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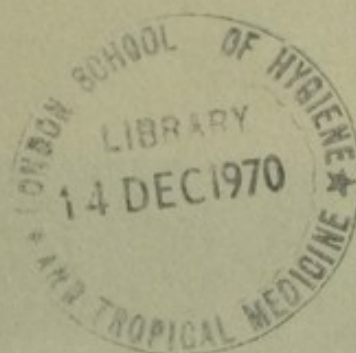
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ANNUAL REPORT

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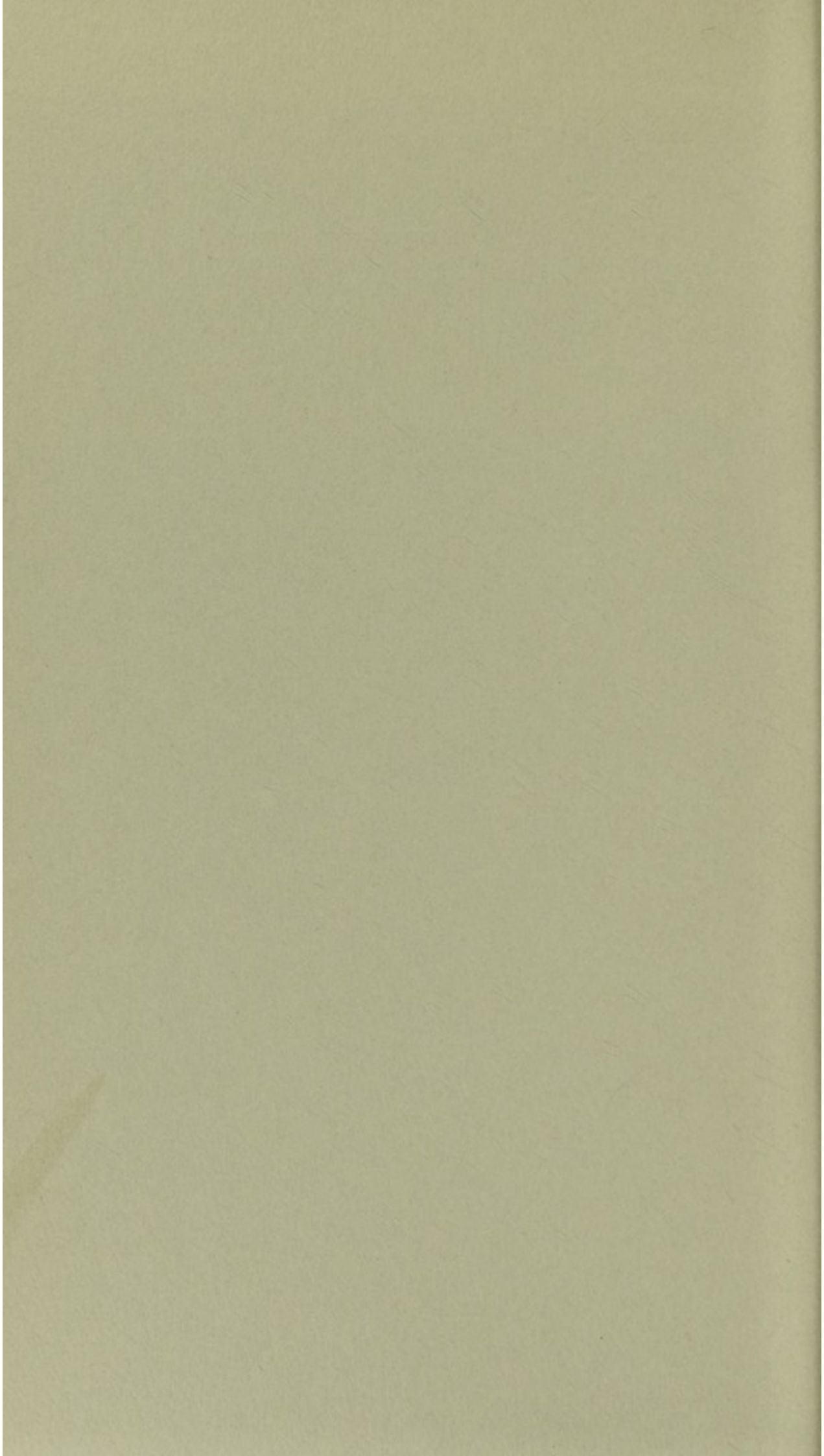
Health of Denbighshire

for the

YEAR 1968

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

County Medical Officer



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COMMITTEES

Health Committee :

Chairman : Alderman Dr. I. H. Davies, O.B.E., M.Sc.
(Hon.), M.B., Ch.B.

Vice-Chairman : Councillor J. G. Lindsay

Health Standing Sub-Committee :

Chairman : Alderman Thomas Jones

Vice-Chairman : Councillor J. G. Lindsay

Members of Health Committee:

- | | |
|--------------------------|--------------------|
| * Mr. Edward Davies | * Dr. I. H. Davies |
| Mr. J. E. Davies | Mr. W. E. Davies |
| * Mrs. D. Dodd | Mr. N. Evans |
| Mr. W. R. Evans | * Mr. J. Griffiths |
| Mrs. S. J. Hogben | * Mr. J. R. Hughes |
| Mr. A. J. Jenkins | Mr. A. E. Jones |
| Mr. F. Jones | * Mr. T. Jones |
| * Mr. J. G. Lindsay | Mr. C. R. Little |
| * Mr. E. D. Lloyd | Mrs. M. Lyons |
| Mr. J. Machin | Mr. J. I. McCarthy |
| * Mrs. V. M. Naylor | Mr. J. H. Owen |
| * Mr. R. I. Kerfoot Owen | * Mr. G. Parry |
| * Mr. E. Price | * Mr. G. Richards |
| * Mr. E. Roberts | * Mr. J. Rowley |
| Mr. G. H. Ryden | Mr. J. H. Tapley |
| Mr. W. E. Thomas | * Mr. I. Tuxford |
| * Mr. E. Williams | Mr. J. Williams |
| Mr. R. H. Williams | Mr. T. Williams |

Co-opted Members :

Dr. Morton E. Evans

Dr. Sheila Reid

Mrs. K. B. Jones

Mrs. M. Manford Jones

* *Also members of the Health Standing Sub-Committee*

Pentre Broughton Pre-employment Centre

Advisory Sub-Committee

<i>Chairman :</i>	Mr. B. L. Budd
<i>Vice-Chairman :</i>	Mr. P. H. Meadows
<i>Members :</i>	Mr. R. Lockett
	Mr. D. Morley Smith
	Mr. M. J. Smith
	Mr. H. Williams
	Councillor J. R. Hughes
	Alderman T. Jones
	Councillor J. G. Lindsay
	Alderman G. Richards

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and Principal School Medical Officer :

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

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

E. S. Lovgreen, M.B., Ch.B., D.P.H. (*resigned 31.12.68*)

District Medical Officers/Assistant County Medical Officers :

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

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

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

J. G. M. Williams, M.B., Ch.B., D.P.H.

Assistant County Medical Officers :

K. Dalzell, M.B., Ch.B.

C. G. M. Dillon, M.B., B.Ch. (*part-time 23.1.68*) (*full-time 3.9.68*)

A. M. Valle, L.R.C.P., L.R.C.S., L.R.F.P.S., D.(Obst.)R.C.O.G.

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

Consultant Staff (part-time) :

Chest Service :

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

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

J. G. Jones, M.D., B.Chir.

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

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 :

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

County Ophthalmologists (part-time) :

G. L. Harper, M.R.C.S., L.R.C.P., D.O.(Eng.)
M. R. Hughes, M.B., Ch.B., D.O.M.S.

County Dental Service :

Principal Dental Officer :

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

Area Dental Officer :

J. P. Reid, L.D.S., R.F.P.S. (Glasgow)

Dental Officers :

T. Elton, L.D.S.

N. A. James, L.D.S. (resigned 2.8.68)

D. Mitchell, L.D.S.

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

D. B. Waugh, L.D.S. (resigned 31.3.68)

County Orthodontist (part-time) :

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

Dental Auxiliary :

Miss J. Darlington (commenced 3.9.68)

Dental Surgery Assistants : 7

County Public Health Officer :

D. D. Button, M.I.P.H.A., A.R.S.H.

Food and Drugs Chief Inspector :

D. H. Owens

Nursing Service :

Non-Medical Supervisor of Midwives and Superintendent of Home Nurses :

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

Assistant Superintendent of Home Nurses :

Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V.Cert.

Superintendent Health Visitor :

Miss W. M. Tagg, S.R.N., S.C.M., H.V.Cert.

Health Education Officer/Tutor :

Mr. Leslie Roberts, S.R.N., Q.N., H.V.Cert.

Health Visitors : 35

Tuberculosis Visitors : 2

Home Nurses and Midwives : 75

Home Help Service :
Organisers :

Miss H. M. Cuddy
Miss E. O. Davies

Home Helps : 192 (*part-time*)

Mental Health Service :
Chief Mental Welfare Officer :

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

Area Mental Welfare Officers :

B. W. Hughes, C.S.W.
G. Lloyd, C.S.W. (commenced 2.12.68)
S. S. Robinson, C.S.W. (resigned 30.9.68)

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 Therapist :

Miss G. Thomas, L.C.S.T., I.P.A.

County Ambulance Service :

County Ambulance Officer :

E. Evans Hughes

Deputy County Ambulance Officer :

E. Wright

Chiropody Service :

Senior Chropodists : 4

Administration :

Chief Administrative Assistant :

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

Senior Administrative Assistant :

Gwilym Davies

R H A G A I R

Anrhydedd a phleser yw cael cyflwyno'r Adroddiad Blynyddol ar iechyd Sir Ddinbych am y flwyddyn 1968.

Unwaith yn rhagor nid oedd dim arbenig yn yr ystadegau yn ystod y flwyddyn — y mwyafrif yn dilyn yn foddhaol dueddiadau y rhai cenedlaethol.

Fel arfer, mae nifer y marwolaethau o glefyd y galon yn dal yn uchel ond cysur yw gwybod fod yr Ysbyty yn Wrecsam wedi sefydlu adran gofal arbenig er trin yr afiechyd hwn. Ar y llaw arall, da yw sylwi fod nifer y marwolaethau o'r darfodedigaeth yn lleihau bob blwyddyn a boddhaol cydnabod fod yr ymdrechion yn erbyn y clefyd hwn yn llwyddo ar ol hir amser; ond gyda phryder y derbyniwn fwriad Bwrdd Ysbytai Cymru i gwtogi gwaith yr Uned Taleithiol y Pelydr X.

Fel yn y gorffennol dim ond tua deg y cant o famau sydd yn esgor yn y cartref, ac o ganlyniad rhyw un, neu o fwyaf bump, o enedigaethau a weinydda bob bydwaig mewn blwyddyn. Oherwydd hyn ac oherwydd rheolau Bwrdd Canol y Bydwagedd rhaid i bob bydwaig gymryd cwrs adnewyddu bob pum mlynedd. Mae'r cwrs yn cynnwys gwaith ymarferol a threfnwyd i 12 o'r gweinyddesau dreulio dwy wythnos yn Adran Genedigaethau Ysbyty'r Maelor.

Agorwyd Canolfan newydd y Gwasaneth Ambiwllans gan Gadeirydd Bwrdd Iechyd Cymru, Mr. Franklyn Williams, C.M.G., ar 7ed o Fawrth, 1968, ac oddiar hynny mae'r adeilad wedi ei ddefnyddio er mantais, nid yn unig y Gwasanaeth Ambiwllans ond hefyd holl aelodau y Swyddfa a gwahanol adrannau o'r Cyngor Sir. Braff yw sylweddoli hen freuddwydion au gweld yn profi mor ddefnyddiol.

Mae'r alwad am gynorthwy yn y cartref wedi cynyddu yn enfawr yn ystod y blynyddoedd diwethaf ac mae'r pwysau trwm ar ysgwyddau Rheolwr y Cymorth Cartref yn Nwyrain y Sir yn hawlio cynorthwy.

