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Denbighshire County Council



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ANNUAL REPORT

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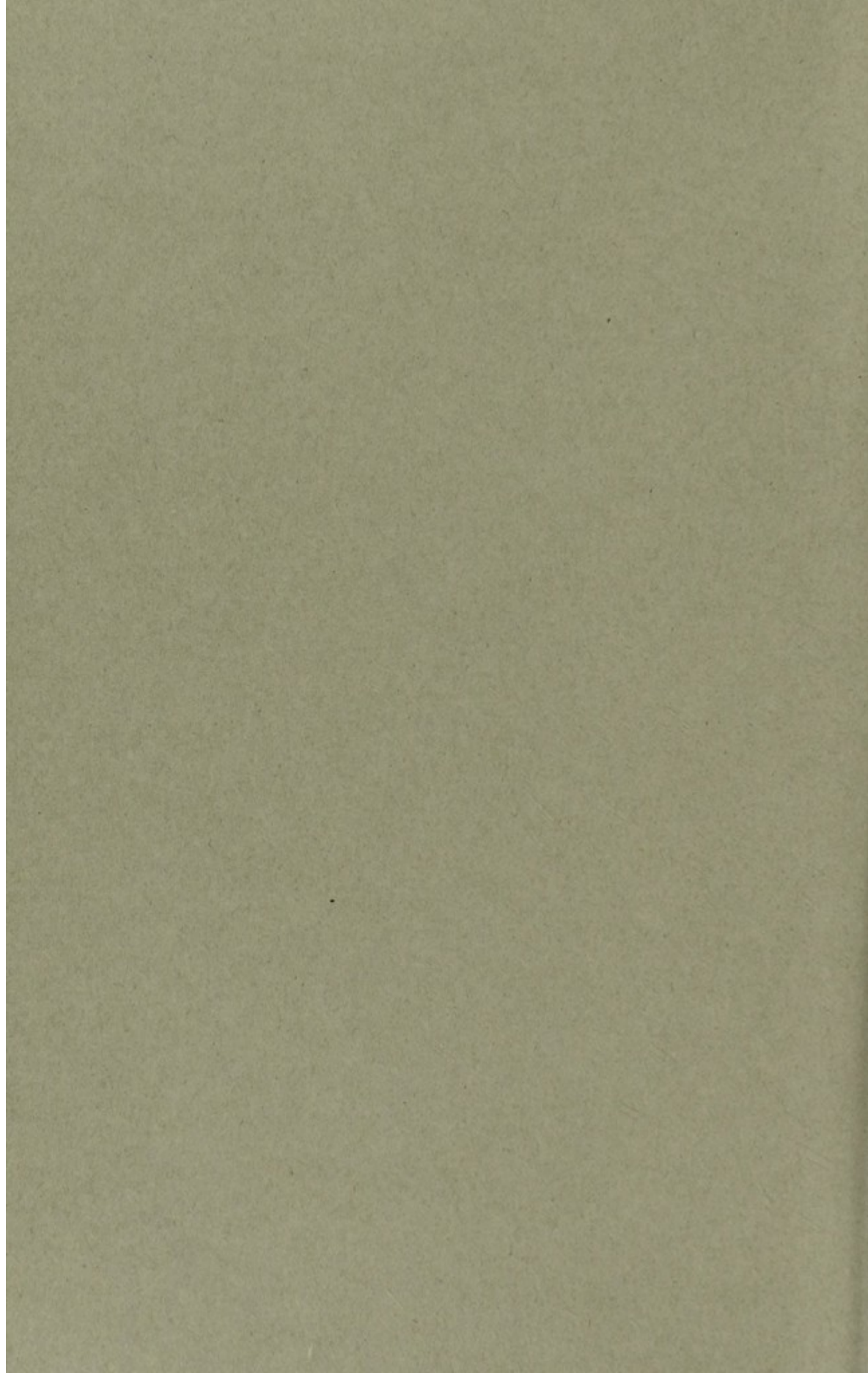
Health of Denbighshire

for the

YEAR 1970

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., K.St.J.,
M.Sc. (Hon.), M.B., Ch.B.

Vice-Chairman: Councillor J. G. Lindsay.

Health Standing Sub-Committee:

Chairman: Alderman T. Jones.

Vice-Chairman: Councillor J. G. Lindsay.

Members of the Health Committee:

Mr. R. Arthur	Mr. T. E. MacDonald
Rev. J. H. David	Mr. J. I. McCarthy
Mr. E. Davies*	Mrs. V. M. Naylor*
Mr. J. E. Davies	Mr. J. H. Owen
Mr. W. E. Davies	Mr. G. H. Parry*
Mrs. D. Dodd*	Mr. E. Price*
Mr. N. Evans	Mr. G. Richards*
Mr. W. R. Evans	Mr. E. Roberts*
Mr. J. Griffiths*	Mr. R. E. Rowlands
Mr. J. R. Hughes*	Mr. G. H. Ryden
Mr. A. J. Jenkins	Mr. J. H. Tapley
Mr. A. E. Jones*	Mr. W. E. Thomas
Mr. F. Jones	Mr. W. R. Thomas
Mr. T. Jones*	Mr. I. Tuxford*
Mr. W. R. Jones	Mr. E. Williams*
Mr. E. D. Lloyd*	Mr. R. H. Williams
Mrs. M. Lyons	Mr. T. Williams

Together with the following co-opted members:

Dr. M. E. Evans	Mrs. K. B. Jones*
Dr. S. Reid	Mrs. M. Manford Jones

*Also member of the Health Standing Sub-Committee.

Pentre Broughton Pre-employment Centre Advisory Sub-Committee:

Chairman:	Mr. P. H. Meadows
Vice-Chairman:	Mr. R. Lockett
Members:	Mr. P. B. Blackwell
	Mr. A. C. W. Pemberton
	Mr. D. Morley Smith
	Mr. H. Williams

Councillor J. R. Hughes
Alderman T. Jones
Councillor J. G. Lindsay
Alderman E. Price
Alderman G. Richards

Henllan Industrial Training Centre

Advisory Sub-Committee:

Chairman: Colonel J. C. Wynne-Finch
C.B.E., M.C., J.P.

Vice-Chairman: Mr. M. Wynne Griffith

Members: Mr. M. Burrill
Mr. J. O. Jones, B.E.M.
Mr. W. Jones
Mrs. V. M. Naylor
Ald. E. D. Lloyd
Ald. R. E. Rowlands

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:

A. L. J. Williams, M.B., B.S., A.K.C., D.R.C.O.G., D.P.H.

District Medical Officers/Medical Officers in Department:

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

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

M. Jones Roberts, M.B., Ch.B., D.P.H. (ceased full-time in March, and part-time in July).

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

Senior Medical Officer in Department

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

Medical Officers in Department:

A. Benjamin, M.B., Ch.B.

C. G. M. Dillon, M.B., B.Ch., B.Sc.

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:

D. Mitchell, L.D.S.

J. Jones, L.D.S., R.C.S. (from 1.4.70)

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

Mrs. Y. M. Willocks, B.D.S. (part-time from 5.10.70)

County Orthodontist (part-time):

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

Dental Auxiliaries:

Miss J. Darlington (resigned 24.7.70)

Miss S. A. Bright.

Miss A. Garratt (resigned 31.8.70)

Miss D. Williams (from 1.9.70)

Dental Surgery Assistants: 8 full-time and 1 part-time.

County Public Health Inspector:

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. L. Roberts, S.R.N., Q.N., H.V. Cert.

Health Visitors	37
Tuberculosis Visitors	2
Home Nurses and Midwives	80

Home Help Service:

Senior Organiser: Miss H. M. Cuddy.

Organiser, West Denbighshire: Miss E. O. Davies.

Assistant Organiser, East Denbighshire. Mrs. B. M. Roberts.

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.

T. L. Steele, C.S.W.

Mental Welfare Officers: 3.

Trainee Mental Welfare Officers: 3.

Workshops' Superintendent:

W. Rigby.

Speech Therapy Service:

Senior Speech Therapist:

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

Speech Therapists:

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

Mrs. D. Fitzsimmons, L.C.S.T. (part-time) from 1.5.70.

Mrs. E. J. Merrett, L.C.S.T. (part-time) from 15.9.70.

County Ambulance Officer:

E. Evans Hughes.

Deputy County Ambulance Officer:

E. Wright.

Chiropody Service:

Senior Chiropodists: 4.

Administration:

Chief Administrative Assistant:

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

Senior Administrative Assistant:

G. Davies.

RHAGAIR

Ar ddiwedd blwyddyn arall, pleser yw nodi bod iechyd Sir Ddinbych wedi cadw'n foddhaol. Sylwn fod marwolaethau plant o dan blwydd oed yn is nag erioed o'r blaen; hefyd y nifer o farwolaethau o'r dyciau. Yn anffodus cafwyd epidemig o'r frech goch, a byddai wedi bod dipyn yn llai, me gredwn, pe byddai mwy o'r frechiad addas ar gael mewn pryd. Hyderwn y bydd yn bosibl diogelu'r plant cyn yr epidemig nesaf or haint.

Ar ol cwblhau dros ddeugain mlynedd fel Swyddog Meddygol y Sir, ni fedraf lai na talu cip olwg yn ôl dros rai o'r gwasanaethau a ddatblygwyd yn y cyfnod hwn. Ymhlith y pwsicaf oedd agor y ganolfan gyntaf yng Ngogledd Cymru i blant is-normal eu meddwl, ac yna y datblygiadau pellach, yn terfynnu gyda agoriad swyddogol o'r Canolfan Hyfforddi Diwydiannol yn Henllan, ger Dinbych, gan ein Cadeirydd, Yr Henadur Dr. I. H. Davies, ar yr 20ed o Hydref, 1970.

Pleser yw sylweddoli bod Sir Ddinbych wedi blaenori mewn llawer cyfeiriad a bod y camau a gymrwyd flynyddoedd yn ôl yn awr wedi eu cymeradwyo i'r wlad yn gyffredinol. Cofiwn y "Land Rover" ambiwlans cyntaf a fabwysiadwyd yn 1958, sydd erbyn hyn yn rhan angenrheidiol o bob Gwasanaeth Ambiwylans. Cofiwn hefyd i ni drosglwyddo gofal Canolfannau Hyfforddi Plant Is-Normal eu Meddwl, o'r Swyddfa Iechyd i'r Swyddfa Addysg yn 1966. Fel canlyniad i Ddeddf Llywodraeth bydd hyn yn orfodol ym mhob Sir o Ebrill iaf, 1971, ymlaen.

