivery.**—120 babies were delivered with forceps, an incidence of 6.2%. 111 forceps deliveries were performed under pudendal block and 9 under general anaesthesia.

" Indications for forceps.

Secondary inertia	43
Foetal distress	30
Deep transverse arrest	19
Persistent occipito-posterior	12
Maternal distress	5

Toxaemia	3
Second twin	3
Prolapsed cord	2
Cardiac	1
Detached retina	1
Face presentation	1

There were 2 stillbirths but no neonatal deaths following forceps delivery.

“ Causes of Stillbirth.

Malformation	1
Cord round neck	1

Perinatal mortality: 1.7%.

14. **“ Caesarean Section.**—120 patients were delivered by Caesarean Section—an incidence of 6.3%. 45 of these patients had been delivered previously by Caesarean Section, 17 patients were sterilised, 118 operations were lower segment in type and 2 were classical Caesarean Sections (for placenta praevia and transverse lie respectively).

“ One postmortem Caesar was performed (not included in above series). The baby did not survive.

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

Disproportion	32
Placenta praevia	10
Bad obstetric history	10
Foetal distress	12
Toxaemia (including essential hypertension, chronic nephritis and eclampsia)	12
Disordered uterine action	10
Failed induction	5
Breech	4

Previous Caesarean Section—tender scar	2
Elderly primigravida	4
Diabetes	2
Transverse lie	1
Brow	1
Accidental A.P.H.	1
Detached retina	1
Persistent O.P.	5

“Perinatal mortality.—There was one stillbirth (placenta praevia) and 2 neonatal deaths (respiratory distress syndrome)—perinatal mortality 2.4%.

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%
1965 ...	350	19.0%	120	6.2%	120	6.3%

15. **“Persistent Occipito-Posterior and Deep Transverse Arrest.**—There were 49 cases in which the occiput failed to rotate anteriorly.

“Method delivery.

	cases
Manual rotation and forceps	19
Spontaneous delivery face to pubes	13
Keilland's forceps	6
Forceps delivery face to pubes	6
Caesarean Section	5

There was no perinatal loss in this group.

16. **"Prolonged Labour.**—Prolonged labour is by definition a labour lasting 36 hours or more. There were 19 labours during the year, an incidence of 1.3%.

" Method of delivery.

Caesarean Section	...	...	...	...	7
Forceps delivery	...	...	...	...	7
Normal delivery	...	...	...	...	5

There was one stillbirth from anoxia (cord round neck plus postmaturity).

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

" Heart Disease.

Mitral stenosis	...	...	...	...	4
Atrial septal defect	...	...	...	...	1

" Chest Disease.

Bronchiectasis	...	...	...	...	2
Pulmonary tuberculosis	...	...	...	...	4
Lobar pneumonia	...	...	...	...	1

" Blood Disease.

Iron deficiency anaemia	...	...	...	...	33
Macrocytic anaemia	...	...	...	...	5

" Venous Thrombosis.

Antenatal superficial	...	...	...	...	2
deep	...	...	...	...	1

" Postnatal.

Superficial	...	...	...	...	6
Deep	...	...	...	...	1

"Urinary Infection.

Cystitis	2
Pyelitis	13
Chronic pyelonephritis	2

Tumours.

Ovarian cyst	2
Uterine fibroids	4
Carcinoma of tongue	1

"Neurological.

Subarachnoid haemorrhage	2
Disseminated sclerosis	1
Disc lesion	1
Antenatal psychosis	1

"Miscellaneous.

Diabetes (1 stillbirth, 1 neonatal death)	4
Hiatus hernia	3
Infective hepatitis	1
Labial abscess	1

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

(a) "Genital Tract Infection.—3 cases

Infecting organisms:

E. coli	2
B. proteus	1

(b) "Extra-genital Tract infection.—5 cases.

Pneumonia	1
Urinary infection	3
Influenza	1

19. **"Maternal Death.**—There was one maternal death from Carcinoma of tongue. The patient a primigravida, aged 30 years, was admitted at 30 weeks with advanced carcinoma of tongue. Radiotherapy had failed to check the disease. She developed increasing difficulty in swallowing and, despite a gastrostomy to assist feeding, she died at 37 weeks pregnancy. Postmortem Caesarean Section produced a still-born female baby weighing 4lb. 10oz.

20. **"Stillbirths.**—There were 48 stillbirths out of a total of 1,917 babies. An incidence of 25.0% per 1,000 births.

"Causes of Stillbirths.

Congenital abnormality	...	...	...	15
Accidental haemorrhage	...	...	...	8
Placental insufficiency due to.—				
(a) Toxaemia	...	...	...	8
(b) Postmaturity	...	...	...	1
(c) Unknown causes	...	...	...	9
Cord round neck	...	...	...	3
Placenta praevia	...	...	...	2
Rhesus incompatibility	...	...	...	2

"PAERIATRIC SECTION

1. **"Neonatal Deaths.**—There were 26 neonatal deaths out of a total of 1,869 live births. This includes 4 babies which were transferred to other hospitals and subsequently died after operations for congenital malformation. Also included are 4 babies weighing under 2lb., which were technical abortions. Corrected to exclude the latter group the neonatal mortality rate was 11.7 per 1,000 live births. 18 babies (69%) weighed under 5½lb. at birth.

"Principal Causes of Neonatal Deaths.

Congenital malformation	...	...	...	8
Respiratory distress syndrome	...	...	...	8
Prematurity	...	...	...	7
Congenital Heart Disease and cerebral haemorrhage	...	...	...	2

Respiratory distress syndrome and
cord haemorrhage 1

2. **"Premature Babies.**—112 babies of birth weight $5\frac{1}{2}$ lb. and under were delivered, of which 18 did not survive. 4 of the neonatal deaths weighed under 2lb. at birth, 3 died from congenital malformation. Corrected to exclude these 2 categories, the neonatal death rate of the premature babies was 9.8%.

3. **"Congenital Malformations.**—102 babies (5.3%) were born with congenital malformations of which 16 were still-born and 8 died after birth (perinatal loss—23.5%).

4. **"Birth Trauma.**

Cephalhaematoma	...	...	...	...	10
Facial palsy	...	...	...	...	5
Fractured humerus	...	...	...	...	2
Fractured clavicle	...	...	...	...	1
Erb's palsy	...	...	...	...	1
Cerebral haemorrhage	...	...	...	...	2

5. **"Neonatal Infection.**—70 babies (3.6%) developed some neonatal infection. In 13 the infecting organism was *Ps. pyocyanous* and in 10 *Staph. Aureus*.

6. **"Haemolytic Disease.**—22 babies were affected by Rhesus immunisation. Of these:—

2 were stillborn.

4 required no treatment.

14 were given exchange transfusion and simple transfusion.

2 were given exchange transfusions only.

None of the babies born alive was lost.

Comparative Tables.

	1960	1961	1962	1963	1964	1965
Neonatal Death Rate .. (per 1,000 live births)	15.6	20.8	18.3	16.7	15.7	11.7
Premature babies ... (Neonatal mortality %)	84	92	77	78	102	112
Congenital malforma- tion	73	53	64	51	88	102
(% of deliveries) ...	5.8	3.8	3.9	3.0	4.8	5.3
Neonatal Infection ...	—	—	—	111	86	70
(% of babies born) ...	—	—	—	6.6%	4.6%	3.6%
Rhesus disease. ...	10	22	12	17	22	22
Neonatal deaths ...	2	1	1	0	2	0
S.B.	1	2	3	3	2	2

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 1965.

A table showing the number of new cases and total attendances at Hospital Ante- and Post-Natal Clinics held at the Rhos and Cefn Mawr County Clinic premises.

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Rhos	116	844	86	107
Cefn	69	411	47	56
Total ...	185	1255	133	163

The continued high attendances at these peripheral clinics show that patients will utilise services if they are reasonably conveniently situated.

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 251 cases at Wrexham, with a total attendance of 958 and 420 cases at Colwyn Bay, with a total attendance of 1,182.

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." 13 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, 3,132 live births and 61 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.

Congenital Defects.

All district midwives, hospitals and general practitioners have been made aware of the need to notify congenital defects apparent at birth and provision has been made on the Notification of Birth Card whereby the necessary information can be entered thereon. During the year 46 births were notified where there was an apparent congenital abnormality. Further enquiries were made in each case to obtain more detailed information which was then passed on to the Registrar General in accordance with agreed procedure.

Where considered advisable the infant's name was entered in the "At Risk" Register and kept under surveillance.

Child Welfare Clinics.

Two new Clinics were opened during the year. The Ruthin Clinic which was formally opened by Dr. I. H. Davies, the Chairman of the Health Committee, provides accommodation for 3 Ambulances and staff at semi-basement level, clinical accommodation for medical and dental services at ground level and administrative offices at first floor level.

The Gwersyllt Clinic was built in accordance with the Ministry's Building Notes. It was opened by Alderman Thomas Jones, Vice-Chairman of the Health Standing Sub-Committee. In addition to the clinical accommodation there is included offices for Health Visitors, Mental Welfare Officers and other social workers.