Yn ystod y flwyddyn collwyd sawl un o weithwyr da y winllan a theimlwn y golled yn fawr. Ymadawodd y Dirprwy Swyddog Meddygol, Dr. Lovgreen, i swydd Prif Swyddog Meddygol Sir Drefaldwyn. Fe wasanaethodd yn gydwybodol ac effeithiol yn ystod ei arhosiad yn Sir Ddinbych ac ennillodd lu o gyfeillion. Dymunwn pob llwyddiant iddo yn y dyfodol.

Cyn terfynu, hoffwn ddiolch am bob cefnogaeth a gefais gan bawb o'm cydaelodau yn y Swyddfa ac i Gadeirydd y Pwyllgor Iechyd, yr Henadur Dr. Ifor H. Davies, am bob cyfarwyddyd a charedigrwydd. Hoffwn ei longyfarch ar ei uwchraddio yn Henadur. Estynaf hefyd fy niolchiadau i'r Is-Gadeirydd, y Cyngorwr, J. G. Lindsay, ac aelodau eraill y Pwyllgor.

FOREWORD

I have the honour of submitting the Annual Report on the Health of Denbighshire for the year 1968 and it is gratifying to be able to record that, despite uncertainties and impending revolutionary changes, the Health Services in Denbighshire have continued to give the community an efficient and greatly appreciated service.

In this extended foreword I have only referred to the highlights of the year, as a detailed report would only be repetitive and much too lengthy.

Administration :

It is significant that, despite constantly increasing demands on the administration of the Department, it has been possible to meet these without having to employ additional staff. In some measure, this has been due to keeping abreast of new developments but probably the most important factor has been the retention of fully-trained and competent staff due to the foresight of the Establishment Committee in agreeing to additional posts at higher gradings. In past years it has been the sad experience of this Department to recruit and train young and able staff only to see them depart to more remunerative posts elsewhere and inevitably the point was approaching when the staff turnover would sap morale and lower efficiency. Fortunately, a readjustment in the administrative structure has stabilised the situation with benefit to efficiency and economy.

Vital Statistics

There were comparatively no significant changes in the Vital Statistics of the County for the year 1968. The introduction of the "Measles Vaccine" was too late to have a major impact on the spread of the infection during the year under review, but undoubtedly it will, in due course, reduce the incidence of Measles.

"At Risk Register"

Since its introduction in 1965, the At Risk Register has expanded steadily and it became apparent that unless it was reviewed regularly, its intrinsic value would be lost. Arrangements were made for each child attaining his fourth year to be comprehensively examined and, where appropriate, the information gleaned was discussed with the Remedial Education Organiser.

The problems and difficulties of a handicapped child have far-reaching effects, not only on his health but also upon his educational progress and it is, therefore, of considerable importance that those who are liable to develop abnormally or who have a congenital abnormality should be

kept under continuous surveillance and, where necessary receive treatment.

Delay in attaining the normal developmental stages suggests minimal damage and if allowed to pass undetected may result in maladjustment and retardation.

During 1968 the number on the Register was reduced from 683 to 492. In many instances this necessitated in addition to a medical examination, a visit to the home in order to discuss with the parents the educational and social implications. It would seem that this procedure was greatly appreciated by the parents for it afforded concrete and positive evidence of the co-ordination of resources and of future planning.

Community Medical Care

In previous reports, reference has been made to the closer co-operation in the community of the various health and social services but as I have stated on various occasions, such arrangements can only operate within the restrictive confines of the present administration. It is not for me to press for a particular administrative structure but I am convinced that unification of the medical administration would inevitably increase efficiency and economy. There would still remain major problems but at least unification would remove the wastage of energy needed to maintain even a semblance of co-ordination under the present tripartite system.

The Health Service and Public Health Act, 1968, changed the legislation so that under Section II of that Act, Nurses and Health Visitors were enabled to undertake work other than in a person's own home, and to be seconded to work for another Authority. In other words, Nurses and Health Visitors could work for and with Doctors in Hospitals or in General Medical Practice.

Accordingly, arrangements were made for a Health Visitor to be integrated into a Group Practice in Wrexham. Initially, the Health Visitor had no "Case Load" and for the first few weeks she spent her time getting acquainted with the "running" of a General Medical Practice. This entailed a study of records, appointment system, dispensing, certification, etc., and the gradual compilation of a list of those patients over 65 years of age who were under medical care and those who were merely on the doctors' list but who were not being visited. At the outset, it was thought that there would be ample scope for the Health Visitor to deal with the medico-social problems of the elderly and of those patients from the practice who were in-patients at the Wrexham Hospitals. In addition, it was thought possible that the immunisation and surveillance of children from the practice would fall within her purview.

The Health Visitor concerned — Miss M. E. Jones — reports as follows :

"I was given a very pleasant room complete with the use of a telephone. The staff were most helpful and co-operative.

"I began by going through the 10,000 medical records, transferring all relative matters such as: 'last seen by Doctor and Hospital, B/P, Hb. Urine, Vision and Hearing results, if any' onto my own small record card. This occupied my time for a number of weeks. I was given some clerical help from the Health Department. During this time, I was asked by the other doctors in the Practice to do some Home Visits to elderly patients and also to contact the Home Help Service.

"I visited patients in the local Hospitals twice weekly and discussed their needs with them and also with the Nursing Staff and I endeavoured to meet these requirements before the patients were discharged. Many of the patients required further nursing after discharge, prescriptions for dressings and home nursing equipment. I was also able to report to the General Medical Practitioner any relevant information and arranged for the District Nurse to be in attendance immediately the patients arrived home.

"Routine visits to the retired folk are usually well accepted and looked forward to, as often they do not like to bother the doctor. All visits to the Surgery are by appointment which is a great improvement on the old system. Elderly patients, if unable to telephone for an appointment, are advised by me to attend Surgery fifteen minutes before the first appointment, when the Doctor will invariably see them. They are also advised to make full use of the Social Services available to them.

"Patients are also interviewed by me when referred by the doctor for social reasons. I am in constant touch with my colleagues concerning patients outside my area. Calls are made to the Housing Department, the Home Help Department and requests are made for Chiropody, with transport facilities. Many retired folk are requested to repeat their out-of-date eye appointments (re-test).

"I have found the work varied even though at the moment I am concentrating on Retired Folk. I feel that the Health Visitor working in the General Practice Premises is much more satisfying insofar as she is in direct contact with the doctors, therefore immediate family problems dealing with the baby, the parents, teenager and grandparents can be discussed at "coffee time" and also during their Surgery hours.

"We can still be Health Educators and Social Advisers concerned with the promotion of Health and Prevention of Disease, learning a great deal from the doctors with whom we work and also teaching them and their staff a lot about our work and our problems. As the Dispenser/Receptionist with whom I work said: 'Since you became attached to us, I have learned a great deal more about the social problems of the various families who come to the Surgery.'

It is already evident that the traditional pattern of General Medical Practice must change substantially if the inordinately heavy and exacting demands of the community are to be met. No single person can possibly meet the manifold requirements of preventive and curative medicine in their entirety and once having acknowledged this, then the concept of a Community Health Service Unit becomes not merely a feasibility but a necessity. Having enunciated the principle means tackling the labyrinthine complexities of traditional attitudes and hallowed customs and this requires foresight and dedication on the part of all concerned, but particularly on the part of the doctors — especially of their leader, in the Group Practice.

It is hoped to expand the present arrangement by integrating a midwife, district nurses and nursing auxiliary within the Community Health Service Unit, so that they work closely with the General Medical Practitioners within an area wherein a high proportion of the Practice patients reside. In the meantime, the Health Visitor is increasingly accepting her new role as the Public Health Nursing Officer in charge of the medico-social section of the Community Health Service Unit.

Domiciliary Midwifery and Nursing Services

In accordance with previous trends, only a comparatively small proportion of mothers were confined at home during 1968. Approximately 20% of the mothers were discharged from Hospital within 72 hours of the birth. Under these circumstances it is essential that there should be the closest possible co-operation between the Local Health Authority and the Maternity Units. It is, therefore, particularly gratifying that Miss Large, the Non-Medical Supervisor of Midwives, reported the existence of good relationships between her and the maternity units under her jurisdiction.

During the year, Denbigh Infirmary Maternity Unit was closed for two months for structural re-construction and throughout the time, the mothers were delivered at St. Asaph. The Maternity Unit at Ruthin was also forced to close because of staff shortage. The Department has discussed with the Hospital Management Committee possible alternative methods of staffing this Unit and it is hoped that by pooling our resources, it will be possible to keep the Unit operational.

The Home Nursing Service has not been materially altered although changes will have to be made if the Hospital policy moves towards earlier discharge of general patients.

Midwifery Refresher Course

Reference was made in the 1967 report to the proposed Part-time Refresher Course to be held in Denbighshire. The success of this unique venture was sufficiently encouraging to make us organise a similar one in 1968 and it is gratifying to be able to report that this too has been a most

successful Course, due, in no small measure, to the initiative and enthusiasm of Mr. Leslie Robert, the Course Tutor and to the excellent co-operation that was received from eminent members of various professions.

Following the Refresher Course, twelve Denbighshire Midwives were seconded for a fortnight to the Maelor Maternity Unit where they participated fully in practical work, including the delivery of several babies.

Part II Midwifery Training

During the year the Central Midwives' Board Rules were amended so that Part II Midwifery students now only need to provide evidence of having conducted six instead of, as previously, ten domiciliary confinements. This helped substantially the situation on the district.

In conjunction with the Tutorial Staff of the Maternity Unit a revised plan was submitted to the Central Midwives' Board whereby Midwifery and District Nurse Students were able to share the same tutorial and lecture sessions as well as various joint visits of observation. This logical development was duly approved by the Board.

Health Visiting Service

Despite strenuous efforts to recruit additional Health Visitors there remain vacancies at Denbigh and Wrexham while the increasing population of various areas makes an increased establishment a necessity. In the meantime it is essential for the Health Visiting Staff to be deployed selectively and it is of increasing importance that plebian tasks should be performed by less skilled persons.

Health Attendants have, since 1962, been employed most effectively in the School Health Service, but only since 1966 have they been allowed in the Child Health Centres. However, they have proved their worth and now eight Health Attendants are employed in the Child and School Health Services. Auxiliary help of this nature has enabled the Health Visitors to devote more time to the family as a whole but, even so, 79% of cases visited by the Health Visitors were children in the 0 - 5 year age group. Of the remainder approximately 40% of the cases were aged 65 years and over. It must be appreciated that this does not necessarily reflect the amount of time allocated to each group for, in general, the improved social conditions has reduced the problems of child care but the increased number and longevity of the elderly has added substantially to the case load of Health Visitors. This is particularly so in those circumstances where an elderly person has reached a stage where he or she is beginning to be unable to manage his or her own affairs.

It is not unusual to find a situation where an old lady of 90 years or so is being looked after by a daughter who is herself over 60 years of age and, while both are in good health, the situation is contained satisfactorily although it often makes heavy demands on the daughter's resources.

However, if illness should intervene then the entire situation collapses and the full resources of the social services have to be mobilised. This is no easy task and all too often it is one that nobody is prepared to undertake, for it is frustrating and time consuming. Generally, it becomes the responsibility of the Health Visitor to mobilise help and according to the various Health Visitors' reports this often takes the best part of a whole day. Indeed, it would seem that in addition to her own duties, the Health Visitor is often placed in a situation where, on the grounds of common humanity, she is forced to accept additional responsibilities and do everything within her power to alleviate the situation.

Ambulance Service

For our Ambulance Service, 1968 was a memorable and vital year for, in addition to having the new Ambulance Headquarters opened, it was possible to introduce a 24 hour operational control as well as a change-over to the three shift working system in the Wrexham and East Denbighshire area.