Yn ystod 1970, cafwyd ymchwiliadau i ffyrdd newydd o weithredu Gwasanaethau Iechyd Meddwl, ac erbyn diwedd y flwyddyn llwyddwyd i gael gwell trefn ar bethau. Bu ein Haelod Seneddol yn deyrngar iawn, yn cynorthwyo'r cleifion a ddaeth allan i dai gwesty o Ysbyty'r Meddwl, Dinbych, ac yn ddiamau 'rydym yn ddyledus am ei holl ymdrechion yn y Ty Cyffredin ac hefyd yma yn y Sir.

'Rydym a'r drothwy cyfnewidiadau pwysig a hyderwn y bydd y rhain oll er llês a budd ein pobl. Serch hynny, bydd yn rhaid teithio trwy gyfnod terfysglyd ond hyderaf bydd ein traddodiadau dyngarol yn ddigon cryf i'n cynnal. Gobeithiaf y medrwn cyn 1974 sicrhau bod y cysylltiadau rhyngom ni fel Awdurdod Sir a'r Adran Iechyd newydd yn pontio'r bylchau yn effeithiol a hwylus er llês a budd ein cymdeithas.

I derfynnu dymunaf, yn y lle cyntaf, ddiolch i bawb yn y Swyddfa, ac i Aelodau'r Pwyllgor Iechyd, a gydgerddodd a gydweithiodd gyda mi am gyfnod o dros ddeugain mlynedd. Yn sicr ni fyddem wedi llwyddo mor effeithiol heb y cyd-dynnu hwylus a chyfeillgar. Gwerthfawrogaf hyn yn anad unpeth a hyderaf y bydd y brawdgarwch hwn yn parhau hyd derfyn y daith.

FOREWORD

Once again, in accordance with statutory requirements, I have pleasure in submitting my report on the health of Denbighshire for the year 1970. In doing so, I hope that I may be forgiven for looking back over a period of over twenty years, during which I have been the County Medical Officer of Health for Denbighshire.

In 1950, the Health Department was beginning to re-adjust itself to the changing needs of the National Health Service and it fell to my lot to plan and later to implement, the policies of the Authority. Steady growth in the volume and quality of work has been maintained throughout the period and it is gratifying to find that the Health Department has come increasingly to play a leading role in the development and extension of its statutory responsibilities.

Promotion of health and the prevention of illness are essentially long-term projects which can only be evaluated in broad terms retrospectively, so it is perhaps salutary at this particular juncture to look back and take stock, because not only can I review a period in which I have been personally involved, but, significantly, 1970, is the last year during which the Mental Health and Home Help Services were an integral part of the Health Department.

On arriving in Denbighshire, my initial tasks were to develop the administration, to re-deploy the Home Nursing and Midwifery Services, to expand the School Health Service, to co-ordinate the Ambulance Service and to plan and develop the Mental Health Services.

In 1955, one of the first Occupation Centres in Wales was opened near Wrexham, which led subsequently to the pioneering development of the Pentre Broughton Pre-employment Training Centre, to the Group Family Homes and the Adult Training Centre for the Mentally Subnormal at Henllan and the acquisition in 1970 of the 30 acre Bryn Mair Estate as a base for a therapeutic community for the Mentally Disordered.

The Authority has a proud record of staff training, invariably on generous terms and often for considerable periods. Medical and Dental Staff have been seconded for post-graduate courses, Nurses have been on Health Visitors' courses, Mental Welfare Officers on University and Social Work courses and indeed, many others on both internal and external courses.

Denbighshire succeeded in obtaining three of the thirty vacancies on the two first Social Workers' courses — no mean

achievement for a small County. During this period, many members of the Staff obtained promotion either within the Authority or elsewhere and some have attained senior rank with large and progressive Authorities. Undoubtedly, the most successful group has been the six Deputy County Medical Officers who left me, on promotion, and who have done so well in their new posts.

Until 1958, the St. John Ambulance Brigade operated the Denbighshire Ambulance Service through the Welsh Home Ambulance Service Committee in Cardiff and undoubtedly, it laid a firm foundation for the whole-time paid service which took over most of the work during that year.

In re-equipping the service, Denbighshire conceived the idea of the Land Rover Ambulance and a prototype was introduced into service in January, 1959. This County steadily increased its fleet of Land Rover Ambulances to eight, to cover the more rugged terrain, where evacuation of patients is particularly difficult during the winter months. These Ambulances are now considered an essential part of most County Ambulance fleets. While building up the service, in-service training was organised which formed the foundation for promotion to senior ranks and undoubtedly, to the regular success of the Denbighshire Team in the Welsh Region and National Ambulance Competitions.

The new County Ambulance Headquarters at Wrexham were opened formally in 1968 by the then Chairman of the Welsh Board of Health. Not only does it have accommodation for all the Ambulance vehicles in the Wrexham area, but its modern radio-communication system is sufficiently flexible to link the various Ambulance Control Centres in the whole of North Wales.

Although the County has not, as yet, established a Health Centre, it has built several Child Health Centres and at four of these, General Medical Practitioners hold their surgeries. Recently, a Child Health Centre was opened at Abergele and the local doctors are now desirous of having it extended so that it can become a Health Centre in which they could develop and integrate the Community Medical Services.

The care of the Handicapped Child involves many disciplines and the standard of the services provided in Denbighshire reflects the cordial co-operation which inspires all the members of the team. The provision of family guidance by the medical staff of the Health Department has been of inestimable value and help to parents and the family, particularly in the period immediately following their being made aware of the child's handicap. No reference in this context would be complete without including the Education Department. The close collaboration between the

School Health Service and Education Department over the years has benefited enormously the services for the Handicapped Child and such has been the mutual respect and regard of the officers concerned that, following discussions with the Director of Education, I had no hesitation in 1965 in anticipating legislation by having my administrative responsibility for Junior Training Centres transferred to the Education Department. When this became statutorily obligatory on 1st April, 1971, it had been an accomplished fact in Denbighshire for six years — an experience of considerable value to us and to all other Authorities.

It is with some regret that we part with these various services, but in doing so, it is in the hope that benefits will accrue. It would appear likely that fundamental changes are in store for the Health Services and again, I hope that what I have always believed in fervently — unification of the Health Services — will lead to improved health services for the community.

At the time of writing, it is evidently the intention to unify the Health Services outside Local Government which will sever many bonds that have withstood the test of time. The proposed changes have made Local Authorities deeply conscious of the vital role played by Health Departments and this sudden warm, if dilatory, regard might help to foster old, as well as establish new links between the respective Authorities.

During 1970, the Local Authority Social Services' Act was passed with what appeared to be unseemly haste. By this time, it has been implemented in Denbighshire and although it is much too soon for any fundamental changes to have occurred, I must express my personal doubts regarding the wisdom of separating social services which, in practice, are so immutably intertwined with medical services from the administration of the proposed unified Health Services. This interdependence was amply exemplified during 1970, when dealing with the problems of the Residential Homes for the Mentally Disordered in Denbighshire.

Statistical Analysis

There were no significant variations in the birth, death or maternal mortality rates for the year 1970. However, it is gratifying to note that the Stillbirths and Infant Mortality and Perinatal Mortality Rates for the County are the lowest ever recorded.

Similarly, the number on the Tuberculosis Register is fewer than ever before and the death rate from this disease is lower than that for England and Wales.

There was an epidemic of measles which might have been substantially reduced if the measles immunisation programme had not been curtailed in 1969 because of shortage of vaccine.

Infective Jaundice has continued to smoulder on in various parts of the County, despite strenuous efforts to control it in Schools, by stimulating interest and careful observance of personal hygiene.

Care of Mothers and Young Children

Ante-natal Clinics

The peripheral ante-natal Clinics at Rhos and Cefn Mawr have continued, although the Consultant Staff have found it increasingly difficult to man them satisfactorily. Undoubtedly, they are a boon to the mothers who otherwise would have to travel to the Maternity Unit at the Maelor Hospital.

Another hidden asset, but of considerable importance, is the easy contact made at these peripheral clinics, by the local Health Visitor with these mothers during the early stages of their pregnancy which inevitably helps in improving relationships and the use made of various services.

Child Health Centres

During the year a new Child Health Clinic was opened at Abergele by Alderman E. P. Roberts, Chairman of the County Council. Some years ago, the local General Medical Practitioners had built their own premises, but with increasing commitments they now need additional accommodation. Having seen the new Child Health Clinic, they have suggested that if the appropriate additional accommodation was built on, then they could move in and share the premises on a Health Centre basis. Increasingly, General Medical Practitioners are looking to the County Council to provide Health Centres and with co-operation from the Executive Council, it may be possible to establish several badly-needed Health Centres in the coming year.

Chirk Child Welfare Clinic

The Territorial Army Hall was purchased and duly converted partly as a Child Health Clinic and partly as an Ambulance Station. It was officially opened by Alderman W. E. Thomas, of Chirk who, over a period of years, has constantly demanded that a Clinic be provided for the area. The adaptation of these premises has been most successful and the facilities are much appreciated and well-used.

Battered Babies

On 9th February, 1970, a joint letter from Sir George Godber, Chief Medical Officer of the Department of Health and Social Security and Miss J. D. Cooper, Chief Inspector, Children's Department, Home Office, was sent to Medical Officers of Health

and Children's Officers drawing attention to the problem of young children who are injured by their parents. Following this, a meeting was held at the Shire Hall, Mold, on 28th April, 1970, of Consultant Paediatricians, representatives of Health and Children's Departments of Denbighshire and Flintshire and members of the N.S.P.C.C., and Police.

The importance of co-operation by all the above agencies was emphasised so that "battered babies" and infants in danger of injury could be identified and preventive action taken.

Suspicion of battering is far more common than a definite diagnosis and proof is very rare and is usually only possible after confession by the battering adult. It is thus very difficult to involve the National Society for the Prevention of Cruelty to Children, Police or Children's Officer in a case of suspected battering. This puts the Health Visitor in a unique position to deal with battered infants and cases in danger of being injured, as she will already be visiting the family. Her training, skills and ready access to the home, make her the ideal person to give the supportive case work to the family. She also has easy access to the clinic Medical Officer for confirmation of her findings.

Care of the Unmarried Mother and Child - Bersham Hall

In 1952 the six North Wales Counties jointly established a Home for the Unmarried Mother and her child at Bersham Hall and until comparatively recent years, it fulfilled a useful and valuable role, but changing attitudes and conditions have led to a decrease in requests for admission, despite a rising illegitimacy rate. Furthermore, provision was made for up to twenty girls at the Roman Catholic Home at Nazareth House, Wrexham.

The low occupancy at Bersham Hall soon inflated the per capita cost and it became evident that Bersham Hall was no longer an economic unit. Attempts were made to extend its use into a Mother and Baby Home, but again, there did not appear to be the demand. Accordingly, it was decided to close this Home at the end of 1970.

At Risk Register

The Register has been maintained as an active record by concentrating on regular and continuous review of all cases. This adds substantially to demands both on medical and administrative time, but it enables the Department to proffer family guidance, periodic medical reviews and arrange for appropriate services where such are indicated. Table 12 shows that there was an increase in the number on the Register from 642 to 850 by the end of the year.