Already both these Clinics are being well used for it is now possible to bring additional services into the area. Furthermore, it is likely that some of these Clinics will be used by General Practitioners and they may, therefore, become the focal point for the domiciliary health services. With such a development in mind Denbighshire decided, when embarking on its Capital Building Programme, to ensure that any Maternity and Child Welfare Clinics built could be easily adapted to meet the requirements of the General Medical Practitioners. Undoubtedly, such foresight will pay rich dividends in due course, and indeed several doctors have already indicated their interest in such a development.

Table XVII.

CHILD WELFARE CLINIC ATTENDANCES		
Age 0 - 1 year:		
Number of first attendances ...	...	2349
Total number of attendances ...	...	27764
Age 1 - 5 years:		
Total number of attendances ...	...	14801

TABLE XVIII.

MATERNITY AND CHILD WELFARE

The following table furnishes information for 1965 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 1965 and who were born in 1964	No. of children who attended during the year 1965 and who were born in 1960/63
Abergele, Pentre Mawr	Weekly	Thursday p.m.	43	89	94
Brynteg, County Clinic	Weekly	Monday p.m.	39	103	80
Brymbo, Council School	Fortnightly	Thursday p.m.	20	24	29
Cefn, County Clinic	Weekly	Friday p.m.	37	98	115
Chirk, Ambulance H.Q.	Fortnightly	Thursday p.m.	54	77	77
Coedpoeth, Church Hall	Fortnightly	Monday p.m.	58	72	95
Colwyn Bay, Nantyglyn Road ...	Weekly	Tues., a.m., p.m.	45	156	159
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	36	29	35
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	21	24	14
Denbigh, County Clinic	Weekly	Wednesday p.m.	39	121	115
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	11	23	16
Glynceiriog, Ceiriog Institute ...	Fortnightly	Tuesday p.m.	17	121	74
Gresford, Church House	Fortnightly	Friday p.m.	39	49	42
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	14	18	13
Johnstown, Sports Pavilion	Twice monthly	Tuesday p.m.	32	38	44
					28

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 1965 1964 1960/63
Llansannan Village Hall ...	Monthly	Thursday p.m.	18	14 7 34
Llanddulas, C.M. Chapel ...	Monthly	Monday p.m.	12	10 6 21
Llangollen, Welfare House ...	Fortnightly	Tuesday p.m.	39	86 96 39
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	31	58 64 148
Llanrhaeadr Y.M., Public Hall ...	Fortnightly	Monday p.m.	15	23 22 46
Llay, County Clinic ...	Fortnightly	Tuesday p.m.	35	52 74 81
Rhos, County Clinic ...	Weekly	Wednesday p.m.	46	100 111 57
Rhos-on-Sea, Church House ...	Fortnightly	Tuesday a.m.	20	40 36 43
Gwersyllt County Clinic ...	Weekly	Friday p.m.	46	70 81 112
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	22	23 21 34
Rossett, County Clinic ...	Weekly	Wednesday p.m.	19	35 33 56
Ruabon, Old People's Hall ...	Fortnightly	Thursday p.m.	28	31 57 51
Ruthin County Clinic ...	Weekly	Tuesday p.m.	18	95 71 89
Kinnel Bay Merchandise Hall ...	Fortnightly	Wednesday p.m.	21	31 29 34
Wrexham, Gatefield ...	Weekly	Tuesday p.m.	32	104 52 30
Wrexham, Garden Village ...	Weekly	Wednesday p.m.	33	72 70 53
Wrexham, Queens Park ...	Weekly	Mon., Thurs., p.m.	35	230 214 387
Wrexham, 1, Grosvenor Road ...	Weekly	Mon., Wed. p.m.	34	206 164 116
Vroncysyllte, Primitive Chapel ...	Monthly	Tuesday a.m.	11	5 14 13
Trevor Community Centre ...	Monthly	Thursday p.m.	11	22 21 9

MATERNITY AND CHILD WELFARE

DENTAL TREATMENT

Mr. J. G. Roberts, Senior Dental Officer, retired in September, 1965, after 27 years service with this Authority. He was succeeded by Mr. D. R. Pearse, who had previously been employed by Flintshire County Council and Bristol Corporation.

Mr. N. James also retired from full-time service in October and is now working part-time only. Mr. H. J. Matthews joined the staff as a full-time Dental Officer in May.

The figures in the following tables show that the numbers treated have again gone down.

No treatment of mothers was requested at all in West Denbighshire during the year. With the opening, however, of Ruthin Clinic with its newly-equipped and up-to-date dental suite it is hoped that expectant and nursing mothers in the area will take advantage of the excellent facilities now provided. Arrangements were made for the clinic to be staffed by Mr. T. Elton, part-time Dental Officer, from January, 1966, and general practitioners and hospitals, etc., were notified of the new provisions.

DENTAL CARE
TABLE XIX.
ANNUAL RETURN OF WORK
EXPECTANT AND NURSING MOTHERS
January to December, 1965

	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment	130	147	277
No. requiring treatment	108	109	217
No. completed treatment	48	54	102
Attendances for treatment	256	211	467
Session devoted to treatment ...	40	42	82
Anaesthetics:			
General anaesthetics	40	45	85
Local anaesthetics	1	14	15
Extractions	200	183	383
Fillings	86	71	157
Dentures supplied	37	24	61
Adjustments	14	15	29
Repairs	5	1	6
Sundries	18	9	27
Advice	17	19	36
Scaling and gum treatment	9	16	25
Radiographs	6	5	11

TABLE XX.
MATERNITY AND CHILD WELFARE
DENTAL TREATMENT, 1965

(a) Number provided with Dental Treatment.

	No. examined	No. treated	No. made dentally fit
Expectant and Nursing Mothers	277	217	102
Children under 5 years of age	63	30	3

(b) Forms of Dental Treatment provided.

	Extrac- tions	Local Anaes- thetics	General Anaes- thetics	Fillings	Scalings or Scaling and Gum Treatment	Radio- graphs	Dentures provided
Expectant and Nursing Mothers	383	—	85	157	25	11	11
Children under 5 years of age	58	—	27	7	—	—	—

CARE OF PREMATURE INFANTS

During the year, 183 premature live babies were born, of whom 163 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
14	—	149

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. Over 90% of the foods is sold at the various County Clinics, but I am indebted to the Voluntary Helpers in the rural areas who participate in the Scheme by distributing the foods from their own shops and houses.

As will be noted from the following table demand has remained fairly constant during 1965, and in the case of orange juice has even shown an appreciable increase.

TABLE XXII.

The total quantities of non-proprietary foods distributed during 1964 and 1965 were:—

		National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1964	... ..	11317	2536	4194	27326
1965	... ..	11096	2572	3847	29532

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 62 mothers were admitted to Bersham Hall and of these 12 were from Denbighshire. In 1964, the figures were 68 and 11 respectively.

Admissions from the various Counties to the Home were:—

TABLE XXIII.

County of origin	No. of cases admitted during 1965
Anglesey	4
Caernarvonshire	5
Denbighshire	12
Flintshire	22
Merionethshire	6
Montgomeryshire	12
Warwickshire	1
	<hr/> 62

Of the 13 babies born to Denbighshire mothers during 1965:—

- 6 were adopted.
- 1 was taken into Care by the Children's Department.
- 3 remained with mother.
- 1 died soon after birth.
- 2 was taken into a foster home.

—
13
—

MIDWIFERY SERVICE

Again there has been a reduction in the number of domiciliary deliveries which has necessitated an increase in the number of patients discharged before the 10th day. This policy of "Early Discharge" throws a heavy load on the hospital and domiciliary Midwives. The constant and rapid turnover of patients in hospital barely permits sufficient time for personal relationship to be established, and it also strains the administration which has to ensure the continuity of treatment by the domiciliary midwives.

The following table indicates the number of cases and the time of their discharge from hospital and the number of visits paid to such cases by the domiciliary midwives.

Number of cases delivered in hospital but attended by domiciliary midwives, on discharge before the 10th day—1,452.

Table showing the day on which these cases were discharged.

	6 - 72 hours		4 - 6 days		7 -10 days		Total	
	No. of cases	No. of visits	No. of cases	No. of visits	No. of cases	No. of visits	No. of cases	No. of visits
1st Quarter	63	653	39	224	256	792	359	1669
2nd Quarter	71	707	54	309	196	653	321	1669
3rd Quarter	96	917	46	278	258	855	400	2050
4th Quarter	116	1114	66	387	190	672	372	2173
Total for year ...	346	3391	205	1198	900	2972	1452	7561

"Early discharge" of patients is generally arranged in advance of the confinement. When this procedure is contemplated a domiciliary midwife assesses the suitability of the house and in this connection 1,145 visits were made.

In addition the domiciliary midwives visited:—

28 homes to determine whether or not they were suitable for Home Confinement.

55 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 1965 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	342	5
Maternity accommodation	2790	56

Health Education and Relaxation Classes were organised by Midwives and Health Visitors in the following areas.—

Abergele	Gwersyllt	Rhos
Brynteg	Llay	Rhostyllen
Cefn Mawr	Rossett	Wrexham (1 Grosvenor Road)
Coedpoeth	Ruthin	Wrexham (Queen's Park).

Midwives attended Ante-Natal Clinics in doctors' surgeries in the following areas:—

Abergele	Rhos
Cerrigydrudion	Ruabon
Llay	Wrexham
Pentre Broughton	

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

TABLE XXV.

