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*Denbighshire County Council*



# ANNUAL REPORT

*on the*

*Health of Denbighshire*

*for the*

**YEAR 1966**

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

*County Medical Officer*





# COMMITTEES

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## **COMMITTEES**

### **Health Committee:**

- Chairman: Councillor Dr. I. H. Davies, O.B.E.,  
M.Sc. (Hon.), 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 E. Cunah.  
Councillor Edward Davies.  
Councillor Dr. I. H. Davies, O.B.E.,  
M.Sc. (Hon.), M.B., Ch.B.  
Councillor J. R. Hughes.  
Councillor H. Kyffin Jones.  
Alderman Watkin Lloyd, M.B.E.  
Councillor Gwilym H. Parry.  
Alderman Ernest Price.  
Councillor George Richards.  
Alderman R. C. Roberts.  
Alderman R. E. Rowlands.  
Alderman Edward Williams, O.B.E.

### **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 Llewelyn Charles, B.E.M.  
Alderman Thomas Jones.  
Councillor George Richards.  
Mr. Henry Williams.

## Foreword

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I have, once again, the honour of submitting the Annual Report on the Health of Denbighshire for the year 1966. Although I commenced duties with this County in 1950 this is the 16th Annual Health Report that I have written and despite the constant rumours of impending dissolution, I hope that Denbighshire will continue as an independent unit for many years to come. Apart from personal consideration, I cannot but feel that it would be regrettable to disintegrate a compact and well co-ordinated unit, for a large and unwieldy new Authority.

A review of the vital statistics gives cause for satisfaction and it indicates that the services provided by the Local Health Authority have made a valuable contribution. The influence of the Authority permeates not only through its own directly provided services, but indirectly through all the Health Services. Each year presents a new challenge to the Health Department either in establishing new services or in reorganising some of the well-established ones. This ensures that the Department is never static and that the interest and initiative of staff is maintained.

1966 was a year when the Department lost many of its long-serving members. The departure of senior staff is always disruptive and the arrival of new staff invariably necessitates adjustments. This is particularly so when, in addition, the service concerned is in the throes of a reorganisation. Reference has been made in the Report to Circular 12/65 Wales "Use of ancillary help in the local authority nursing service" and the steps taken in this County to implement the suggestions it contained. Because of the implications of this Circular and the retirement of all the Senior Nursing Staff, with the exception of Miss A. Large, it was decided to defer the replacing of these Officers until the Authority had decided on its future policy. Previously, the offer of the Queen's Institute to analyse the current output of the Nursing Service on a computer programme, had been accepted, and when this became available it was given to a group of Nurses who had been selected to form a Working Party with a view to preparing a report on Circular 12/65. Other Working Parties were also established to review and recommend on a Health Education Programme, and also the future nursing administrative



structure best suited for the requirements of Denbighshire. Detailed reports of the findings of these Working Parties were submitted subsequently to the Health Sub-Committee. It was particularly gratifying for me to note the enthusiasm, initiative and industry of these Working Parties and to realise, more fully than previously, how completely I could rely upon their loyalty and co-operation. This has been further substantiated by the harmonious industry of the Health Visitors during the past 10 months during which time they have been directly responsible to me. Similarly, with the Nursing and Midwifery Services, it can be claimed that Miss Large, who has been Acting Non-Medical Supervisor of Midwives and Superintendent of Nurses has had the full support of the staff and they have welcomed the formation of self-contained groups which are self-administering and jointly carry the entire responsibility for their area. Throughout this period, Miss Large has had the occasional assistance of two volunteers—Mrs. Parrish and Mrs. Mills Jones. Mrs. Parrish was subsequently designated Acting Assistant Nursing Officer. I wish to record my personal appreciation to both for undertaking administrative responsibilities in addition to their normal duties.

It was also significant that many Nurses and Midwives have, on their own initiative, arranged to hold Clinics and treatment sessions at General Medical Practitioner premises and undoubtedly the majority of the Staff are actively endeavouring to find ways and means of improving the domiciliary health services. Fortunately, in many areas the General Medical Practitioners have similar ideas and undoubtedly there will emerge schemes which will utilise the available resources to the utmost advantage.

During the year, Mr. Leslie Roberts returned from Aberdeen where he had been attending the Health Visitors' Course. This is the only University which accepts male students for Health Visitors' Courses. It was most pleasing to learn that he had passed the examination with distinction. He is the first male nurse in Wales with a Health Visitor's qualification and the first with a distinction in Britain.

Another distinction bestowed upon a member of the Staff was the M.B.E., to Miss B. Richards. This recognised her many years of voluntary service, in particular to the National Savings' Movement. The Department rejoices with her.

A new recruit to the senior staff was Mr. Button, the newly-appointed County Public Health Officer who came to us from Leicester. His predecessor, Mr. Tom Hughes, had been inconspicuously on the Staff of the Clerk of the County Council and



although Mr. Hughes did his best to circumvent the complexities of the situation, it was inevitable that he could never become quite so inextricably integrated with the Department as Mr. Button. His presence in the Office has greatly facilitated the work and he has already firmly established himself.

Another unusual appointment has been the engagement, on a sessional basis, of Dr. J. H. O. Roberts, Consultant Psychiatrist and formerly Medical Superintendent of The North Wales Mental Hospital, to lead the development of the Local Health Authority's Mental Health Services. Initially, he reviewed the established services and since then he has conducted a series of seminars for Health Visitors and Mental Welfare Officers. This form of practical in-service training, it is hoped, will stimulate Staff to participate more actively in preventive Mental Health work.

Towards the end of 1966, two Doctors left the service to take up appointments in General Medical Practice. This was a crippling blow to an establishment which was not up to strength, but fortunately Dr. W. McKendrick and Dr. T. K. Hughes stepped out of retirement and helped us through a difficult period. In addition, Drs. Cromar, Cowell, Dalzell, J. Hughes, Naylor and Shields increased their sessions in order to relieve the pressure on the Department. At this time of difficulty I suggested to the Establishment Committee that medical examinations of new Staff should be dispensed with but this did not meet with their approval and I was instructed to ensure that the service be maintained. This demand for the continuance of Services also seems to be the attitude of the general public and while it is most gratifying to be so well appreciated it does place a very heavy burden on the medical staff.

Another development during the year was the opening of the Cytology Clinics at Colwyn Bay and Wrexham. In addition to the Local Health Authority Clinics, General Medical Practitioners and Consultant Obstetricians also collect specimens, so it is anticipated that a substantial proportion of the women in the susceptible age range will be examined. At our Clinics those who attend undergo additional tests for blood pressure, haemoglobin, vision, sugar or protein in the urine and growths in the breasts. Information regarding any abnormality discovered is immediately transmitted to the patient's General Medical Practitioner. These Clinics are well attended and much appreciated by those who have been examined.

The Mental Health Service has continued to expand and it is obvious that the community relies greatly on the support of these services. Not only the volume, but also the content of the



work continues to increase. It cannot be denied that the Mental Welfare Officer in this County covers facets of social work which would be considered well outside the scope of a Mental Welfare Officer. Unfortunately, those trained in Denbighshire seem to find quite easily, higher paid posts with other Authorities. It is disheartening to be for ever training junior staff only to see them depart just as they are really beginning to pull their weight.

One of the momentous steps taken during the year was the transfer of the administrative responsibility for Training Centres from the Health to the Education Department. Although this was initiated by me, I must confess to twinges of regret, but the benefit to the pupils with the excellent inter-departmental relationships existing in Denbighshire are patently obvious. It is more than likely that this will become National policy within the next few years. However, it must be realised that unless inter-departmental relationships are good, such a transfer could do irreparable harm. Our past record in the field of Mental Sub-normality is a proud one, particularly in the support received from Voluntary sources. Undoubtedly all these resources will continue in full support of the Education Department.

In the body of the Report, I have referred to the invaluable voluntary services given by members of the Health Department not only to services directly concerned with the Health Department, but also to a wide range of Voluntary Organisations. I wonder whether there is any Voluntary Organisation in the County which does not have a representative from the Health Department and this is from a group of Local Authority Officers who are constantly on call 24 hours a day and 7 days per week. It is a proud record which has been enhanced by the Denbighshire Aid Society and more recently by "Côr yr Ambiwylans." The Choir has given Concerts at the Berwyn Psychiatric Social Club and at Welfare Homes and Hospitals. These same men are also members of the St. John Ambulance Brigade and participate in the training of First Aid. They also provided the team which won the National Ambulance Competition, Welsh Region (Shift Leader D. O. Williams and Driver E. Evans) and came third in the National Final. Driver Eric Evans won the Cup for the best driver. In this dedication to the relief of human suffering lies the strength of the Health Department.

It is with regret that we part from colleagues whether they progress to a better post elsewhere or retire after a life time of service. Miss Eirlys Jones and Miss Ramsey had been with the Department for many years. They contributed substantially to the building up of the nursing service in Denbighshire and we wish both a long and happy retirement.

Mr. D. R. Jones, whose health had been deteriorating for some years, died in Llangollen Hospital. He had worked conscientiously and hard to build up the Ambulance and Civil Defence Services in Denbighshire. We shall miss the verve and enthusiasm which he devoted to his work.

The tragic death of Mrs. B. Rich in a car accident stunned everyone in the Department. As my personal secretary, Mrs. Rich devoted her energies to facilitating my work and her complete and absolute loyalty and dedication will remain with me a constant memory.

The death of Councillor J. Barlow, Vice-Chairman of the Health Committee was a grievous loss. He found in the work of the Health Department another outlet for his innate humanitarianism and he gave of his wealth of experience and knowledge with zeal and dedication. His kindness and understanding will be sadly missed by the Staff.

To compensate in some measure for the foregoing, it is a pleasure and a joy to note that our Chairman, Dr. I. H. Davies has been duly honoured with the O.B.E. This well-deserved recognition of his long and varied services to the community is particularly gratifying to the Health Department with whom he has been so closely associated for many years.

Finally, I wish to record my gratitude to all the Staff for their loyal and industrious devotion to duty; to colleagues for their help and tolerance, and to the Chairman, Vice-Chairman and members of the Health Sub-Committee for their continued interest and constant co-operation.

M. T. ISLWYN JONES,  
County Medical Officer.

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June, 1967.



# ANNUAL REPORT FOR 1966

## PART I.

### Statistics and Social Conditions of the County

#### Population.

The Registrar-General's Estimate of the home population of the County at June, 1966 was 179,150. This represents an increase of 670 over the previous year.

The Table below shows the estimated annual population of the County since 1957.

**TABLE I.**

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease
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
1966 ... ..	179150	+ 670	89000	+ 910	90150	-240

An analysis of the above Table shows that there has been an increase in the Urban Population of 910, while there has been a decrease of 240 in the Population of the Rural Districts.



## VITAL STATISTICS

The following table gives a summary of the vital statistics for the year 1966 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			
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
1966 ... ..	15.8	14.2	0.06	2.7	20.4	Nil	16.2

### **Births and Birth Rates.**

The number of live births registered during the year was 2,835 after allowing for inward and outward transfers. This was an increase of 65 compared with 1965.

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 15.8 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 17.4.



### Illegitimate Live Births.

The number of births of illegitimate children during 1966 was 173 as compared with 147 in 1965. This is 6.1 per cent. of the total live births. In 1965 it was 5.3 per cent.

### Still Births.

The still birth rate for 1966 was 20.4 per 1,000 live and still births as against 21.2 in 1965. The number of still births registered was 59.

### Deaths and Death Rates.

The total number of deaths registered during 1966 and allocated to the County was 2,542; this figure gives a crude death rate of 14.2 which when adjusted by the Comparability Factor gives an adjusted death rate of 12.5 of the estimated population.

### Infant Mortality.

During 1966 there were 46 deaths of children under one year. Of these, 22 died before reaching one week and 7 died between one and four weeks. This is illustrated in the following table:—

TABLE III.

Age at Death	Male	Female	Total
Under 1 week	12	10	22
Over 1 week but under 4 weeks	3	4	7
Over 4 weeks but under 1 year	9	8	17
Total	24	22	46

There were included in the total of 46, two deaths under one year, of illegitimate infants.

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

**TABLE IV.**

Cause of Death	Number of Infant Deaths		Total
	Male	Female	
Malignant and Lymphatic Neoplasms	1	—	1
Pneumonia ... ..	4	8	12
Diseases of Respiratory System ... ..	1	—	1
Congenital Malformations ... ..	6	7	13
Other defined and ill-defined diseases ...	12	7	19
Total ... ..	24	22	46

These figures give the following rates:—

	Total	Legitimate	Illegitimate
Infant Mortality per 1,000 live births ...	16.2	16.9	11.5

Neo-Natal Mortality (deaths under 4 weeks) ... ..	10.2
Early Neo-Natal Mortality (deaths under 1 week) ... ..	7.7
Peri-natal Mortality (Still births and deaths under 1 week)	28.0

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

**TABLE V.**

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Infant Mortality Rate ... ..	23.1	20.7	27.7	18.1	20.6	23.1	15.1	22.3	14.1	16.2

There was a slight increase in the Infant Mortality Rate in 1966. Small annual fluctuations are to be expected, but as can be seen from Table V, the general trend is downwards.



TABLE VI.

**THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND  
RATES ACCORDING TO DISTRICTS FOR 1966.**

Districts	Estimated Population	No. of Live Births	Birth-rate crude adjusted	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate crude adjusted
<b>Western No. 1:</b>							
Abergele Urban ...	10,210	164	16.1	1	6.1	175	17.1
Colwyn Bay Borough ...	24,170	281	11.6	2	7.1	471	19.5
Aled Rural ...	6,660	82	12.3	—	—	64	9.6
							9.7
<b>Western No. 2:</b>							
Denbigh Borough	8,420	129	15.3	2	15.5	162	19.2
Llanrwst Urban ...	2,520	50	19.8	2	40.0	48	19.0
Ruthin Borough ...	3,790	50	13.2	2	40.0	60	15.8
Hiraethog Rural ...	4,510	72	15.9	1	13.9	48	10.6
Ruthin Rural ...	9,310	133	14.3	1	7.6	102	10.9
							11.2
<b>Eastern No. 1:</b>							
Wrexham Rural ...	62,500	1,037	16.6	16	15.4	862	13.8
Ceiriog Rural ...	7,170	107	14.9	3	28.0	94	13.2
Llangollen Urban ...	2,980	41	13.8	—	—	42	14.0
							12.6
<b>Eastern No. 2:</b>							
Wrexham Borough ...	36,910	689	18.7	16	23.2	414	11.2
							13.6
<b>Total County ...</b>	<b>179,150</b>	<b>2,835</b>	<b>15.8</b>	<b>46</b>	<b>16.2</b>	<b>2,542</b>	<b>14.2</b>
							12.5



The following Table shows the distribution of deaths in age groups in each of the past ten years.

**TABLE VII.**

Year	Number of Deaths in Age Groups								Total
	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75+	
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
1966	46	7	12	17	64	541	714	1141	2542

There were 46 deaths of infants under one year of age. This number accounts for 1.81 per cent. of the total deaths.

At the other end of the age scale 44.9 per cent. of all deaths was in the age group 75 and over and 28.1 per cent. in the 65-74 years age group.

No less than 53.3 per cent. of the females who died were at least 75 years of age. The corresponding figure for men was 36.9 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) ...	836	32.9
Cancer (including leukaemia and aleukaemia) ... ..	484	19.0
Vascular lesions of nervous system ... ..	423	16.6
Other circulatory diseases ...	101	3.9
Bronchitis ... ..	127	5.0
Violence (including accidents, suicide) ... ..	102	4.0
Pneumonia ... ..	147	5.7
Tuberculosis (all forms) ...	14	.5

The above diseases are in the main, of course, generally associated with older people. Of the 836 deaths ascribed to Heart Disease 658, or 78.7 per cent, were of persons aged 65 or more; of the 423 due to vascular lesions of the nervous systems, 364 or 86.0 per cent, were aged 65 and over.

**Heart Diseases** continue to be the chief causes of death. The percentage of total deaths, 32.9, is much higher than that of any other cause, and is equivalent to a death rate of 4.7 per 1,000 of the estimated population.

Of the total of 836 deaths, 549 were attributed to "coronary disease, angina and of these 334 were males. Again, of these male deaths, 97 occurred in the age group 45-64 and 117 in the age group 65-74.

#### **Tuberculosis.**

The death rate per 1,000 population for Respiratory Tuberculosis went up from .02 in 1965 to .06 in 1966.

#### **Cancer.**

Deaths from all forms of cancer showed a further increase in 1966, the number occurring being 484 as against 463 in 1965.

This represents a death rate of 2.7 per 1,000 population.



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		
<b>Western No. 1.</b>								
Abergele U.D. ...	6	13	3	3	16	1	42	4.1
Colwyn Bay M.B.	8	13	14	6	41	2	84	3.5
Aled R.D. ...	5	3	2	—	9	—	19	2.8
<b>Western No. 2.</b>								
Denbigh M.B. ...	8	1	3	1	13	1	27	3.2
Llanrwst U.D. ...	1	1	—	—	8	—	10	4.0
Ruthin M.B. ...	2	1	—	—	6	1	10	2.6
Hiraethog R.D. ...	2	—	2	—	6	—	10	2.2
Ruthin R.D. .. ...	3	3	3	—	10	1	20	2.1
<b>Eastern No. 1.</b>								
Ceiriog R.D. ...	5	2	—	—	10	—	17	2.3
Llangollen U.D. ...	—	4	—	—	4	—	8	2.7
Wrexham R.D. ...	17	33	13	10	68	4	145	2.3
<b>Eastern No. 2.</b>								
Wrexham M.B. ...	20	21	5	5	39	2	92	2.5
Total ...	77	95	45	25	230	12	484	2.7

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
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
1966	...	...	...	...	484	2.7

Cancer was responsible for 484 deaths or 19.0 per cent. of all deaths. The following table gives the deaths from Cancer according to age, sex and classification, during 1966:—

TABLE XI.

Age	Malignant Neoplasms								Other malignant and lymphatic Neoplasms		Leukaemia Aleukaemia		Total all forms	
	Stomach		Lung Bronchus		Breast		Uterus							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-14 ... ..	—	—	—	—	—	—	—	—	2	2	2	1	4	3
15-24 ... ..	—	—	1	—	—	—	—	—	2	—	—	1	3	1
25-44 ... ..	2	1	1	1	—	1	—	2	4	1	—	2	7	8
45-64 ... ..	12	6	32	7	1	18	—	12	35	31	2	—	82	74
65-74 ... ..	21	9	29	5	—	13	—	6	45	29	2	—	97	62
75 and over ...	13	13	16	3	—	12	—	5	39	40	1	1	69	74
Totals ... ..	48	29	79	16	1	44	—	25	127	103	7	5	262	222

#### 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
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
1966 ... ..	2894	Nil	Nil



TABLE XIII.

Comparative Table showing the numbers of deaths from Coronary Disease, Angina; certain forms of Malignant Neoplasm; Leukaemia Aleukaemia, for the years 1961-1966

Year	Deaths from Coronary Disease, Angina							Deaths from Malignant Neoplasm						Deaths from Leukaemia Ateleukaemia		
	Total Deaths			Male Deaths in Age Groups				Stomach		Lung		Breast			Uterus F.	
	M.	F.	T.	25	35 45 55 65 75			M.	F.	M.	F.	M.	F.			
1961	241	120	361	5	88	90	58	47	29	83	9	1	36	19	9	
1962	250	145	395	5	87	80	78	51	26	59	8	—	40	16	12	
1963	287	164	451	1	6	29	65	104	82	63	35	7	1	51	18	9
1964	276	166	442	2	7	26	68	94	79	49	28	13	1	42	20	12
1965	328	176	504	2	5	27	106	105	83	45	24	7	—	46	20	6
1966	334	215	549	1	9	27	70	117	110	48	29	16	1	44	25	12

**TABLE XIV.**  
**COMPARATIVE RATES**

Rate	Denbighshire	England and Wales
Birth Rate (adjusted) ... ..	17.4	17.7
Still-birth Rate ... ..	20.4	15.4
Death Rate (adjusted) ... ..	12.5	11.7
Infant Mortality Rate ... ..	16.2	19.0
Neo-Natal Mortality Rate ... ..	10.2	12.9
Early Neonatal Mortality Rate	7.7	11.1
Perinatal Mortality Rate ... ..	28.0	26.3
Maternal Mortality Rate ... ..	Nil	0.26

### ACCIDENTS

**TABLE XV.**

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1966 giving Age and Sex Distribution.

Age Group	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0- 1 year ... ..	—	—	—	—	—	—
1- 4 years ... ..	1	1	2	1	—	1
5-14 years ... ..	—	1	1	2	1	3
15-24 years ... ..	3	—	3	3	1	4
25-34 years ... ..	2	—	2	—	—	—
35-44 years ... ..	3	3	6	3	—	3
45-54 years ... ..	—	—	—	3	3	6
55-64 years ... ..	—	—	—	5	4	9
65-74 years ... ..	1	—	1	8	6	14
75 years and upwards ... ..	—	1	1	9	20	29
Total ... ..	10	6	16	34	35	69



**TABLE XVI.**  
**CAUSES OF DEATH, 1966**

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 ... ..	2	...	...	...	1	...	...	...	...	1	2	4	10
Tuberculosis Other .	...	...	1	...	...	...	...	1	...	...	2	...	4
Syphilitic disease ...	1	1	1	...	1	...	...	...	...	...	...	3	7
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis .	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and Parasitic Diseases..	...	...	...	1	...	...	...	...	...	...	1	1	3
Malignant Neoplasm —Stomach ... ..	6	5	5	8	8	2	...	1	2	3	20	17	77
Malignant Neoplasm —Lung Bronchus .	13	3	2	13	1	...	4	1	1	3	21	33	95
Malignant Neoplasm —Breast ... ..	3	2	...	14	3	2	...	...	...	3	5	13	45
Malignant Neoplasm —Uterus ... ..	3	...	...	6	1	...	...	...	...	...	5	10	25
Other Malignant and Lymphatic Neoplasms ... ..	16	9	10	41	13	6	4	8	6	10	39	68	230
Leukaemia, Aleukaemia ... ..	1	...	...	2	1	...	...	...	1	1	2	4	12
Diabetes ... ..	...	...	...	3	2	...	...	...	...	2	7	9	23
Vascular lesions of nervous system ...	30	12	11	101	23	6	8	11	11	14	64	132	423
Coronary disease, angina ... ..	51	16	17	109	26	6	5	9	16	23	81	190	549
Hypertension with Heart Disease ...	4	...	1	9	3	1	...	...	1	3	7	8	37
Other Heart Disease	16	4	14	51	13	7	7	2	6	15	31	84	250
Other Circulatory Diseases ... ..	4	1	3	29	5	2	1	...	6	3	12	35	101
Influenza ... ..	...	...	3	8	...	...	...	2	...	...	1	19	33
Pneumonia ... ..	5	1	5	13	24	1	3	3	2	3	30	57	147
Bronchitis ... ..	8	2	7	16	7	3	5	...	1	2	16	60	127
Other diseases of Respiratory System	...	1	2	...	2	...	...	2	...	1	6	12	26
Ulcer of Stomach, Duodenum ... ..	...	...	...	1	1	...	...	...	...	2	2	2	8
Gastritis, Enteritis and Diarrhoea ...	...	...	...	2	...	...	...	...	...	...	...	7	9

Table XVI. Causes of Death, 1966 (continued).

Causes	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro.	Denbigh Boro.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro.	Ruthin Rural	Wrexham Boro.	Wrexham Rural	Total
Nephritis and Nephrosis ... ..	1	...	1	...	2	...	1	1	1	...	4	5	16
Hyperplasia of Prostate ... ..	...	2	1	4	...	1	1	...	...	...	...	1	10
Pregnancy, childbirth, abortion ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations ... ..	...	...	2	2	2	...	...	...	1	1	6	4	18
Other defined and ill-defined diseases ...	7	3	6	23	6	5	3	4	3	5	33	57	155
Motor vehicle accidents ... ..	...	1	...	2	...	1	...	2	...	2	5	3	16
All other accidents ... ..	4	1	2	8	15	4	...	1	2	3	10	19	69
Suicide ... ..	...	...	...	5	2	1	...	...	...	2	2	5	17
Homicide and operations of war ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes ... ..	175	64	94	471	162	48	42	48	60	102	414	862	2542

### Pneumoconiosis.

The primary causes of death, as stated in the Death Certificate, are summarised in Table XVI above but in many instances there has been a contributory cause of death. Amongst miners, pneumoconiosis may be a contributory cause, and during 1966 there were 6 such cases registered.

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

Of those who died during 1966 two were 59, one was 62 and the other 3 were over 65 years of age.



**PART II.**

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***Administration***

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**STAFF OF THE HEALTH DEPARTMENT**

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County Medical Officer of Health and  
Principal School Medical Officer:

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

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

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

District Medical Officers/Assistant County Medical Officers:

F. P. Peach, M.B., Ch.B., D.P.H. (Senior Assistant  
Medical Officer).

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

T. Kenrick Hughes, M.B., Ch.B., D.P.H. (retired 31/3/66).

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

Gareth Williams, M.B., Ch.B., D.P.H. (from 1/4/66).

Assistant County Medical Officers:

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.

(resigned 30/11/66).

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

(resigned 31/12/66).

Consultant Staff (part-time):

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.

**Paediatric Service:**

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.

**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:**

D. R. Pearse, B.D.S.

**Area Dental Officer:**

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

**Dental Officers:**

H. J. Matthews, L.D.S., L.R.C.P., L.R.C.S.

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

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

R. H. N. Osmond, L.D.S., R.C.S.

T. Elton, L.D.S.

**Consultant Orthodontist:**

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

Dental Auxiliary: 1; Dental Surgery Assistant: 8.

**County Public Health Inspector:**

T. Hughes (retired 31/5/66).

D. D. Button, M.I.P.H.A., A.R.S.H. (from 1/6/66).



**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.  
(retired 6/9/66)

**Deputy Superintendent Nursing Officer:**

Miss Eirlys Jones, S.R.N., S.C.M., H.V.Cert., Q.N.  
(resigned 31/10/66).

**Assistant Superintendent Nursing Officers:**

Miss F. V. Ramsay, S.R.N., S.C.M., H.V.Cert.  
(resigned 30/6/66).

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

Health Visitors: 36. Tuberculosis Visitors: 2. Home Nurses  
and Midwives: 72.

**Home Help Service:**

**Organisers:**

Miss H. M. Cuddy.

Miss E. O. Davies (from 1/9/66).

Home Helps: 194 (part-time).

**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: 3. Trainee Mental Welfare Officers: 2.

**Speech Therapy Service:**

**Senior Speech Therapist:**

Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapists: 2.

**County Ambulance Service:**

County Ambulance Officer: E. Evans-Hughes.

Deputy County Ambulance Officer: E. Wright (from 1/6/66).

Station Officers: 2

Shift Leaders 4

Driver/Attendants 30  
(incl. trainees)

Workshop Staff: 2

**Chiropody Service:**

Senior Chiropodists: 4

**Administration:**

Senior Administrative Officer: G. L. Britton, D.P.A., A.R.S.H.

Deputy Administrative Officer: Gwilym Davies.