Domiciliary Midwifery and Nursing Services

In previous reports, I have referred to growing co-operation, both through formal and informal arrangements, between the Nursing Services and the General Medical Practitioners, due in no small measure to the flexible and far-sighted leadership of Miss Large. Her report which follows demonstrates factually the degree of integration which has taken place in recent years:

"Home Nursing

In my report last year, I indicated that I was hopeful that the pattern of work of the District Nurse would change as the result of attachment schemes to general medical practitioners and the employment of ancillary nursing aides. It is noted that the following statistics confirm what I was expecting:

"The Borough of Wrexham Group - 3 Group Practices

(i) Plas y Bryn Group

Nursing staff attached since June. Work in the doctors' surgeries includes:

- 106 injections of various types
- 22 dressings
- 99 ear syringings
- 1 other

This involved spending 162 hours in the surgery.

(ii) Strathmore Group

Nursing staff attached for the whole year. Work in the doctors' surgeries includes:

- 82 various injections
- 161 dressings
- 230 ear syringings

This involved 240 hours in the surgery.

(iii) Wynnstay Group

Nursing staff attached since June. Work in the doctors' surgeries includes:

- 206 various injections
- 130 dressings
- 185 ear syringings

This involved 520 hours in the surgery.

It is to be seen that this has only been possible because of the provision of ancillary aides.

"Holt/Gresford/Llay Group

No formal attachment to general medical practitioner surgeries as yet, but excellent liaison and co-operation exists between the doctors and the nursing staffs (no ancillary aides appointed to this group yet).

"Cefn/Acrefair/Chirk/Llangollen Group

This area contains a rapidly-expanding younger population with the accompanying implications. There has been no increase in staff, but we are in the process of appointing an ancillary aide to the Group. There is no formal attachment of staff to general medical practitioner surgeries but liaison and co-operation are of the highest order.

Rhos/Rhostyllen/Ruabon Group

No formal attachment of staff to general medical practitioner surgeries exists at the moment. However, co-operation and liaison between the doctors and nursing staffs continues to be of a high order.

Attachment is being delayed because of the non-rationalisation of general medical practitioner areas.

No ancillary aide as yet appointed to this area, but there are three state enrolled nurses in this Group. This Group staff a weekly injection clinic at Plas yn Rhos and during the year 1,040 treatments were carried out.

"Brymbo/Coedpoeth/Gwersyllt/Brynteg Group

There are three Child Health Clinics in this area that are used by the local general medical practitioners as branch surgeries.

The details of the work carried out by the nursing staffs for the doctors using the branch surgeries are as follows—

"Brynteg Child Health Centre

No. of injections	400
No. of dressings	23
No. of ear syringings	67

Total number of hours spent in the surgery 104.

"Brymbo Child Health Centre

No. of injections	436
No. of dressings	15
No. of ear syringings	28
Diabetic urine testing	100

Total of 52 hours spent in the surgery in 1970.

"Gwersyllt Child Health Centre

No. of injections	830
No. of dressings	230
No. of ear syringings	26
Miscellaneous minor ailments	12

Total number of hours spent in surgery in 1970 was 104.

An ancillary aide is about to be appointed to this Group.

"Ruthin/Denbigh/Clawddnewydd/Cerrig/Llanarmon yn Ial

No formal attachment to general medical practitioner in this area, yet, although liaison and co-operation with nursing staffs is excellent. In Cerrig the District Nurse/Midwife calls daily at the local doctors' surgery and in the other areas the habit of calling at the doctors' surgeries is long established.

There does not, at the moment, seem a necessity for appointing an ancillary aide to this very rural area and the demand for such a worker cannot be compared with that in the more heavily populated areas.

"Talycafn/Llanrwst/Llangernyw/Llansannan

No formal attachment to general medical practitioner surgeries but in Llanrwst the District Nurse/Midwife spends some time of each day in the doctor's surgery. Llanfair T.H. surgery is also attended, as is Glan Conway and also Llansannan. Group work breakdown at all attended surgeries is, as follows—

No. of injections	94
No. of dressings	120
No. of ear syringings	0

The District Nurses in this group work in conjunction with the Health Visitor at Cervical Cytology Clinics.

"Colwyn Bay/Old Colwyn Groups

No formal attachment to general medical practitioner surgeries in the areas. However, this part of the County presents problems of nursing that are not so apparent in other parts of Denbighshire.

There is a great need to increase ancillary aid staff, if necessary at the expense of S.R.N's or S.E.N's. Much of the work is bed-bathing for social as well as medical reasons. The District Nurses in this Group also work in conjunction with the Health Visitors and Cytology Clinics.

"Abergele Group

This Group is attached to the local general medical practitioners on an informal basis, i.e.—

No. of injections	1,144
No. of dressings	3
No. of ear syringings	0

Total of 208 hours spent in surgeries.

Again, the District Nurse helps the Health Visitor at Cytology Clinics. In this area we are in the process of initiating a planned hospital discharge scheme.

"Llanrhaeadr Y.M./Llansilin

In this very rural area, we are extremely fortunate to have two excellent members of staff who are virtually attached to the local general practitioners.

"Midwives' Group Attachment is working satisfactorily within the Borough of Wrexham and Brynteg areas.

"Ward Sisters

The Ward Sisters and the Teaching staff from the Wrexham Group of Hospitals, about 80 in all, came out into the community during the year. A planned week's programme was given to each one, giving a broad glimpse of the aspects of work in the community. From their comments, it is obvious that they appreciated this experience and it is hoped that this will sow the seeds of mutual understanding for the future, especially for the future unification of the nursing services.

"Joint Study Day

A Joint Study Day arranged between the Wrexham Group of Hospitals and ourselves was held at the Maelor Hospital in November. The principal speaker was Miss Elizabeth Hockey, Research Officer of the Queen's Institute of District Nursing."

Mr. L. Roberts submitted the following report on training—

"1. District Nurse Training

The 1970 school officially ended on 27th December. Nineteen students attended the course, and of these, eleven were from Denbighshire, six from Flintshire and two from Cheshire. The written examination takes place on 14th January, 1971.

It was unfortunate that the Panel of Assessors would not permit us to enter hospital student nurses for the training, even though it was clear that this was for sound experimental pur-

poses. However, it is likely that during the next two or three years, an acceptable alternative scheme designed to widen the education of student nurses will be fulfilled.

Disappointment in one respect, however, was more than compensated for by the willingness of neighbouring authorities to co-operate with us by seconding students for training to Denbighshire. This trend is expected to continue in 1971.

2. District Nurse Training (Practical Teachers)

A very successful day release course was held during May, 1970, in order to train eight experienced District Nursing Sisters for practical teaching duties for the Autumn 1970 District Nurse Training School. Only four of the eight prepared teachers were actually required for the Autumn group of students but having reserves plus enough potential teachers for virtually any reasonable number of students undertaking practical training, places our County in a very strong position to give authoritative leadership to other authorities who are looking more and more to Denbighshire for guidance in the training field.

We propose to hold another Practical Work Instructors' Course in the late summer of 1971 and have been asked by Cardiganshire and other neighbouring authorities to accept some of their experienced District Nursing Sisters for training along with our own candidates.

3. Part II Midwifery Training

This training is continuing quite well and at the present time is fulfilling the requirements of the Central Midwives' Board. In conjunction with the Maelor Maternity Hospital, we are investigating the integrated method of training.

4. Home Help Training

Three "schools" were held during the year. Since the training scheme was commenced in April, 1968, some 114 members of the Home Help staff have attended the courses. Without exception, the Home Helps and staff who have participated in the courses have all expressed their opinion of the usefulness and enjoyment the period of study has given them. It is to be hoped that the training courses will be continued, and possibly extended, as we were planning, when the Domestic Help Service becomes the responsibility of the Director of Social Services."

Health Visiting Service

At the end of 1970 the Health Visiting Service was still short of its full establishment, although the vacancy in the Denbigh area had been filled and our trainee, Mrs. Davies, returned to

take up duties in the Cefn Mawr area. It was pleasing to know that she had not only passed her examination but had succeeded in obtaining commendation in two papers — a most praiseworthy effort.

Miss Walker who had been a Health Visitor in Colwyn Bay for many years, was promoted to the post of Senior Health Visitor.

In previous reports reference has been made to the integration of the Health Visitor into the Community Health Service Unit and this trend is slowly gaining momentum. Miss Angwin moved from Denbigh to Abergele where she established herself quickly with the local Group Practice although the doctors concerned had reservations concerning her value to their practice. The situation was allowed to develop in a flexible manner and as mutual respect and trust grew, the attitudes of all concerned changed and there emerged a realisation that relationships had changed and in consequence the role of each member of the team had also altered.

Many of the personal, medico-social problems were passed on to the Health Visitor, who, by listening, relieved many tensions and reduced the demand for tranquillisers. In due course, despite the limited accommodation available, the doctors built at their own expense, a small office for the use of the Health Visitor, so it is evident that the Health Visitor has been completely integrated in the work of the Group Practice.

Generally, the work load carried by Health Visitors places a heavy strain and responsibility on them, especially in areas where large housing developments have occurred. In new housing estates there is not merely the substantial growth in numbers, but the new population has little community spirit and many know that their stay will be brief. Generally, it is a reproductive population with young children and as they are usually far from their own families, the young people rely greatly on the supportive services of the Local Authority. These estates usually contain Old Peoples' bungalows and they too make a substantial demand on Health Visitors' resources. There is amongst Health Visitors, a fear that the administrative division between the Health and Social Services' Departments will add to the field problems.

Vaccination and Immunisation

Changes in the immunisation schedule have resulted in an increase of primary doses, but a reduction of booster doses in 1970 as compared with 1969.

During the year Measles Vaccination was resumed, but there was some public resistance to its acceptance, and in any case

there was an epidemic of Measles prevalent throughout most of the County which interfered substantially with the programme.

For the first time vaccination against Rubella was offered to girls in their 14th year. In due course, this will be given to all girls between their 11th and 14th year. In this way it is hoped to give women immunity against Rubella which, if contracted during the first three months of pregnancy may cause serious damage to the foetus leading subsequently to various deformities in the newborn child.

Ambulance Service

In the past twenty years there has been a steady increase in the number carried and the miles travelled by the Ambulance Service. There has been a five-fold increase in the number of patients and the mileage has doubled. The comparative figures are—

	Total patients carried	Total mileage
1950	27,500	451,087
1970	133,639	952,855

There have been substantial changes from those early days and it is fair to state that a high degree of professionalism has been attained which continues to reflect the dedication of the old Voluntary Service. This is not surprising, as recruitment continues mainly from the ranks of St. John Ambulance Brigade, the British Red Cross Society or the Colwyn Bay Voluntary Ambulance Corps, so our indebtedness to these Voluntary Organisations continues even though their role in the actual running of the Service has diminished substantially from the early days of the National Health Service.