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority	58
Private Practice:	
Domiciliary	1
Private Nursing Home	—
Hospital Service:	
Welsh Hospital Board	66

Refresher Courses.

During the year, 12 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 335 domiciliary confinements attended by the Local Health Authority Midwives, gas and air was administered in 129 confinements, while pethidine was given in 205 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	7
Total amount of medical claims paid by Local Health Authority	£11 5s. 6d.

Maternity Outfits.

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

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

466 Maternity Outfits were issued during 1965.

Training of Pupil Midwives.

The Wrexham Part II Training School has continued to provide training facilities.

During 1965 the number of pupil midwives trained in the area was 17 and they were all successful in their examinations. This is 5 more than in the previous year.

The continuing reduction in the number of home confinements makes it increasingly more difficult to provide the pupil midwives with the required number of confinements on the District.

TABLE XXVI.
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1965

	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	3	87	244	335
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—
Totals	1	3	87	244	335

HEALTH VISITING

The main theme in most of the reports which the Health Visitors submitted on their work, was the importance of Home Visiting, and undoubtedly primary prevention can only be practised effectively in the home environment. Repeatedly there emerges in the reports the unique relationship which evolves between a Health Visitor and her families and this invaluable asset must not be sacrificed lightheartedly, merely to comply with the current fashion of attachment of Health Visitors to General Medical Practitioners. The Health Visitor belongs to the group of workers who are mainly concerned with primary preventive Medico-Social Work. To perform these duties satisfactorily it is essential that the Health Visitor should establish good relationship with her community well in advance of any breakdown in physical or mental health, for thus and thus only can she assess at an early stage any minor deviations from the normal healthy state.

In the realms of physical health the early diagnosis of a cretin and of a congenital dislocation of the hip were cases where the Health Visitor and the Maternity and Child Welfare Clinic played an important preventive role; but with mental ill-health the situation is seldom so clearly defined. However, Health Visitors are increasingly devoting more of their attention to Mental Health especially as they find that they have a unique contribution to give. In many cases the Health Visitor is the only professional person who has observed the deterioration in the patient, who can influence her action and get her to seek psychiatric treatment. This situation is exemplified by the following account.

"I visited a 48 year old mother of 5 children who was attending a Psychiatric Clinic, twice weekly, for treatment. Ostensibly the visit was made in order to determine her eligibility for Home Help.

"The Mother was suffering from Acute Depression and she was adamant in her refusal to attend the Hospital Clinic because the treatment was not doing her any good. She also refused to receive anyone from the Mental Health Service. However, after one and a half hours persistent talking she agreed to let me help her and further visits were arranged. 9 further visits were made, each between 30 - 60 minutes duration, during which practical assistance in drawing up a budget and in resolving, what were to her, insurmountable difficulties, was given. This and the placing in the home of a sympathetic and understanding Home Help to relieve her of

the strain of responsibility, assisted substantially in her recovery.

"The Hospital appointments were kept and now 6 months later that Mother is restored to full health and once again a happy home exists. Contact is still maintained."

The provisions of new clinic buildings has at long last given most of the Health Visitors a reasonably equipped and comfortable base from which they can work. In addition it has ensured a regular contact with other members of the Health Services which inevitably has resulted in much greater co-operation and co-ordination.

TABLE XXVII.

Visits made by Health Visitors during 1965:—

First visits to children under 1 year of age	...	2817
Total visits to children under 1 year of age	...	15724
Total visits to children between 1 and 5 years	...	34080
Total visits to persons aged 65 or over	...	4617
All other visits	...	5363

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	147	1292	2553	108	348	
Penycae, Garth, Trevor and Acrefair	102	609	2119	194	257	
Rhostyllen, Ruabon, Marchwiel, Isycoed and Abenbury	152	771	2512	63	201	
Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton	236	1299	3002	234	726	
Llay, Gresford, Rossett	150	778	1694	188	277	
Gwersyllt, Rhosrobin, Summerhill	104	618	1200	50	92	
Llangollen and Cefn	94	459	1382	339	633	
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos	151	1023	2421	388	288	
Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	196	1029	2930	395	284	
Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	135	443	603	270	207	
Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	42	250	501	26	58	

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 Total Visits	All Other Visits
	First Visits	Total Visits			
Llanrhaeadr Y.M., Llansilin, Chirk, Glynceiriog and Vroncysyllte	146	699	1556	206	39
Ruthin Borough, Ruthin Rural (part)	150	821	1513	495	509
Borough of Colwyn Bay	326	1650	2972	882	618
Borough of Wrexham	686	3983	7122	779	816
Totals	2817	15724	34080	4617	5363

HOME NURSING

The emphasis upon community care has added substantially to the burden of this Service, for it has meant that patients remained longer in, prior to hospital admission, and returned sooner to the community after treatment, than in the past. In consequence the demands on nursing skills have grown proportionately. Increased longevity also adds substantially to the geriatric burden. These changes demand not only that the pristine skills should be exercised to even a greater degree than of yore, but also that the nurse should migrate into the field of rehabilitation.

The recovery of a patient from a cerebral haemorrhage is a long and slow process which, if the patient is in hospital, is helped by skilled therapists but, if at home, must be treated by the Home Nurse. Many of these patients who eventually recover their mobility do so as a result of the persistence and skilful therapy administered by the Home Nurse. The changing social pattern must inevitably have repercussions on the Home Nursing Service and a careful analysis of these trends must be undertaken so that the resources available can be most effectively deployed.

Refresher Courses.

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

Training School for Queen's Nurses.

The Training School continued to function satisfactorily and during the year 11 pupils attended and 10 were successful in the final examinations.

TABLE XXIX.

Summary of Cases attended and visited by Home Nurses during 1965.

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	308	3371	4635	8314
No. of visits ...	1941	46160	91333	139434

VACCINATION AND IMMUNISATION

Smallpox Vaccination.

The number of infants vaccinated against Smallpox during 1965 was 1,071. 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 1965.

Age at date of Vaccination	Primary Vaccinations	Re-vaccinations
0 - 12 months	77	1
1 year	994	1
2 - 4 years	167	11
5 - 15 years	29	83
Totals	1267	96

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.

TABLE XXXI.

Number immunised during the year.

Year of Birth	Diphtheria		Whooping Cough		Tetanus	
	Primary	Booster	Primary	Booster	Primary	Booster
1965	908	—	905	—	908	—
1964	1169	391		369	1169	391
1963	112	948	106	846	112	948
1962	48	257	42	208	48	258
1958-61	66	1197	41	261	77	506
Others under age of 16	9	921	4	42	23	102
Totals	2312	3714	2248	1726	2337	2205

Poliomyelitis.

The number of Primary and Booster Vaccinations according to age groups, is shown in the following table.

The substantial increase in the number of booster vaccinations was the outcome of the public reaction to the outbreak of Poliomyelitis in Blackburn.

TABLE XXXII.

Year of Birth	QUADRILIN		SALK		SABIN	
	Primary	Booster	Primary	Booster	Primary	Booster
1965	4	—	11	—	367	—
1964	14	2	28	5	1583	7
1963	2	4	13	5	325	30
1962	—	2	5	1	180	24
1958-61	—	—	2	14	258	1633
Others under age of 16	—	—	3	4	169	1558
Totals	20	8	62	29	2882	3252

TABLE XXXIII.**VACCINATION AND IMMUNISATION IMMUNITY INDEX**

The following table shows the percentages of infants vaccinated in Denbighshire together with equivalent national figures.

	Children born in 1964			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
Denbighshire ...	69	70	66	37
Wales	66	67	63	22
England and Wales	70	71	65	33

AMBULANCE SERVICE

Since 1948 the demands on the Ambulance Service have grown steadily each year and this is the first year since 1957 that there has been a slight decrease on the previous year in the number carried and in the miles travelled. Much as I would hope that stability has been reached I fear that with a growing population and additional medical services this respite will be short lived.

To meet the increased volume and higher standards of work the County Council has had to rely more and more upon a directly supplied service and less on the Voluntary Services. The growth of the service has therefore been sporadic, piecemeal and only too frequently unco-ordinated, but these inherent weaknesses were well compensated for by the dedicated and loyal spirit of the personnel. Without such wonderful esprit de corps it would not have been possible to run a County Ambulance Service from 1948 to 1965 without a whole-time Ambulance Officer especially when it is appreciated that the whole-time paid personnel increased from 1 (employed by St. John) in 1948 to 33 men in 1965. I must record my personal appreciation to them for maintaining high standards under difficult conditions and for always performing their duties in the same manner as if they had been under my constant observation. However, it had become increasingly obvious that the Ambulance Service Administration required reorganisation and accordingly a development scheme was submitted to and approved by the County Council.

Briefly the scheme included plans for a building programme, a personnel recruitment and senior officer structure, centralisation of control, reorganisation of communications and a scheme for training of junior and senior personnel.

In the past most of the Driver/Attendants have been recruited from the St. John Brigade but recently young trainees or Cadets have been appointed which imposes on the Authority the responsibility for their training. In addition to the Junior Course of Training a Senior Course was organised for 12 members of the staff. Training culminated in an internal competition, the winners of which represented Denbighshire in the Ambulance Service Competition Wales Region, which they won. The successful team, Shift Leader D. O. Williams and Driver Eric Evans, came fourth in the National Competition and Driver Eric Evans won the Cup for the "best driver" in the competition.