**Administration, 1966.**

Again, during 1966 both the extension and expansion of the work of the Department was contained administratively within the existing framework. During the past few years, a continuing evaluation of methods and procedures has been taking place and this has certainly led to increased efficiency and enabled the Department to take additional services in its stride, e.g. cytology service and those environmental services which were previously undertaken by the County Public Health Officer at Ruthin.

Study of the use of computers is still going forward and it is hoped that with the advent of a computer to the County, very soon automated data processing will become an integral part of the Department.

Regular meetings of staff have taken place during the year. These have played a valuable part in the administration in that senior staff have been made aware of all proposals affecting the Department and all members have been able to make a full contribution to the planning and administrative framework of new and existing projects. The value of well-defined lines of communication is enormous in a Health Department; indeed they are essential; without them there would be only frustration and chaos.



Dr. Peach, the Senior Assistant Medical Officer, Colwyn Bay, remarks that even in his comparatively small Department, he has regular consultations with his Staff and emphasises how essential it is to ensure good communications.

### **Honours.**

Miss B. Richards was awarded the M.B.E., in the 1966 Birthday Honours, in recognition of her work with the National Savings' Movement. We are very proud that one of the members of the Department has received such recognition of her invaluable voluntary work.

### **Mr. D. R. Jones—Assistant Civil Defence Officer.**

It is with regret that I have to record the death of Mr. D. R. Jones. Mr. Jones passed away in January, 1967, and had given valuable service to the County Council and to me personally since his appointment in January, 1957.

### **Mrs. Barbara Rich—Secretary to County Medical Officer.**

The tragic and untimely death of Mrs. Rich was a shock to the whole Department and is deeply regretted.

### **Resignations.**

Name	Post	Date of termination
Dr. T. K. Hughes	Assistant County Medical Officer and Medical Officer of Health for Eastern No. 1 District.	31/3/66
Dr. J. Williams	Assistant County Medical Officer.	30/11/66
Dr. J. G. Williams	Assistant County Medical Officer.	31/12/66
Miss W. M. Chune	Superintendent Nursing Officer	6/9/66
Miss E. Jones	Deputy Superintendent Nursing Officer.	31/10/66
Miss V. Ramsay	Assistant Nursing Officer	31/5/66
Miss M. L. Thomas	Tuberculosis Health Visitor	31/3/66
Miss M. E. Jones	Health Visitor/School Nurse	31/1/66
Miss M. E. Bellis	Health Visitor/School Nurse	8/6/66

**Resignations (continued).**

Name	Post	Date of termination
Miss J. Moulton	Full-time Midwife	23/4/66
Mrs. M. H. Thomas	Full-time District Nurse/ Midwife.	30/6/66
Mrs. L. E. Williams	Part-time District Nurse/ Midwife.	27/8/66
Mrs. N. M. Crump	Full-time District Nurse/ Midwife.	31/10/66
Mrs. E. M. Beattie	Full-time District Nurse/ Midwife.	31/10/66
Mrs. E. Woodfine	Full-time District Nurse	20/10/66
Miss E. Hughes	Section Head, Maternal and Child Welfare Section.	31/12/66
Mr. K. V. Williams	Mental Welfare Officer	31/12/66

**Appointments.**

		Date of commencement
Mr. D. D. Button	County Public Health Officer	1/6/66
Mr. E. Wright	Deputy County Ambulance Officer.	1/6/66
Miss E. O. Davies	Home Help Organiser, West Denbighshire.	1/9/66
Miss E. L. Jones	Tuberculosis Health Visitor	1/4/66
Miss G. M. Jones Roberts	Health Visitor/School Nurse	18/7/66
Mrs. M. T. White	Health Visitor/School Nurse	4/7/66
Mrs. P. A. Robinson	Part-time District Nurse	17/1/66
Mrs. J. M. Wynn	Full-time District Nurse/ Midwife.	1/5/66
Mrs. M. E. Jones	Full-time District Nurse/ Midwife.	1/8/66
Mrs. V. M. Morris	Full-time Enrolled Nurse.	19/9/66



# **Appointments (continued).**

Name	Post	Date of commencement
Mrs. M. E. Dowell	Full-time District Nurse	5/9/66
Miss E. Owen	Full-time District Nurse/ Midwife.	7/10/66
Mrs. M. S. Jones	Full-time District Nurse/ Midwife.	1/12/66
Mrs. M. J. Jones (Glan Conway)	Full-time District Nurse/ Midwife.	1/12/66
Mrs. E. W. Evans	Full-time Enrolled Nurse	1/12/66
Mr. L. Dowson	Trainee Mental Welfare Officer	3/1/66
Miss M. Roberts	County Medical Officer's Secretary.	1/11/66

### PART III.

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## General Provision of Health Services

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### CARE OF MOTHERS AND YOUNG CHILDREN

For many years, there has been in Denbighshire a steadily increasing number of mothers who have had their babies delivered in Hospital and during the year under review this reached very nearly 90% of the total deliveries. While opinions differ regarding the best place for a delivery, it is reassuring to find in our County that an increasing number of institutional confinements has been accompanied by a comparable fall in both infant and maternal mortality. Indeed an analysis of the relative statistics gives cause for a modicum of satisfaction particularly when these are compared with the National figures.

The Staff of the Health Department, while not running their own Ante-natal Clinics have supported both the Hospital and General Medical Practitioner Ante-natal Services. An increasing number of Midwives attend General Medical Practitioners' Ante-natal Clinics; some continue as before to assist at peripheral Hospital Clinics while Health Visitors attend at the Maelor Hospital Ante-natal Clinics to organise and participate in a Health Education programme. In addition, the Health Visitor at this Clinic, under the general supervision of the Consultant, vaccinates all mothers after the fourth month, against Poliomyelitis.

The arrangements for those mothers being discharged at 48 hours have been improved. Every effort is made to ensure that all concerned are aware, beforehand, of those mothers who will be given an Early Discharge, for only in this way is it possible to ensure that all the necessary services are available when required. The majority of these mothers are now conveyed in Ambulances without other patients so that their journey home is much quicker and without the attendant risk of cross-infection. Midwives also are informed in advance so that they can provide uninterrupted treatment to the mother throughout her lying-in period.

The supportive role of the Health Department has continued to expand despite the decreasing number of domiciliary confinements and it is gratifying to find that teamwork in the Obstetric field is constantly improving. This has resulted from wise leadership and in some measure from the deliberations of the Maternity Liaison Committee.



Attendances at Hospital Management Committee Ante-natal Clinics (held in County Clinics) during 1966.

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.

TABLE XVII.

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Rhos ... ..	109	705	74	84
Cefn ... ..	79	662	68	84
Total ... ..	188	1367	142	168

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

**Family Planning.**

In accordance with Circular 5/66 (Wales) discussions have taken place with representatives of the Family Planning Association with a view to extending the services provided. It was evident that there was a need for an extension of the service and that this would best be met by allowing the Association to utilise County Clinics while providing the trained personnel.

Additional sessions will be arranged both for established centres and in new localities. It is hoped that some of the sessions will be held in the evening.

During 1966, the Family Planning Association held weekly Clinics as follows:—

**TABLE XVIII.**

Place	Clinic held at	Sessions	1966	
			No. of Cases	Total Attendances
Colwyn Bay	Nant-y-Glyn Clinic	Monday, 2.30 p.m.-3.30 p.m. Thursday 6.30 p.m.-7 p.m.	581	1,032
Wrexham	1 Grosvenor Road	Thursday 2.30 p.m.-3.30 p.m.	505	1,385

### **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." Seven cases were notified in accordance with these regulations.

### **Ophthalmia Neonatorum.**

One case was notified during the year.

## **CHILD WELFARE**

### **Notification of Births.**

In accordance with statutory requirements, 3,204 live births and 54 still-births were notified during the current year. A list of notifications is despatched at the end of each week to the Registrar of Births.

### **Congenital Defects.**

Information regarding Congenital Defects was obtained from 54 Notification of Birth Cards. Further information regarding these infants was then obtained from the Consultant Paediatrician and in due course their names were placed, if considered necessary, on the "At Risk Register" and the detailed information passed to the Registrar General.

It is proposed to amend the Notification of Birth Card so that more precise information will be given and this should assist administratively.



### Child Welfare Clinics.

It is gratifying to find that the County Child Welfare Clinics are being increasingly used for the benefit of the community in which they are located.

These premises are becoming the focal point for many of the medico-social services of the area. Most Health Visitors are now based at Child Welfare Clinics which ensures that they can be contacted there on most days between 9 a.m. and 9.30 a.m. and again in the evening between 4.30 p.m. and 5.15 p.m. In addition, Doctors, Dentists, Mental Welfare Officers, Nurses, Midwives, Ancillary workers are also based at some of these premises while periodically other professional workers use the Clinics. This increased contact with colleagues has ensured improved communication and a better understanding of each other's problems. This inevitably has strengthened the domiciliary health team with substantial benefits to the patients.

During the year under review, three General Medical Practitioners undertook Child Welfare Sessions on behalf of the Local Health Authority and undoubtedly the arrangement worked well and proved stimulating for both Doctor and Health Visitor.

One group of Doctors moved into a County Child Welfare Clinic while their own premises were being extended. Although this necessitated constant readjustments on the part of all concerned, it brought about a better appreciation of each other's problems.

Another Group Practice moved into two new County Clinics on 1st January, 1967. Discussions had proceeded for some six months before the Doctors moved in. It would be injudicious to comment on this development at this stage, but everything indicates that the community in these areas will benefit substantially.

TABLE XIX.

CHILD WELFARE CLINIC ATTENDANCES	
Age 0 - 1 year:	
Number of first attendances ...	2,202
Total number of attendances ...	27,224
Age 1 - 5 years:	
Total number of attendances ...	13,944

TABLE XX.

## MATERNITY AND CHILD WELFARE

The following table furnishes information for 1966 with regard to the Maternity and Child Welfare Centres established in the County.

Location	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1966	No. of children who attended during the year and who were born in 1961-64
Abergele, Pentre Mawr ... ..	Weekly	Thur. a.m., p.m.	20	83	85
Brynteg, County Clinic ... ..	Weekly	Monday p.m.	38	106	38
Brymbo, Council School ... ..	Fortnightly	Thursday p.m.	19	32	12
Cefn, County Clinic ... ..	Weekly	Friday p.m.	34	108	124
Chirk, Ambulance H.Q. ... ..	Fortnightly	Thursday p.m.	40	64	71
Coedpoeth, Church Hall ... ..	Weekly	Monday p.m.	41	80	79
Colwyn Bay, Nantyglyn Road ...	Weekly	Tues., a.m., p.m.	37	173	152
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	38	30	7
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	21	18	23
Denbigh, County Clinic ... ..	Weekly	Wednesday p.m.	33	102	104
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	18	16	17
Glynceiriog C.P. School ... ..	Fortnightly	Tuesday p.m.	14	31	89
Gresford, Church House ... ..	Fortnightly	Friday p.m.	36	52	58
Holt, Kenyon Hall ... ..	Fortnightly	Wednesday p.m.	11	11	18
Johnstown, Sports Pavilion ... ..	Twice monthly	Tuesday p.m.	30	39	40



Table XX (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		
				1966	1965	1961-64
Llansannan Village Hall ...	Monthly	Thursday p.m.	22	12	14	26
Llanddulas, C.M. Chapel ...	Monthly	Monday p.m.	8	6	11	15
Llangollen, Welfare House ...	Fortnightly	Tuesday p.m.	34	52	68	29
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	30	65	85	130
Llanrhaeadr Y.M. Infants' School ...	Fortnightly	Monday p.m.	19	16	21	37
Llay, County Clinic ...	Fortnightly	Wednesday p.m.	35	61	67	86
Rhos, County Clinic ...	Weekly	Wednesday p.m.	47	105	103	56
Rhos-on-Sea, Church House ...	Fortnightly	Tuesday a.m.	15	35	14	20
Gwersyllt County Clinic ...	Weekly	Friday p.m.	34	89	74	69
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	26	43	30	42
Rossett, County Clinic ...	Weekly	Wednesday p.m.	18	34	36	34
Ruabon, Old People's Hall ...	Fortnightly	Tuesday p.m.	29	59	56	56
Ruthin County Clinic ...	Weekly	Tuesday p.m.	21	81	93	105
Kinnel Bay Merchandise Hall ...	Fortnightly	Wednesday p.m.	20	30	31	42
Wrexham, Gatefield ...	Weekly	Tuesday p.m.	31	86	68	51
Wrexham, Garden Village ...	Weekly	Wednesday p.m.	33	85	93	68
Wrexham, Queens Park ...	Weekly	Mon., Thurs., p.m.	33	179	204	309
Wrexham, 1, Grosvenor Road ...	Weekly	Mon., Wed. p.m.	34	195	184	132
Vroncysyllte, Primitive Chapel ...	Monthly	Tuesday a.m.	11	9	8	14
Trevor Community Centre ...	Monthly	Thursday p.m.	15	13	7	8

## MATERNITY AND CHILD WELFARE

### DENTAL TREATMENT

Mr. D. R. Pearse, Principal Dental Officer reports as follows:—

“At Wrexham some much needed structural alterations have been carried out to the Dental Surgeries and these have resulted in improved working conditions and greater efficiency. Well-equipped premises are appreciated by Staff and patients alike and it is hoped that the construction of new premises will attract Dental Surgeons to work in the Local Health Authority.

“The use of intravenous general anaesthesia is finding increasing favour amongst progressive operators and we are fortunate in having the services of Dr. Clarke who is able to administer this type of anaesthetic. It is found to be particularly valuable in dealing with nervous patients both children and adults and its use has been welcomed by patients in the Wrexham Clinic.

“I look forward to the coming year with the hope that, despite the National economic pressure, further Dental suites can be opened in Denbighshire and the Service can be developed from them.

#### “ Staff.

“Mr. T. Elton was appointed as a part-time dental officer working in the Colwyn Bay and Ruthin areas as from 1st January, 1966.