Undoubtedly, this was the end of an era — a departure from the closely knit community of 16 Grosvenor Road and a new administrative structure — a coming of age of the Denbighshire Ambulance Service. Since the gradual transition from the Voluntary Service of the Welsh Home Ambulance Service to the final takeover of a whole-time County Ambulance Service in 1958, there had been a very close contact between the administrative and Ambulance personnel and this undoubtedly led to the excellent team spirit which exists within our Ambulance Service.

With the departure to the new Headquarters on Ruthin Road, I feared that the close links might be severed but this has not happened, due perhaps to the strength of the old bonds and undoubtedly because of the constant use by Doctors, Nurses and other staff of the new teaching facilities available at the new Headquarters.

It was on the 7th March, 1968, that the new Headquarters were formally opened by the Chairman of the Welsh Board of Health — Mr. Franklyn Williams, C.M.G., which followed a ceremonial inspection of the Ambulance personnel by the Lord Lieutenant of the County, Sir Watkin Williams Wynn, Bart.

The Blessing was invoked by The Right Reverend the Lord Bishop of St. Asaph, Dr. David Bartlett, and the refreshments for the 300 guests were prepared by the Staff of the Health Department. The County can be most proud of this Headquarters — an imposing building, well furnished and effectively equipped — the realisation of a long cherished dream.

During the year under review, the Ambulance Service transported 100,000 patients which was approximately twice the number carried in 1958. This increase has resulted from the extension of Hospital Out-

patients, the opening of a Day Psychiatric Hospital in Wrexham, and also the greater number attending Training Schools for the Mentally Handicapped. Much of this work is fundamentally not Ambulance work but rather a straight-forward 'bus service which poses the advisability of considering a two-tier structure within the Ambulance Service which would meet this development more realistically.

The Ambulance Service could not operate effectively without the co-operation of many agencies. For many years we have shared the same Radio system and frequency as the Police; the Fire Service have manned the control out of normal daytime hours of duty and at weekends; Voluntary Ambulance Corps have given excellent services and supported wholeheartedly the professional whole-time service and, in addition, we have had the help and co-operation of General Medical Practitioners and of the Hospital Staffs. Without such support, the County Ambulance Service could not have maintained its high reputation.

Prevention of Illness : Care and After-Care

Tuberculosis

The number of cases notified during 1968 was 43, which was 16 fewer than in 1967. Similarly the number on the Tuberculosis Register decreased by 212 while the death rate per 100,000 of the population also fell from 4.5 to 3.9. While it is comforting to note the gradual decline in incidence of the disease, it is well to bear in mind that the comparable death rate for England and Wales is 3.0 per 100,000.

Mental Health Services

The demands made on a particular service are frequently in direct proportion to the efficiency of that service and it is therefore, significant that the referrals to the Mental Health Service of this Department increase steadily with each passing year, but perhaps of equally if not greater significance is the fact that the number of admissions to Psychiatric Hospitals from Denbighshire have decreased. This indicates that the Mentally Disordered seek and obtain help at a much earlier stage than previously, which implies good Preventive Psychiatry.

It would seem, therefore, that the hard work of many years is bearing fruit. The Community is aware of our services, uses them when necessary and recognises the value of the help that they can receive from the staff of the Mental Health Service. Like other parts of the Health Department, this Section has had to adapt itself constantly to changing conditions and demands.

The increased longevity of the Mentally Subnormal has brought in its wake many additional stresses and strains which have had major repercussions within family units. Besides there is a growing number of mentally handicapped children who, due to new surgical techniques, are surviving into adult life but still requiring care and attention.

Advances in the treatment of the Mentally Ill have resulted in patients being discharged home on heavy maintenance doses of various drugs which necessitates constant supervision and support. There is, therefore, no alternative but to move with the times and tackle the top priorities and cast aside the less productive chores on the principle of the greatest good for the greatest number. This, of course, is a dangerous philosophy but the only one possible when there is a constant shortage and change of staff.

Once again, it is sadly necessary to report that two of our Mental Welfare Officers departed for pastures new — one of them was a senior and qualified officer. Fortunately, an amended establishment went some way to mitigate this loss and, I hope, to decreasing this constant drain of well-trained officers.

Generally it is pleasant to record that the various Mental Health Establishments are flourishing and doing a fine job of work — Pentre Broughton Industrial Training Centre now employs 38; Acton Park Hostel has been a flexible asset which has helped to resolve some exceedingly difficult problems; the Training Centres in conjunction with the staff of the Health Department, are exploring new methods of educating the Subnormal, and the Psychiatric Social Clubs are continuing with gusto to help rehabilitate and socialise both Mentally Ill and Subnormal.

Horticultural Group

Although there have been a few boys working at Plas-yn-Rhos, it was only during 1968 that this scheme really got going. Following consultation with the County Planning Department and the Architect's Department, a scheme was prepared for developing the gardens and lawns and the working area. All the old fruit trees were uprooted and, together with a vast amount of junk, removed by lorry — 10 x 10 ton loads and the ground was then ploughed. In the spring, potatoes were planted and the entire area thoroughly prepared for laying out as formal flower and shrubbery gardens. The number of Mentally Subnormals at Rhos has been increased, and already the lawns are recovering some of their lost glory. It is hoped that by next year it will be possible to open these gardens as a park for use by the Rhos people. This group also undertakes simple internal redecorations and they have cleaned and painted several rooms in properties belonging to the Health Department. In this way, mentally handicapped are trained to a level where they can get suitable employment elsewhere.

Domiciliary Residential Accommodation for the Mentally Disordered.

In this County, small groups of discharged patients have for many years been found accommodation in Boarding Houses but, during 1968, the number increased substantially so that there was a total of 138 ex-patients living in Boarding Houses in various parts of the County. This sudden increase threw an unexpected and disproportionate load on to an

already heavily committed Mental Health Section. Furthermore, what had been an informal but well-contained arrangement on a more or less personal basis between Landlady and Mental Welfare Officer was radically changed to one where the sheer weight of numbers without a well-defined arrangement was nearly sufficient to swamp the available resources. Inevitably, there arose difficulties and misunderstandings which militated against the smooth running of such a scheme.

The County Council had to consider its position as a Registering Authority under Section 19 of the Mental Health Act and, at the same time, take into account the financial implications. According to the ruling given by the Ministry of Social Security at that time, each person living in these Boarding Houses receiving benefits from them would lose about £2 per week in benefit, if the Boarding House was registered as a Residential Home for Mentally Disordered Persons. However, a comprehensive Boarding Out Scheme was prepared which has formed a solid foundation for the surveillance and social support of these discharged persons.

It must be realised that pioneering efforts of this nature have enabled the Psychiatric Hospitals in North Wales to discharge many of their long stay patients and undoubtedly this has enabled them to attain reasonable standards of care and accommodation for their patients. However, the transference of responsibility from the Hospital to the Local Health Authority does not necessarily imply an improvement for the patients of their social conditions, but to arbitrate on this would necessitate a balanced and objective analysis.

Chiropody Service

With advancing years a variety of degenerative changes increasingly reduce the mobility of the elderly and, in due course, cause inability to move around in the community either for pleasure or for obtaining such essentials as meat, fresh fruit and vegetables. When living alone, this situation quickly affects the general health which then leads to further deterioration. It is, therefore, of prime importance that the elderly should receive appropriate and adequate chiropody treatment before the old person becomes housebound.

The County employs four whole-time qualified Chiropodists, two in Colwyn Bay and two in Wrexham. During the year, each Chiropodist had about 700 - 800 patients on his register and each gave about 3,000 treatments which were carried out at either County Clinics, County Welfare Homes, Clubs or in the patient's own home. There was little time available for domiciliary treatment for the demands were heavy and, whenever possible, every effort was made to bring the patient to a clinic. This is saving in time and it is easier to work in a well equipped centre rather than in the patient's own home.

In his report, Mr. V. O. Jones expresses the opinion that :

“Improved techniques have resulted in the reduction of waiting lists and with more advanced techniques, more patients could be discharged from the register.

“The complaints and lesions dealt with during the year were similar in all respects to those described in previous reports. However, I believe what is important and cannot be stated often enough are the factors responsible for creating bad feet in the elderly. An analysis of probable factors or conditions creating bad foot troubles in the elderly in this area is given :

Analysis of probable factors or conditions creating bad foot troubles in the elderly in this area.

	Females	Males
Defective or Deteriorated Cardio/Vascular System plus incorrect foot clothing as an added contributory factor	365	11
Defective Cardio/Vascular System alone	190	161
Industrial or Other Injuries (including War) plus Defective Cardio/Vascular System	314	272
Rheumatic Disease—		
Rheumatoid	77	8
Osteo/Arthritis	206	26
Overweight/plus Footwear	100	5
Injury and Infection	80	52
Overweight/Vascular Insufficiency/Footwear	134	32
Overweight/Vascular Insufficiency	58	24
Injury/Vascular Insufficiency/Footwear	71	20
Senile (General Deterioration)	44	65
Overweight/Injury/Footwear	47	3
Overweight/Vascular Insufficiency/Injury	38	6
Overweight/Injury	28	10
Congenital Abnormality/Overweight/Footwear	28	—
Congenital/Vascular Insufficiency	19	8
Congenital/Vascular Insufficiency/Footwear	17	—
Congenital/Footwear	14	—
Congenital/Injury	22	5
Injury/Vascular Insufficiency	9	3
Injury/Footwear	12	3
C.V.A. (Strokes)	37	35
Diabetes	42	16
Eyesight (Blindness)	20	13
Poliomyelitis	4	—
Lack of Fat	14	41

“Of interest perhaps is the increasing numbers of Elderly Females with Fungus infection of toe nails — whether this can be traced back to their husbands introducing the infection from Pit Head Baths is a matter for further investigation. In the cases I have encountered there was certainly a history of the husband being infected over a number of years. If this is so, then it seems to show that this infection is treated too casually at Pit Head Baths. It must not be overlooked that Phlebitis and other general conditions have sometimes been directly traced back to infections of this sort. It would also be interesting to know whether this is peculiar to this area alone or to other Mining areas, or to the whole country in general amongst old people.

“Elderly Male — As far as the elderly male is concerned, the outstanding factor here is Industrial or Other Injuries (including War Injury) plus the added contribution of vascular insufficiency (33%).

Secondly, mycotic infections of digital spaces and nails. Better preventive measures in Industry appear to be valid here and improved treatment for vascular insufficiency.

“Mentally Handicapped

Most of them exhibited classical features of this type of person. Heavy corns and callouses through poor weight distribution were also much in evidence. This was more marked in the elderly.

“School Children

A few school children were also brought to the clinics with troublesome Verrucae. These were soon cleared and they were discharged. I think it would be advantageous to include school children in the County's Chiropody Scheme.

“Equipment at Clinics

An improvement in the supply of much-needed equipment for Chiropody Clinics was made during the year, resulting in improved working conditions and I express my appreciation for this help. There remains the problem of equipping rented accommodation — it is hardly fair to the Chirpodist or his patients that they should suffer because accommodation is rented.

In concluding, I would again venture my opinion that a valuable contribution was made during the year by the County Chiropody Scheme to the well-being and mobility of the physically handicapped and aged who sought treatment in this area, for which the majority expressed their gratitude ”

Health Education

The Health Department maintained throughout the year the momentum of the Health Education Programme in which most members of the staff participated.

The Health Education Officer had the responsibility for initiating and co-ordinating much of this work and it was gratifying to realise how much better use was made of equipment and facilities when programmes were carefully planned and synchronised. A better understanding with Schools throughout the County resulted in many more of the Health Visitors and Doctors participating in the customary Health Teaching curriculum of the Schools.

During the year, the Department of Education and Science issued "A Handbook of Health Education" which was a valuable guide to all Schools engaged with a Health Education programme and this was particularly so where schools used it in conjunction with the syllabus issued to them from this Department some two years ago. This development is of particular value for, as the Handbook states, "the teacher's special relationship with young people at school provides him with a unique opportunity of giving them the training in matters of health which they need." However, members of the staff have addressed many organisations on a wide range of health subjects and although often it is felt that the results are meagre, these efforts constantly maintained, do result in a more informed and interested public.