Another experimental vehicle pioneered by this Authority has proved its value. The Land Rover Ambulances, which we first introduced to Local Health Authority service in 1959, were limited in their passenger-carrying capacity so it was decided to have a special forward conversion carried out whereby the cab was brought forward over the engine thus increasing substantially the length of the passenger compartment. This vehicle can carry one stretcher and 10 sitting cases. Since this vehicle has been at Llangollen it has managed to transport all the local patients to Gobowen Hospital where previously two ambulances had to be used. It has therefore in a year more than paid for the additional cost of the forward conversion.

The Denbighshire Ambulance fleet is made up of several types of vehicles to meet flexibly the varying demands. Apart from four Land Rover Ambulances the vehicles are of B.M.C. chassis with Lomas bodies and include diesel as well as petrol, 2 litre and 1½ litre, and the specially designed J2 for long journeys. An Austin Princess Conversion is also available.

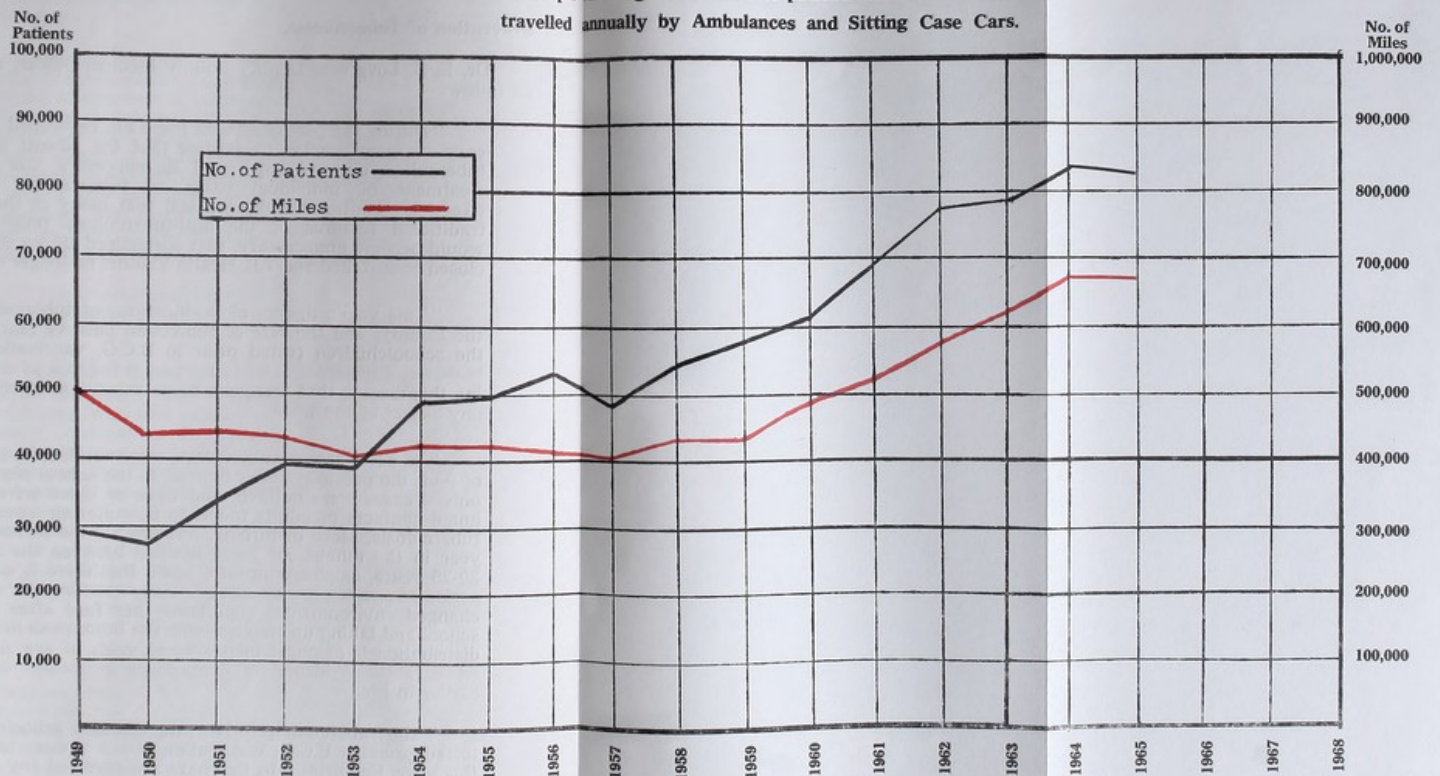
Throughout the year the Denbighshire Ambulance Service has received valuable assistance from several Voluntary Organisations and also from many enthusiastic and reliable taximen. Their contribution has helped substantially to ensure that the Ambulance Service in this County maintains high standards at the lowest cost.

The following table shows the number of patients carried and the mileage travelled by ambulances and sitting cars during 1965 and 1964.

TABLE XXXIV.

		Patients transported by			Miles travelled by		
		Ambulance	Sitting Case Cars	Total	Ambulance	Sitting Case Cars	Total
1965	...	69,160	12,743	81,903	474,867	179,589	654,456
1964	...	70,783	13,261	84,044	496,173	187,858	684,031

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:—

“ During the past few years there has developed a tendency in many circles to assume that the advent of anti-tuberculous chemotherapy, and its successful use in the treatment of individual cases of tuberculosis, would effectively control the disease and that many of the more traditional features of the anti-tuberculosis programmes would become unnecessary, that specialised clinics could be closed or curtailed and T.B. Health Visitors no longer needed.

“ This year's figures of notifications of tuberculosis in the County, and the rate of tuberculin positive reactors in the schoolchildren tested prior to B.C.G. vaccination, are however, a reminder to all concerned in the task of eradicating this disease that there can be no relaxation of efforts in any aspect of the work.

“ 75 new cases of tuberculosis were notified, an increase of 9 on the previous year's figures. In the school population only 4 cases were notified, and three of these were direct home contacts of adults found to be suffering from active tuberculosis. More disturbing, however, is the increase this year in the number of cases notified between the ages of 20-25 years, emphasising once again that there is a danger period for young people in their early working life and the changed environmental conditions they face after leaving school and taking up employment. The other peak in the age distribution is amongst men over 45 years of age, many of whom show evidence of breakdown in lesions acquired earlier in life.

“ The tuberculin positive rate amongst schoolchildren tested prior to B.C.G. vaccination shows a disturbing rise this year. Enquiries into this have not revealed any definite cause for this change in the pattern of falling percentage positive rates over the past 5 years. A change in personnel carrying out the tests was necessary from the previous years, but all concerned accept similar standards of recording positive results and technique in carrying out the tests, whilst the tuberculin used has remained the standard P.P.D. tuberculin provided by the Ministry of Health. A large proportion of the positive reactions fall into the group showing

a small or minimal reaction, and it is in this group that personal interpretation may show up a degree of observer variability.

"If one accepts that the tuberculin sensitivity rate amongst schoolchildren can be used as an index of the prevalence of community tuberculosis then, even allowing for differences in interpretation of results, the figures for the County for 1965 must be regarded as significant and, as already stated, a reminder that no relaxation of effort can be allowed in the battle against tuberculosis. It is of interest to record here that in the follow-up of the family contacts of children who were tuberculin positive, two adults were found to have active tuberculosis and received treatment from the Chest Physicians.

"The Chest Physicians for the area are very alive to the present situation, and I give below extracts from reports received.

"Dr. Glyn Jones, Consultant Chest Physician to the Caernarvonshire and Anglesey Hospital Management Committee, who sees patients from the Western part of the County, comments: 'In general the positive position as regards tuberculosis is not too satisfactory. The continued squeeze on the Chest Service from various quarters led to my having to reduce the number of clinics and consequently the number of new patients declined. At the same time the total number of notified tuberculous cases rose. It may be that, in a limited community, some fluctuation from year to year is inevitable, but I believe that the longer we maintain our full offensive against the disease the sooner will victory be ours. To relax our efforts now will delay for years the final abolition of tuberculosis'.

"Dr. E. Clifford Jones, Consultant Chest Physician, Wrexham, Powys and Mawddach Hospital Management Committee, in somewhat similar vein, writes: 'I think the first comment one has to make on the work of the past year is to emphasise how fortunate we are in having such close contact and such excellent relations with the members of your staff who are concerned with this particular field of work. I am sure the fact that we are able to discuss our mutual problems so easily has contributed very greatly to the efficiency of the service in the County'.

"While there is no doubt that tuberculosis is slowly being defeated, it is equally certain that the complete

abolition of this disease will take much longer than some of the early optimistic statements would have us believe. There is some evidence to suggest that we have already dealt with the easier part of the problem, but we are now tackling the hard core of resistance which I think will be a slow and difficult task. I can see no evidence which would encourage me to believe that now is the time to let up our efforts, indeed, one would feel that it is the appropriate moment to intensify all preventive and therapeutic aspects. In particular, a watch must constantly be kept on the dangers of acquiring a resistant strain of organisms in the community with all its attendant risks and difficulty with treatment."

TABLE XXXV.

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1964	1493	201	1269	1266
1965	1380	388	988	988

TABLE XXXVI. TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1955 - 1965.