“Miss Brenda Eadon resigned from the post of dental auxiliary on 8th July, 1966, and her successor, Miss Christine Thadwald, commenced duties on 19th September, 1966.

“As usual, I should like at this time to express my appreciation of the work done by the dental staff throughout the year.”



**TABLE XXI.**  
**MATERNITY AND CHILD WELFARE**  
**DENTAL TREATMENT, 1966**

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

	First Visits for Treatment during the year	Total Visits	No. of Courses of Treatment completed
Expectant and Nursing Mothers ... ..	91	327	50
Children under 5 years of age ... ..	51	76	5

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

	Extrac- tions	General Anaes- thetics	Fillings	Patients treated by Scaling	Patients X-rayed	Dentures provided
Expectant and Nursing Mothers ... ..	174	49	115	43	5	49
Children under 5 years of age ... ..	122	58	13	4	—	—

## CARE OF PREMATURE INFANTS

During the year, 171 premature live babies were born, of whom 162 survived until one month old.

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

Home	Private Nursing Home	Regional Hospital Board Accommodation
9	—	153

## WELFARE FOODS

### Distribution of National Dried Milk, Cod Liver Oil, Vitamin Tablets and Orange Juice

There were no changes during the year in the administration of this Service, which the Authority performs as agents of the Government. In the main, distribution is done through the Child Welfare Centres and only very small quantities are now sold to mothers at voluntary centres (shops, private houses, post offices, etc.).

As can be seen from the following Table, there has been a further marked decline in the quantities of National Dried Milk, Cod Liver Oil and Vitamin Tablets taken up by the mothers. This has been the trend now over many years and in fact, compared with five years ago, the demand has fallen by nearly 50%.

Insofar as National Dried Milk is concerned, it will be noted that just under 10,000 tins were purchased by mothers during 1966. On the assumption that a baby would require 1 tin per week, over 12 months, it would seem that only 200 babies at the most in Denbighshire were fed on National Dried Milk during 1966.

As this represents one baby only in every fourteen, the question must be asked whether the continuation of this Scheme by the Government is worthwhile. It is quite clear that most mothers prefer using their coupons for obtaining cheap fresh milk and purchasing one of the branded milk foods which are obtainable at reduced prices at all the Clinics.



**TABLE XXII.**

The total quantities of non-proprietary foods distributed during 1965 and 1966 were:—

	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1965 ... ..	11096	2572	3847	29532
1966 ... ..	9929	2223	3248	29417

### 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, 57 mothers were admitted to Bersham Hall and of these, 15 were from Denbighshire. In 1965 the figures were 62 and 12 respectively.

Admissions from the various Counties to the Home were:—

**TABLE XXIII.**

County of origin	No. of cases admitted during 1966
Anglesey ... ..	3
Caernarvonshire ... ..	6
Denbighshire ... ..	15
Flintshire ... ..	16
Merionethshire ... ..	5
Montgomeryshire ... ..	9
Warwickshire ... ..	3
	<hr/> 57

Of the 14 babies born to Denbighshire mothers during 1966:—

6 remained with mother

8 were adopted

—  
14  
—

### MIDWIFERY SERVICE

There were no significant changes in the Maternity Services provided in Denbighshire during 1966. The number of babies delivered at home was 343 which was 1 more than in the previous year.

The domiciliary midwives have co-operated well with both the General Medical Practitioners and the Hospital Services, but it is evident that many midwives feel the need for more cases in order to maintain their efficiency. This was emphasised repeatedly during discussions at Staff meetings and it was urged that arrangements should be made for domiciliary midwives to re-enter a Maternity Unit periodically so that they could retain their clinical competence. It is pertinent that about 60% of Denbighshire Midwives deliver less than 5 cases per year.

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—1,520.

A 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 ... ..	79	751	49	295	235	831	363	1877
2nd Quarter ... ..	99	781	50	290	204	729	353	1800
3rd Quarter ... ..	98	900	50	291	245	874	393	2065
4th Quarter ... ..	125	1151	59	333	227	836	411	2320
Total for year ...	401	3583	208	1209	911	3270	1520	8062



"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 888 visits were made.

In addition the domiciliary midwives visited:—

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

61 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 1966 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 ... ..	343	5
Maternity accommodation ... ..	2861	49

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

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

Midwives attended Ante-Natal Clinics in Doctors' Surgeries in the following areas:—

Abergele, Cerrigydrudion, Llay, Pentre Broughton, Rhos, Ruabon, Wrexham.

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 ... ..	54
Private Practice:	
Domiciliary ... ..	1
Private Nursing Home ... ..	—
Hospital Service:	
Welsh Hospital Board ... ..	71

#### **Refresher Courses.**

During the year, 9 Domiciliary Midwives attended Courses at various Centres which helped to maintain efficiency and interest in recent developments.

#### **Analgesia.**

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

Of the 331 domiciliary confinements attended by the Local Health Authority Midwives, gas and air was administered in 148 confinements, while pethidine was given in 228 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 ... ..	4
Total amount of medical claims paid by Local Health Authority ... ..	£4 4s. 0d.



## 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.

642 Maternity Outfits were issued during 1966, 390 being used for Home Confinements and 252 for early Hospital discharges.

## Training of Pupil Midwives.

The Wrexham Part II Training School accepted 11 students during 1966 and 9 of these were successful in their examinations.

Due to the relatively small number of home confinements, it was extremely difficult to ensure that each student delivered the requisite number of mothers in the homes. Not only had the teaching midwives to exercise considerable ingenuity but the Central Midwives' Board had to be approached with a request that cases delivered by the pupils at the General Medical Practitioners' Maternity Units should also be considered as equivalent to a Home Confinement.

TABLE XXVI.

**DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES  
DURING 1966**

	Number of deliveries attended by Midwives in the area during the year					Totals
	Domiciliary Cases					
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority ... ..	5	5	78	243	331	
Midwives in Private Practice (inc. Midwives employed in Nursing Homes) ... ..	—	—	—	—	—	
Totals ... ..	5	5	78	243	331	



## HEALTH VISITING

In Denbighshire, all Health Visitors hold the dual appointment of Health Visitor and School Nurse, while in the more rural areas some, in addition, are also District Nurse/Midwife. This arrangement ensures that the Health Visitor is intimately concerned with all the groups within her area and in consequence she possesses a unique knowledge of the medical, social and cultural patterns of the community she serves.

In the past, the Health Visitor has worked, in great measure, in isolation but gradually, with increasing contact, the other members of the domiciliary health team are beginning to appreciate her value. Current trends have fostered improved relationships and inevitably there will evolve not only new attitudes but also changed professional concepts. It is essential that the Medical Officer of Health should allow the Health Visitor more freedom to devote her energies to more essential and productive work. It is vital that the General Medical Practitioner should try to understand the professional content of the Health Visitor's work and he should learn to evaluate her positive contribution to the health and well-being of the community and, having understood, to work with her and to utilise her services to the utmost advantage. The Health Visitor, also, must be more self-analytical and be more ready to adapt her skills to changing current needs.

Undoubtedly, many of our Health Visitors are anxious to experiment and to exploit the changing pattern of General Medical Practice. This new spirit has been manifest both in Staff meetings and as a theme in many of the Annual Reports which they submitted to me. General Medical Practitioners also have approached me with suggestions and schemes for improving liaison.

These trends and developments have been most encouraging and, for my part, I have encouraged the Health Visitors to evolve their own pattern within their own domain. The majority have concentrated on improving communications at local level, particularly with other social workers and simultaneously and perhaps reciprocally a much more frequent contact with central office. Greater freedom has been interpreted as greater personal responsibility and as a result, every Health Visitor is demonstrating a heartening initiative.

There are no formal attachments of Health Visitors to General Medical Practices but in many areas there is excellent liaison between Doctors and Health Visitors. Generally, where

this exists, the doctors are working mainly within a circumscribed area which is more or less co-terminous with that of the Health Visitor. This observation is vitally important for it embodies a principle which if ignored may hinder crucially the evolution of a comprehensively efficient domiciliary health team. If Health Visitors were attached to General Medical Practitioners in the Wrexham district then twenty-three Health Visitors would be visiting Rhosllanerchrugog (12,000 population), Gwersyllt (4,000 population) and probably even more to Llay (4,000 population).

A Health Visitor's services are far too valuable to be used in such a profligate manner.

**TABLE XXVII.**

Visits made by Health Visitors during 1966:—

First visits to children under 1 year of age ...	2,824
Total visits to children under 1 year of age ...	14,172
Total visits to children between 1 and 5 years	32,596
Total visits to persons aged 65 and over ...	5,467
All other visits ... ..	6,538



**TABLE XXVIII.**  
**Summary of Work of Health Visitors.**

No. 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	
2	Rhos and Johnstown ... ..	149	1,100	2,270	205	320
1	Penycae and Acrefair ... ..	91	518	1,356	266	267
2	Rhostyllen, Ruabon, Marchwiel, Isycoed	150	881	2,873	83	173
2	Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton ...	248	1,041	3,021	277	682
2	Llay, Gresford, Rossett ... ..	153	756	1,457	279	270
1	Gwersyllt, Rhosrobin, Summerhill ...	96	432	1,044	104	90
2	Llangollen, Cefn, Garth and Trevor ...	130	690	1,176	442	779
3	Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos ... ..	258	1,254	2,891	465	448
3	Denbigh Borough, Ruthin Rural (part), Aled Rural (part) ... ..	204	1,244	2,636	420	472
1	Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin ...	162	382	397	284	211
1	Ysbyty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig ... ..	44	239	532	74	88

**Table XXVIII (continued).**

No. 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	
3	Llanrhaeadr Y.M., Llansilin, Chirk, Glyn-ceiriog and Vroncysyllte ... ..	101	545	1,569	253	70
2	Ruthin Borough, Ruthin Rural (part) ...	145	745	1,361	586	834
3	Borough of Colwyn Bay ... ..	222	990	2,777	852	851
7	Borough of Wrexham ... ..	671	3,355	7,236	877	983
	<b>Totals</b> ... ..	2,824	14,172	32,596	5,467	6,538



## HOME NURSING

The deployment and utilisation of scarce professional staff necessitates a well-conceived, mobile, adaptable and elastic plan which should be based on factual information which has been carefully analysed. The receipt of Circular 12/65 indicated the need to review the Home Nursing Service and in order to comply with this directive in a logical manner, it was decided to avail ourselves of the Queen's Institute's offer to programme and analyse our situation on a Computer.

Seventy-one Nurses participated in the enquiry which provided valuable information regarding the Domiciliary Nursing Service in this County and it also indicated the extent to which it would be possible to introduce ancillary help to relieve the more highly skilled nurses of mundane work. The survey showed that about 10% of the work could be delegated to non-qualified workers while approximately 25% of the nursing duties could well be performed by State Enrolled Nurses. It was generally felt that approximately 40% of the work demanded the skills of fully trained State Registered Nurses, and there remained about 25% of the work which could not be allocated without some reservation.

Towards the end of 1966, the first step was taken in reorganising the Service by arranging Nurses in groups who would be responsible for providing the nursing services within their area. Each group had considerable autonomy, being responsible for arranging their own off duty, days off and rota for relief work. It is gratifying that the Nurses have responded magnificently to the challenge of additional responsibility, for not only has efficiency and initiative improved but it has also decreased the necessary for constant administrative control and supervision.

### **Refresher Courses.**

Four 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 4 pupils attended and all were successful in the final examinations. (One pupil was sponsored by Merionethshire).

**TABLE XXIX.**

**Summary of Cases attended and visited by Home Nurses  
during 1966**

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	249	2,853	3,691	6,793
No. of visits ...	1,654	45,883	101,751	149,288

### VACCINATION AND IMMUNISATION

#### Smallpox Vaccination.

The number of infants vaccinated against Smallpox during 1966 was 1,015. Despite the publicity and strenuous efforts on the part of Health Visitors only a third of the children born in the County were vaccinated.

**TABLE XXX.**

Vaccinations performed during 1966.

Age at date of Vaccination	Primary Vaccinations	Re-vaccinations
0 - 12 months ... ..	56	—
1 year ... ..	959	1
2 - 4 years ... ..	274	4
5 - 15 years ... ..	191	254
Totals ... ..	1,480	259

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

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



**TABLE XXXI.**

Number immunised during the year.

Year of Birth	Diphtheria		Whooping Cough		Tetanus	
	Primary	Booster	Primary	Booster	Primary	Booster
1966 ... ..	854	—	852	—	854	—
1965 ... ..	1070	347	1063	331	1070	349
1964 ... ..	117	968	100	857	117	968
1963 ... ..	55	189	42	165	56	185
1959-62 ... ..	107	2651	44	396	106	1326
Others under age of 16 ... ..	19	1444	8	57	24	392
Totals ... ..	2222	5599	2109	1806	2227	3220

**Poliomyelitis.**

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

**TABLE XXXII.**

Year of Birth	QUADRILIN		SALK		SABIN	
	Primary	Booster	Primary	Booster	Primary	Booster
1966 ... ..	—	—	7	—	276	—
1965 ... ..	4	—	13	9	1337	10
1964 ... ..	2	—	2	10	199	19
1963 ... ..	1	—	2	—	118	25
1959-62 ... ..	—	—	2	1	232	1528
Others under age of 16 ... ..	—	1	—	—	98	404
Totals ... ..	7	1	26	20	2260	1986

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

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

	Children born in 1965			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	(4)
Denbighshire ...	71	71	62	36
Wales ... ..	69	70	61	28
England and Wales	72	73	68	38

**AMBULANCE SERVICE**

In October, 1965, Mr. E. Evans Hughes commenced duties as the County Ambulance Officer, since when he has moved from Colwyn Bay to Wrexham and has installed himself securely in his new appointment. He has devoted his energies to implementing long term plans and it is gratifying for me to note that senior posts in our Ambulance Service have been filled competently, efficiently and enthusiastically from amongst our own Staff. The senior members of the Ambulance Service have worked with me for as many as fifteen years and it is good to know that my trust and confidence in them throughout that period has not been misplaced.