In-Service Training

It is difficult to encompass in a few words the enormous amount of work done by the staff of the Health Department in informing, teaching, training, co-operating and co-ordinating members of our own Department, of other departments and services, of voluntary organisations and of students of all kinds and of the general public. Much of this work is such a part of the daily routine that it is hardly noticeable, but in recent years, the demands have increased substantially and they have added considerably to the responsibilities of the field worker. Students from many disciplines seek practical experience by attachment to Health Visitors, Nurses and Mental Welfare Officers, and while they make some contribution towards the day's work, they are primarily attached for their own instruction and accordingly they must receive tuition. This, of course, is time-consuming, sometimes stimulating but always somewhat exacting. Of course, it is gratifying to realise that the standing of the Department is such that educational establishments wish to place their students with us. It is also pleasing that members of the staff are invited to participate in courses, conferences, to act on important committees and organisations and to write articles for publication describing certain developments in the health services of this County. This then was the background to the varied Training Programme which was successfully completed during the year under review. Mr. Leslie Roberts, The Tutor in charge, reported as follows :

"The Training Programme in 1968 included :

1. Midwifery Refresher Course
2. Part II Midwifery Training

"3. District Nurse Training — S.E.N.s

During the year, the School continued to train nursing staff for District Nurse qualifications. Two 'schools' were held during the year, two candidates were trained on behalf of adjacent authorities and all entrants for the examination, which is held on a National level, passed.

"4. Second Midwifery Refresher Course

Plans for the next Midwifery Refresher Course, complying with Rule G.1 of the Central Midwives' Board are now well advanced. It is expected that about eighteen of our own staff will be attending this course and arrangements have been made to receive midwives from neighbouring authorities and hospitals. The pattern for this course is still based on a part-time principle, but one day per week spread over a period of five weeks, has been planned instead of half a day per week spread over twelve weeks, as the previous course.

"5. District Nurse Training — S.R.N.s

Tentative arrangements are being studied for a full training course in 1970. It would be intended that neighbouring authorities could send suitable candidates for this course on a part-time basis.

Preliminary plans are being discussed regarding an internal refresher course for all nursing staff.

"6. External Students

We continue to receive Hospital Student Nurses for induction into the social aspects of their work in the community. The nurses are taken out by our staff to observe the normal work done and the hospital tutors report that the students find this experience most helpful.

Requests from Universities and other educational establishments for us to take students for periods, continue to be forthcoming and we are pleased to assist in these young people's professional training.

Gradually, the facilities for research are being built up in the Health Department. Quite recently, a student who is a local girl, but at a College of Education in Liverpool, was given the opportunity of working from the material in the Reference Library. Although she had tried in Liverpool and other places in Lancashire to obtain the information she wanted, it was not until our facilities were extended to her that she found what she was looking for. At the end of her work, she remarked that we were a "gold mine of information" and appreciation such as this is most rewarding in view of the work that has been put into building up this asset within the Health Department.

"7. External Group Education

Members of staff continue to give talks to various groups in the community. The educational material in the school is made available to any member of the staff who is undertaking such work.

Ante-natal, Mothercraft and Health Teaching in the Child Health Centre continues and in Brymbo and Ruabon, now that the new centres have been completed. Health Visitors and District Nursing Staffs are jointly engaged in such work.

"8. Domestic Help Training

Two 5 half-day session 'schools' have been completed in the Eastern side of the County and plans are well advanced for the first 'school' to be held in Colwyn Bay. The twenty-three members of staff who have so far attended this course have been most complimentary in their remarks on the course content but, on a very practical plane, the staff involved have found the information of good use.

"9. Orientation sessions for new staff

Plans to commence a short, informative orientation course for new clerical staff in the Department are well advanced. It is envisaged that three two-hour sessions will be devoted to this and, whilst in the nature of an experiment, hopes are high that this will enable new staff to accept the team concept of the work of the department naturally."

Domestic Help Service

Owing to severe financial restrictions, it was not possible to expand the Home Help Service to meet the growing demands. As the greatest portion of the available Home Help is allocated to the elderly, it follows that the continued increase in this age group must lead to more requests for help. However, it must be appreciated that the resources cannot possibly meet all demands and it is essential that the Home Helps be deployed as effectively as possible.

The "critical point" seems to be reached when the medical or social situation has improved sufficiently either for a reduction in the number of hours or the complete withdrawal of the Home Help Service. If this "critical point" is allowed to pass, then there is an increasing resistance from the client against any reduction in the help provided. It has already been acknowledged that the resources do not meet the demand and that the level of help given is often below the optimum and it therefore follows that the situation is fraught with explosive tensions which lend themselves readily to emotional and critical publicity. It is therefore essential, if the resources are to be allocated equitably, that the Home Help Organisers should be able to visit and assess cases much more regularly than they do at present. It is also important that they have sufficient time to supervise the Home Help workers who often work in isolation and require support and guidance. Both Home Help Organisers have an excessive case load but Miss Cuddy, in East Denbighshire, is swamped by having to carry more than double the recommended case load — an Assistant Home Help Organiser has now been approved.

During 1968, for the first time, courses for the Home Helps were arranged and, although they entailed a lot of careful planning, they were most worthwhile. The Home Helps were made to feel part of a team and they went away having met most of the senior staff and knowing far more about the objects and philosophy of the Local Health Authority Services.

There were many instances of devoted work done by the Home Helps but, in conformity with modern attitudes, these are often accepted as a matter of course. Only too often, the most critical of any failure on the part of the Home Help Service are relatives who absolve themselves from all responsibilities which, in any way, inconvenience them. It would seem that a pose of righteous indignation is a hypocritical attitude adopted by a society whose philosophy is so self-centred that they cannot spare some of their own time for their near relatives at a stage which precedes the final disintegration into squalor and neglect.

During the past year, the Home Help Organiser and a Home Help spent many hours seeking admission to a filthy home in which a confused, elderly woman lived alone in a state of semi-starvation. Despite the protestations of the old woman, they persevered in cleaning the house and in getting her food but, apart from any other consideration, the persuasion required in this instance bordered on official dictatorship and although it was undoubtedly for the benefit of the individual, there remained the constant risk of charges being levied against the officers for interfering with personal liberty. Eventually, she was persuaded to enter a Nursing Home whose fees she could well afford to pay.

Another old lady, living alone although bedfast, has been so very unpleasant to the Home Helps that within a period of some five years or so, she has had twenty-two Home Helps. In addition, the District Nurse attends her daily and even helps her with her meals at weekends. Although her vision is poor and she is unable to get out of bed, she lives alone and steadfastly refuses to move to a Welfare Home or to the Hospital. Unfortunately, she has antagonised most of her neighbours and she has no relatives living nearby, so she is entirely dependent on the District Nurse and the Home Helps. Various members of the staff have tried to reason with this irascible old lady and endeavoured to get her to change her attitude and demeanour towards the Home Helps but to no avail. When the twenty-second Home Help refused to continue going to this house, I wrote a letter to the old lady pointing out the number of Home Helps she had had and that the next one would be the last, because there were no more left to try.

Whether or not it was my letter, its contents, or the fact that she had instructed the Home Help to read the letter to her, that produced a sufficient impact for her to realise the hard facts of the situation, the result has been dramatic and she has continued on a friendly basis with her Home Help ever since.

These are but two of scores of similar cases where forbearance, kindness, humanity, patience and understanding, and all the other human virtues, have been tested to the limit, not on odd occasions, but daily. To anyone who has knowledge and who has to cope with these situations, it is axiomatic that it was not the small insignificant spark which triggered off the explosion but rather the cumulative reaction, emanating from a series of petty annoyances which are blatantly intended to provoke.

It is to me a constant source of wonder that our Home Helps continue to render such sterling service under such poor working conditions and terms of employment. At least the County has acknowledged their dedication by agreeing to pay more to those who are having to work in exceedingly dirty and neglected homes and although this is comparatively poor recompense, it does mean for the Home Help that her work is really appreciated not only by her clients but also by her employing Authority.

Delegated Duties

Once again, Dr. Peach has submitted an informative report on his work in West Denbighshire from which I have extracted the following :

“There has been no significant change in the administrative pattern during the year, except to employ methods to strengthen integration and lines of communication between members of the departmental staff and also with relevant officers in other departments of the District and County Council. This has been achieved by :

1. Having one Chief Officer as administrator and co-ordinator of both District and County Council Health Services within the area.
2. By the enlightened policy of both the Colwyn Bay and Aled District Councils in accepting housing as a social service. This is particularly exemplified in Colwyn Bay where the Medical Officer not only has considerable discretion in the allocation of houses on priority grounds, but also has direct access to the Committee in relation to the siting and design of future Council housing estates. That this is an important and indeed necessary role for the Medical Officer of Health is, in my opinion, without doubt. The employment of a Graduate Social Welfare Officer, who is employed by the Housing Authority yet designated as a member of the Medical Officer of Health's staff is, in addition to the old people's warden-controlled dwellings being under the Medical Officer's administration, an additional and strong link between health and housing.
3. The holding of periodic meetings of senior staff, in which individual senior officers in turn describe the various functions of their inter-department and its related problems, not only enables other

officers to understand the 'other person's job' but also provides insight into problems which may arise, the resolution of which may be hampered by lack of coherent communication due to lack of appreciation of the statutory and other obligations falling upon a particular department. Such meetings have been very much appreciated by the members of staff and have undoubtedly contributed to the now excellent teamwork that prevails in the Colwyn Bay Department. I have recently received a request from the senior members of the Colwyn Bay Office to incorporate talks and discussions with officers of other Departments concerned with the social services, such as the Children's Department, Welfare Department, Probation Service and the Ministry of Social Security but, of course, if the meetings were to be extended to include such officers, the prior approval of the County Medical Officer and other Chief Officers would have to be obtained.

"Food Hygiene

The standard of food hygiene in the coastal area is, in general, good. Regular rather than merely periodic visits to food handling establishments are made by the Public Health Inspectorate.

There were no major outbreaks of food-borne disease in any of the districts under my administration during the year, but there is no doubt that sporadic cases occur not infrequently, confined to the family unit.

One disturbing feature was the discovery on routine inspection that approximately 50% of New York dressed chickens being supplied by one large wholesaler to retailers in Colwyn Bay yielded cultures of *Salmonella* Virchow from swabs taken from the skin and cloaca of carcasses. Advice has been circulated to retailers and food handlers in the town on the storage and preparation of such birds for the table and advice given to the housewife via press notices. Investigation into the problem is continuing in the Colwyn Bay Health Department.

In my last report, I referred to the relatively high lead content in certain domestic supplies of water supplied by the Conway Valley Water Board to certain areas in the Aled Rural District and in Colwyn Bay, and I am pleased to report that following consultations with the Officers of the Water Board and representatives of the Welsh Office, there has been during the year, a significant improvement and that, on the whole, the water is now satisfactory for domestic consumption.

"Child Health Clinics

Attendances at the Clinics within the administrative area have been maintained during the year.

In previous reports I have referred to the inadequacies of certain rented premises used for Clinic purposes and I feel that a phased programme to provide more purpose-built Clinics within the area should be given

consideration and undoubtedly an additional Clinic would be required in the Towyn/Kinmel Bay area within the next five years in view of the projected increase in population within that area.

Dr. Muriel McLean, Consultant Paediatrician, has continued to attend the Child Health Clinic each month, as in previous years. I am grateful to Dr. McLean for her assistance in this capacity. However, it is felt by Dr. McLean, and I agree, that her role would be more usefully employed in some more specialised capacity rather than in conducting the conventional and traditional role in a routine Clinic. From preliminary discussions I have had with Dr. McLean, the concept of setting up an assessment clinic has arisen, with particular reference to the periodic detailed examination of children at present on the 'at risk' register, and I will be submitting my recommendations and observations on this in a separate report in due course.