Year	No. on Register			Deaths		Death Rate per Million of Population
	Pulm.	Non-Pulm.	Total	Pulm.	Non-Pulm.	
1955	1440	364	1804	26	3	170.2
1956	1507	363	1870	16	2	105.4
1957	1544	371	1915	32	2	200.5
1958	1587	382	1969	26	1	158.8
1959	1658	386	2044	15	2	99.9
1960	1352	173	1525	22	2	141.3
1961	1284	149	1433	11	6	97.8
1962	1158	136	1294	19	—	109.1
1963	1154	122	1276	2	1	17.2
1964	1121	146	1267	7	1	45.2
1965	1063	152	1215	3	2	28.0

TUBERCULOSIS

During the year under review, the number of cases notified was 48 males and 27 females. The age and sex distribution are given in the following table:—

TABLE XXXVII.

Age					Respiratory			Non-Respiratory		
					M.	F.	T.	M.	F.	T.
0	...	...	...	...	—	—	—	—	—	—
1	...	...	...	...	—	—	—	—	1	1
2	...	...	...	...	1	—	1	—	—	—
5	...	...	...	...	2	1	3	—	—	—
10	...	...	...	...	1	—	1	—	—	—
15	...	...	...	...	2	3	5	—	—	—
20	...	...	...	...	5	5	10	—	1	1
25	...	...	...	...	5	3	8	—	1	1
35	...	...	...	...	2	4	6	—	2	2
45	...	...	...	...	10	1	11	1	1	2
55	...	...	...	...	10	1	11	—	1	1
65	...	...	...	...	6	—	6	1	1	2
75 and over	...	...	...	...	1	—	1	1	1	2
Totals	...	...	...	...	45	18	63	3	9	12

Total No. of Notifications during 1965 75

No. of new contacts seen of new cases notified 259

No. of contacts notified of this number (3 Pulmonary,
2 Non-pulmonary) 5

TABLE XXXVIII.
TUBERCULOSIS

Active Cases on Registers according to County Districts,
31st December, 1965.

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 re-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.
Western No. 1.								
Abergele ... Males ...	30	1	3	—	5	—	28	1
... Females ...	13	2	5	1	2	—	16	3
Colwyn Bay ... Males ...	44	3	3	2	12	1	35	4
... Females ...	28	4	2	2	7	—	23	6
Aled ... Males ...	12	1	1	—	3	—	10	1
... Females ...	12	4	—	—	6	2	6	2
Western No. 2.								
Denbigh ... Males ...	50	1	5	—	2	—	53	1
... Females ...	26	4	—	1	3	—	23	5
Llanrwst ... Males ...	10	1	1	2	2	1	9	2
... Females ...	4	2	—	1	—	—	4	3
Ruthin Borough Males ...	8	2	1	1	2	—	7	3
... Females ...	6	—	—	1	—	1	6	—
Hiraethog ... Males ...	12	2	4	—	1	—	15	2
... Females ...	1	3	1	—	—	—	2	3
Ruthin Rural Males ...	31	7	—	—	3	1	28	6
... Females ...	22	3	1	—	5	1	18	2

Table XXXVIII (continued).

Tuberculosis (continued).

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Eastern No. 1.								
Wrexham R.D. .. Males ...	286	32	15	1	22	1	279	32
... Females ...	219	27	6	1	25	2	200	26
Ceiriog ... Males ...	32	6	2	1	—	—	34	7
... Females ...	25	8	1	1	—	1	26	8
Llangollen ... Males ...	13	1	—	—	—	—	13	1
... Females ...	9	2	—	—	—	—	9	2
Eastern No. 2.								
Wrexham Bor. .. Males ...	130	13	10	1	18	1	122	13
... Females ...	98	17	9	2	10	—	97	19
Totals	1121	146	70	18	128	12	1063	152

TABLE XXXIX.

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England and Wales, for 1965 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
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
1965	3.4	1.1	2.2	4.2

Mass Radiography Service.

The Mass Radiography Service of the Welsh Hospital Board continues to play its part in the tuberculosis case-finding programme in the County. The unit pays regular visits throughout the year to centres at Wrexham, Ruthin, Denbigh and Colwyn Bay, as well as carrying out special surveys and visits to industrial establishments and welfare homes.

11 of the 75 new cases of tuberculosis notified in the county during the year were initially discovered by the Mass Radiography Unit and referred for further investigation to the Chest Clinics. The number of cases of tuberculosis discovered per 1,000 persons examined in Denbighshire was 1.05 compared with the figure of 0.67 per 1,000 for Wales as a whole.

A large number of other abnormalities are discovered by this service, the most important including other lung infections, sarcoidosis, malignant and non-malignant neoplasms and congenital heart conditions. It is of interest to note that in Wales the number of cases of cancer of the lung found per 1,000 persons examined by Mass Radiography is now considerably higher than the number of cases of tuberculosis.

The following Table gives details of the work done by the Mass Radiography Units in Denbighshire during 1965.

TABLE XL.

Unit "F."

Location		No. X-rayed	Requiring Further Observation
Betws-yn-Rhos	Males	19	—
	Females	19	—
	Total	38	—
Bylchau	Males	5	—
	Females	2	—
	Total	7	—
Cerrigydrudion	Males	60	1
	Females	53	—
	Total	113	1
Eglwysbach	Males	19	1
	Females	16	—
	Total	35	1
Glan Conway	Males	23	—
	Females	30	—
	Total	53	—
Johnstown	Males	70	—
	Females	87	—
	Total	157	—
Llanfair T.H.	Males	20	—
	Females	32	—
	Total	52	—
Llangernyw	Males	39	1
	Females	33	1
	Total	72	2
Llansannan	Males	40	—
	Females	34	—
	Total	74	—
Trefnant	Males	13	—
	Females	22	—
	Total	35	—
Total	Males	308	3
	Females	328	1
	Total	636	4

TABLE XLI.**Unit "G."**

Circuit Location	No. Examined
Colwyn Bay	1030
Denbigh	412
Ruthin	468
Wrexham	3236
Special Surveys:	
Industrial Establishments, etc.	2960
	<hr/>
	8106
	<hr/>

MENTAL HEALTH SERVICE**Preventive Social Services.**

Previously in this report I have included a Health Visitor's verbatim account of how she was able to help in the recovery of a mentally ill woman. There were many other similar instances in other reports and undoubtedly many Health Visitors are becoming increasingly aware of their opportunities for primary preventive action in the psychiatric field. Whether their interest has been aroused by attendances at Courses or by discussions with social workers in the Mental Health field is conjectural but it is significant that this development has coincided with the placement of Mental Welfare Officers in peripheral Clinics. Closer co-operation between Health Visitors and Mental Welfare Officers has been of benefit to the Mentally Disordered.

The Day Psychiatric Hospital at the Maelor Hospital is steadily bringing the psychiatric services nearer to the Community and as a result the Mental Welfare Officers are spending more and more of their time at the Hospital. It is hoped that the Day Hospital will, in due course, be able to devote much more of its resources to preventive psychiatry.

Hostels.

It was disappointing that the Wrexham Borough "Two-Council Houses" Hostel did not materialise during the year. The

pressure for discharging patients from both the Mentally Ill and Subnormal Hospitals has been relentlessly growing; for they could not admit urgent emergencies unless a patient was discharged from hospital to leave a bed empty.

The Psychiatric Hospital had, in other areas, successfully placed a number of discharged patients in boarding houses and by dint of perseverance suitable accommodation was found in Wrexham. A landlady agreed to accept 12 ex-mentally ill patients and accordingly a scheme was prepared whereby carefully selected patients were discharged from hospital, taken under the financial wing of the National Assistance Board and guided by the Mental Welfare Officers to this particular boarding house in Wrexham. Here the women settled down happily and gradually became integrated into normal community life. The Day Psychiatric Hospital, the Berwyn Psychiatric Social Club and a variety of voluntary organisations as well as Officers of statutory bodies have all helped to ensure the happy and successful rehabilitation of these discharged patients.

Mentally Subnormal patients discharged from hospital have been successfully placed in various boarding houses in the town. In particular there are two men who after 14 years in hospital were discharged, placed in digs, and employed at Pentre Broughton, and they have settled down as inconspicuous and ordinary members of the community. They travel by service 'bus to work, go to cinemas, football matches and chapel on Sundays. However, there are many more who would merge satisfactorily into community life if the appropriate accommodation could be found.

Training Centres.

There were two significant developments in the training of the Mentally Subnormal during the year. At Glanydon, Colwyn Bay, additional accommodation and staff permitted the number of pupils to be increased. This reduced substantially the number of youngsters awaiting admission but unfortunately made no difference to those on the senior waiting list.

The other significant development was the appointment of Miss Stephens as Organiser of Training Centres for the Mentally Subnormal. She was seconded by the Education Department where she had been employed as Teacher in Charge of Special Educational Classes. This new appointment introduced a more educational approach, as distinct from training, which it was felt would benefit the instruction given at our Training Centres. Unfortunately, Miss Stephens was not able to divest herself

completely of her Educational responsibilities, due to the lack of a suitable successor, and therefore could not devote as much of her energies to the Mentally Subnormal as I would have wished. However, fundamental changes have been initiated and these will bear fruit in time to come.

Pre-employment Training Centre.