The County Ambulance Officer has submitted to me the following report on the service for the year 1966:—

"The Service is now in its eighteenth year and despite minor reductions from time to time, the demands made overall continue to grow year by year. As population increases and more specialist medical services become available, it is doubtful if one can anticipate the day when pressure of demand will reach a stable point. I sometimes wonder whether all the requests for special transport made by Hospitals, Consultants and General Practitioners are considered on "medical grounds" primarily, or on a "convenience basis for both patient and appointment." There are many cases where a reasonable element of doubt exists on this point and I think the time is rapidly approaching when a more careful scrutiny of "real need" should be



looked at, by all concerned in the ordering and provision of ambulance transport. It may well be, in view of the type of demands made upon the service, that the provision of a two-tier system, in the form of an Accident and Emergency Unit and a General Transport Unit within the whole umbrella will have to be given serious thought.

"Higher standards of training within the emergency unit will obviously be required and the training which has taken place in service during the last twelve months is certainly a move in the right direction. It has enabled closer contact to be made with Consultants and other Associates and both sides have become more aware of each others' problems. I have no doubt that periods in "hospital accident units" for selected personnel would be of further advantage, both in the field and in liaison matters. The training syllabus used in the five sessions at Denbigh was drawn up in the early part of the year and follows very closely the White Paper on Ambulance Training published in August last. In addition to the Sunday sessions an internal competition was run to select a team to represent Denbighshire in the Ambulance Services' Competition, Wales Region. This stimulated interest and was an excellent morale booster and the winners, Shift Leader D. O. Williams and Driver Eric Evans, went on to win the Wales Regional Final for the second year in succession. The same team later represented the County as well as Wales in the National Finals at Solihull, finishing third in the overall results. Driver Eric Evans won the award for the best driver in the competition.

"The administrative reorganisation of the service has proceeded in accordance with the development plan approved by the County Council and work is progressing favourably on the new Ambulance Headquarters at Wrexham. This station should become operational towards the end of 1967 and will enable the establishment of a twenty-four hour control to become effective. It will also enable the Ambulances in East Denbighshire to be housed in proper accommodation, along with the personnel, and will undoubtedly increase all-round efficiency.

"With the growing demands, the policy of gradually increasing full-time staffing—a decision taken some years ago—has proved to be the right one. Invaluable support has again been given this year by the Voluntary Organisations assisting the service and one cannot speak too highly of their splendid contribution in helping to keep costs down. Cefn Mawr St. John Ambulance Division and Colwyn Bay Voluntary Ambulance Corps, in particular, have rendered



sterling service and continue to do so despite many problems. Additional support comes from Llanrwst, Abergele, Llangernyw and Cerrig personnel, but day by day their difficulties in finding men to man the ambulances, manifests itself and I fear it is only a matter of time before they fade into oblivion. Voluntary service in the Chirk and Ruthin areas has been withdrawn during the year and this has necessitated the engagement of additional full-time staff and redeployment of existing resources to cover the gaps.

"Many reliable taxi-men in the County have played their part in assisting the service and their efforts are very much appreciated.

"The present Staff complement consists of a County Ambulance Office and Deputy, 2 Station Officers, 4 Shift Leaders and 30 Driver/Attendants including trainees. A Transport Maintenance Officer and an Apprentice Mechanic are stationed at Wrexham to maintain and service the Ambulance Fleet in addition to all County Health Department vehicles.

"I would like to record my appreciation to them for their consistent loyalty in carrying out their duties, often in difficult conditions, in an exemplary manner.

"The Ambulance fleet comprises a comprehensive range of vehicles, capable of dealing with any conditions and situations arising. Five ambulances were replaced during the year, accent being placed on four-berth vehicles to provide the additional carrying capacity to deal with possible major accidents as well as ordinary day-to-day demands. These are now strategically placed around the County as are the Landrover-type Ambulance. An Austin Gipsy, Series III has been introduced into the fleet and is proving effective and popular in the Llangernyw/Llanrwst area where it is now stationed. An Austin A.60 sitting-case car has been added to the fleet also and this has proved extremely useful in conveying the long-distance sitting cases. It does the job more economically than an ambulance or rail transport in certain instances; frees an ambulance for more important work, releases an attendant when no escort is travelling, who would otherwise have had to accompany a driver on the ambulance when patients are in the rear. This car has done 7,460 miles including trips to London, Bristol, Cardiff, Northumberland and York.

"With the present policy of replacement, the average age of a fleet vehicle is now  $4\frac{1}{2}$  years, with a life expectancy



of 7 years. I think, therefore, that Denbighshire has a very high standard of Ambulance serving its population.

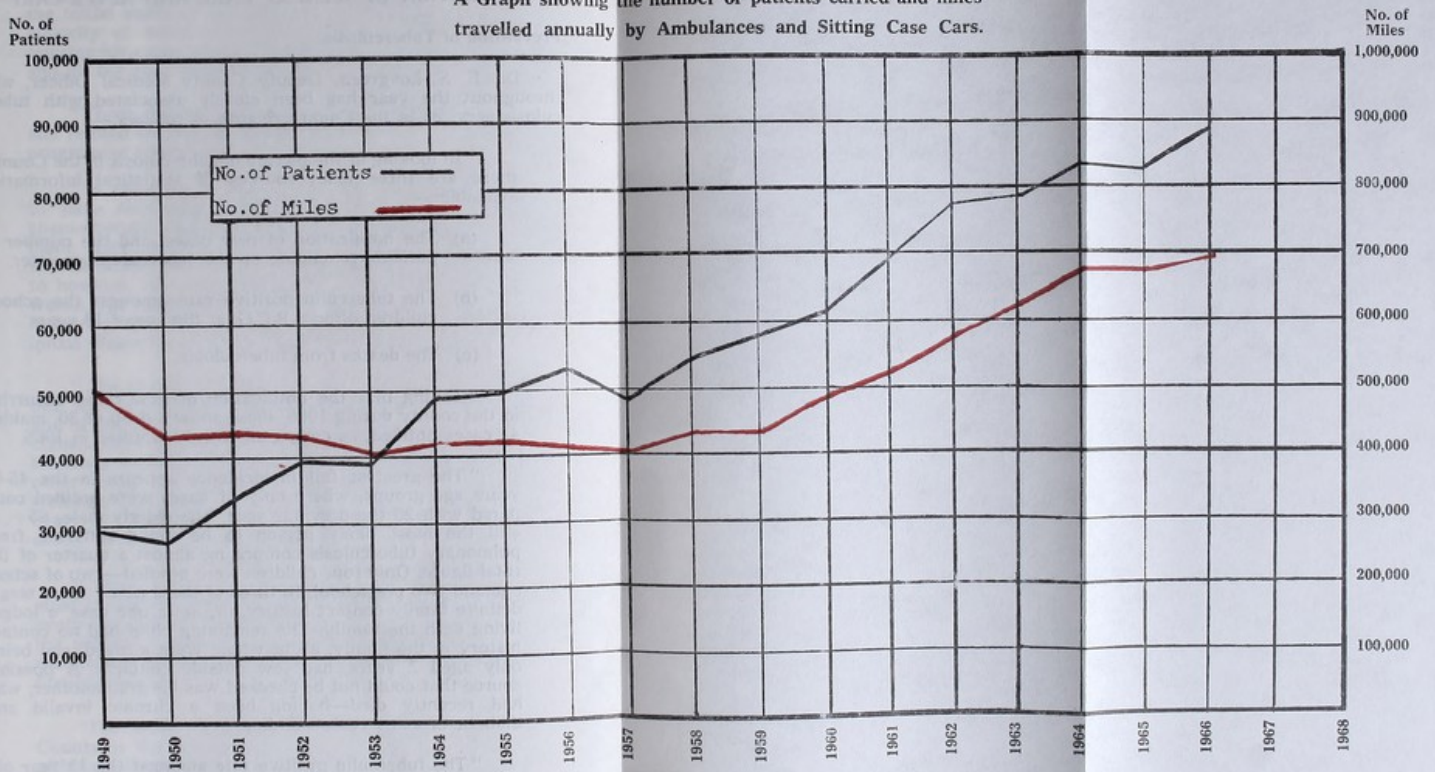
"In January last the day to day control of the Ruthin area was transferred to Colwyn Bay Control and this has proved effective in co-ordinating transport in both the Ruthin and Denbigh areas without impairing the efficiency. Ambulances are stationed in both places and by administration arrangement, the nearest ambulance to an incident always answers the emergency call.

"The figures below give details of the work done during 1966 and it is perhaps significant to note that although the number of patients transported yearly since 1949 has practically trebled, the mileage figure is only 40% in excess of the 1949 figure. This is due to co-ordinated journeys and maximum economical use of vehicles, etc., in which no doubt radio-telephony has played a vital role."

**TABLE XXXIV.**

	No. of patients conveyed	Miles travelled
By Ambulance ... ..	Stretcher cases ... 10,437 Sitting cases ... .. 63,261 Total ... .. 73,698	524,255
By Sitting Case Car ...	Sitting cases ... .. 15,024	174,544
Grand Total: 1966 ...	88,722	698,799
Grand Total: 1965 ...	81,903	654,456

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, who throughout the year has been closely associated with tuberculosis services in the County reports as follows:—

“In looking at the picture of tuberculosis in the County, there are three main sources of statistical information available:—

- (a) The notification of new cases, and the number of patients remaining on the tuberculosis register.
- (b) The tuberculin positive rate amongst the school-children offered B.C.G. at the age of 13 years.
- (c) The deaths from tuberculosis.

“Taking first the notification of new cases occurring in the county during 1966, these show a drop of 30, making 45 cases notified, as compared with 75 notified in 1965.

“The greatest fall in incidence appears in the 45-64 years age groups, where only 11 cases were notified compared with 25 the previous year. The elderly male, 65+, is still the most likely person to be found suffering from pulmonary tuberculosis comprising almost a quarter of the total figure. Only four children were notified—two of school age and two pre-school. In three of these cases, there was a definite family contact history, or, as in one case, a lodger living with the family. The remaining child had no contact history in the family, all of whom were x-rayed, and being only aged 2 years, had few outside contacts. A possible source that could not be checked was his grandmother, who had recently died—having been a chronic invalid and diabetic of many years standing.

“The tuberculin positive rate amongst the 13 year old children, which had risen rather disturbingly in 1965, showed a fall this year, but at 23.1% is still too high a rate to be complacent about, despite the low notification rate for new cases.

“The deaths from tuberculosis totalled 14, an increase on the previous year, and in fact the highest total since 1962. We must not forget the fact that tuberculosis can still be a



They killing disease, even giving rise to death many years after the initial onset of the disease, and despite treatment. The majority of those who died had been on the tuberculosis register for many years, as long as 17 years in one instance, and all but four were of people over 55 years of age.

"Three deaths occurred within one year of diagnosis and remind us that, at times, despite adequate treatment, a progressive course may still be run.

"In one case, a young child of 13 months was found to have tuberculous meningitis and despite all modern chemotherapy died within 6 months of the diagnosis being made. Here, an uncle on follow-up was found to be seriously ill with active pulmonary tuberculosis. He also was admitted to hospital, but died before the child in a matter of a few weeks. The other case, a female with renal tuberculosis, died following operative measures some two months after the initial diagnosis and commencement of treatment.

"The overall picture, therefore, presents two aspects—one, that of a reduction in the number of new cases notified, and of the total number of patients remaining on the tuberculosis register, and this may give rise to optimism and the tendency to complacency and relaxation of effort. On the other hand, the high tuberculin positive rate in school-children, and the increase in the number of deaths, remind everyone that relaxation of effort can be dangerous and costly to the community and to the individuals concerned.

"There remains a hidden reservoir of infection which must be sought after—particularly in the elderly male, and every suspicion of tuberculosis must be followed up, so that the progress made throughout the past years towards the eradication of this disease will continue, and this goal be finally achieved.

"The work of the Chest Physicians throughout the County is the cornerstone on which the service rests, and although there are pressures put upon them to reduce the facilities available in the clinics, etc., dealing with the tuberculosis problem, they are themselves only too anxious to maintain the well-tried and successful service they provide.

"The two tuberculosis health visitors, working in conjunction with the chest clinic team, are an essential part of the scheme, following up contacts, giving advice to relatives



and patients and checking on the treatment at home. They provide the direct link between the chest clinic and the public health service, a link of utmost importance in relation to the social and preventive work, and often a valuable time saver in the quest for contacts."

TABLE XXXV.

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1965 ... ..	1380	388	988	988
1966 ... ..	1802	399	1323	1312

TABLE XXXVI. TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1956 - 1966.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non- Pulm.	Total	Pulm.	Non- Pulm.	Total	
1956	1507	363	1870	16	2	18	105.4
1957	1544	371	1915	32	2	34	200.5
1958	1587	382	1969	26	1	27	158.8
1959	1658	386	2044	15	2	17	99.9
1960	1352	173	1525	22	2	24	141.3
1961	1284	149	1433	11	6	17	97.8
1962	1158	136	1294	19	—	19	109.1
1963	1154	122	1276	2	1	3	17.2
1964	1121	146	1267	7	1	8	45.2
1965	1063	152	1215	3	2	5	28.0
1966	959	146	1105	10	4	14	78.1



## TUBERCULOSIS

During the year under review, the number of cases notified was 30 males and 15 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 ... ..	2	—	2	—	—	—
5 ... ..	1	—	1	—	—	—
10 ... ..	—	1	1	—	—	—
15 ... ..	1	1	2	—	1	1
20 ... ..	1	—	1	2	2	4
25 ... ..	2	2	4	1	—	1
35 ... ..	4	—	4	1	1	2
45 ... ..	4	2	6	—	1	1
55 ... ..	2	1	3	—	1	1
65 ... ..	5	2	7	1	—	1
75 and over ... ..	3	—	3	—	—	—
<b>Totals</b> ... ..	25	9	34	5	6	11

Total No. of Notifications during 1966	...	...	...	45
No. of new contacts seen of new cases notified	...	...	...	246
No. of contacts notified of this number	...	...	...	2

TABLE XXXVIII.  
TUBERCULOSIS

Active Cases on Registers according to County Districts,  
31st December, 1966.