"Family Planning

Liaison between the Area Health Department and the Branch Office of the Family Planning Association has continued throughout the year and I have noticed that there is an increasing request for advice and guidance on family planning from mothers attending the Child Health Clinic, particularly those in the younger age group.

"Community Care of the Elderly

The Joint Committee of Health Department Staff and Voluntary Organisations representatives has continued to meet monthly during the year with consequent benefit to the aged population and I am now able to report that virtually every vulnerable aged person in Colwyn Bay is under regular surveillance. I believe that the figures in relation to the number of aged persons removed by ambulance in an emergency, *i.e.* persons who had been taken ill or had met with an accident but had lain for hours, or in some cases, days, and therefore necessitated a 'break-in' by friends or police, have been reduced over the years, as follows :

In 1964-65, from October to March, 62 such persons were removed

In 1965-66, during the same monthly period, 51 persons were removed.

In 1966-67, 29 such persons were removed, and in 1967-68 only 9 such cases were dealt with.

I feel that the scheme initiated in 1965 to care for the aged 'at risk' in Colwyn Bay has played a substantial part in reducing such tragedies as described and a full report of the community care of the aged by Dr. W. McKendrick and myself was published in *The Medical Officer* on 1st November, 1968."

ENVIRONMENTAL HEALTH

The various Statutory Authorities concerned have continued to improve the water supplies, sewerage, housing and clean air while supervision of Food and Drugs and Milk Supplies has been maintained vigilantly.

The changing pattern of food production and distribution introduced new hazards to health from both chemical and biological causes. Despite strenuous efforts by the Agricultural Industry to eradicate Brucellosis, the disease continues to be prevalent in cattle and periodical human cases of Brucellosis are diagnosed. There is a well-established scheme for dealing with these occurrences. Although Brucellosis is not a notifiable disease, doctors do pass on the information to me so that the source of the infection can be traced and eradicated. The County Public Health Officer together with the District Public Health Officers, sample supplies regularly not only biologically but also for keeping qualities. This has the primary object of safeguarding the consumer.

However, it is sad to realise that despite my nearly twenty years of propaganda in favour of heat treatment of milk, there is still a large quantity of raw milk consumed in Denbighshire. One case of Brucellosis resulted from drinking regularly Jersey Island Milk which had to be imported specially from a neighbouring County — having had the disease, the entire household is on pasteurised milk — but what a price to pay for learning such a simple and well-known fact. This is an occupational risk for Farmers and Veterinary Surgeons, but it is most unfortunate when an urban dweller contracts the disease.

Generally, the milk sold in urban areas has been heat-treated but, periodically, City dwellers sally forth into the countryside staying in country cottages or on farms or at rural boarding houses. Here they may drink raw milk and if perchance the herd is infected with Brucellosis, they may well contract the disease. Obviously this is a situation which cannot be controlled except with the full co-operation of the milk producer.

As usual, I have received a copy of the Annual Report of Mr. Owens the Chief Officer of the Weights and Measures Department.

Mr. Owen reports as follows :

“During the year ended 31st December, 1968, 532 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 may be summarised as follows :

Article	No. Taken	Genuine	Not Genuine
Milk	312	299	13
Foodstuffs	150	149	1
Tinned Foods	21	20	1
Soft Drinks	10	10	—
Beer and Spirits	14	14	—
B.P. Preparations, Simple Household Medicaments	25	24	1
Totals	532	516	16

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	3.63%	8.86%
Western Division	3.68%	8.87%
Whole County	3.64%	8.86%
The legal presumptive standard is...	3.00%	8.50%

As will be observed from the table, out of 532 samples submitted for analysis only 13 milks and 3 other goods gave cause for complaint. The number of adverse reports (16) shows a slight increase on the previous year (12). Generally, manufacturers and traders are co-operative, and it should be noted that only 2 prosecutions have been taken during the year. The standard of milk throughout the year compares favourably with previous figures.

Tests carried out throughout the year on 110 samples of Farm Bottled Milk for the presence of antibiotics revealed a very satisfactory position; in three instances only, was it reported that any sample contained antibiotics and the amounts were so small as to be negligible. Again the Milk Marketing Board schemes of testing for quality and antibiotics appear to be working satisfactorily as is evidenced by the few complaints from the bulk collecting centres.

The National Scheme of testing for the presence of pesticidal residues has now been completed. The results have not yet been published but

I am given to understand they should be made available soon. It is expected that the scheme could be run for another period of 12 months, but I have no concrete information on this to date. There have not been very many complaints made to the Department during the year, the majority of complaints that were made were not substantiated save only in two instances, in both cases it was shown that the milk in question was adulterated by the presence of extraneous water. These matters are being pursued in the courts.

The milk supplied to the various County Council establishments and schools, together with that available from vending machines throughout the County has been systematically sampled and tested. This work has resulted in a further 241 samples being tested at the Wrexham and Colwyn Bay offices. The results in every instance were found to be satisfactory.

It will be appreciated that this report deals mainly with samples submitted for analysis. I would point out that throughout the year, many hundreds of commodities are examined by the Inspectors in their day-to-day routines, to ensure compliance with the requisite labelling provisions. In all some ten commodities have shown defective labelling and these matters have been taken up with the various manufacturers concerned and satisfactorily concluded."

MILK SUPPLIES

Throughout the year, Mr. Button, the County Public Health Officer has devoted much of his time to supervising the milk supplies of this County. I submit the following from his report :

"The programme of milk sampling continued during the year. The Foot and Mouth disease epidemic cast its shadow over the earlier months and it was not until April that access was allowed to farm premises in West Denbighshire, and not until June that the County was completely cleared. Inevitably, this restriction affected milk sampling. Nevertheless, a total of 776 samples of Untreated Milk were obtained during the year — representing more than a threefold increase in the rate of sampling during the last three years. This increase is directed, not so much towards detecting an increased number of infected samples, but to the earlier detection of infection

"There was a further small reduction in the number of licensed producer/retailers, from 170 to 163. In addition there are a small number of producers who supply Untreated Milk under other provisions of the Milk and Dairies Regulations.

"The sampling arrangements made during the previous year with the Ministry of Agriculture, Fisheries and Food and with the Public Health Inspectors of County District Councils have continued. These arrange-

ments mean that improved coverage is provided and also effectively silence criticism regarding duplication of effort in the field of milk control.

“Samples of Untreated Milk are examined for the presence of Tubercle Bacilli and Brucella Abortus. Retail samples — those purchased in the container in which they are sold to the public — are also subjected to the Methylene Blue Test for keeping quality. None of the samples submitted during the year showed evidence of Tuberculosis but 64 were positive to the Brucella Ring Test and of these 17 showed evidence of Brucella Abortus after culture. These figures show an increase over the previous year when 11 samples were positive on culture. However, four of the herds involved were previously detected prior to the Foot and Mouth Disease epidemic and had not been satisfactorily cleared before movement restrictions were imposed.

“In each case of positive bulk samples, the herd involved is investigated. Samples of milk from individual cows are obtained and milk from infected animals is diverted for pasteurisation. In a high proportion of cases the farmers concerned have agreed to dispose of infected animals for slaughter and this co-operation is an encouraging feature of work in this field.

“Four cases of brucellosis in humans were reported during the year. These all occurred in farmers or farm workers. None were connected with the herds of producer/retailers, but on investigation it was found that in each instance the patient had been in contact with an infected herd and using milk which was found to be infected. These cases draw attention to a situation about which we know all too little. There are approximately 1,700 milk-producing herds in Denbighshire. Untreated milk from these herds is used by farmers and farm workers and the number of persons “at risk” is likely to be upwards of 12,000. It could be argued that brucellosis is to these people an occupational hazard against which they ought to take precautions themselves. However, a comparatively small extension of the sampling programme to include bulk milk delivered to wholesale creameries would enable the Health Department to give warning of potential danger. Towards the end of the year, the Health Committee agreed to provide the necessary assistance for the County Public Health Officer to implement this scheme.

“The two pasteurising plants in the County continued to be operated in a most satisfactory way. As was reported last year, production at the larger plant ceased at the end of 1967. During the next four months, a complete re-building and re-equipping took place. Handling of milk and containers is now completely automatic, over 400 bottles a minute being washed, filled and capped. The speed of handling gave rise at the outset to problems in regard to the detection of dirty bottles passing through the plant. The installation of two automatic scanners reduced this risk to an almost negligible problem.

"A large amount of heat-treated milk is brought into the County from the areas of adjoining authorities. Sampling of this milk is carried out regularly, principally to check on methods of transport and storage. The two processing dairies in the County are inspected weekly so far as is possible and there have been no instances in which any statutory action has been required."

Rural Water Supplies and Sewerage

Early in the year, consideration was given to the basis on which the County Council contribution to grants made under the Rural Water Supplies and Sewerage Acts was assessed. For many years the County Council had been making grants equivalent to 50% of the grant from the Welsh Office. This basis had been adopted at a time when the total cost of schemes was eligible for grant. However, since 1961, the cost of headworks in water schemes and disposal works in sewerage schemes has been deducted before the assessment of grant with a consequent reduction in the amount of grant available. For some time, the County Council had been under pressure to reconsider the basis of grants payable. After receiving reports from the Clerk and Treasurer it was agreed that the basic grant for future schemes be increased from 50% to 100% of the Welsh Office grant, subject to various adjustments in respect of income arising.

The following schemes were submitted during the year :

(a) *Schemes submitted under the Rural Water Supplies and Sewerage Acts*

Water Supply — West Denbighshire and West Flintshire Water Board — Pentrecelyn — Estimated cost £1,900

Sewerage — Aled R.D. — Glan Conway Sewerage Scheme — Estimated cost £113,490

Sewerage — Abergele U.D.C. — Llanddulas and Rhydyfoel Sewerage Scheme — Estimated cost £200,000

Sewerage — Pwllglas Sewerage Scheme — Ruthin R.D. — Estimated cost £28,480

Water Supply — West Denbighshire and West Flintshire Water Board — 26 small schemes in Aled and Hiraethog Rural Districts — Estimated cost £40,300

(b) *Schemes submitted under Section 56, Local Government Act*

Sewerage — Ruthin R.D. — Alterations and extensions to Llanbedr, Rhewl and Gellifor and Llanfair sewage disposal works.

In these cases the County Council did not consider grant aid justified.

In each case the County Council approved the proposals in principle.

Acknowledgements

Once again, it is my pleasure to record my gratitude to the Staff of the Health Department for their dedication and devotion to their onerous duties.

It is gratifying to be able in some measure, to substantiate this by referring to the M.B.E. bestowed upon Mrs. M. Taylor for her many years of outstanding service as a District Nurse/Midwife in the Rhostyllen district and also to the magnificent performance of the Denbighshire Ambulance Team in winning the National Ambulance Competition in Harrogate in August, 1969.

Although these are essentially individual successes, they are in some measure based on the high standards maintained by the Department as a whole.

M. T. ISLWYN JONES,

County Medical Officer

September, 1969

VITAL STATISTICS, 1959 - 1968

TABLE I.