Unfortunately, Denbighshire Ambulance Service was involved in the National Industrial Dispute and for a brief period, the customary harmony was mildly discordant but no patient suffered and in fairness, our Ambulancemen conducted themselves with rectitude and wisdom.

It will be noted that physiotherapy clinics are by far the greatest users of the Ambulance Service, but it is the comparatively small number of emergencies which really test the efficiency of an Ambulance Service. To safeguard against delays in attending to emergencies, a reasonable reserve must be maintained as an insurance against the sudden heavy demand during peak traffic flows. In the early 1950's there were constant complaints concerning delays or failure to turn up, but during 1970 there were only three genuine complaints which, considering the number of emergencies and the enormous number carried, is but of minor significance, especially when set against

the high esteem with which the Denbighshire Ambulance Service is held, not only by patients but also by doctors and nurses who, after all, are the best able to evaluate the quality and humanity of their administrations.

Finally, it is as well to remind members of the young girl who was allowed to come "to work" on a voluntary basis in the Ambulance Headquarters. Despite skilled medical attention her weight had decreased to a point where her health was seriously endangered. From September, 1967, until October, 1969, she came every day "to work." She drew no pay as she was not a member of the staff — her daily attendance was in the nature of therapy. Gradually, she began to take an interest in the day to day affairs of the Service, largely due to the constant stimulation she received from the Ambulancemen. At Christmas they contributed towards a Christmas box — a gesture and a pleasant surprise which sent her another step forward towards good health. However, the Ambulancemen gave her something more — encouragement, inspiration, friendship and unfailing support. Parental affection and family support had been of little avail, but this concerted group therapy was sufficient to set her on the road to recovery. Her weight eventually rose to about double what it was when she came to us; her good looks and self-confidence were regained to such an extent that she succeeded in getting herself a good job in open competition.

Chirk Ambulance Station was opened by Alderman W. E. Thomas and it was gratifying to note how well the Drill Hall had lent itself to adaptation for the purposes of an Ambulance Station. The Ambulancemen stationed there have worked hard to improve the amenities and much credit goes to them for all the hard work they put into making their duty and mess room so very pleasant. There is dire need for an Ambulance Station in Colwyn Bay.

There were successes and inevitably a few failures. Mr. David Cunnah completed his five years' apprenticeship and passed his final examinations to become a fully-qualified motor mechanic. Other members of the staff attended courses and passed examinations. Shift Leader, D. Stace, and Ambulanceman G. Roberts won the Welsh Regional Ambulance Competition, but fortune did not smile on them again at the National Competition.

The Annual Costing Return for the Ambulance Service issued by the Welsh Office shows that Denbighshire continues to compare favourably with the averages of the group in which we are classified. The average National cost per 1,000 population is £936 while Denbighshire is £912; the National average cost per patient carried is 37/4d., and for Denbighshire 35/11d., but our cost of 5/5d. per mile is higher than the average of 4/9d.

The County Ambulance Officer has analysed the spread of the work load over the various types of patient transported in directly-provided vehicles. The patients carried in Group A are the emergency patients; Group B are the planned type of case — non-emergencies, and Group C are pupils of various establishments.

Group A. Emergencies:

Classification	No. of Patients	
	Conveyed	Total
Road Accidents	1,277	
Home Accidents	430	
Industrial Accidents	166	
Other Accidents	698	
Maternity Cases	687	
Hospital Transfers	325	
Other Emergencies	466	
	<hr/>	4,049

GROUP B. Non-emergencies:

In-patients:

Hospital admissions and discharges	7,641	
Hospital transfers	2,475	
	<hr/>	10,116

Out-patients:

Physiotherapy	21,565	
Psychiatry	4,454	
Orthopaedic	8,869	
Geriatric	1,109	
Ophthalmic	1,942	
Chiropody	1,390	
Non-classified Clinics, etc.	16,793	
House to house transfers	142	
Rail journeys	18	
Other patients	667	
	<hr/>	56,949

GROUP C:

Educational Establishments	9,249	
	<hr/>	9,249

GRAND TOTAL		<hr/> 80,363 <hr/>
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Surely, a point must be reached when demands must be equated to reasonable needs. There are many indices which reflect this substantial growth in demand and the annual returns of the work done by the various sections of the Health Department demonstrate this effectively, but probably the comparative analysis of the Ambulance Service reflects this growth in the most simple and uncomplicated manner.

Between 1950 and 1970, there has been a five-fold increase in the number of patients carried each year by the Ambulance Service but the annual mileage travelled in this period has only been doubled.

Community Care

The community attitudes to the handicapped became starkly evident when the North Wales Psychiatric Hospital decided upon a policy of discharging back into the community, long-stay patients who no longer needed either nursing care or medical treatment. Through the intercession of the Mental Welfare Officers, many patients were discharged to their own homes or to the homes of relatives and gradually, as domiciliary services were expanded, this trickle became a steady stream. However, in 1965, the Hospital began to discharge patients into Boarding Houses and, in due course, there were in Denbighshire 10 Boarding Houses which were accommodating about 150 ex-patients. Unfortunately, the rate of discharge into the County became so fast that our resources were totally inadequate to cope with the heavy demands made by these discharged ex-mental patients. I was also deeply concerned for their safety as there was, in some Boarding Houses, a degree of overcrowding; inadequate sanitary provision and insufficient fire precautions. Most of these persons were stabilised on maintenance doses of a wide range of drugs which necessitated knowledge and skill in their daily dispensing. Many of these ex-patients were so disorientated that they were quite incapable of looking after themselves or their own affairs which placed a heavy burden on those who had any responsibility for their financial affairs.

From the inception of the Boarding Out Scheme for the Mentally Ill, I have constantly reiterated my view that in the interests of the ex-patients, selected Boarding Houses should be registered as Residential Homes for the Mentally Disordered under Section 19 of the Mental Health Act, 1959. Mine was a solitary voice and I received no support but rather strong opposition from the Consultant Psychiatrists who contended that this would be a bureaucratic device to hamstring the Boarding Out Scheme. Any attempts to further this protective measure was countered by the emphatic insistence of the Consultant Psychiatrists, that these persons were no longer "patients suffering from mental disorder", but stabilised ex-patients needing some social support. Accordingly, it was quite impossible for Denbighshire to enforce the legal requirements of Section 19 of the Mental Health Act.

During the following years, the number of discharged patients in Denbighshire Boarding Houses grew to 154, which was about equal to the total number in all the Boarding Houses in the other

North Wales Counties. The situation, according to the Hospital, was not their responsibility but the Consultant Psychiatrists insisted that they were clinically in charge of these patients and accordingly were able to move, with the connivance of the landlords, patients from one place to another without any regard for the administrative confusion which this often caused. The situation eventually deteriorated to a state when it was essential in the interests of these patients, that an independent body should review the entire scheme.

Eventually, in 1969, the Hospital Advisory Service came to investigate and, in due course, their report was submitted to the Secretary of State, but this failed to produce any substantial changes in the situation. In 1970, the Regional Hospital Board Survey Team visited North Wales and carefully examined the Hospital and Community Mental Health Services. Again, recommendations were made but they seemed to have little impression on the general situation which was steadily deteriorating to a level that caused the Health Committee and myself, as their Chief Officer, acute concern.

At about this time, various representations were made to the Member of Parliament for Wrexham Constituency, Mr. T. Ellis, who, after making enquiries, raised on the floor of the House, the difficulties of the Denbighshire Boarding Out Scheme for the Mentally Ill. This, inevitably, brought the full glare of publicity on the scene.

About this time, an incident occurred at one of the Boarding Houses which initiated a chain reaction that eventually led to a rationalisation of the Boarding Out Scheme in Denbighshire. A patient suffering from pneumonia was removed from a Boarding House to a Cottage Hospital where he was found to be suffering from scabies. The General Medical Practitioner concerned examined the other patients and then informed the County Health Department that there were others in the Boarding House suffering from scabies. Arrangements were made with the District Medical Officer of Health to examine these patients, and if necessary, to utilise his powers under the Public Health Act. Many of the patients were infested with lice and scabies, while several were obviously suffering from malnutrition and debility and nearly all of them were well below their normal weight. Arrangements were made immediately for their removal to alternative accommodation. The indisputable evidence of physical deterioration could not be denied and this, in itself, was sufficient grounds for demanding a complete reassessment of all patients in Boarding Houses.

The Member of Parliament for the Wrexham Constituency took a personal interest and an active part in helping to rationalise and

re-organise the Boarding Out Scheme in Denbighshire. He visited the Boarding Houses and discussed the situation at length with the Consultants concerned. He appeared on television to discuss with the protagonists of the Boarding House scheme those elements of it which caused him and other statutory authorities deep concern for the welfare and well-being of the ex-patients. Mr. T. Ellis, with others involved, spent one evening at my home discussing in depth the varying and opposed opinions of the Psychiatrists and myself. He came on a Sunday morning to see me and to talk with those patients whom we had removed from a Boarding House to Henllan Industrial Training Centre Hostel. His intervention contributed substantially towards resolving the impasse and I wish to record my personal gratitude and appreciation to him for having done so much for a comparatively small group whose sole claim upon him was their desperate need for help.

By the end of 1970, the situation had been brought more or less within the limits of reasonableness and practicability which, for me, concluded a chapter of five years' duration that had been fraught with dissension, acrimony and mounting worry. I hope that the Boarding Out Scheme will now be able to play its part in the Community Care of ex-patients and I trust that the foundation which I helped to lay will enable the new Social Services Department to build afresh.

Care of the Elderly

This is another growing problem which engenders a strong public reaction when accounts appear of the grim conditions in which some of the elderly live or die. Much has been said, written and considered, but the situation festers on. The changing attitudes, circumstances and social conditions have led to the weakening of the family ties and of the community spirit, with a commensurate dependence on statutory services. This applies particularly in areas with an ageing population where, with the best will in the world, it is well nigh impossible to recruit sufficient staff. However, if, despite strenuous efforts by the Services concerned, some misfortune should befall an old person, clamant complaints are made, usually by those who could or should have helped in the earlier stages of deterioration. Health Visitors are well aware of those elderly whose ability to care for themselves has reached a point where they need assistance and then they endeavour to mobilise the available resources. In due course, the situation gravitates to a level where the available domiciliary services can no longer support the old person sufficiently to ensure that acceptable standards are maintained. This is the critical stage at which arrangements should be made for the old person to be transferred to institutional care, but this is

seldom possible and the old person steadily slides into senility. Eventually, the situation becomes so grim, usually about 2 a.m., and at weekends, that emergency action has to be taken if catastrophic consequences are to be avoided. Generally, the conditions in the house are grim and often there is a grievous fire risk. Often, personal care has virtually ceased and diet is sometimes neglected, personal hygiene ignored, medicines forgotten and contact with reality completely lost. Yet, institutional accommodation is so scarce that quite frequently the only means of obtaining a vacancy is by the use of Section 47 of the National Assistance Act.