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
<b>Western No. 1.</b>								
Abergele ... Males ...	28	1	1	—	5	—	24	1
... Females ...	16	3	4	—	2	—	18	3
Colwyn Bay ... Males ...	35	4	2	3	7	—	30	7
... Females ...	23	6	4	1	5	—	22	7
Aled ... Males ...	10	1	—	1	2	—	8	2
... Females ...	6	2	—	1	2	—	4	3
<b>Western No. 2.</b>								
Denbigh ... Males ...	53	1	3	—	20	—	36	1
... Females ...	23	5	—	—	6	2	17	3
Llanrwst ... Males ...	9	2	—	1	—	—	9	3
... Females ...	4	3	—	—	1	—	3	3
Ruthin Borough Males ...	7	3	—	—	1	—	6	3
... Females ...	6	—	—	—	4	—	2	—
Hiraethog ... Males ...	15	2	1	—	3	—	13	—
... Females ...	2	3	—	—	—	—	2	3
Ruthin Rural ... Males ...	28	6	—	—	7	3	21	3
... Females ...	18	2	—	—	3	—	15	2



**Table XXXVIII (continued).**

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
<b>Eastern No. 1.</b>								
Wrexham R.D. ..Males ...	279	32	14	—	30	6	263	26
...Females ...	200	26	1	2	20	2	181	26
Ceiriog ...Males ...	34	7	1	—	3	—	32	7
...Females ...	26	8	1	1	2	1	25	8
Llangollen ...Males ...	13	1	—	—	1	—	12	1
...Females ...	9	2	—	—	1	—	8	2
<b>Eastern No. 2.</b>								
Wrexham Bor. ..Males ...	122	13	7	1	10	—	119	14
...Females ...	97	19	2	—	10	3	89	16
<b>Totals</b> ... ..	1063	152	41	11	145	17	959	146

**TABLE XXXIX.**

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1966 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
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
1966	5.6	5.5	5.5	4.3

#### **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.

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 tables give the figures indicating the work done by the two Units operating in the County during 1966.



TABLE XL.

Visits to Old People's Homes.

Unit "F."

		No. Examined			Requiring further observation		
		M.	F.	T.	M.	F.	T.
Pen-y-Nant, Minera	Residents	12	13	25	1	—	1
	Staff	2	5	7	—	—	—
Argoed Hall, Fron	Residents	11	16	27	—	—	—
	Staff	2	7	9	—	—	—
Bryn Derwen, Llanrwst	Residents	6	10	16	1	1	2
	Staff	2	5	7	—	—	—
New Hall, Ruabon	Residents	22	20	42	—	—	—
	Staff	3	8	11	—	—	—
Gladwyn, Gresford	Residents	11	14	25	—	—	—
	Staff	1	2	3	—	—	—
Dolwen, Ruthin	Residents	18	21	39	—	2	2
	Staff	—	2	2	—	—	—
Rhyddfarn, Ruthin	Residents	21	19	40	2	—	2
	Staff	2	5	7	—	—	—
Awel-y-Mor, Abergele	Residents	13	8	21	5	1	6
	Staff	3	8	11	—	—	—
Total	Residents	114	121	235	9	4	13
	Staff	15	42	57	—	—	—
Special Surveys ...	... ..			204			4

TABLE XLI.

Unit "G."

Circuit Location.	No. Examined
Colwyn Bay ... ..	996
Denbigh ... ..	292
Ruthin ... ..	594
Wrexham ... ..	3,746
Special Surveys:	
Industrial Establishments, etc. ... ..	3,767
	<hr/> 9,395 <hr/>

### MENTAL HEALTH SERVICE

#### Preventive Social Services.

All those concerned with the social services would, undoubtedly, agree that the apparent need of a community in the initial stages of a developing service, is but a small fraction of the submerged demand. This is particularly so with Mental Health and each year, irrespective of whether or not a new development has been launched, there is an increasing demand for services. To some extent this is accounted for by an increasing effort on the part of all concerned, to prevent mental illness rather than be content with merely coping with the florid condition. This changing attitude has entailed an earlier involvement of the Mental Health Services with the result that patients, generally, were better able to appreciate their need for treatment and accordingly consented to admission to hospital as Informal Patients, thus obviating the need for the utilisation of compulsory powers.

#### Hospital Services for the Mentally Ill.

The majority of Psychiatric Hospitals in this country have, in recent years, endeavoured to depart from the traditional role of custodial care to a modern, therapeutic policy which delimits the Hospital responsibility in the main to active treatment with



prompt discharge as soon as the patient's response warrants it. while this discourages institutionalisation, it does throw a very heavy burden on the patient's relatives, friends, neighbours and the community generally but in particular on the social services of the Local Authority. It is significant that the resident population of the North Wales Psychiatric Hospital has decreased by about 300 in the past 3 years. This has been achieved by substantial pressure from the Consultant Psychiatrist on Welfare, Local Health Authority and Social Security Departments. Many long-term patients have been discharged into Welfare Homes, many to relatives and about 100 to lodgings. Undoubtedly, the majority of patients have benefited from this policy and the experience gleaned should be a useful guide to others.

### **Hostels.**

Accommodation in the community for discharged patients must include a wide range of provisions. Experience has demonstrated that a realistic approach permits a variety of patients to be placed successfully in lodgings. The behaviour pattern of patients vary widely and these must be matched by the type of lodgings offered to them; but inevitably there are those who could not be tolerated in lodgings and these must be placed in Hostels.

Unfortunately, the Council House Hostel was not ready for occupation by the end of the year, but it was evident that the accommodation would be ideal for a small family group home.

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

#### **Ascertainment.**

During the year, 27 males and 13 females were reported as new cases. This is substantially higher than the expected number of about 12 per annum.

#### **Training Centres.**

Since 1955, when the first Occupation Centre in Denbighshire was opened at Gwersyllt, the training of the Mentally Subnormal has passed from diversional activities to training which incorporated socialisation and the development of the various senses to the limit of their potential. Experience had demonstrated that many of the pupils could respond to instruction well beyond their expected limitations. It was essential to explore what further progress could be achieved if specialised teaching techniques were evolved and utilised. With this objective in mind, an



Organiser was appointed who had a year's post-graduate course for Teachers of Handicapped Pupils, but once the situation had been studied analytically, impartially and objectively, it became evident that the skills of another discipline were essential to advancement. It should be emphasised that the role of the Training Centres had included some formal education in addition to socialising, sense development and therapeutic functions, and that it was appreciated that these could not be eliminated but rather that the educational content of the training should be given due recognition as an important, integral part of the curriculum. Obviously, this could only be initiated effectively by those educationalists, who were accustomed to collaborating with health services.

It was apparent from the outset that no particular facet of training should be dominant and that both disciplines would have to be mutually tolerant and flexible. Many years of collaboration in the School Health Service, particularly in dealing with Handicapped Pupils had laid the foundation for the appropriate relationship. Following an appraisal of the situation by the Director of Education an approach was made to the respective committees and with their approval the administrative responsibility was transferred on an Agency basis to the Education Department on the 1st April, 1966.

The transition occurred smoothly and it reflects credit both on the Director of Education and the staff of the Training Centres that there were no repercussions. Undoubtedly, in some respects the status of the Staff by virtue of their inclusion in the Education Department was raised but simultaneously it could also adversely affect their prospects. On the whole, it would seem that the staff welcomed the change and appreciated the support and guidance which they received. They have particularly appreciated the opportunities for In-Service Training and the availability of special courses in conjunction with other teachers in the County.

It is too early to evaluate the impact of the transfer but the modification in teaching methods, the introduction of new equipment together with the benefits of knowledge gleaned from experience in planning of buildings, staffing and equipping of Schools have already proved most helpful.

The new School at Rhosrobin was not finished in time for occupation by the end of 1966, but obviously when completed it will provide first class accommodation which should ensure substantial benefits for the pupils.



### **Junior Training Centre, Glan-y-Don, Colwyn Bay.**

There are now 29 pupils at this Centre and of these 7 are over the age of 16 years. A site for the proposed new Centre has been acquired at Tanllwyfan, Colwyn Bay.

### **Junior Training Centre, Rhosrobin.**

The number of children at this Centre at present is 37.

There is a waiting list of 7 males and 7 females who will be absorbed when the new School opens, early in 1967.

The existing building is scheduled to become a Special Care Unit and already we have 20 subnormals who will require this accommodation.

### **Senior Training Centre, East Denbighshire (Males).**

There are two Staff here and at present there are 16 boys in attendance.

The work is now more academic in character.

### **Senior Training Centre, East Denbighshire (Females).**

There are at present 18 girls attending the Training Centre and there are 2 waiting for admission; this number would be increased if hostel accommodation were available.

Of the numbers attending the Senior Training Centre, 9 are over the age of 20 years.

A Pre-employment Training Centre for Girls is, therefore, very much needed in this part of the County.

### **Horticultural Group, East Denbighshire.**

During the year, this group who are working under Mr. Ellis did considerable work at our Clinics and at the Children's Home. However, rather a lot of time was taken up in travelling and it was therefore, decided to place them at Plas-yn-Rhos and to use this place as their base. Although they have only been there for three months, already great strides have been made in generally tidying up the grounds and making the Outbuildings suitable for the winter session.

It is hoped that they will be able to make the grounds presentable and during the bad weather use the Outbuildings for various jobs such as potting of plants, etc. The number of boys at the present time is 7 and there is no one awaiting admission.

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

Under the guidance of the Advisory Committee this establishment has continued to prosper. While there were no major developments the output has continued satisfactorily despite the departure of some of the more competent men.

On the instruction of the Committee, the Clerk of the County Council and I attended at the Ministry of Labour to discuss Denbighshire's Application for the Registration of Pentre Broughton as a Sheltered Workshop. Despite the very able presentation of our case by Mr. Bufton, the Ministry Officials adhered to their original decision not to register Pentre Broughton as a Sheltered Workshop.

#### **Voluntary Organisations.**

The various Voluntary Organisations in the County continue to assist us with generous gifts of materials and of money. Once again, the Wrexham and District Handicapped Children's Society arranged and financed a week's holiday for 20 handicapped children at Rhyl. The Staff accompanied the children and again it was a highly successful project.

The Wrexham Society were also the hosts for the Annual Day Conference held in North Wales and organised under the auspices of the National Society for Mentally Handicapped Children. The Conference, held at the Memorial Hall, Wrexham, was addressed by distinguished speakers and I had the honour of being Chairman for the day.

#### **Social Clubs.**

The value of social activities for the subnormal are especially apparent in those areas where they cannot attend a Training Centre. This may account also for the particular success of the Clubs at Denbigh and Colwyn Bay, for in these areas there are no Senior Training Centres.

At Denbigh, the Club meets at the Child Welfare Clinic under the leadership of Miss Hobson whose enthusiasm and dedication permeate the entire activities of the Club. Miss Hobson is one of



the few Health Visitors who has taken a particular interest in the Mentally Subnormal in her area and in consequence has gathered around her an enthusiastic and hard working Committee. Together they have arranged a wide range of social activities which have a considerable educative content.

At Colwyn Bay, the Club is under the wings of Mr. and Mrs. Romney. Until recently Mr. Romney was a Senior Mental Welfare Officer, but he has continued to run the Club although retired. Here, the emphasis is more on occupational therapy and it is surprising how much the members learn and benefit from the instruction they receive at the Club.

The Berwyn Club for the Mentally Ill has flourished for many years and it continues to give support and recreation to a large number of discharged patients. It is of particular value during the immediate post-hospital period when the patient is re-adapting himself once again to community life.

The Club is to some extent self-administrative but it would not survive long without the dedicated support of the following members of the Health Department: Mr. Emlyn Evans, Mr. S. Robinson, Miss Margaret Roberts and Mrs. Judith Thelwall.

It is praiseworthy that so many members of the Staff give freely of their time in support of such voluntary efforts.

#### **Mental Health Week.**

In June, Mental Health Week took place and an extensive programme was arranged. The Mayor of Wrexham opened an Exhibition in the Borough. Open days were held at all Training Centres together with Sports Day. Eighteen films were shown to selected audiences including Staff of the Ministry of Labour, National Assistance Board, Local Colleges and Schools.

**TABLE XLII.**

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

	M.	F.	T.
<b>Mental Health Act, 1959.</b>			
Section 25 (Observation Order) ... ..	22	57	79
Section 26 (Treatment Order) ... ..	14	20	34
Section 29 (Urgency Order) ... ..	24	24	48
Informal ... ..	30	42	72

	M.	F.	T.
Total informal patients admitted to Hospital during year ... ..	155	242	397

**TABLE XLIII.**

**Mental Health Act, 1959.**

	M.	F.	T.
No. of S.N. and S.S.N. in hospitals at 31/12/66 ...	105	99	204
No. of S.N. and S.S.N. under guardianship at 31/12/66 ... ..	1	—	1
No. of S.N. and S.S.N. in "Place of Safety" at 31/12/66 ... ..	—	—	—
No. of S.N. and S.S.N. under Supervision at 31/12/66 ... ..	208	179	387
No. of S.N. and S.S.N. awaiting removal to hospital at 31/12/66 ... ..	7	14	21
No. of S.N. and S.S.N. (new cases) reported during the year ... ..	27	13	40
No. of S.N. and S.S.N. admitted to hospitals during the year ... ..	11	12	23
No. of S.N. and S.S.N. taken to "Places of Safety" during the year ... ..	—	—	—
No. of S.N. and S.S.N. placed under Supervision during the year ... ..	27	13	40
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 ... ..	18	10	28

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



**TABLE XLIV.**

**Visits by Mental Welfare Officers during 1966**

	No. of Visits
Mentally Ill ... ..	3,628
Subnormal and severely subnormal ... ..	1,440
Total ... ..	5,068

**OTHER TYPES OF ILLNESS.**

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

Direct issues are also made from Central Office, Wrexham and the Area Office, Colwyn Bay, to the family on production of a note from the Nurse or General Practitioner.