In April, 1965, the Horticulture Section was established under Mr. A. Ellis and arrangements were made for work to commence at the large garden attached to the Children's Home at Acton and also in the grounds of various Clinics. The original group of 4 students, now increased to 8, have acquired basic skills and physical fitness.

During the winter months they were employed in making pallets and by the spring they had become quite skilled in the use of a variety of carpenter's tools.

However, it must be appreciated that this Section is operating under considerable difficulties for it has no accommodation or permanent headquarters where it can adjourn during inclement weather.

In previous reports I have included under this heading an account of the work done at the Pentre Broughton Centre. However, I feel that the time has come when it can no longer be denied that this Centre has passed well beyond the realms of training and that it is a de facto Sheltered Workshop. So in this report, despite the rebuff from the Ministry of Labour, who refused to recognise Pentre Broughton as a Sheltered Workshop under the "Disabled Persons (Employment) Act, 1958"; I propose to deal with it as a Sheltered Workshop.

The Pentre Broughton Sheltered Workshop for the Mentally Subnormal.

Previous reports have outlined the development chronologically of this scheme but it is as well to recall that in 1960, ten severely subnormal boys started making wooden Industrial Pallets. Their acquisition of skills, physical powers, judgment, concentration and dexterity necessitated the acquisition of the old T.A. Drill Hall, Pentre Broughton; initial adaptations to the building had hardly been completed when on expert advice substantial extensions had to be added to the building; the output grew surprisingly and the gross income in 1963-64 was £3,459. In view of the substantial growth in trading an Industrial Advisory Committee was established and in 1965 it was resolved

to seek recognition of the Centre by the Ministry of Labour as a Sheltered Workshop.

The refusal of the Ministry of Labour to recognise Pentre Broughton was a sad blow to the high hopes which, we in Denbighshire, had of proving that even the severely Mentally Subnormal, in the right environment, could become reasonably productive.

Undismayed the Authority has continued to press forward with this project and the substantial progress achieved is best demonstrated factually in the "Balance Sheet" prepared by the County Treasurer, which is appended.

Denbighshire County Council
Pentre Broughton Pre-employment Centre.
Accounts for the year ended 31st March, 1966.

EXPENDITURE		INCOME	
	£		£
Opening Stock	...	Sales	24,135
Purchases	...	Closing Stock	2,339
Gross Profit	...		
	26,474		26,474
Salaries, etc., of Instructors	...	Gross Profit	6,157
Premises:		Contributions from other Authorities	314
Adaptations	...	Deficiency	5,556
Repairs	...		
Fuel, Light and Cleaners' Wages	5,255		
Rates and insurance	142		
Loan charges on adaptations	693		
Furniture and fittings	175		
	893		
	485		
Incentive Bonus Scheme	...		
Cartage	...		
Other Expenses:	...		
Midday meals	...		
Protective clothing	...		
Laundry	...		
Conveyance of pupils	...		
Miscellaneous	...		
	1,690		
	12,027		12,027

County Treasurer's Department,
County Offices, Ruthin.
30th June, 1966.

The gross profit of £6,157 is 25.5% of the sales figure of £24,135.

It will be noted from the table that the total expenditure on Pentre Broughton was £12,027 of which £5,740 was on adaptations and equipment — non-recurring expenditure — which if deducted from the total leaves an annual running cost of £6,287. The gross profit from this establishment was £6,157. So in fact the earnings of the men has met the running costs under the present arrangements. If these men were taken off National Assistance and paid a weekly wage of £8 - £10 per week the total annual wage bill would necessitate finding another £8,000 per year. Whether their output can be expanded so that the gross profit can grow from £6,000 to £14,000 per annum is problematical but this must be attempted. However, when it is realised that the gross profit was doubled in a year from £3,000 in 1964/65 to £6,000 in 1965/66 it may not be so hopeless as the pessimists would forecast.

This astonishing progress has resulted from the esprit de corps engendered by the staff and also by the discerning and highly technical industrial guidance of the Pentre Broughton Advisory Committee.

To counter any suggestion that these severely Mentally Subnormal males—most with an I.Q. below 50—have been exploited I would record that this industrial experiment has the full support of all the parents but, of greater importance, of the men themselves who seldom absent themselves from work, and indeed if they happen to miss the 'bus to work will actually walk the 4 miles in preference to returning home. This small industrial community of 22 men is happy, industrious, honest, loyal and deeply appreciative of the opportunity for making a niche for themselves in our community life.

The developments at Pentre Broughton have provided a fascinating ecological study which already has shown that many of the old concepts regarding Mental Subnormality were erroneous. These men have acquired skills, considerable strength, discernment, adaptability, perseverance, ability to participate in group activities, conform to rules, obey instructions, avoid danger, recognise meaningfully simple words to sign their names. The work situation at Pentre Broughton is constantly stimulating and educative and although progress is slow they improve steadily so that in the past year it was possible to place 2 lads in industrial jobs.

The numerous visitors to Pentre Broughton invariably have been most surprised to know the low level of the Intelligence Quotient of these men; and that they live a full life in the various communities within and around Wrexham.

Many of the benefits to the men themselves are apparent but no one can assess the inestimable relief of stress to their families, neighbours and the community generally.

Voluntary Organisations.

The County is particularly fortunate in having generous Voluntary Organisations and the list of gifts that is submitted to the Mental Health Sub-Committee each Meeting illustrates this. However, one particular venture took place during 1965 which deserves mention—the Wrexham and District Handicapped Children's Society arranged and financed a week's holiday for twenty handicapped children at Rhyl. The staff accompanied the children and I am happy to record that it was highly successful and as a result of the hard work of the staff the children had a wonderful week.

Social Clubs.

The Berwyn Psychiatric Social Club has now not only become self-supporting but is actively engaged in supporting other Organisations. It arranges its own entertainment and during the year visited Blackpool Illuminations; Liverpool Opera; Liverpool Cinemas and has also entertained residents of Group Captain Cheshire's Home at Dolywern. Due to staff resignations it has not been possible to open another Club in the Western part of the County but it is hoped to do so during the ensuing year.

TABLE XLII.

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

	M.	F.	T.
Mental Health Act, 1959.			
Section 25 (Observation Order)	24	43	67
Section 26 (Treatment Order)	14	20	34
Section 29 (Urgency Order)	21	41	62
Informal	14	24	38

	M.	F.	T.
Total informal patients admitted to Hospital during year	138	223	361

TABLE XLIII.

Mental Health Act, 1959.

	M.	F.	T.
No. of S.N. and S.S.N. in hospitals at 31/12/65...	103	97	200
No. of S.N. and S.S.N. under guardianship at 31/12/65	1	—	1
No. of S.N. and S.S.N. in "Place of Safety" at 31/12/65	—	—	—
No. of S.N. and S.S.N. under Supervision at 31/12/65	188	267	455
No. of S.N. and S.S.N. awaiting removal to hospital at 31/12/65	4	4	8
No. of S.N. and S.S.N. (new cases) reported during the year, 1965	18	23	41
No. of S.N. and S.S.N. admitted to hospitals during the year, 1965	1	—	1
No. of S.N. and S.S.N. taken to "Places of Safety" during the year, 1965	—	—	—
No. of S.N. and S.S.N. placed under Supervision during the year, 1965	18	23	41
No. of S.N. and S.S.N. that ceased to be under care by reason of death or removal from the area during the year, 1965	5	11	16

(Note: S.N.—Sub Normal; S.S.N.—Severely Sub Normal).

TABLE XLIV.

Visits by Mental Welfare Officers during 1965.

	No. of Visits
Mentally Ill	3417
Subnormal and severely subnormal	1753
Total	5170

OTHER TYPES OF ILLNESS.

Supplies of incontinence sheets and pads are held by district nurses who issued them to patients as and when required.

Direct issues are also made from Central Office to the family on production of a note from the Nurse or General Practitioner.

During the year approximately 15,000 incontinence sheets and 1,500 paddi-pads were provided in this way.

Soiled sheets and pads are usually destroyed by burning but where this is impracticable the family is advised to first put them in a plastic bag before throwing into the bin.

The Department has carried on with its policy of renewing and increasing its stock of nursing equipment and aids. Six additional invalid chairs were purchased in addition to many other smaller items.

Recuperative Holiday ... ..		85

13 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.

Following the trend of the last few years there was a further increase in 1965 of cases of Venereal diseases.

There were 4 cases of Syphilis as compared with 2 in 1964. Whilst the number of cases of Gonorrhoea increased from 24 in 1964 to 39 in 1965.

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 XLV.

	Syphilis	Gonorrhoea	Other Conditions	Total
Belmont, Shrewsbury	—	1	1	2
Llandudno General Hospital ...	1	5	21	27
St. Asaph General Hospital ...	—	7	3	10
Wrexham War Memorial Hospital	3	26	100	129
Totals	4	39	125	168

Community Care of the Elderly.

Domiciliary services have found it increasingly difficult to cope adequately with the problems of the elderly. The situation has been aggravated by the change of attitude in the Psychiatric Hospital to the admission of elderly patients, for in a determined effort to reduce the overcrowding, chronic long-term elderly patients are either refused admission or are admitted for assessment for a period of up to six weeks. The Geriatric accommodation is either completely silted up with chronic cases or kept kinetic by a strict and narrow interpretation of the responsibility of the Hospital Geriatric Unit. The Local Authority Welfare accommodation is not expanding although building new accommodation to replace old Poor Law Institutions. The present situation is therefore most unsatisfactory, for patients who need hospital care and treatment have to remain at home, placing a heavy burden and responsibility on relatives and domiciliary services. Each year I have drawn attention to the problems of the Elderly Confused and although 23% of these in our Welfare Homes fall into this category the accommodation available is inadequate.