Year	Per 1,000 of Estimated Population						
	Crude Birth Rate	Crude Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer	Still Birth Rate per 1,000 live and still births	Maternal Mortality Rate per 1,000 live and still births	Infant Mortality Rate per 1,000 live births
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
1967	16.0	13.4	0.04	2.7	18.8	0.34	15.6
1968	16.2	13.5	0.04	2.6	13.4	0.33	20.0

TABLE 2.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1968

Districts	Estimated Population	No. of Live Births	Birth-rate crude adjusted	No. of Infant Deaths	Rate of Infant Mortality	Total No. of Deaths	Death Rate crude adjusted
Western No. 1.							
Abergele U.D.	11,320	181	16.0	3	17.0	209	18.5
Colwyn Bay M.B.	24,990	306	12.2	6	20.0	430	17.2
Aled R.D.	6,610	78	11.8	1	13.0	75	11.3
Western No. 2.							
Denbigh M.B.	8,590	140	16.3	5	36.0	154	17.9
Llanrwst U.D.	2,570	43	16.7	2	47.0	37	14.4
Ruthin M.B.	3,920	53	13.5	—	—	52	13.3
Ruthin R.D.	9,260	130	14.0	1	8.0	120	13.0
Hiraethog R.D.	4,470	87	19.5	6	69.0	66	14.8
Eastern No. 1.							
Wrexham R.D.	62,190	1,063	17.1	19	18.0	769	12.4
Ceiriog R.D.	7,140	127	17.8	3	24.0	106	14.8
Llangollen U.D.	2,980	49	16.4	1	20.0	44	14.8
Eastern No. 2.							
Wrexham M.B.	37,400	684	18.3	11	16.0	390	10.4
Total County	181,440	2,941	16.2	58	20.0	2452	13.5
			17.8				11.9

TABLE 3.
INFANT MORTALITY

Age at Death	Male	Female	Total
Under 1 week	21	14	35
Over 1 week but under 4 weeks	2	2	4
Over 4 weeks but under 1 year	10	9	19
Total	33	25	58

TABLE 4.
INFANT MORTALITY — CAUSES OF DEATH.

Cause of Death	Number of Deaths		Total
	Male	Female	
Other Infective and Parasitic Diseases ...	—	1	1
Other Endocrine etc., Diseases	—	1	1
Influenza	—	1	1
Pneumonia	1	5	6
Other Diseases of Respiratory System...	5	—	5
Congenital Anomalies...	10	7	17
Birth Injury, Difficult Labour etc.	4	1	5
Other Causes of Perinatal Mortality...	11	8	19
Other Diseases of Digestive System ...	1	—	1
Other Accidents	1	1	2
Total	33	25	58

TABLE 5.
COMPARATIVE RATES.

Rate	Denbighshire	England and Wales
Birth Rate	17.8*	16.9
Death Rate	11.9*	11.9
Infant Mortality per 1,000 Live Births	20.0	18.0
Neo-natal Mortality (deaths under 4 weeks)	13.2	12.3
Early Neo-natal Mortality (deaths under 1 week)... ..	11.9	10.5
Peri-natal Mortality (Still- births and deaths under 1 week)	25.0	25.0
Stillbirth Rate	13.4	14.0
Maternal Mortality	0.33	0.24

* Adjusted.

TABLE 6.
DISTRIBUTION OF DEATHS IN AGE GROUPS

Year	Number of Deaths in Age Groups								Total
	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75+	
1959 ...	75	8	14	25	73	465	609	1,001	2,251
1960 ...	48	10	11	25	89	500	590	992	2,284
1961 ...	57	7	10	18	73	501	627	1,009	2,302
1962 ...	67	7	7	13	69	494	602	1,054	2,313
1963 ...	43	9	9	14	71	515	624	1,085	2,370
1964 ...	65	5	5	27	75	466	632	970	2,245
1965 ...	39	12	11	19	71	540	619	1,000	2,310
1966 ...	46	7	12	17	64	541	714	1,141	2,542
1967 ...	45	6	10	17	59	484	711	1,079	2,411
1968 ...	58	11	6	12	75	498	705	1,087	2,452

TABLE 7.
PRINCIPAL CAUSES OF DEATH.

Cause of Death	No. of Deaths	Percentage of total deaths
Heart Disease (all forms) ...	812	33.1
Cancer (including leukaemia)	481	19.6
Vascular lesions of nervous system	434	17.7
Other circulatory diseases ...	80	3.3
Bronchitis and Emphysema)...	117	4.8
Violence (including accidents, suicide)	78	3.2
Pneumonia	150	6.1

TABLE 8.
DEATHS FROM CANCER.

Area	Stomach	Lung Bronchus	Breast	Uterus	Other malignant and Lymphatic Neoplasms	Leukaemia	Total All forms	Cancer Death Rate per 1,000 Population
Western No. 1.								
Abergele U.D.	13	10	8	—	19	—	50	4.4
Colwyn Bay M.B. ...	10	16	10	1	42	2	81	3.2
Aled R.D.	3	3	—	—	10	—	16	2.4
Western No. 2.								
Denbigh M.B.	2	3	1	4	14	—	24	2.8
Llanrwst U.D.	3	1	4	—	5	1	14	5.4
Ruthin M.B.	1	2	1	2	3	—	9	2.3
Hiraethog R.D.	2	2	1	—	8	2	15	3.4
Ruthin R.D.	5	1	1	—	16	—	23	2.5
Eastern No. 1.								
Ceiriog R.D.	3	6	3	—	11	1	24	3.3
Llangollen U.D.	1	2	—	—	2	—	5	1.7
Wrexham R.D.	22	37	9	6	69	6	149	2.2
Eastern No. 2.								
Wrexham M.B.	13	25	5	1	26	1	71	1.9
Total	78	108	43	14	225	13	481	2.6

Mortality from all forms of cancer in the past ten years.

TABLE 9.

Year	No .of Deaths	Date Rate per 1,000 Population
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
1967	489	2.7
1968	481	2.6

Deaths from Cancer according to age, sex and classification, during 1968:—

TABLE 10.

Age	Malignant Neoplasms												Total All Forms	
	Stomach		Lung Bronchus		Breast		Uterus		Other Malignant and Lymphatic Neoplasms		Leukaemia			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-14	—	—	—	—	—	—	—	—	1	—	—	1	1	1
15-24	—	—	—	—	—	—	—	—	1	—	—	—	1	—
25-44	1	—	2	—	—	5	—	3	4	10	—	—	7	18
45-64	14	6	32	8	—	17	—	4	38	32	2	—	86	67
65-74	16	11	41	1	1	12	—	3	41	33	3	2	102	62
75 and over ...	19	11	21	3	—	8	—	4	39	26	1	4	80	56
Totals	50	28	96	12	1	42	—	14	124	101	6	7	277	204

MATERNAL MORTALITY

Incidence of maternal mortality over the past decade.

TABLE 11.

Year	Total Births	No. of Maternal Deaths	Mortality per 1,000 Total Births
1959 	2,769	Nil	Nil
1960 	2,712	1	0.37
1961 	2,826	1	0.35
1962 	2,953	2	0.68
1963 	2,892	Nil	Nil
1964 	2,949	Nil	Nil
1965 	2,830	Nil	Nil
1966 	2,894	Nil	Nil
1967 	2,875	1	0.34
1968 	2,981	1	0.33

TABLE 12.

Causes of death and distribution according to districts.

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Enteritis and other diarrhoeal diseases	—	—	—	—	—	1	—	—	—	—	—	1	2
Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	1	—	1	5	7
Other tuberculosis including late effects	—	—	—	1	—	—	—	—	—	1	—	—	2
Other infective and parasitic diseases	—	—	—	1	—	—	1	—	—	1	2	—	5
Malignant neoplasm :													
Stomach	13	3	3	10	2	2	1	3	1	5	13	22	78
Lung Bronchus	10	3	6	16	3	2	2	1	2	1	25	37	108
Breast	8	—	3	10	1	1	—	4	1	1	5	9	43
Uterus	—	—	—	1	4	—	—	—	2	—	1	6	14
Leukaemia	—	—	1	2	—	2	—	1	—	—	1	6	13
Other malignant neoplasms	19	10	11	42	14	8	2	5	3	16	26	69	225
Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	3	3
Diabetes mellitus	1	1	2	2	—	1	1	—	—	1	2	5	16
Other endocrine, nutritional and metabolic diseases	—	—	—	—	1	—	—	—	—	—	2	2	5
Anaemias	—	1	—	2	—	—	—	—	—	—	1	2	6
Mental disorders	—	1	—	—	2	—	—	—	—	—	—	—	3
Diseases of nervous system and sense organs	1	—	2	3	3	—	—	—	1	5	5	3	23
Chronic rheumatic heart disease	1	1	3	3	—	—	—	—	—	1	2	7	18
Hypertensive disease	3	1	2	6	4	2	2	—	1	1	11	15	48
Ischaemic heart disease	55	22	20	123	36	17	7	7	11	30	85	194	607
Other forms of heart disease	4	2	8	19	14	3	3	—	5	8	33	40	139
Cerebrovascular disease	33	14	17	95	17	5	11	10	8	27	71	126	434
Other diseases of the circulatory system	7	3	5	22	4	1	1	1	1	2	6	27	80
Influenza	1	—	1	5	1	—	—	—	—	—	—	4	12
Pneumonia	7	1	4	13	22	1	3	1	7	1	31	59	150
Bronchitis, emphysema	14	1	5	16	7	2	2	2	2	3	23	40	117
Asthma	—	—	1	—	—	—	—	—	—	—	—	—	1
Other diseases of the respiratory system	4	1	3	2	2	1	1	—	—	3	4	14	35
Peptic Ulcer	3	2	1	6	1	—	—	—	1	1	2	5	22
Intestinal obstruction and hernia	1	—	—	—	1	—	—	—	—	—	—	—	2
Cirrhosis of liver	1	—	—	1	—	1	—	—	—	—	2	—	5

Table 12. Causes of Death (continued).

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Other diseases of digestive system	4	1	3	3	1	—	—	—	1	1	—	3	17
Nephritis and nephrosis	1	1	—	1	—	1	2	—	—	—	3	4	13
Hyperplasia of Prostate	1	1	1	—	—	—	2	—	—	1	1	1	8
Other diseases of the genito - urinary system	1	1	3	4	—	2	—	—	1	—	2	11	25
Complications of pregnancy, childbirth and puerperium	—	—	—	—	—	—	—	—	—	1	—	—	1
Diseases of the Skin and subcutaneous tissue	—	—	—	—	1	—	—	—	1	—	—	1	3
Diseases of the musculo - skeletal system and connective tissue	2	—	—	1	2	—	1	—	1	3	2	—	12
Congenital anomalies	—	1	1	4	2	—	1	—	—	—	4	6	19
Birth injury, difficult labour and other anoxic and hypoxic conditions	—	—	—	—	1	—	—	2	—	—	—	2	5
Other causes of perinatal mortality	3	—	—	1	1	6	—	—	—	—	1	7	19
Symptoms and ill-defined conditions	2	1	—	1	—	5	—	—	—	2	7	5	23
M o t o r vehicle accidents	3	1	—	2	4	—	—	—	—	—	4	10	24
All other accidents	6	1	—	9	4	1	1	—	1	2	11	8	44
Suicide and self-inflicted injuries	—	—	—	2	—	1	—	—	—	2	1	4	10
All other external causes	—	—	—	—	—	—	—	—	—	—	—	6	6
<i>Total all causes</i>	209	75	106	430	154	66	44	37	52	120	390	769	2452

TABLE 13.
Congenital Defects—"At Risk" Register.

Number on Register at 1/1/68	Number notified during year	Number removed from Register	Number on Register at 31/12/68
683	392	583	492

TABLE 14.
New Cases and Attendances at Hospital Ante- and Post-natal Clinics.

Clinic	Ante-natal		Post-natal	
	New Cases	Attendances	New Cases	Attendances
Rhos	129	813	72	83
Cefn Mawr ...	102	607	36	95
Total	231	1,420	108	178

TABLE 15.
Family Planning Clinics—Cases and Attendances.