There is inadequate domiciliary support for the elderly and undoubtedly there is an increasing deficiency of institutional beds particularly for the confused elderly. Much of the responsibility for this type of case will now rest with the newly-established Social Services' Department. However, unless there is a substantial improvement in attitudes and a considerable increase in accommodation, then this tragic situation will continue to be insoluble.

Renal Dialysis

A recent advance in medical treatment is the use of "artificial kidney machines" for the treatment of chronic renal failure. Prior to the introduction of this therapy, all these patients died. Eighteen deaths occurred in 1969 and eleven in 1970, from nephritis and nephrosis. Renal dialysis was originally used to treat acute temporary renal failure (as sometimes happens after severe accidents) to keep the patient alive until his own kidneys recovered. With technical advances in recent years, this treatment can now be continued indefinitely or until the patient has a kidney transplant. Patients who are suitable for this treatment are able to receive training in the use of the dialysis and continue their treatment at home.

There are three ways of providing accommodation for the equipment for home dialysis—

- (i) Adaptation of a suitable room in the patient's home;
- (ii) Building an extension to the house;
- (iii) Providing a portable unit.

During the year, two requests were received for the adaptation of homes to take home dialysis units. The first request was made by the Renal Dialysis Unit at Cardiff Royal Infirmary for a patient

living in a Wrexham Rural District Council house and as there was no room available in the house, it was decided to provide a portable unit. The second request was from the Liverpool Regional Urological Centre, also for a patient living in the Wrexham Rural District. As it was not possible to adapt a room in this patient's house, the Wrexham Rural District Council very kindly agreed to re-house the patient in a three-bedroomed Council house in which one bedroom is to be adapted for renal dialysis.

I am very grateful to the Wrexham Rural District Council Health and Housing Departments for the excellent co-operation and great alacrity which they have shown in both these cases.

At present, patients requiring renal dialysis have to travel to Cardiff, but a Renal Dialysis Unit will be opened at the Royal Alexandra Hospital, Rhyl, early in 1971. With the opening of this Unit in North Wales, I anticipate that the number of requests for adaptation of homes will increase.

Prevention of Tuberculosis

Reference has already been made to the continued reduction in the number of cases on the Tuberculosis Register and to the lowest ever death rate for Denbighshire from this disease. These facts should give great encouragement to all those who, over many years, have fought valiantly to eradicate this disease from the community.

Nearly twenty years ago, deep concern was felt for the need to rehabilitate those who were on the road to recovery and to prepare them adequately for a return to gainful employment. Much thought was given to the possibility of establishing a Sheltered Workshop for such cases in the vicinity of Llangwyfan Hospital, but even then, some felt that the tide had turned and that such a provision was hardly viable. Events have substantiated this viewpoint but inevitably there were several patients who never again recovered sufficiently to hold down the job for which they had been trained. It is, therefore, particularly satisfying to those of us who have been concerned with the rehabilitation of many patients suffering from tuberculosis and other handicapping diseases that a Government Training Centre was opened in Wrexham in 1970 and that Remploy have established a Factory which will open towards the end of 1971.

The Government Training Centre is fully equipped and staffed to train and re-train men in a wide variety of trades needing varying skills within a wide range of intellectual and physical abilities. This affords excellent opportunities for handicapped men to learn a new trade which is within their capabilities. The Respiratory Disabled, from whatever cause, have been exceedingly

difficult to place in employment as only too often their work environment either precipitates or aggravates their disability. The disabled can now be re-trained and placed in a new environment which will allow them to work and become useful members of the community. In the event of the disablement being so severe that gainful employment in open employment is not feasible, then shortly a new hope will emerge when the Remploy Factory in Wrexham becomes operative.

The specialist Health Visitors who work closely with the Chest Physicians have continued to maintain the customary preventive measures. They participate in the B.C.G. programme, play an important part in the anti-smoking campaign and continue to trace contacts and maintain contact with them and the various cases of tuberculosis. In addition, they endeavour to alleviate the stresses and strains of those suffering from chronic bronchitis and lung cancer.

Marie Curie Fund

The Marie Curie Memorial Fund has helped substantially in the terminal stages of lung cancer. Under its aegis a trained night nursing service is provided. This has been of great benefit to both the patient and family.

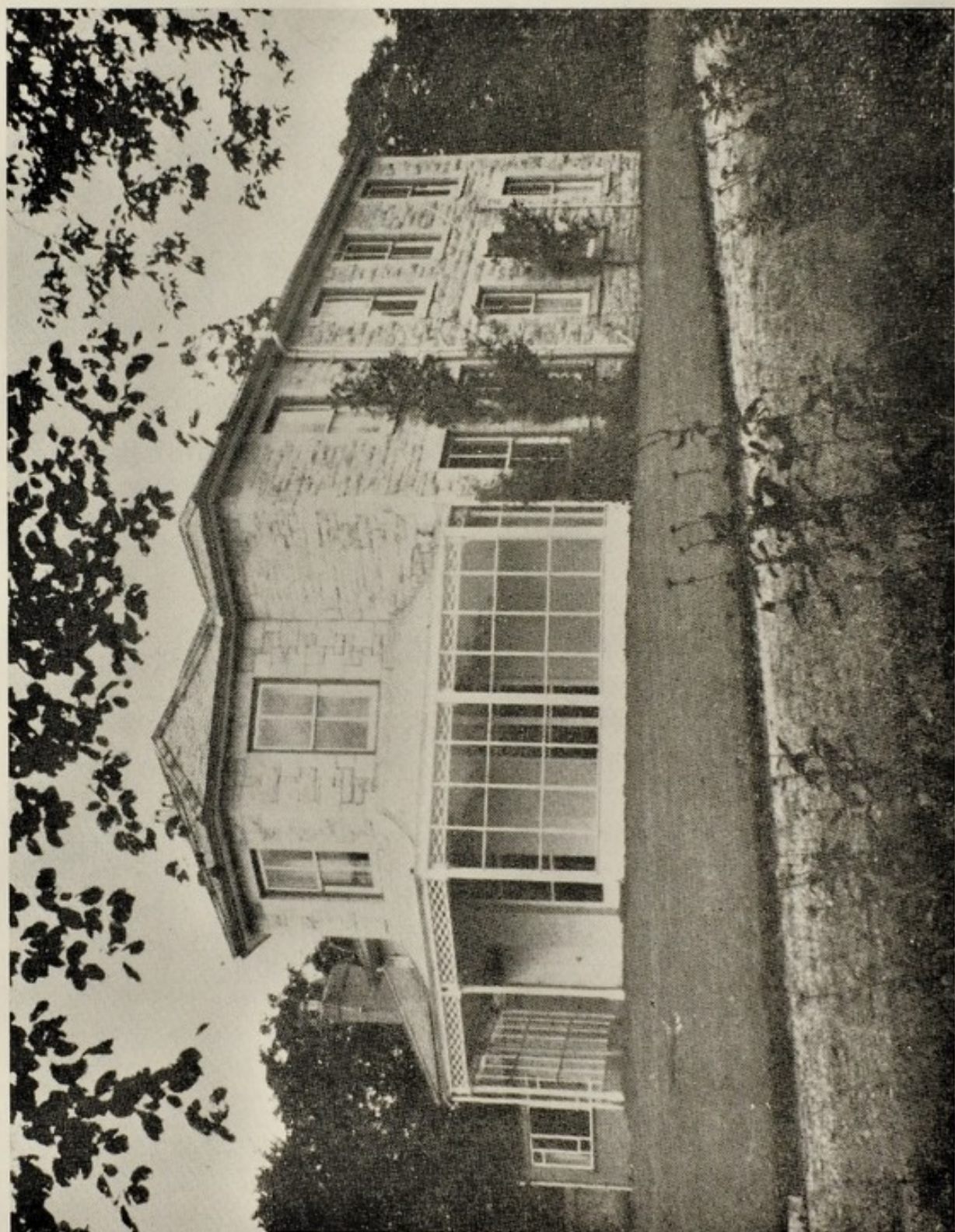
Mental Health Service

Reference has already been made to my main concern during the year under review, in the sphere of the Mental Health Service. Two developments which gave me much satisfaction were the acquisition of Bryn Mair and the completion of Henllan Industrial Training Centre.

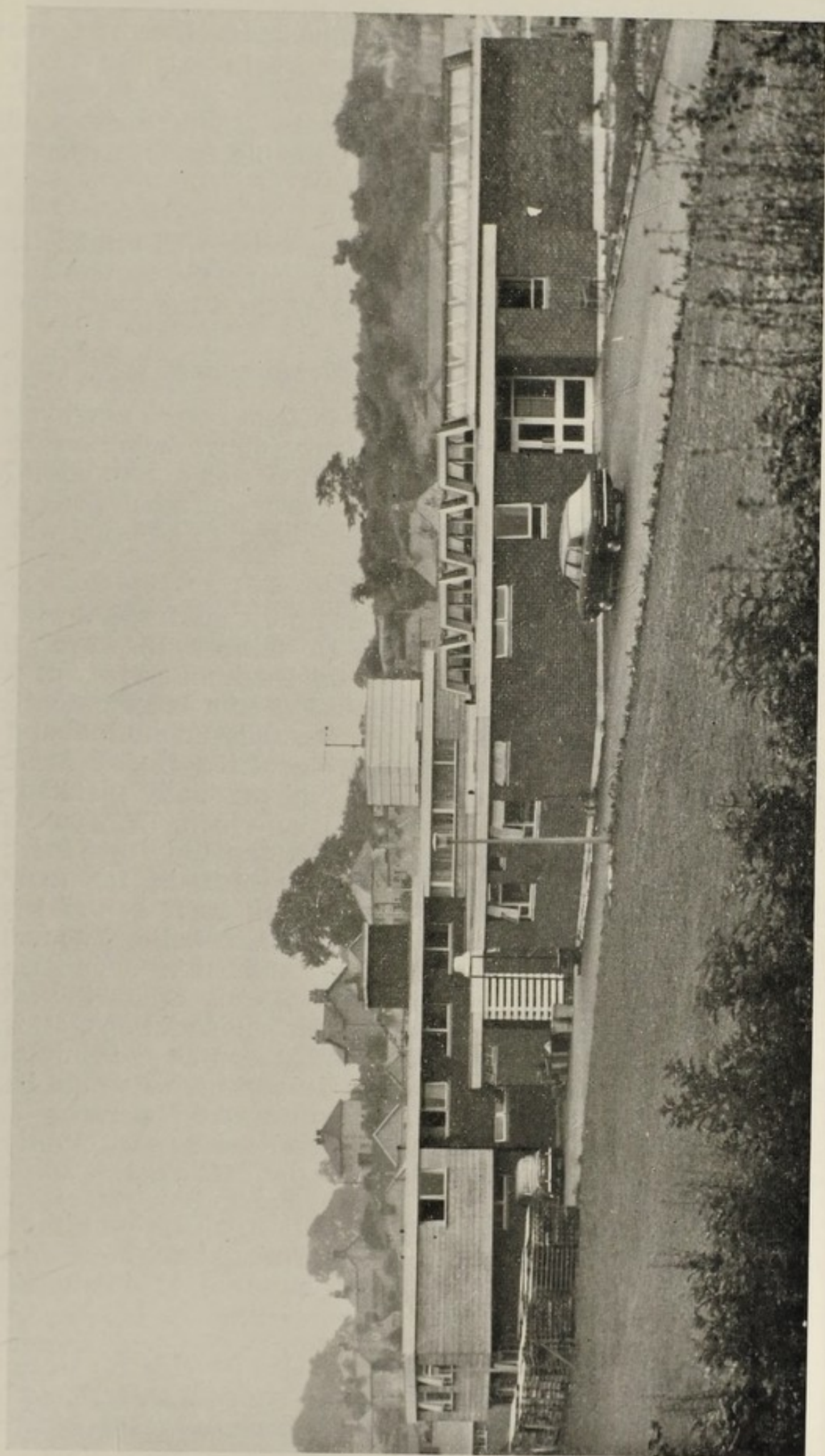
Bryn Mair was a small, country mansion, with various cottages and thirty acres of land situated about two miles from Ruthin. Previously, it had been converted by the Distressed Gentlefolks' Association for use as a Home for the Elderly, so when it was purchased, it was already suitably adapted for use as a Hostel for the Mentally Disordered. It was envisaged that the facilities available were admirably suited for developing the estate as a therapeutic community, but the advent of the Local Authority Social Services' Act terminated my direct responsibility for developing this concept. However, Bryn Mair was staffed and operational before it was eventually transferred to the Social Services' Department.