During the year approximately 18,400 incontinence sheets and 1,400 paddi-pads were provided in this way. Plastic pants were issued from October, 1966—27 issued.

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.

Long term patients need a variety of nursing aids and these are supplied according to need.

**Cervical Cytology Clinics.**

During the year, evening Clinics were opened at Colwyn Bay and Wrexham for the collection of smears from the urine cervix for cytological examination at the respective Pathological Laboratories.

In addition to this procedure other tests included recording of blood pressure, testing of urine for sugar and protein, vision testing, breast palpation and haemoglobin estimation.

Initially, there was a waiting list, but gradually the numbers declined until renewed publicity through the medium of an article

in the press brought the waiting list in Wrexham to about 500. This necessitated opening occasional sessions at various peripheral clinics.

The following Table shows the total number of women examined at the various Clinics together with the respective defects discovered:—

**TABLE XLV.**

Location of Clinic	Sessions	No. Examined	No. found to have					Urine Positive	
			Positive Slides	Lesion of Breast	Raised B.P.	Lowered Hb.	Defective Vision	Sugar	Protein
East Denbighshire from September, 1966	15	167	—	9	7	37	6	—	5
West Denbighshire, from June, 1966	29	381	3 1 suspicious	4	25	67	Not tested	4	Not tested

#### **Recuperative Home Treatment.**

25 patients were provided with recuperative convalescence during the year. Each application is carefully considered so that only those in need are selected. Care is also taken to ensure that the patients are placed in appropriate accommodation.

#### **Venereal Diseases.**

There was a slight reduction in the number of new cases who attended for treatment in 1966, the total being 142 as compared with 168 in 1965.



TABLE XLVI.

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	1	5	8	14
St. Asaph General Hospital ...	1	—	7	8
Wrexham War Memorial Hospital ... ..	2	22	96	120
<b>Totals</b> ... ..	4	27	111	142

### Community Care of the Elderly.

With the increasing number of people living on to old age, the problems of caring for the Elderly are increasing both in quantity and variety. Everyone associated with either Voluntary or Statutory Services to the Elderly is deeply worried by the disproportionate ratio of the case load to the available resources. Inevitably, the risk of some categories of Elderly being neglected materially, spiritually or emotionally is constantly increasing despite the strenuous endeavours of all concerned to deploy and utilise the resources to the utmost.

One group in particular cause grave concern—the Psycho-geriatric cases. These patients fall within a “no man’s land” where everyone can, with some justification, deny responsibility to resolve this impasse. To help co-ordinate the various services for the Elderly, a Mental Health Liaison Committee of Officers was established at the instigation of the Welsh Board of Health. This has met, under my Chairmanship, on several occasions and it is hoped, in due course, to submit recommendations for improving the co-ordination and utilisation of the services. An attempt to tackle this problem in a logical manner was undertaken by Dr. Peach and Dr. McKendrick in Colwyn Bay.

Dr. Peach reported:—

“Reference was made in my report for 1965 to the scheme to co-ordinate the statutory and voluntary organisations in Colwyn Bay to provide a service to meet the needs of aged persons. The first requirement was to compile a

register of certain classes of aged persons, evaluate their needs and from time to time bring the register, once established, up to date. The persons considered to be the most vulnerable were those living alone and a list of 500 names was collected from voluntary organisations and records already in the Department.

"During the year, 300 such persons were visited by Dr. McKendrick and myself and their details entered on to a proforma. The press reports on the findings stimulated interest and concern, not only locally in Colwyn Bay but from other towns much further afield and culminated in an 18 minutes' television feature presented on the Welsh Television Programme.

"The interest has been maintained and monthly meetings are held of a co-ordinating committee, consisting of relevant officers of the Colwyn Bay Office and representatives of certain voluntary organisations in the town. This committee is a working committee and the needy people are being visited, in some cases daily, by voluntary or local authority officers. Among the services given via this Committee are:—

- (1) The collection of pensions.
- (2) Car rides.
- (3) Certain domestic help.
- (4) Hairwashing.
- (5) Shopping.
- (6) Clothes mending.
- (7) Contacting tradesmen for necessary work to be done.
- (8) Letter reading and writing.
- (9) Conversation.
- (10) Gardening.

"In addition, classes are being arranged with the aid of the Extra Mural Department at Bangor University to give certain voluntary workers an insight into the social services and elementary techniques of case work.

"The register is being added to by the completion of a proforma by Health Visitors, Public Health Inspector, the Colwyn Bay Social Welfare Officer and in certain cases, the



Mental Welfare Officer. The register is kept up to date by reports from voluntary organisations and a monthly case panel made up of the Medical Officer, Senior Health Visitor, Home Help Organiser, Social Welfare Officer and Public Health Inspector."

### **Chiropody Service.**

The Chiropody Service in Denbighshire is directly provided.

There are now four Chiropodists on the Staff and these have been allocated equally between East and West Denbighshire. The number treated during the year was 1,756 which is an increase of 412 on the previous year. The facilities available for the Chiropodist are being steadily improved but even such essential furniture as Chiropody chairs have not yet been provided in all Clinics.

Mr. Vernon Jones in his report stated:—

"Most of the complaints dealt with were in the fore-foot, corns and callouses (complicated and infected), disorders and abnormality of nails, Hallux/Valgus with Bursitis (usually with a collapsed forefoot) Hallux/Rigidus with exostosis-Ulcers (diabetic, pressure, Neuro/Vascular).

"Amongst female patients gross deformity of the fore-foot due to Rheumatoid Arthritis making treatment difficult was unfortunately all too common. Many of them allowed their feet to get severely chilled (in Winter) with resultant chilblains and inevitably ulceration.

"Industrial and other injuries (War)—deterioration and defective Cardio/Vascular system appeared to be the original causative factors among Male patients requiring treatment. Many ex-Miners were found to be still suffering from interdigital Fungoid infections which might have been acquired at the Pithead baths."

It is evident from the various reports that much has been done at the various Chiropody Clinics to relieve pain and disability and to restore mobility and fitness to the physically handicapped and elderly who came for treatment.

During the year clinics were held as follows:—

TABLE XLVII.

Location	Frequency	Day and Time
Brynteg ... ..	Weekly	Wednesday (p.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 (a.m.)
Rhos ... ..	Weekly	Monday (all day) Thursday (p.m.)
Rossett ... ..	Weekly	Monday (p.m.)
Ruabon ... ..	Monthly	Thursday (p.m.)



Table XLVII (continued).

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

The following Table shows that 1,756 persons received treatment and that each person attended approximately five times.

TABLE XLVIII.

No. of persons on register at 31/12/66	No. of persons treated during 1966	No. of Sessions	Total attendances
2,087	1,756	1,467	8,166,

Home Visits during the year — 43.

### Blind Persons.

During 1966, the Health Department which is responsible for ascertainment of the blind, examined 81 persons and informed the Welfare Department that 50 should be registered as blind persons.

**TABLE XLIX.**

	Males	Females
No. of cases on Register at 31/12/66 ... ..	156	260
No. of cases ascertained during 1966 ... ..	16	34
No. of cases ascertained during 1966 with:		
(a) Cataract ... ..	4	6
(b) Glaucoma ... ..	4	5
No. of cases of Blindness due to Retrolental Fibroplasia ...	—	—

**TABLE L.**

### Epileptics.

Number of Ascertained Epileptics according to age and sex distribution and in Residential Accommodation.

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10 ... ..	21	24	1	1
10-15 ... ..	24	18	1	—
15-25 ... ..	4	3	—	—
25-50 ... ..	4	6	3	2
50 and over ... ..	1	2	—	2



**TABLE LI.****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 ... ..	11	11	2	5
10-15 ... ..	8	6	6	3
15-25 ... ..	5	7	3	1
25-50 ... ..	9	8	—	1
50 and over ... ..	1	2	—	—

**Health Education.**

During the year, an In-Service Training Course for Doctors, Health Visitors, Nurses and Home Helps was organised in conjunction with the Central Council for Health Education. This stimulated anew the interest of staff in this subject.

Mental Health Week focussed attention on this particular subject and gave the Department an opportunity to educate the public in matters appertaining to various aspects of Mental Health. In addition to the Exhibition a series of lectures, films and demonstrations were arranged together with visits and open days at the Training Centres.

Towards the end of the year, a Working Party of Health Visitors was established in order to study the needs and contents of a Health Education Programme for the County. It was hoped that in this way a more coherent and co-ordinated programme could be evolved which could be offered to other departments in the confident knowledge that staff and equipment would be available to carry it out. In addition, topical subjects would be selected so that the publicity agencies in the County could be easily mobilised.

**HOME HELP SERVICE**

During 1966, the administration of this Service in West Denbighshire was transferred from the Senior Health Visitor to Miss E. O. Davies, the newly-appointed Home Help Organiser.

The County Home Help Service is now entirely administered by two Home Help Organisers, which is a substantial increase in supervision as compared with the previous arrangement whereby these duties were undertaken on a part-time basis by the Nursing Officers to whom I wish to pay a tribute for having laid such firm foundations for the developing Service.

Miss Ramsay, who retired in May, 1966, had been largely responsible for the service over many years and it was due, in no small measure, to her initiative and ingenuity that so much was done with such meagre resources.

The policy of the County Council in respect of the Home Help Service was amended to include a much wider responsibility than merely to supply help for those with an urgent medical need. By so doing, the definition—age-eligibility—became less clear cut although the good relationship with the Ministry of Society Security ensured that officially at least the situation was reasonably well-defined. Generally, it would seem to me that the Home Help Service is needed when the person in charge of a household is unable to perform a substantial proportion of the multifarious duties of a housewife as distinct from a householder who, for various reasons, cannot or does not wish to perform certain menial household chores. In other words, there is a substantial difference between a Home Help who deputises for the housewife and the domestic help who is employed by the housewife to undertake simple cleaning work. The Local Health Authority accepts responsibility for the former while the Ministry of Social Security assists with the latter by the payment of a grant.

It will be noted on Table LII that 79.5% of the Home Help Service was allocated to persons over 65 years of age and that 194 part-time Home Helps were employed during the year. The total number of cases attended increased from 1,003 to 1,077 but the total hours worked fell from 194,466 in 1965 to 184,896 in 1966. It will be recalled that in 1965 it was necessary to ask for a supplementary estimate and during 1966 a determined effort was made to keep within the estimate. However, the demand for this service is increasing substantially each year and undoubtedly there must be a further extension of the Service.



TABLE LII.

## Statistics relating to the Home Help Service, 1966.

No. of Home Helps Employed (as at 31st December, 1966.

Full-time ... —  
Part-time ... 194

	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.	p.c. of Total	
No. of cases assisted during the year ...	856	79.5	121	11.2	13	1.2	19	1.8	68	6.3
No. of hours worked...	153062	82.8	23298	12.6	2105	1.1	833	.5	5598	3.0
Average No. of hours per case per week	5.4		5.75		5.0		22.0		4.75	
										5.5

#### PART IV.

---

## *Environmental Hygiene*

---

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

The total notifications of infectious diseases was considerably lower in 1966 than for the previous year.

The waning of the measles epidemic and the fall in the notifications of dysentery are the features mainly responsible. Measles tends to occur in bi- or tri-annual epidemics and 1966 was a year of low incidence of the disease. With the development of vaccines against measles, it is likely that in the next few years, a planned scheme of infant vaccination will reduce measles notifications to the levels of those for diphtheria or whooping cough.

The dysentery figures show a welcome fall from the high figures of 1965. However, as we are aware that for one reason or another not all cases of dysentery are notified, every effort must be maintained to continue to impress on the public the simple rule of hand washing after using the toilet, for that is the essential feature of prevention of spread of this disease.

24 cases of food poisoning occurred in isolated family outbreaks and no major incident occurred.

One case of para-typhoid was notified in a student who had spent a period, prior to her illness, in France in an area which it was confirmed that cases of para-typhoid had been known to occur at the relevant time. All contacts were examined but no further cases occurred in this County.



TABLE LIII.