Chiropody Service.

The Chiropody Service in Denbighshire is directly provided. The appointment of a third Chiropodist in East Denbighshire has reduced the waiting list to negligible proportions. However, as more and more become aware of the excellent facilities available, so the demand increases. It is evident that many elderly still continue to attend Chiropodists privately, but the provision of transport and additional peripheral clinics has facilitated their attendance at County Clinics and this together with financial considerations is increasing substantially the County Clinic clientele.

The present service is restricted to the Elderly and it is so committed that only 24 domiciliary treatments could be given during 1965.

During the year clinics were held as follows:—

TABLE XLVI.

Location	Frequency	Day and Time
Brynteg	Weekly	Wednesday (a.m.) Friday (p.m.)
Cefn	Weekly	Wednesday (p.m.)
Chirk	Weekly	Wednesday (a.m.)
Coedpoeth	Weekly	Thursday (all day)
Glyn Ceiriog	Monthly	Friday (a.m.)
Gresford	Weekly	Tuesday (all day)
Gwersyllt	Monthly	Monday (a.m.)
Holt	Monthly	Monday (p.m.)
Llangollen	Weekly	Friday (all day)
Llanrhaeadr Y.M.	Monthly	Friday (a.m.)
Llay	Weekly	Wednesday (p.m.)
Rhos	Weekly	Monday (all day) Thursday (p.m.)
Rossett	Weekly	Monday (p.m.)
Ruabon	Monthly	Thursday (p.m.)

Table XLVI. (continued).

Location	Frequency	Day and Time
Ruthin	Monthly	Wednesday (p.m.)
Wrexham: 1 Grosvenor Road	Weekly	Tuesday (all day) Thursday (a.m.)
Queen's Park	Weekly	Monday (a.m.) Friday (a.m.)
Colwyn Bay Clinic	Weekly	Wednesday (all day) Friday (all day) Thursday (all day) (alt. weeks)
Colwyn Bay (Old People's Club)	Fortnightly	Tuesday (p.m.)
Llanrwst (Clinic)	Weekly	Tuesday (a.m.)
Llanrwst (Home for Aged) ..	Monthly	Tuesday (p.m.)
Abergele (Clinic)	Weekly	Monday (p.m.) Monday (a.m.) (alt. weeks)
Abergele (Home for Aged) ..	Fortnightly	Monday (a.m.)
Denbigh	Weekly	Thursday (all day)

The following Table shows that 1,344 persons received treatment and that each person attended approximately four times.

TABLE XLVII.

No. of persons on register at 31/12/65	No. of persons treated during 1965	No. of Sessions	Total attendances
1626	1344	1026	5887

Home Visits from September, 1965 to December, 1965 — 24.

Blind Persons.

During 1965 the Health Department which is responsible for ascertainment of the blind, examined 82 persons and informed the Welfare Department that 46 should be registered as blind persons.

TABLE XLVIII.

	Males	Females
No. of cases on Register at 31/12/65	160	214
No. of cases ascertained during 1965	16	30
No. of cases ascertained during 1965 with:		
(a) Cataract	1	8
(b) Glaucoma	3	6
No. of cases of Blindness due to Retrolental Fibroplasia ...	—	—

TABLE XLIX.

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	20	25	—	1
10-15	17	16	—	—
15-25	9	7	—	—
25-50	5	7	1	—
50 and over	2	2	1	2

TABLE L.**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	12	13	2	6
10-15	7	3	5	2
15-25	3	7	—	—
25-50	7	4	1	1
50 and over	3	2	1	—

HEALTH EDUCATION.

Health Education has been a continuous process which has absorbed much of the time and energy of the staff. Health Visitors attend the County Relaxation and Mothercraft Classes where a full range of Topical Health Themes are discussed. At these, as well as at Child Welfare Clinic sessions, full use is made of visual aids and demonstrations and talks.

The staff have also utilised their medical inspection visits to Schools as Health Education opportunities, and arranged individual or group discussions on a wide variety of subjects including, cigarette smoking, sex and venereal disease. In addition, illustrated talks and lectures have been given to many organisations.

Good liaison with the press and the television has ensured appropriate publicity to health matters, and on occasions lengthy articles on various health subjects have been published in the local press.

DOMESTIC HELP SERVICE.

During 1965, Miss Cuddy was appointed Home Help Organiser for East Denbighshire, but the responsibility for the Service in West Denbighshire continues to rest with the Nursing Officers.

Although more money was allocated to this Service it was inefficient to meet the growing demand and the amount of help given had to be limited to the minimum, which frequently was totally inadequate. It is unsatisfactory for a Home Help to have to attend to 15 different clients in one week. Broadly, in order of frequency, the reasons for providing Home Helps were—aged, frail and infirm, severe arthritis, cerebral haemorrhage, cardiac disease, deteriorating eyesight, respiratory diseases, post-operative conditions, physical handicap and mental illness. Many of these could have managed if they had the support of friends or relatives but dispersal of families and the loosening of community obligations leave the aged in isolation and dependent on statutory assistance.

Many people retire to the coastal areas, and therefore sever connection with their native community. In the rural areas depopulation leaves the solitary old person to fend for himself. New communities which are constantly changing also make heavy demands on this Service.

Undoubtedly the Home Help Service can maintain the Elderly in the community for many more years than they could possibly manage otherwise. A typical example was an old couple who some 3 - 4 years ago were found living in appalling conditions.

The Home Help cleaned the house while the Nurse attended to the old couple. Since then the Home Help has kept the house in good order and she has really looked after the old couple.

To these Elderly living on their own the Home Help not only assists with the heavy housework but also affords companionship.

It is significant that very few of these receiving Domestic Help request admission to a Welfare Home and then only when overcome by illness. The problems of the Elderly is being comprehensively analysed in Colwyn Bay and the result of the survey should prove very illuminating.

TABLE LI.
Statistics relating to the Domestic Help Service, 1965.
No. of Home Helps Employed (as at 31st December, 1965).

Full-time ... —
Part-time ... 199

	Category of Cases										
	Over 65 years of age		Under 65 years of age								
			Chronic Sick and T.B.		Mentally Disordered		Maternity		Others		
			No.	p.c. of Total	No.	p.c. of Total	No.	p.c. of Total	No.	p.c. of Total	
No. of cases assisted during the year ...	782	78.0	113	11.3	9	9	33	3.3	66	6.5	1003
No. of hours worked...	159943	82.2	14670	12.7	1878	1.0	1801	.9	6170	3.2	194466
Average No. of hours per case per week	5.8		6.3		6.0		27.3		6.5		6.0

PART IV.

Environmental Hygiene

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The Measles epidemic of 1964 continued into the first quarter of 1965 but apart from this disease the incidence of Infectious Diseases was low with the exception of the outbreak of Dysentery involving children at St. Mary's School, Wrexham.

An explosive outbreak of Sonne Dysentery involving 167 schoolchildren all occurring within two to three days was strong presentive evidence that it was a food-borne infection. Careful investigation failed to discover the reservoir of infection. The premises, equipment and the staff at the Central Kitchen were completely cleared but two members of the staff in the School Servery were found to be excreting dysentery organisms in their faeces. Whether one or both of these were the cause or the victims of the disease could not be determined.

The pupils at this School were scattered throughout Wrexham Borough and Rural District which added substantially to the task of obtaining faecal specimens from patients and of tracing contacts.

Children with positive stool cultures were excluded from school until cleared bacteriologically. Similarly, adult contacts with positive stools who worked in food establishments were suspended from work until clear from infection.

There were the usual seasonal outbreaks of dysentery in various parts of the County, and the largest of these was the 28 cases notified at Llanrwst.

Five cases of Para-typhoid were notified and they, alone, belonged to one family. Unfortunately, the family had contracted the disease while on holiday in Blackpool, due, it is thought, to an infected milk supply. The disease was mild in nature and gave rise to minimal symptoms in only two out of the five infected. The family co-operated fully with the Health Department in ensuring that there would be no spread of infection and they paid

TABLE LII.

INFECTIOUS DISEASES.