Henllan Industrial Training Centre

The building of this Centre was completed early in 1970 and the first group of trainees were admitted on 9th March. For various reasons, its completion had been delayed and hardly had it become functional than it was transferred to the Social Services'



BRYN MAIR



HENLLAN INDUSTRIAL TRAINING CENTRE

Department. However, it was a day of great joy when Dr. I. H. Davies, the Chairman of the Health Committee, officially opened the Centre.

Many trainees had been waiting several years for these facilities and it was greatly rewarding to see the pleasure, satisfaction and relief on the faces of the parents.

By the end of 1970, the Centre was becoming well-established, having created its own milieu and gone a long way, despite some vicissitudes, to landscaping and cultivating the surrounding land.

Psychogeriatric Assessment Units — Memorandum H.M. (70) II

The psycho-geriatric problems in the County were aggravated by disagreement between doctors regarding definition and spheres of responsibilities and the situation was accentuated by the policy of the North Wales Hospital to resist admissions and to limit retention of those who were admitted, to a period which did not exceed six weeks.

The shortage of accommodation, not only in Hospital but in Welfare Homes and in Mental Health Hostels was, however, the main cause of disputation. The Mental Health Services of the Local Health Authorities had concentrated to a large extent on developing the community care of the Mentally Subnormal and it was only in 1970, that Denbighshire opened a Hostel for the Mentally Ill. In fairness, the County had originally planned to establish a Mental Health Hostel at Glan-y-don, Colwyn Bay, which was a Convalescent Annexe for the Cheadle Royal Private Mental Hospital. These premises had been built for mental patients and the entire estate would have been a wonderful acquisition for development of the Local Health Authority Mental Health Services. I had been involved in confidential negotiations over a long period of time and when the County Council eventually agreed to purchase and entered into negotiations, it was most disappointing to discover that the Estate was suddenly sold to the Colwyn Bay Borough Council. This property would have accommodated about 100 mentally disordered persons and inevitably it would have greatly alleviated the tragic conditions in which so many of the psycho-geriatric patients exist.

The provision of Welfare Homes has been slow and although new Homes have been opened, the old premises have been closed, so that there has been no overall increase in institutional accommodation.

The change of policy at the North Wales Psychiatric Hospital and the limitation on Geriatric beds has seriously restricted the efficacy of the Hospital Services to meet their full responsibilities to the elderly.

This, then, is the background to the psycho-geriatric problem and while responsibility is so divided, there is little hope of the "buck" coming to rest, except in the lap of the Community Care Services. General Medical Practitioners, Nurses, Health Visitors and Medical Officers of Health are well aware of the extent and severity of these problems but to find a solution is like trying to find a needle in a haystack. When a decision is reached that a patient must receive institutional care, the immediate response is: "We are full up". Hours of futile telephoning may eventually result in a soft-hearted colleague succumbing to prolonged pressure, but why should he? If anything goes wrong, then he will be held responsible for the overcrowding of his establishment and occurrences have demonstrated the foolishness of "such weakness" or, is it "such humanity".

However, it must be conceded that a well co-ordinated and appropriately planned scheme could utilise the existing facilities to a greater effect and this was the purpose of the Memorandum on Psycho-geriatric Assessment Units in March, 1970. The theory of this Memorandum is admirable and sound, but hard realities in the field are far removed from such idealistic situations. The needs of the elderly should be assessed early, but what a waste of time and energy that would be, because in hard reality, nothing can be done for them at that stage. Indeed, it is only in the terminal stages that the General Medical Practitioner, Health Visitors and Nurses eventually force the issue, because the patient has reached a state of complete physical and mental collapse.

This, then, is the inevitable state to which a psycho-geriatric patient has to degenerate before appropriate institutional care and treatment can be provided. By the time hospitalisation has been achieved, the patient is dementing and only after several weeks of investigations can the diagnosis be made with a degree of accuracy. In the pre-1965 era, many psycho-geriatric cases were admitted to the North Wales Hospital where many died shortly after admission, from a physical illness. The failure to find appropriate institutional or domiciliary accommodation resulted in gross overcrowding at the Denbigh Hospital and the situation deteriorated to a level where the main Hospital merely fulfilled a custodial role. The firm policy of limited admission and discharge on completion of psychiatric treatment resulted in the resident population at the Hospital falling from about 1,500 to about 800. Many benefits flowed to acutely ill patients, but it cannot be denied that a large number of ex-patients and their families paid a heavy price for this raising of the standards of treatment within the Hospital.

The Day Psychiatric Hospital in Wrexham has brought the Hospital Services much closer to the community and here, at

least, there is a degree of co-ordination which seems to be lacking in the remainder of the Psychiatric Services. It seems quixotic that a discussion on the psychiatric services in Denbighshire necessitates the presence of about six Consultant Psychiatrists who work geographically all over North Wales, but because of their commitment to a particular disease or group of patients, each one must have a say in the management of the Mental Health Service of each Local Health Authority. This cannot engender initiative, co-ordination or indeed any reasonable degree of co-operation.

Health Education

The Health Education Council has changed many policies since its inception and it is obvious that central energies are directed increasingly to major campaigns at National level rather than dissipating resources in duplicating what Local Authorities should be doing. In the year under review, Denbighshire has continued with its Health Education programme which Mr. L. Roberts has summarised in the following report:

"Formal and informal teaching in the community takes time and training. Increasingly, educational establishments are including Health Education in their curriculum and in the long term, especially, but in some respects the short term, it is to be hoped that the general health of the community will continue to improve.

"The demands on the Health Department to provide speakers and visual aids on health topics remains at a fair level. Much is being done, but there is a limit to the amount of extra work that Health Department staff can take on. We have never yet had to refuse any request by any organisation and I hope that we never will. However, I do hope that the day is not too far distant when some professional assistance may be given to me. There is a lot of follow-up work in Health Education and, at the present time, nothing is being done about this. It is a pity because this is one of the few ways whereby one may really measure the effectiveness of teaching.

"The particular theme for Health Education in Schools for the latter part of 1970 was "Safety from Fire". This included the period from Bonfire Night to Christmas and every Junior and Senior School and Colleges within our County received a comprehensive poster designed by RoSPA, from our Department, which depicted in graphic form, the dangers of carelessly playing with fires in many given situations.

"Nationally, the anti-smoking campaign is not proving very successful. It seems that those teenagers and young people who smoke are increasing their consumption, whereas those who

denounce the habit are seemingly in the main, persons between 40 and 50 years of age whose health has already been affected. In terms of mortality, we are losing three times as many people from the ill effects of cigarette smoking as we are from accidents on the roads. In morbidity terms, no one knows the complete story, but it is known that bronchitis is second only to psycho-neurosis in the causation of absence of people from their work. The economic loss to the family, local community and the nation can only be guessed at because of there being so many hidden factors not immediately attributable to smoking, e.g. heart disease of various kinds and diseases of the cardiovascular system and possibly some genetic damage to future, unborn children.

"Health Education is concerned with the quality of life of individuals no matter where they may live in the community. The Health Department needs very little reminder as to where the gaps are. In our County, the staff continues to give of their best to the service. Medical Officers of Health, Health Visitors, District Nursing Staffs, and Ancillary Nursing Aides, as well as Home Helps, are daily involved in health teaching. Much of what is done is not reported. Collectively what the people who make up the professional staff of the Health Department do in health teaching is rarely measured, but over the years, it is certain that the effectiveness of this teaching has contributed to the improvement of the health and well-being of the community generally."

Phenylketonuria and other Metabolic Disorders

Screening for phenylketonuria — a very rare condition which, untreated, causes mental subnormality, was carried out by two different methods throughout the County, until 31st July, 1970.

The Guthrie Test was employed in the catchment area of the Clwyd & Deeside Hospital Management Committee. This is a blood test taken on the sixth day of life and it is a well-tried and reliable method. However, it has the disadvantage of being performed on the day when many babies are discharged from Hospital and this, sometimes, presents administrative difficulties which might result in a baby not being properly tested.

The Phenistix Test was undertaken in East Denbighshire. This is less reliable than the Guthrie Test and was used because the Pathological Laboratory was unable, for various reasons, to perform the Guthrie Test. This meant that Health Visitors had to, once again, undertake the responsibility for performing these tests on the infants and it added substantially to their responsibilities.

The Woolf Test. On 1st August, 1970, this new test was introduced and fortunately it overcomes some of the shortcomings of

both the Phenistix Test and the Guthrie Test. Furthermore, in addition to screening for Phenylketonuria, it also detects other disorders, namely proteinuria, cystinuria, glycosuria, galactosuria, tyrosinuria and histidinuria. The Health Visitor, in the course of her duties supervised the obtaining of specimens for the Woolf Test and this involved procuring a urine-soaked filter paper and sending it to the Department of Metabolic Medicine in Cardiff for an initial screening test. If this should happen to prove positive, a liquid specimen of urine had to be obtained and if this, on being tested at Cardiff, proved positive, then the baby was referred to the Consultant Paediatrician for further investigations.