Location	Day and Time	No. of Cases	Attendances
Nant-y-Glyn, Colwyn Bay ...	Monday 2.30 - 3.30 p.m. Thursday 7 p.m. - 8 p.m.	514	622
1 Grosvenor Road, Wrexham	Thursday 2 p.m. - 4.30 p.m. 2nd & 4th Wednesday 6.45 p.m. - 8 p.m.	445	910

TABLE 16.
CHILD HEALTH CENTRES

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in		
				1968	1967	1963-66
Abergele, Pentre Mawr	Weekly	Thur. a.m., p.m.	24	120	127	174
Brynteg, County Clinic	Weekly	Monday p.m.	42	110	117	65
Brymbo, County Clinic	Weekly	Thursday p.m.	22	46	31	40
Cefn, County Clinic	Weekly	Monday p.m.	36	96	80	74
Chirk, Ambulance H.Q.	Weekly	Thursday p.m.	38	79	60	48
Coedpoeth, Church Hall	Weekly	Monday p.m.	38	77	90	95
Colwyn Bay, Nantyglyn Road ...	Weekly	Tues., a.m., p.m.	31	163	155	146
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	30	34	15	54
Colwyn Bay, Church House, Llysfalen	Fortnightly	Monday p.m.	20	27	5	15
Denbigh, County Clinic	Weekly	Wednesday p.m.	44	140	111	169
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	18	14	12	33
Glynceiriog C.P. School	Fortnightly	Tuesday p.m.	19	24	145	86
Gresford, Church House	Fortnightly	Friday p.m.	33	47	49	62
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	12	15	9	28
Johnstown, Sports Pavilion	Twice monthly	Tuesday p.m.	27	37	39	31
Carried forward				1,029	1,045	1,120

Table 16 (continued).

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in 1968	No. of children who attended during the year and who were born in 1967	No. of children who were born in 1963-66
Brought forward				1,029	1,045	1,120
Llansannan Community Centre	Monthly	Thursday p.m.	25	19	24	36
Llanddulas Youth Club	Monthly	Monday p.m.	14	12	10	11
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	24	73	21	7
Llanrwst, County Clinic	Weekly	Tuesday p.m.	34	60	81	147
Llanrhaeadr Y.M. Infants' School	Fortnightly	Monday p.m.	15	16	17	33
Llay, County Clinic	Fortnightly	Wednesday p.m.	44	86	77	51
Rhos, County Clinic	Weekly	Wednesday p.m.	43	113	126	42
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	27	36	34	10
Gwersyllt County Clinic	Weekly	Friday p.m.	34	97	71	112
Rhostyllen, Church Hall	Fortnightly	Monday p.m.	21	32	23	25
Rossett, County Clinic	Weekly	Wednesday p.m.	18	38	42	38
Ruabon, County Clinic	Weekly	Tuesday p.m.	32	66	31	37
Ruthin County Clinic	Weekly	Tuesday p.m.	17	106	70	122
Kinmel Bay Merchandise Hall	Fortnightly	Wednesday p.m.	23	34	39	47
Wrexham, Gatefield	Weekly	Tuesday p.m.	30	128	82	39
Wrexham, Garden Village	Weekly	Wednesday p.m.	42	149	147	63
Wrexham, Queens Park	Weekly	Mon., Thur. p.m.	31	201	204	317
Wrexham, 1 Grosvenor Road	Weekly	Mon., Wed. p.m.	30	190	237	187
Vroncysyllte, Primitive Chapel	Monthly	Tuesday a.m.	10	15	8	3
Trevor Community Centre	Monthly	Thursday p.m.	11	13	8	13
Total			—	2,513	2,397	2,460

TABLE 17.
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1968

(a) Number provided with Dental Treatment.

	First Visits for Treatments during the year	Total Visits	No. of Courses of Treatment completed
Expectant and Nursing Mothers	53	194	38
Children under 5 years of age	45	51	42

(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	132	27	52	4	6	23
Children under 5 years of age	68	41	5	—	—	—

TABLE 18.

PREMATURE LIVE AND STILL-BIRTHS.

Weight	Number of Premature Births		Of Those Born Alive			
	Born Dead	Born Alive	Number died within 24 hrs. of birth	Number died in 1 and under 7 days	Number died in 7 and under 28 days	Number Survived
2lb. 3oz. or less ...	2	8	6	1	—	1
Over 2lb. 3oz. and up to 3lb. 4oz. ...	8	17	6	2	—	9
Over 3lb. 4oz. and up to 4lb. 6oz. ...	7	42	3	1	—	38
Over 4lb. 6oz. and up to 4lb. 15oz. ...	2	35	—	1	—	34
Over 4lb. 15oz. and up to 5lb. 8oz. ...	5	102	—	1	1	100
Total	24	204	15	6	1	182

TABLE 19.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Admission from the various Counties to Bersham Hall were:—

County of origin	No. of cases admitted during	
	1967	1968
Anglesey	1	—
Caernarvonshire	8	1
Denbighshire	24	15
Flintshire	20	25
Merionethshire	5	1
Montgomeryshire	6	11
Warwickshire	2	3
Total	66	56

TABLE 20
MATERNITY CASES DISCHARGED FROM HOSPITAL
BEFORE 10th DAY

	0 - 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	147	1369	119	680	169	587	435	2636
2nd Quarter	154	1413	93	514	177	607	424	2534
3rd Quarter	167	1573	119	668	229	676	515	2917
4th Quarter	206	1029	125	699	226	708	557	2436
Total for year ...	674	5384	456	2561	801	2578	1931	10523

TABLE 21
MIDWIVES PRACTISING AT 31/12/68

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority:	
Domiciliary	43
Mother and Baby Home	2
Private Practice:	
Domiciliary	—
Private Nursing Home	2
Hospital Service:	
Welsh Hospital Board	73

TABLE 22.
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1968

	Number of deliveries attended by Midwives in the area during the year.					
	Domiciliary Cases					
	Doctor not booked		Doctor booked		Totals	
	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	2	4	45	206		
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—		
Totals	2	4	45	206	257	

TABLE 23.

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	141	1376	1779	248	358	
1	Penycae and Acrefair	88	356	650	135	186	
3	Rhostyllen, Ruabon, Marchwiel, Isycoed	188	903	2273	125	177	
3	Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton	237	1001	1394	275	511	
2	Llay, Gresford, Rossett	172	742	1256	305	404	
1	Gwersyllt, Rhosrobin, Summerhill	101	385	902	222	102	
3	Llangollen, Cefn, Garth, Trevor, Chirk and Vron	269	903	1430	639	972	
2	Abergele, Pensarn, Towyn, Kimmel Bay, Llanfair T.H.	188	844	1472	284	378	
4	Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	193	904	1659	233	435	
1	Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	157	388	735	214	136	
1	Ysbyty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	42	228	441	38	81	

Table 23 (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 Total Visits	All Other Visits
		First Visits	Total Visits			
2	Llanrhaeadr Y.M., Llansilin, Glynceiriog	55	197	295	39	91
2	Ruthin Borough, Ruthin Rural (part) ...	144	662	1165	434	463
4	Borough of Colwyn Bay and Aled Rural (part) ...	333	1487	3182	931	566
8	Borough of Wrexham ...	647	2999	5272	440	1375
39	Totals ...	2955	13375	23905	4562	6235

TABLE 24.

Summary of Cases attended and visited by Home Nurses during 1968

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	133	2239	3504	5876
No. of visits ...	679	39811	96365	136855

TABLE 25.**SMALLPOX VACCINATIONS.**

Age at date of Vaccination	Primary Vaccinations	Re-vaccinations
0 - 12 months	44	—
1 year	1055	5
2 - 4 years	398	12
5 - 15 years	149	259
Totals	1646	276

TABLE 26**MEASLES VACCINATION**

Year of Birth

1968	1967	1966	1965	1961-65	Others under 16	Total
3	207	214	196	1658	48	2326

TABLE 27.
NUMBER IMMUNISED AGAINST
DIPHTHERIA, WHOOPING COUGH AND TETANUS

Year of Birth	Diphtheria		Whooping Cough		Tetanus	
	Primary	Booster	Primary	Booster	Primary	Booster
1968	912	—	912	—	912	—
1967	1456	402	1441	342	1458	404
1966	138	1264	131	1033	140	1267
1965	37	226	29	160	37	226
1961-64	215	2234	73	320	215	2178
Others under age 16	120	1411	49	60	207	896
Totals	2878	5537	2635	1915	2969	4971

TABLE 28.
POLIOMYELITIS VACCINATION.

Year of Birth	QUADRILIN		SALK		SABIN	
	Primary	Booster	Primary	Booster	Primary	Booster
1968	—	—	14	—	423	—
1967	—	1	29	12	1769	28
1966	—	—	16	4	237	79
1965	—	—	4	—	71	21
1961-64	—	—	3	3	263	2243
Others under age 16	—	—	1	1	30	915
Totals	—	—	67	20	2793	3286

TABLE 29.

**VACCINATION AND IMMUNISATION OF CHILDREN
IMMUNITY INDEX**

	Children born in 1967			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	
Denbighshire ...	85	86	75	38
Wales	72	73	67	23
England and Wales	76	78	74	38

TABLE 30.

AMBULANCE SERVICE.

	Patients conveyed		Miles travelled
	Stretcher cases	Sittings Cases	
By Ambulance	13,814	53,964	536,801
By Sitting Case Car ...	34,780		286,479
Grand Total: 1968 ...	102,558		823,280
Grand Total: 1967 ...	98,236		771,317

TABLE 31.

Schoolchildren Tuberculin tested and given B.C.G. Vaccination

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1967	1,392	293	1,040	1,040
1968	1,947	350	1,439	1,439

TABLE 32. TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1958-1968.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non-Pulm.	Total	Pulm.	Non-Pulm.	Total	
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
1967	840	102	942	8	—	8	44.5
1968	635	71	706	7	2	9	49.5

TABLE 33.
TUBERCULOSIS NOTIFICATIONS,
AGE AND SEX DISTRIBUTION

Age	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
0- 4 years	2	—	2	—	—	—
5- 9 years	1	—	2	—	—	—
10-14 years	—	—	—	—	—	—
15-19 years	1	—	1	—	—	—
20-24 years	1	—	1	—	—	—
25-34 years	—	—	—	—	—	—
35-44 years	5	3	8	—	2	2
45-54 years	5	3	8	—	1	1
55-64 years	8	1	9	—	—	—
65-74 years	5	1	6	—	—	—
75 and over	3	—	3	—	—	—
Totals	31	9	40	—	3	3

Total No. of Notifications during 1968 43

No. of new contacts seen of new cases notified ... 335

No. of contacts notified of this number 4

TABLE 34.
TUBERCULOSIS.
Active cases on Registers according to County Districts,
31st December, 1968.

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases re-moved from register during year		No. of cases remaining on register at end of year	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
Western No. 1.								
Abergele U.D. ... Males	21	1	1	—	3	1	19	—
... Females	19	3	3	—	4	1	18	2
Colwyn Bay M.B. ... Males	30	5	1	—	8	1	23	4
... Females	17	7	1	1	1	—	17	8
Aled R.D. ... Males	7	1	—	—	—	—	7	1
... Females	5	3	—	—	3	—	2	3
Western No. 2.								
Denbigh M.B. ... Males	55	2	6	—	17	—	44	2
... Females	25	5	2	—	7	2	20	3
Llanrwst U.D. ... Males	10	2	1	—	1	1	10	1
... Females	4	3	1	—	—	1	5	2
Ruthin M.B. ... Males	7	1	—	—	6	—	1	1
... Females	4	—	—	—	—	—	4	—
Hiraethog R.D. ... Males	8	3	—	—	2	1	6	3
... Females	2	4	—	—	2	—	—	3
Ruthin R.D. ... Males	20	3	2	—	8	1	14	2
... Females	16	3	—	2	9	2	7	3

Table 34 (continued).

Tuberculosis (continued).

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases removed from register during year		No. of cases remaining on register at end of year	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
Eastern No. 1.								
Wrexham R.D. ... Males ...	203	11	11	—	61	5	153	6
... Females ..	139	18	3	—	38	7	104	11
Ceiriog R.D. ... Males ...	15	1	2	—	3	—	14	1
... Females ..	10	4	—	—	5	1	5	3
Llangollen U.D. ... Males ...	9	1	—	—	3	1	6	—
... Females ..	2	—	—	—	—	—	2	—
Eastern No. 2.								
Wrexham M.B. ... Males ...	113	10	10	1	30	3	93	8
... Females ..	77	9	—	1	16	6	61	4
Totals	818	100	44	5	227	34	635	71

TABLE 35.

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1968 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
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
1967	6.6	2.2	4.5	3.7
1968	2.2	5.5	3.9	3.0

TABLE 36.