## INFECTIOUS DISEASES.

The following table furnishes particulars, respecting the notifications received during 1966 and, for comparative purposes, the nine preceding years are shown.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Scarlet Fever ...	114	78	86	79	30	20	36	79	67	62
Whooping Cough ...	198	72	109	154	88	10	82	116	21	45
Diphtheria ...	...	...	...	...	...	...	...	...	...	...
Measles ...	1811	881	535	1796	2749	414	1222	1160	1556	731
Acute Pneumonia ...	72	87	64	23	45	11	10	24	10	8
Meningococcal Infection ...	3	3	2	3	1	1	3	1	1	2
Acute Poliomyelitis:										
Paralytic ...	10	—	3	3	1	2	—	1	—	—
Non-Paralytic ...	—	1	—	—	—	—	—	—	—	—
Acute Encephalitis:										
Infective ...	—	1	—	—	—	1	—	—	—	—
Post-infectious ...	—	—	—	—	—	—	1	—	—	1
Dysentery ...	3	24	21	51	93	86	80	5	426	95
Ophthalmia Neonatorum ...	7	—	1	2	—	—	1	1	1	1
Puerperal Pyrexia ...	8	2	26	23	40	20	14	30	13	7
Paratyphoid Fever ...	—	1	—	1	—	—	3	—	5	1
Enteric or Typhoid Fever ...	—	4	—	—	—	—	—	—	—	—
Food Poisoning ...	15	146	30	13	4	5	6	19	16	24
Erysipelas ...	12	8	11	8	3	1	1	9	6	9
Malaria ...	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	142	136	143	122	95	108	68	53	62	32
Non-Pulmonary Tuberculosis ...	27	31	23	12	9	10	7	9	9	10
T.B. Meninges and C.N.S. ...	—	—	—	—	11	4	—	2	4	—
<b>Totals</b> ...	<b>2422</b>	<b>1475</b>	<b>1054</b>	<b>2290</b>	<b>3159</b>	<b>693</b>	<b>1534</b>	<b>1509</b>	<b>2197</b>	<b>1028</b>

TABLE LIV.

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

Area	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infection	Acute Encephalitis (Post-infective)	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Smallpox	Paratyphoid Fever	Food Poisoning	Erysipelas	Malaria	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Acute Poliomyelitis	Meninges and C.N.S.
Western No. 1.																			
Abergele ...	2	20	—	138	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Colwyn Bay ...	2	5	—	55	5	—	1	3	1	3	—	—	—	—	—	—	5	—	—
Aled ...	—	3	—	18	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Western No. 2.																			
Denbigh ...	1	2	—	26	—	1	—	1	—	—	—	—	—	4	—	—	—	—	—
Llanrwst ...	3	—	—	13	—	—	—	1	—	—	—	—	2	—	—	3	—	—	—
Ruthin Borough	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hiraethog ...	—	—	—	5	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Ruthin Rural ...	1	2	—	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern No. 1.																			
Eastern No. 1.																			
Wrexham R.D.	18	—	—	94	—	—	—	29	—	2	—	—	1	1	—	10	1	—	—
Ceiriog ...	—	—	—	12	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—
Llangollen ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastern No. 2																			
Wrexham Borough	34	13	—	321	2	1	—	60	—	2	—	1	21	1	—	10	1	—	—
Totals ...	62	45	—	731	8	2	1	95	1	7	—	1	24	9	—	32	10	—	—



## DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1966 together with comparative figures for previous years:—

**TABLE LV.**

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Meningococcal										
Infection —		1	2	—	—	1	—	—	1	—
Measles ... ..	—	1	—	—	—	—	—	—	1	—
Whooping Cough .	—	—	—	—	—	—	—	1	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	1	1	—	—	—	—	—
Tuberculosis:										
Pulmonary ...	32	26	15	22	11	19	2	7	4	10
Non-Pulmonary .	2	1	2	2	6	—	1	1	3	4
Pneumonia ... ..	75	66	81	83	101	119	128	92	101	147

## 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.

£

Denbigh M.B. (West Denbighshire and West Flintshire Water Board)—Denbigh High Level and Farm Areas ... .. 100,552

Decision—Approved in principle—grant to

be assessed on value of works required  
in rural area.

Llyn Conwy Scheme (West Denbighshire and  
West Flintshire Water Board)—T'yn-y-  
Mynydd to Trofarth Trunk Main ... .. 22,900

Decision—Deferred pending report on the  
Board's plans for the next five years.

Wrexham R.D.—Broad Oak, Golden Grove,  
Honkley and Burton ... .. 14,143

Decision—Approved in principle.

Hiraethog R.D. (Merioneth Water Board)—  
Extensions to mains near Glan-yr-Afon  
Proportion of £4,750

Decision—Deferred pending review of  
County Council's policy in regard to grant  
aid.

**"Sewerage and Sewage Disposal. £**

Ruthin R.D.—Pen-y-Stryt (Llandegla) ... .. 30,208

Decision—Approved in principal.

Ruthin R.D.—Llanfair D.C. (Sewage Disposal  
Works Extension) ... .. 16,787

Decision — Deferred pending review of  
County Council's policy in regard to grant  
aid.

Ruthin R.D.—Llanbedr (Sewage Disposal  
Works Extension) ... .. 21,500

Decision — Deferred pending review of  
County Council's policy in regard to grant  
aid.

Hiraethog R.D.—Glasfryn ... .. 5,350

Decision—Approved in principle.



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

**“ Water Supply.**

Wrexham R.D.—Llandynan—Ministry grant £840.

Decision—County Council grant to be 50% of Ministry grant or 50% of net cost, whichever is the lower.

Wrexham R.D. — Gilfach, Penygraig and Llanerch — Ministry grant £1,863.

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

**“ Sewerage and Sewage Disposal.**

Hiraethog R.D. — Llanddoget — Ministry grant — 30 annual payments of £308.

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

Hiraethog R.D. — Bryneglwys (South End) — Ministry grant—30 annual payments of £320.

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

“ The following schemes were submitted for consideration under Section 56 of the Local Government Act, 1958:—

Llanrwst U.D.—Plas Isaf—£7,100.

Decision—No grant from County Council.

Llanrwst U.D.—Llanrwst Creamery—£2,140.

Decision—No grant from County Council.”

## 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 Laboratory, Chester.

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

During 1966 the inter-relationship of Weights and Measures with Health Department responsibilities for Food and Drugs were reviewed. It was felt in the Health Department that the main emphasis of the 1955 Food and Drugs Act was directed to its health functions rather than, as in previous Acts, to the prevention of fraud, and that if this viewpoint were accepted, then the duties of the Health Department should be more clearly specified by the Authority. Mr. Owens, the Chief Inspector of Weights and Measures readily accepted the contention that there was a reorientation but maintained that the experience and facilities available in his Department could not readily be dispensed with.

A compromise was satisfactorily arranged whereby each Department was made specifically responsible for appropriate duties.

The following is the report submitted to me by the County Public Health Officer. It refers to the period between 1st June, when Mr. Button took up his appointment and 31st December, 1966.

### "Routine Milk Sampling for Statutory Testing.

(a)	No. of samples of Untreated Milk taken	...	116
	No. failing Methylene Blue Test	... ..	16
(b)	No. of samples of Pasteurised Milk taken	...	239
	No. failing Phosphatase Test	... ..	1
	No. failing Methylene Blue Test	... ..	18
(c)	No. of samples of Sterilised Milk taken	...	20
	No. failing Turbidity Test	... ..	Nil
(d)	No. of samples of milk supplied under the Milk in Schools Scheme included in (a) and (b) above	... ..	57

"The rate of sampling revealed by these figures is not as high as is desired, particularly in relation to Untreated Milk. However, this was essentially a period in which I was finding my way around and the figures for 1967 will undoubtedly show a big improvement in the situation.

"Methylene Blue Test failures of Untreated Milks are reported as a matter of routine to the Ministry of Agriculture, Fisheries and Food who are responsible for the hygienic production of milk at the farms.

"Fourteen of the Methylene Blue Test failures occurred in a series of samples of milk from a pasteurising plant in an adjoining County. The plant involved closed down at the end of August and the business transferred to another branch of the same Company. Since then, all samples have been satisfactory.

#### **" Biological Milk Sampling.**

"Samples of Untreated Milk are examined for the presence of Tuberculosis and Brucella Abortus. No samples showed evidence of the presence of Tuberculosis. Samples from six producer/retailers were found to be infected with Brucella Abortus. In each case, the herd was investigated and samples from individual cows taken. The District Medical Officers concerned served notices under Regulation 20 of the Milk and Dairies (General) Regulations and infected animals were removed from the herds as a result. In one case the producer/retailer surrendered his retail licence. In another case the milk came from an adjoining County and appropriate action was taken there.

"Seven cases of Brucellosis in humans were reported during the year. Four of these had obtained a supply of Untreated Milk from one of the producer/retailers previously mentioned. One was the wife of another of the producer/retailers previously mentioned. One was the daughter of a farmer whose herd was investigated and found to have four cows out of twenty-one infected with Brucella Abortus. The other case was a man known to have consumed Untreated Milk from several sources but in this instance no definite connection with infected milk supplies was established.

"It will be apparent that the routine sampling of Untreated Milk is of the utmost importance. The immediate objective when I came to this County was the quarterly



sampling of milk from just over two hundred producer/retailers. This, together with the follow-up sampling involved would have been as much as one officer could be expected to cope with. In October, Circular 17/66 was received from the Welsh Board of Health. This made some suggestions relating to biological milk sampling—particularly in relation to *Brucella Abortus*. The two main suggestions were that samples should be taken of all milk sold untreated at regular intervals, 'preferably at least monthly' and that there should be co-operation between the County Council and District Councils in this field. I am grateful for the enthusiastic co-operation which has followed discussion of this Circular with the public health officers of District Councils in Denbighshire. The result of this co-operation will be apparent in the future. At the same time, it must be recognised that monthly sampling will be impossible, even with the co-operation of the officers of District Councils, unless some additional assistance is provided.

"In November, the Minister of Agriculture, Fisheries and Food announced his long awaited proposals for the commencement of a brucellosis eradication scheme. This provides for the building up of a reservoir of brucella-free animals in accredited herds and, at a later stage, consideration will be given to compulsory eradication area by area. Over a long period these measures, aimed at the improvement of animal health, will also solve the public health problem of brucellosis. In the meantime it will be necessary to maintain a close supervision of the herds of producer/retailers.

#### **"Control of Processing and Distribution.**

There is now only one dairy in the County pasteurising and distributing liquid milk. These premises are inspected weekly. Regular samples are taken of washed bottles and churns and these have satisfied the requirements of the Public Health Laboratory Service. The dairy is wholly inadequate in site for the present throughput of milk and plans have been approved for the re-building and re-equipment of the plant. Within these limits conditions here have been satisfactory.

A large amount of pasteurised milk is brought into the eastern part of the County from adjoining areas. In general, the conditions under which this milk is distributed are satisfactory. The only concern in some instances is the lack of cold storage for milk stored overnight and this matter has been taken up with the distributors."

## Foods and Drugs Act (Composition and Quality).

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

“During the year ended 31st December, 1966, 528 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 LVI.**

Article	No. Taken	Genuine	Not Genuine
Milk ... ..	327	313	14
Foodstuffs ... ..	137	133	4
Tinned Foods ... ..	9	9	—
Fresh Fruit ... ..	9	9	—
Soft Drinks ... ..	4	4	—
Beer and Spirits ... ..	15	15	—
B.P. Preparations, Simple Household Medicaments ... ..	27	25	2
<b>Totals ... ..</b>	<b>528</b>	<b>508</b>	<b>20</b>

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

	Fat	Solids-not-fat
Eastern Division ... ..	3.72%	8.66%
Western Division ... ..	3.77%	8.72%
Whole County ... ..	3.74%	8.69%
The legal presumptive standard ... ..	3.00%	8.50%



"As will be observed from the above Table, out of 528 samples submitted for analysis, 14 milk and 4 samples of other food were found to be "not genuine" or "sub-standard." The action taken with regard to the irregularities discovered has been noted in the appropriate quarterly report. In the main, it has only been necessary to institute proceedings with respect to five samples in all. One case regarding milk deficient in fat and another regarding ammoniated tincture of quinine deficient in ammonia, have been decided, but the remaining case regarding extraneous water in each of three churns of milk has not yet been before the Magistrates. The result will be given in due course.

"A considerable number of complaints have been received during the year, to do with, for example, fish, alcoholic drinks and milk. The majority of these were with regard to milk and advisory visits have been made to the persons concerned and advice and assistance proffered. Subsequent follow-up action has shown that the visits have had the desired effect. The outcome of this particular work has shown that a great deal of care is still needed with the cleaning and drying of modern milking installations. Furthermore, adequate maintenance is necessary to avoid the tendency for water to lodge in the fixed tubing associated with these installations.

"Particular attention has been paid to penicillin, etc., in milk during the year. Our Analyst has reported that all the 109 samples of farm-bottled milk tested during the year have been found to be free from the presence of antibiotics. Of course, milk sent to bulk collecting centres is subject to a scheme of testing as laid down by the Milk Marketing Board.

"As you are aware, we are taking part in the National scheme for determining the amount, if any, of pesticidal residues in foodstuffs. The scheme, which started last July, relies on the submission for analysis of samples taken to a pre-arranged plan. We have submitted 4 samples of foodstuffs so far, two of which have been reported as free from any residues. The report on the other two samples is not yet to hand. I understand that the results of this three-year survey will be made available in report form on completion. The findings will help the Ministry of Agriculture to decide whether or not prohibitory regulations should be made.

"The milk supplied to the various County Council Establishments and Schools, together with the sales from vending machines throughout the County has been regularly sampled and tested. This work has resulted in a further 281 informal samples being tested at the Wrexham and Colwyn Bay Offices. The results, in every instance, were found to be satisfactory."

#### 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.

One new nursing home was registered during the year bringing the total number to nine with accommodation for 132 patients.

TABLE LVII.

Number of Number of beds provided for	Homes			
	Maternity	Other	Total	
Homes first registered during the year	1	7	8	
Total Homes on the register at the end of the year	8	132	140	

#### STAFF MEDICAL EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the Staff of the County Council and during 1966 the number of such medical examinations totalled 570. In addition 281 College Entrants were medically examined. 129 members of the Council staff absent for prolonged periods owing to sickness were examined by myself.



## 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.

One new nursing home was registered during the year bringing the total number to nine with accommodation for 132 patients.

TABLE LVII.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	1	—	7	7
Total Homes on the register at the end of the year ... ..	9	—	132	132

#### STAFF MEDICAL EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the Staff of the County Council and during 1966 the number of such medical examinations totalled 570. In addition 281 College Entrants were medically examined.

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

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