During the year, 1,164 babies were tested and of these 55 of the paper specimens were positive. There was one positive to liquid and referred to the Consultant Paediatrician.

Cervical Cytology Clinics

Since 1966, women have been examined cytologically at Hospital, General Medical Practitioners' Surgeries and at Local Health Authority Clinics and this year as many as possible of the early groups were recalled for a repeat examination. By taking a smear from the cervix of the uterus it is possible for an expert to detect early signs of malignancy in some of the tissue cells. Positive cases are referred for further investigations and if the tentative diagnosis is confirmed then appropriate surgical treatment is immediately undertaken.

At the Local Health Authority Clinics, specimens of urine are tested, breasts palpated and blood pressure taken. In addition, advice is given regarding the need for further medical examination and the woman is urged to consult her own doctor to whom findings are immediately transmitted. The results of these various tests are recorded in Table 40 and although the total number examined is higher than in previous years, I suspect that this was due, in some measure, to those recalled from 1966. The number of pre-cancerous cases diagnosed was 17, with 6 suspicious, which is about the average pick up, but undoubtedly this would increase substantially if the more vulnerable Social Classes IV and V attended these Clinics in greater numbers.

Chiropody

During the year, the pressure on this service did not abate and without determined efforts and the introduction of new techniques, the waiting list would have grown even longer. In order to streamline procedures and consider methods of increasing efficiency, a meeting of the County Chiropodists was convened at Ruthin Clinic. This proved stimulating and of value to all who participated.

Three Denbighshire Chiropodists attended a day In-Service Course at Salop which was much-appreciated although some of the concepts propagated were somewhat contentious. This of course, stimulated interest and introduced new ideas. Undoubtedly, this service should be extended to include more domiciliary cases and visits to Schools, but this cannot be done unless the establishment is increased.

Home Help Service

One of my first tasks after arrival in this County in 1950 was to lay the foundations for the Home Help Service and it has been gratifying for me to observe its maintenance of efficiency despite constantly increasing demands. From the outset, it was decided that the Home Help Service should be medically orientated and in the initial stages, the service was directly administered by the Nursing Officers. Inevitably, the administration of the service became intimately entwined with that of the Health Department generally for this ensured constant supervision and support of the service by Health Visitors at the periphery and by senior staff centrally.

In 1965, it became necessary to appoint a whole-time administrator for the service and Miss H. M. Cuddy was appointed Home Help Organiser for the County. With further extension of the service, additional administrative staff were appointed — a Home Help Organiser for West Denbighshire, Miss E. O. Davies, and an Assistant Home Help Organiser for East Denbighshire, Mrs. B. Roberts. The close link with the clinical staff of the Department was maintained and there existed an intimate and cordial relationship amongst the Home Help Organisers, the Nurses, Midwives, Health Visitors and Medical Officers. Daily contacts amongst senior officers ensured a smooth flow of information and prompt action after consultation.

This, inevitably, resulted in excellent inter-personal relationships, as well as economy and efficiency in the administration of the Home Help Service. Much reliance has been placed on this service to support the elderly and without the inspiration and dedication which the Home Helps have acquired from their constant association with District Nurses and Health Visitors, much of the Community Care for difficult and terminal cases would have to be transferred to institutional accommodation. It is to be hoped that the Home Help Service, when it has left the Department, will maintain old traditions and continue to work closely with medical field workers.

Environmental Health Service

The primary responsibility for environmental health, rests with the various District Authorities who have maintained their progressive policies in continuing to improve water supplies, sewerage and housing, to a small remaining population — mainly rural,

where modern standards have not yet been attained. In many instances, improvements have become necessary because of the great influx of visitors from urban areas, with the inevitable risk of contamination of catchment area for water supplies and the greater loading of sewage disposal plants.

1970 was designated European Conservation Year and with increasing tourism and industrialisation in Denbighshire, attention must be paid to the increasing levels of pollution before, rather than after, irreparable damage has been done. The Health Authorities, both County and District, have been alive to these dangers and during the year, efforts were made to improve refuse disposal and sanitation along our highways. Fluoridation of water supplies has not yet been accepted by Denbighshire. The substantial capital cost of plant for about twenty different water supplies has been a major reason for delaying action, but recent advances in the techniques of fluoridation of water supplies could make it possible for a large proportion of the population, mainly in the populous part of East Denbighshire, to receive fluoridated water at an economic cost. This would have the advantage of supplying fluoridated water mainly within the Wrexham Borough boundaries which is an Authority that supports the proposal and where dental facilities would permit a comprehensive surveillance of improvements in the dental state of the children.

Brucellosis is, at long last, being taken seriously and strenuous efforts are now in hand to eradicate the disease from the herds.

Until this has been achieved, the Health Department must maintain constant vigilance. Mr. Button, the County Public Health Officer has devoted much of his energy to this work and in his report, he gives details of his work in this field.

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER FOR 1970

“Milk and Dairies

The general pattern of control which has been evolved during the past four years was continued with minor modifications during the year.

“Untreated Milk

The number of licensed producer/retailers again showed a reduction during the year from 146 to 132. These were distributed as follows—

Colwyn Bay M.B.	3
Denbigh M.B.	8
Ruthin M.B.	1
Wrexham M.B.	—
Abergele U.D.	3

Llangollen U.D.	1
Llanrwst U.D.	2
Aled R.D.	21
Ceiriog R.D.	4
Hiraethog R.D.	27
Ruthin R.D.	36
Wrexham R.D.	26
	<hr/>
	132
	<hr/>

"A high proportion of these producer/retailers sell only small quantities of milk. 881 samples of Untreated Milk were taken during the year and the number of infected herds revealed by this sampling was 21. In all cases this was infection with Brucellosis. In itself this number, compared with 20 last year and 17 the year before, suggests little improvement in the overall situation. However, it is significant that the number of infected animals discovered in each herd is now quite small — usually one or two. Four years ago, it was not unusual to find more than half the animals in a herd infected. In 9 of the 20 herds investigated, brucellosis was found following periods of between one and three years since a previous investigation. This situation will become increasingly common and is largely due to the purchase of replacements which have subsequently been found to be giving infected milk. The remedy is largely in the hands of the producer in that a supply of brucella attested cows is now available.

"During the year the Brucella Accredited Herds Scheme of the Ministry of Agriculture, Fisheries and Food was terminated and the Brucella Incentives Scheme introduced in its place. The new scheme provides financial inducements for milk produced from brucella-free herds. The aim is to produce a reservoir of attested animals which could be used to replace infected animals culled from herds in the course of establishing Brucella Eradication Areas. It is expected that the first of the Eradication Areas will be announced in 1971 and that the nearest area to Denbighshire will be in South Wales.

"Heat-treated Milk

The four pasteurising plants in the county have been operated satisfactorily during the year. There were only two failures of the Phosphatase Test out of 327 samples tested. Both of these occurred at the same time and were caused by a fault in the indicating thermometers. Sterilised Milk continues to find a ready sale in some parts of the county and along the coastal strip there is an increasing demand for U.H.T. (Longlife) Milk. U.H.T. Milk requires no refrigeration and has a shelf life of several weeks.

These characteristics make it an ideal form of liquid milk for sale in shops and holiday camps during the summer months when demand fluctuates.

"Human Brucellosis

Six cases of brucellosis in humans were investigated during the year. One of these was directly related to a supply of milk from a producer/retailer. Three cases occurred amongst the farming community and in each instance it was found that the herds with which they were associated were infected with brucellosis. One case involved a young woman who had travelled about the country and it was impossible to determine the source of the infection. The last case concerned a woman who, three years previously, had been using a source of Untreated Milk which had at that time been infected with brucellosis. However, it is considered much more possible that the infection was the result of her contact with meat since she worked in a meat packing factory.

"Rural Water Supplies and Sewerage

During the year three schemes were submitted for consideration by the County Council, as follows:

- (a) Schemes submitted under the Rural Water Supplies and Sewerage Acts—
 - Water Supply—
 - West Denbighshire and West Flintshire Water Board—
Prenol—Estimated cost £11,650.
 - West Denbighshire and West Flintshire Water Board—
Wenlli and Rhos Mawr — Estimated cost £8,770.
 - Sewerage—
 - Ruthin R.D. — Loggerheads and Colomendy—
Estimated cost £232,000.

These schemes were approved in principle.

- (b) Schemes submitted under Section 56 — Local Government Act 1958 — Nil.

"Diseases of Animals

This was the first full year in which the Health Department has been responsible for this work.

In addition to the routine work concerned with movement control, inspection of markets and farm records, every opportunity has been taken to emphasise the public health aspect of animal health work.

The possible contamination of animal feeding stuffs with salmonellae organisms and the multiplication of salmonellae in such places as intensive rearing units, lairages and vehicles has been demonstrated in recent years. This salmonellae may be or may become pathogens to man. In the course of visits to inspect farm records the Animal Health Inspectors have taken samples of animal food stuffs for bacteriological examination. During the year, 63 samples were taken in this way. Three were reported to be infected — one each with *S. Ruggil*, *S. Sendai* and *S. Cubana*.

"The danger of anthrax to humans has been known for many years but the methods of disposal of infected carcasses have often exposed those involved and other livestock to the danger of infection. The old method of disposal entailed excavating a trench and burning the carcass in this on a funeral pyre of old car tyres, wood and a ton of coal. To this the carcass was carried or dragged, often quite a distance because of the danger of fire to farm buildings and stocks. Early last year, a cremator, using propane gas, was manufactured to our own basic design. After some modification, this has been found to be extremely satisfactory and economical in use. It can be set up immediately adjacent to the carcass — even amongst buildings — and a minimum of movement of the carcass is necessary.

"A demonstration of the apparatus to officers of other authorities has resulted in the sale of a number of similar cremators in various parts of the country.

"During the year, three cases of anthrax were attended. In December, a case of suspected rabies was reported and all the necessary precautions taken, including the restriction of movement of animals, particularly dogs. Subsequently, it was confirmed that the dog concerned was not suffering from rabies.

"General

The excellent co-operation with Public Health Inspectors of the district councils in the country and with the officers of the Ministry of Agriculture, Fisheries and Food has continued during the year.

An unsuccessful attempt to fill the post of Assistant County Public Health Officer was made in August. An appointment was made but the applicant subsequently withdrew and, early in 1971, Mr. H. E. Roberts came to us from Wrexham Borough Council."