MENTAL HEALTH

Admissions to Hospital arranged by Mental Welfare Officers.

	M.	F.	T.
Mental Health Act, 1959.			
Section 25 (Observation Order)	22	35	57
Section 26 (Treatment Order)	6	6	12
Section 29 (Emergency Obs. Order) ...	29	41	70

	M.	F.	T.
Total informal patients admitted to Hospital during year	167	266	433

TABLE 37.

Disposal of Mentally Subnormal Patients.

	M.	F.	T.
No. of S.N. and S.S.N. in hospitals at 31/12/68 ...	107	82	189
No. of S.N. and S.S.N. under guardianship at 31/12/68 ...	1	2	3
No. of S.N. and S.S.N. in "Place of Safety" at 31/12/68 ...	—	—	—
No. of S.N. and S.S.N. under Supervision at 31/12/68 ...	242	207	449
No. of S.N. and S.S.N. awaiting removal to hospital at 31/12/68 ...	—	—	—
No. of S.N. and S.S.N. (new cases) reported during the year ...	49	38	87
No. of S.N. and S.S.N. admitted to hospitals during the year ...	5	13	18
No. of S.N. and S.S.N. taken to "Places of Safety" during the year ...	—	—	—
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 ...	6	10	16

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

TABLE 38.

VENEREAL DISEASES

Number of patients attending Centres during 1968.

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	5	—	19	24
St. Asaph General Hospital ...	—	—	1	1
Wrexham War Memorial Hospital ...	—	43	73	116
Totals ...	5	43	93	141

TABLE 39.
CHIROPODY.

No. of persons on register at 31/12/68	No. of persons treated during 1968	No. of Sessions	Total attendances
2,782	2,569	1,803	10,393

Home Visits during the year — 83.

TABLE 40.
BLIND PERSONS.

	Males	Females
No. of cases on Register at 31/12/68	150	207
No. of cases ascertained during 1968	19	22
No. of cases ascertained during 1968 with:		
(a) Cataract	3	8
(b) Glaucoma	3	5
No. of cases of Blindness due to Retrolental Fibroplasia	—	—

TABLE 41.**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	28	27	—	1
10-15	38	34	3	—
16-29	10	6	1	—
30-49	6	4	1	1
50 and over	—	2	—	1

TABLE 42.**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	16	13	3	3
10-15	8	6	3	2
16-29	7	10	2	2
30-49	6	5	—	—
50 and over	1	4	—	—

TABLE 43.

CYTOLOGY SERVICE.

Examinations made during the year 1968.

	NO. EXAMINED				CYTOLOGICAL DIAGNOSIS				OTHER ABNORMALITIES		
	Local Authority Clinic	Family Planning and Hospital	G.P. and Surgery	Total	Negative	Suspicious	Positive	Unsatisfactory	Urine	Breasts	Raised B.P.
East Denbs. ..	981	1,225	937	3,143	3,024	13	38	39	19	79	27
West Denbs. ..	374	3	306	683	656	2	—	9	3	5	1
Total ...	1,355	1,228	1,243	3,826	3,680	15	38	48	22	84	28

TABLE 44.

Statistics relating to the Home Help Service, 1968.

No. of Home Helps employed (as at 31st December, 1968),

Part-time ... 192

	Category of Cases										Total
	Over 65 years of age		Under 65 years of age						Others		
	No.	p.c. of Total	Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	No.	p.c. of Total	No.	p.c. of Total	
No. of cases assisted during the year ...	989	83.7	109	10	22	52	24,821	2,050	1,541	5,877	1,182
No. of hours worked ..	164,731	82.8	12.5	1.0	0.8	0.8	5.3	23.9	2.9	4.8	199,020
Average No. of hours per case per week	4.7		5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.1	4.8

TABLE 45.
INFECTIOUS DISEASES.

Particulars respecting notifications received during 1968 and, for comparative purposes, the nine preceding years are shown.

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Scarlet Fever	86	79	30	20	36	79	67	62	67	48
Whooping Cough	109	154	88	10	82	116	21	45	160	61
Measles	535	1,796	2,749	414	1,222	1,160	1,556	731	1,328	904
Acute Pneumonia	64	23	45	11	10	24	10	8	13	3
Meningococcal Infection	2	3	1	1	3	1	1	2	—	—
Acute Poliomyelitis:										
Paralytic	3	3	1	2	—	1	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	1	—
Acute Encephalitis:										
Infective	—	—	—	1	—	—	—	—	—	—
Post-infectious	—	—	—	—	1	—	—	1	—	—
Dysentery	21	51	93	86	80	5	426	95	10	44
Ophthalmia Neonatorum	1	2	—	—	1	1	1	1	3	1
Puerperal Pyrexia	26	23	40	20	14	30	13	7	6	6
Paratyphoid Fever	—	1	—	—	3	—	5	1	1	—
Food Poisoning	30	13	4	5	6	19	16	24	74	128
Erysipelas	11	8	3	1	1	9	6	9	2	4
Pulmonary Tuberculosis	143	122	95	108	68	53	62	32	47	40
Non-Pulmonary Tuberculosis	23	12	9	10	7	9	9	10	12	3
T.B. Meninges and C.N.S.	—	—	11	4	—	2	4	—	1	1
Infective Jaundice	—	—	—	—	—	—	—	—	—	2
T.B. Notification after death	—	—	—	—	—	—	—	—	—	3
Totals	1,054	2,290	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248

TABLE 46.

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

Area	Scarlet Fever	Whooping Cough	Measles	Acute Pneumonia	Erysipelas	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Puerperal Pyrexia	Ophthalmia Neonatorum	Meninges and C.N.S.	Dysentery	Food Poisoning	Infective Jaundice	Tuberculosis after death notifications
Western No. 1														
Colwyn Bay	4	14	101	1	2	2	1	1	1	1	1	1	1	1
Aled	1	15	6	1	1	4	1	1	1	1	1	1	1	1
Abergele	2	81	81	1	1	1	1	1	1	1	1	1	1	1
Western No. 2														
Ruthin Borough	—	3	6	—	—	—	—	—	—	—	—	—	—	1
Ruthin Rural	—	7	21	—	—	1	1	—	—	—	—	—	—	2
Hiraethog	4	—	30	—	—	—	—	—	—	—	16	1	—	—
Llanrwst	2	—	12	—	—	2	—	—	—	—	23	6	—	—
Denbigh	—	9	16	—	—	4	—	—	—	—	1	—	—	—
Eastern No. 1														
Wrexham R.D.C.	9	5	208	—	2	15	—	1	—	—	—	—	1	—
Ceiriog	—	1	8	1	—	1	—	—	—	—	—	—	—	—
Llangollen	—	—	20	—	—	—	—	—	—	—	—	—	—	—
Eastern No. 2														
Wrexham Borough	26	7	395	—	—	11	1	4	—	—	3	121	—	—
Total	48	61	904	3	4	40	3	6	1	1	44	128	2	3

TABLE 47.
REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	1	—	17	17
Total Homes on the register at the end of the year	11	24	145	169

TABLE 48.
STAFF MEDICAL EXAMINATIONS.

Category	No. Examined
New Entrants to Staff	697
College Entrants	286
Absence through Sickness	32

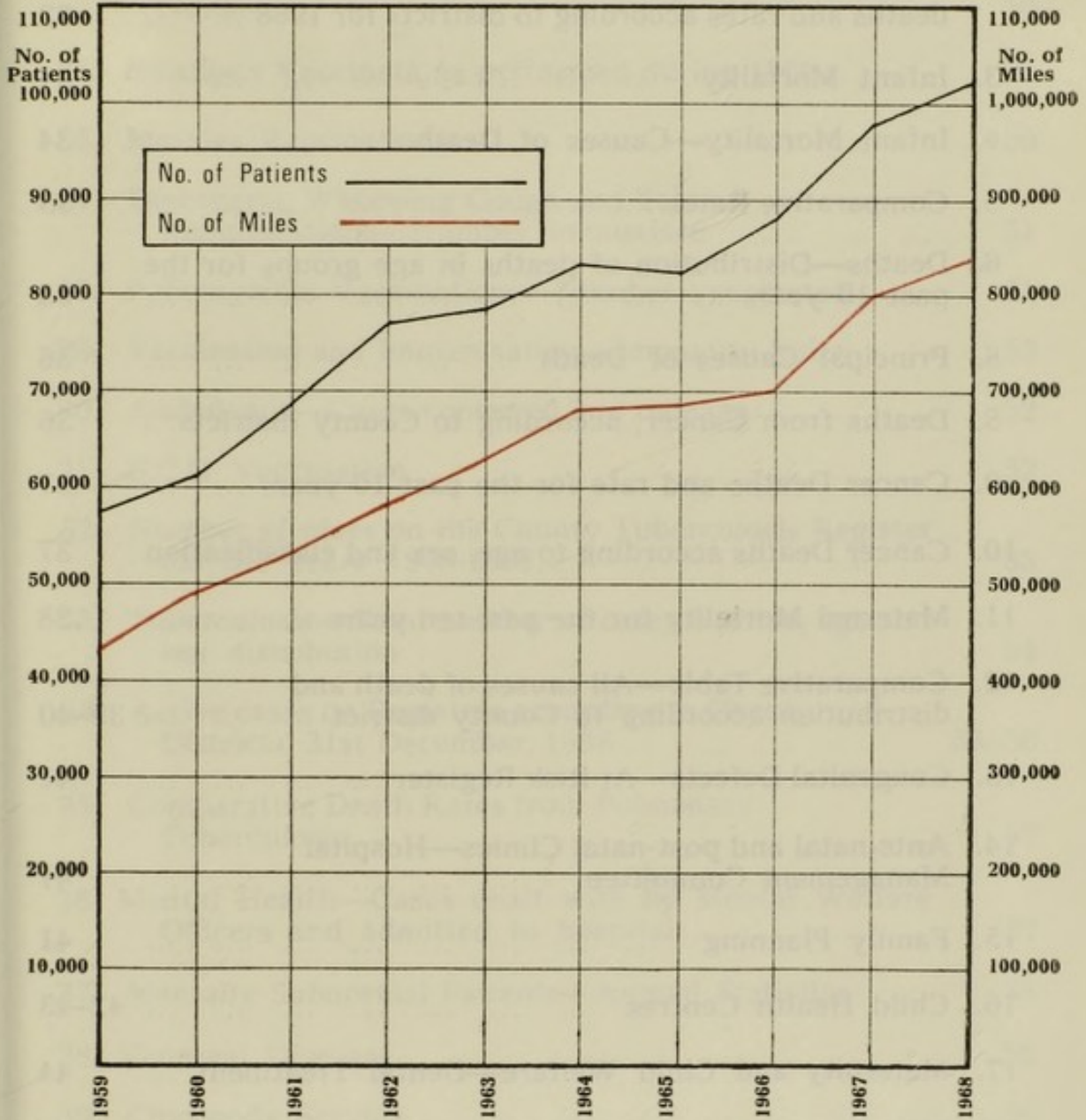
TABLE 49.

MILK SAMPLING

	1967	1968
(a) No. of samples of Untreated milk taken	562	776
No. failing Methylene Blue Test	39	25
No. giving unsatisfactory biological results:		
(i) Positive Brucella Ring Test	40	64
(ii) Positive Cultures for Brucellosis	11	17
(iii) Positive Cultures for Tuberculosis	Nil	Nil
No. showing evidence of antibiotic substances ...	2	Nil
(b) No. of samples of Pasteurised Milk taken	472	480
No. failing Methylene Blue Test	14	13
No. failing Phosphatase Test	3	2
(c) No. of samples of Sterilised Milk taken	15	26
No. failing Turbidity Test	Nil	Nil
(d) No. of samples of washed bottles taken	74	40
No. not satisfying the requirements of the Public Health Laboratory Service	6	Nil
(e) No. of samples of milk supplied under the Milk in Schools Scheme included in (a) and (b) above	124	115

TABLE 50

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



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