The following table furnishes particulars, respecting the notifications received during 1965 and, for comparative purposes, the nine preceding years are shown.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Scarlet Fever ...	156	114	78	86	79	30	20	36	79	67
Whooping Cough ...	160	198	72	109	154	88	10	82	116	21
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Measles ...	473	1811	881	535	1796	2749	414	1222	1160	1556
Acute Pneumonia ...	67	72	87	64	23	45	11	10	24	10
Meningococcal Infection	3	3	3	2	3	1	1	3	1	1
Acute Poliomyelitis:										
Paralytic ...	2	10	—	3	3	1	2	—	1	—
Non-Paralytic ...	2	—	1	—	—	—	—	—	—	—
Acute Encephalitis:										
Infective ...	—	—	1	—	—	—	1	—	—	—
Post-infectious ...	—	—	—	—	—	—	—	1	—	—
Dysentery ...	207	3	24	21	51	93	86	80	5	426
Ophthalmia Neonatorum	1	7	—	1	2	—	—	1	1	1
Puerperal Pyrexia ...	6	8	2	26	23	40	20	14	30	13
Paratyphoid Fever	—	—	1	—	1	—	—	3	—	5
Enteric or Typhoid Fever	1	—	4	—	—	—	—	—	—	—
Food Poisoning ...	6	15	146	30	13	4	5	6	19	16
Erysipelas ...	13	12	8	11	8	3	1	1	9	6
Malaria ...	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	138	142	136	143	122	95	108	68	53	62
Non-Pulmonary Tuberculosis	21	27	31	23	12	9	10	7	9	9
T.B. Meninges and C.N.S. ...	—	—	—	—	—	11	4	—	2	4
Totals ...	1256	2422	1475	1054	2290	3159	693	1534	1509	2197

TABLE LIII.

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

	Scarlet Fever	Whooping Cough	Measles	Acute Pneumonia	Meningococcal Infection	Dysentery	Puerperal Pyrexia	Food Poisoning	Erysipelas	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Acute Encephelitis (Post-infective)	Paratyphoid Fever	Ophthalmia Neonatorum	Meninges and C.N.S.	Acute Poliomyelitis
Western No. 1.																
Abergele	6	6	187	—	—	6	—	—	—	5	2	—	—	—	—	—
Colwyn Bay	1	1	336	3	—	—	4	—	1	3	2	—	—	1	—	—
Aled	2	—	92	—	—	2	—	—	—	1	—	—	—	—	—	—
Western No. 2.																
Denbigh	—	1	106	—	—	13	1	—	1	5	1	—	—	—	—	—
Llanrwst	1	1	—	—	—	46	—	—	—	1	2	—	—	—	—	—
Ruthin Borough	—	—	89	—	—	—	—	—	—	1	—	—	—	—	—	—
Hiraethog	—	—	5	—	—	13	—	—	—	4	—	—	—	—	—	—
Ruthin Rural	—	1	61	1	—	4	—	—	1	—	—	—	—	—	—	—
Eastern No. 1.																
Wrexham R.D.	13	1	415	3	—	115	—	2	1	25	1	—	—	—	—	—
Ceiriog	6	2	21	2	—	—	—	—	—	3	1	—	—	—	1	—
Llangollen	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—
Eastern No. 2.																
Wrexham Borough	38	8	242	1	1	227	8	13	2	14	—	—	5	—	3	—
Totals	67	21	1556	10	1	426	13	16	6	62	9	—	5	1	4	—

DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1965 together with comparative figures for previous years:—

TABLE LIV.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Meningococcal										
Infeciton	—	—	1	2	—	—	1	—	—	1
Measles	—	—	1	—	—	—	—	—	—	1
Whooping Cough	—	—	—	—	—	—	—	—	1	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	1	1	—	—	—	—
Tuberculosis:										
Pulmonary	16	32	26	15	22	11	19	2	7	4
Non-Pulmonary	2	2	1	2	2	6	—	1	1	3
Pneumonia	59	75	66	81	83	101	119	128	92	101

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.

The County Public Health Officer reports as follows:—

“Provision of Schemes of Water Supply and Sewerage.

The following schemes were submitted by district councils for consideration under the Rural Water Supplies and Sewerage Acts:—

“ Water Supply.

Wrexham Rural District—Llantysilio (Llandynan)—Estimated Cost 2,300

Decision—Approved in Principle.

“ Sewerage.

Hiraethog Rural District — Llanddoget —
Estimated Cost 19,000

Decision—Approved in Principle.

Hiraethog Rural District — Llanddoget (Tan Lan)—Estimated Cost 7,000

Decision—Approved in Principle.

Denbigh Borough Council—Rural Areas and Farms—Estimated Cost 10,872

Decision—Approved in Principle.

Ruthin Rural District — Bryneglwys — Estimated Cost 20,150

Decision—Deferred for Ministry approval.

The following schemes were submitted by district councils for consideration for grant aid under Sec. 56, Local Government Act, 1958:—
£

Denbigh Borough Council—Rhyl Road and Ruthin Road Sewerage—Estimated Cost ... 82,000

Decision—No grant to be made.

Ruthin—Sewerage—Estimated Cost 224,128

Decision—No grant to be made.

The following grants were indicated during the year under the Rural Water Supplies and Sewerage Acts:—

“ Water Supply.

Aled Rural District—Llyn Conwy Water Supply (Extensions to Stages I and II).

Distribution Mains and Holland Arms Extension—
Estimated final cost £101,602—Ministry grant to be half-yearly payment of £498 for 30 years.

Decision—County Council grant of 90% of the Ministry grant.

“Sewerage.

Hiraethog Rural District—Mountain View.
Ministry grant to be £366.

Decision—County Council grant to be £183.

Ruthin Rural District—Cyffylliog.

Final cost £20,996—Ministry grant to be half-yearly payment of £184 for 30 years.

Decision—County Council grant of £2,520 in a lump sum.

Ceiriog Rural District—Llwynmawr and Dolywern.

Final cost £18,192—Ministry grant to be half-yearly payments of £260 for 30 years.

Decision—County Council grant to be 50% of capital value of Ministry grant.”

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 Weights and Measures in regard to the composition and quality of food and the County Public Health Officer in regard to the wholesomeness of food.

The following is a report on the work of the County Public Health Officer in connection with Milk and Dairies:—

“ During the year, 1,415 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	1074	Phosphatase	1066	9
		Methylene Blue	1045	29
Sterilised	14	Turbidity	14	—
Untreated	327	Methylene Blue	229	98

“ Four of the phosphatase failures were at one dairy where milk was pasteurised by the holder method. The reason was not established and the plant was taken out of use during the year. The remaining five failures were at a large processing plant and were due to faulty adjustment of the control mechanism. Follow-up samples were satisfactory.

“ Milk in Schools Scheme.

Milk supplied to schools has been kept under constant supervision throughout the year and regular sampling was carried out. During the year 394 samples were taken, of which 8 did not conform to the Methylene Blue test. This is a much better result than was reported last year.

“ Biological Examination of Milk.

The sampling of milk for biological examination was continued during the year. This sampling was confined to milk produced by licensed producer/retailers. 71 herd samples were taken and submitted for examination. 13 of these showed evidence of infection with *Brucella Abortus*. In these cases follow-up sampling, including the taking of individual cow samples was undertaken..”

Food and Drugs Act (Composition and Quality).

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

“During the year ended 31st December, 1965, 517 samples of food and drugs were submitted to the County Public Analyst (J. G. Sherratt, Esq., B.Sc., F.R.I.C.), for examination and report. The number and types of articles submitted for analysis may be summarised as follows:—

TABLE LV.

Article	No. Taken	Genuine	Not Genuine
Milk	322	318	4
Foodstuffs	144	138	6
Tinned Foods	14	14	—
Fresh Fruit	2	2	—
Soft Drinks	4	4	—
Beer and Spirits	14	14	—
B.P. Preparations, Simple Household Medicaments	17	17	—
Totals	517	507	10

“As will be observed from the above Table, out of 322 samples of milk submitted for analysis, only 4 were found to be “Not Genuine.” In three instances, the samples were found to be slightly deficient in fat content, and apart from advising and cautioning the persons concerned, no further

action was taken. The remaining "Not Genuine" sample showed a very serious deficiency in the fat content when compared with the legal presumptive standard, and an even greater deficiency when compared with a "delivery sample" taken on the following day. Owing to the serious nature of the deficiency, a prosecution was taken against the sellers. This was heard before the Colwyn Bay Magistrates when the defendants were found guilty and a fine of £10 together with costs of £5 5s. 0d. imposed.

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

"The sampling and testing of farm bottled milk for the presence of anti-biotics is now becoming very much a routine matter. During the year some 25 samples were examined by the Analyst and all of them received a negative report.

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

	Fat	Solids-not-fat
Eastern Division	3.61%	8.75%
Western Division	3.64%	8.78%
Whole County	3.62%	8.76%
The legal presumptive standard	3.00%	8.50%

"Of the six articles of food reported by the Analyst as being "Not Genuine," three were concerned with minor labelling offences and the persons concerned were written to and advised accordingly. A sample of sausage was reported as being deficient in meat content. The Analyst bases his opinion in the light of a recommendation, of the Food Standards Committee, as to the minimum quantity of meat, sausage should contain. However, there is no actual standard for sausage so that apart from advising the producer to improve the meat content, no further action has been taken. The remaining two "Not Genuine" samples, concerned pearl barley, which showed slight evidence of contamination. This commodity came from a source outside the County and I informed the sampling officer for the area

PART VI.

Miscellaneous

REGISTRATION OF NURSING HOMES

The County Council through its officers continued to inspect the Homes registered in this County in accordance with the relevant Sections of the Public Health Act, 1936.

All the reports made were satisfactory and indicated that the care and nursing being provided for the patients and the conditions of the various premises were up to the required standard.

No new applications for registration were received during the year and the position with regard to the numbers of homes registered and beds provided remained unchanged.

TABLE LVI.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	—	—	—	—
Total Homes on the register at the end of the year	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 1965 the number of such medical examinations totalled 592. In addition 269 College Entrants were medically examined.

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

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