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

Mr. Owens reports as follows—

“During the year, 551 samples of food and drugs were submitted to the County Public Analyst for examination and report. The number and types of articles submitted may be summarised as follows:

Article	No. taken	Genuine	Not genuine
Milk	302	292	10
Foodstuffs	167	155	12
Tinned Foods	35	33	2
Soft Drinks	12	11	1
Beer and Spirits	16	16	—
B.P. Preparations, simple household medicaments ...	19	19	—
TOTAL	551	526	25

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

	Fat	S.N.F.
Eastern Division	3.70%	9.05%
Western Division	3.69%	8.80%
County	3.67%	8.97%
Presumptive Standard	3.00%	8.50%

“It will be seen from the table that out of a total of 551 samples submitted to the County Public Analyst, some 10 milk and 15 other food stuffs gave rise to adverse reports. These figures show an increase over the corresponding total figure of 18 for last year. Again, there was an increase in consumer complaints made to the department; this year the total was 45 compared with 19 last year. However, not all complaints are justified, and only six issues concerning foreign bodies in such articles as teacakes, bread, tinned beans, nuts and raisins and milk, were pursued in the courts.

“During routine sampling duties, several other defects were brought to light. Although in most instances these issues were dealt with by advice and caution, court action was taken concerning watered milk, vinegar, cream and bread and butter. Additionally, a number of labelling discrepancies were taken up with the manufacturers and satisfactorily concluded. In the main it would be true to say that manufacturers do comply with the requisite food standards and orders.

“Generally, the standard of milk has been well-maintained. In addition to the usual tests for quality, the Public Analyst carried

out tests on 136 of the samples of milk submitted for the presence of antibiotics; the results in each instance were satisfactory. A neighbouring authority contacted me regarding an incident concerning antibiotics in a consignment of milk produced in the County. This matter was thoroughly investigated without revealing a satisfactory explanation as to the cause of this defect. An extended period of check did not show a re-occurrence of this problem.

"The milk supplied to the various County establishments is regularly sampled and tested. Together with samples taken from various vending machines, work done under these duties shows that 215 samples were dealt with. It will be appreciated that the number of school milk outlets has now reduced. The results of all tests carried out on this work were found to be satisfactory.

"It will be realised that this report deals mainly with samples taken for examination, testing and analysis either departmentally or by the Public Analyst. However, this is but one small aspect of quality control. A great many articles must comply with the requisite labelling provisions and some 2,305 inspections have been made for the purpose. These duties are performed at the same time that the various quantitative weights and measures and trade description duties are undertaken. The computer returns show that on 89 occasions, discrepancies were revealed which have either been dealt with by the Inspectors at the time or have been the subject of written advice by myself.

"The issues regarding cyclamates was in the public eye at the end of last year. The ban on the use of this sweetening agent and the relatively short period for the readjustment of manufacturing techniques could have produced some problems. However, the changeover was quickly undertaken and diligent inspection did not reveal much to complain about. Another issue of some concern has been that regarding the use of mono sodium glutamate. It would appear that a considerable amount of work has been done on this issue, by the various food additive and contaminant expert advisory committees. Apart from the fact that baby foods should be free, the experts are prepared to advocate an acceptable daily intake of from 0 to 120 mg. per k.g. of food for the general public. Again, I would point out that the colouring agents permissible for use in food are constantly under review. To illustrate this point, I would instance that Ponceau MX (a red, artificial colouring agent found in canned fruits, fish and meat spreads, soft drinks, etc.) has been banned with effect from 1st January, 1971."

Acknowledgement

Once again, it is my pleasure to express my appreciation to the staff of the Health Department for their industry and unstinting

support throughout the past year. It is sad to think that the members of the Mental Health and Home Help Sections will have left us for the new Department of Social Services by the time this report is published, but we hope that the bonds of friendship will bridge the administrative gap.

Dr. M. Jones Roberts terminated her employment as District Medical Officer of Health and Departmental Medical Officer on 31st March, 1970 and Miss M. Kirby also left the Department at the end of 1970. It is always sad to part with colleagues of many years standing whether on retirement or transfer to another department and both of these ladies had given sterling service for many years and our best wishes accompany them into retirement.

In March, 1971, members of the Mental Health and Home Help Section were transferred to the new Social Services' Department and I acknowledge my indebtedness to them for their years of loyal service in the Health Department, which I hope will sustain and benefit them in their new posts.

In my 1969 Annual Report, I expressed my appreciation to Mr. Bufton who finally retired on 31st March, 1971, being succeeded by his deputy, Mr. D. E. A. Jones. We, in the Health Department, congratulate Mr. Jones on his appointment, especially as his knowledge of and interest in our work has always been stimulating and inspiring. It is also a great satisfaction to wish every success to Mr. J. E. Evans in his new and onerous post of Director of Social Services for Denbighshire. His training in and long association with the Health Department should prove valuable, not only in planning the new Department, but also in bridging the administrative gap.

Finally, I thank the members of the Health Committee for their support and particularly the Chairman and Vice Chairman for their unfailing kindness and help throughout the year.

M. T. ISLWYN JONES,
County Medical Officer.

August, 1971.

VITAL STATISTICS 1961 - 1970

Table 1

Year	Per 1,000 of Estimated Population				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
	Crude Live Birth Rate	Crude Death Rate	Death Rate Respiratory Tuberculosis	Death rate Cancer			
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
1969	15.8	14.2	0.05	2.6	16.0	0.34	19.0
1970	16.0	13.7	0.02	2.7	13.0	0.34	13.0

Table 2

**THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES
ACCORDING TO DISTRICTS FOR 1970**

<i>Districts</i>	<i>Estimated Population</i>	<i>No. of Live Births</i>	<i>Birth Rate crude adjusted</i>	<i>No. of Infant Deaths</i>	<i>Rate of Infant Mortality</i>	<i>Total No. of Deaths</i>	<i>Death Rate crude adjusted</i>
Western No. 1							
Abergele U.D.	12,200	158	13.0	3	19.0	164	13.4 6.4
Colwyn Bay M.B.	25,100	320	12.7	5	16.0	494	19.7 12.4
Aled R.D.	6,560	79	12.0	3	38.0	65	9.9 9.6
Western No. 2:							
Denbigh M.B.	8,630	134	15.5	—	—	131	15.1 10.1
Llanrwst U.D.	2,640	34	12.9	1	29.0	47	17.8 14.2
Ruthin M.B.	4,160	67	16.1	—	—	60	14.4 9.4
Ruthin R.D.	9,120	118	12.9	—	—	116	12.8 11.5
Hiraethog R.D.	4,300	74	17.2	—	—	49	11.4 11.6
Eastern No. 1:							
Wrexham R.D.	62,260	1,134	18.2	16	14.0	814	13.1 14.1
Ceiriog R.D.	7,090	126	17.8	—	—	88	12.4 12.2
Llangollen U.D.	3,030	41	13.5	1	24.0	57	18.8 16.7
Eastern No. 2:							
Wrexham M.B.	37,770	635	16.8	9	14.0	418	11.1 13.0
Total County	182,860	2,920	16.0	38	13.0	2,503	13.7 11.9

Table 3
INFANT MORTALITY

<i>Age at Death</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 1 week	11	15	26
Over 1 week. but under 4 weeks	—	3	3
Over 4 weeks but under 1 year	4	5	9
<i>Total</i>	15	23	38

Table 4
INFANT MORTALITY — CAUSES OF DEATH

<i>Cause of Death</i>	<i>Number of Deaths</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	
Enteritis and other Diar- rhoeal diseases	1	—	1
Intestinal obstruction and Hernia	—	1	1
All other external causes	1	—	1
Heart Disease	—	1	1
Pneumonia	—	4	4
Other diseases of Respir- atory System	1	—	1
Congenital Anomalies	3	6	9
Birth injury. difficult labour. etc.	7	4	11
Other Causes of Peri- natal Mortality	2	6	8
All other accidents	—	1	1
<i>Total</i>	15	23	38

Table 5
COMPARATIVE RATES

<i>Rate</i>	<i>Denbighshire</i>	<i>England and Wales</i>
Birth Rate	17.8 *	16.0
Death Rate	11.9 *	11.7
Infant Mortality per 1,000 Live Births	13.0	18.0
Neo-natal Mortality (deaths under 4 weeks)	10.0	12.0
Early neo-natal Mortality (deaths under 1 week)	9.0	11.0
Perinatal Mortality (Still-births and deaths under 1 week)	22.0	23.0
Stillbirth Rate	13.0	13.0
Maternal Mortality	0.34	0.18

* *Adjusted*

Table 6
DISTRIBUTION OF DEATHS IN AGE GROUPS

<i>Year</i>	<i>Number of deaths in age groups</i>								<i>Total</i>
	0 - 1	1 - 4	5 - 14	15-24	25-44	45-64	65-74	75+	
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
1969	53	11	13	27	69	520	748	1,144	2,585
1970	38	7	12	21	58	495	749	1,123	2,503

Table 7

PRINCIPAL CAUSES OF DEATH

<i>Causes of Death</i>	<i>No. of Deaths</i>	<i>Percentage of Total Deaths</i>
Heart Disease (all forms)	805	32.2
Cancer (including Leukaemia)	512	20.5
Cerebrovascular Disease	410	16.4
Other Circulatory Diseases	100	4.0
Bronchitis and Emphysema	129	5.1
Violence (including accidents, suicide)	91	3.5
Pneumonia	160	6.4

Table 8

Mortality from all forms of Cancer in the past ten years

<i>Year</i>	<i>No. of Deaths</i>	<i>Death Rate per 1,000 population</i>
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
1969	489	2.6
1970	512	2.7

Table 9

Death from Cancer according to age, sex and classification during 1970

<i>Malignant Neoplasms</i>	0 - 14		15 - 24		25 - 44		45 - 64		65 - 74		75 and over		<i>Total</i>	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal Cavity, etc.	—	—	—	1	1	—	—	—	4	1	4	1	9	3
Oesophagus	—	—	—	—	—	—	4	2	7	3	2	3	13	8
Stomach	—	—	—	—	—	—	18	1	19	10	11	15	48	26
Intestine	—	—	—	—	—	1	10	7	13	12	17	14	40	34
Larynx	—	—	—	—	—	—	2	—	—	1	1	—	3	1
Lung Bronchus	—	—	—	—	2	—	31	5	40	8	17	5	90	18
Breast	—	—	—	—	—	2	—	10	—	7	—	15	—	34
Uterus	—	—	—	—	—	2	—	11	—	6	—	4	—	23
Prostate	—	—	—	—	—	—	2	—	7	—	9	—	18	—
Other Malignant Neoplasms	—	—	1	—	5	4	22	20	21	27	10	17	59	68
Benign and Unspecified Neoplasms	—	—	—	—	1	—	1	—	1	2	—	1	3	3
Leukaemia	—	—	1	2	—	—	2	—	3	1	—	2	6	5
<i>Total all forms</i>	—	—	2	3	9	9	92	56	115	78	71	77	289	223

MATERNAL MORTALITY

Incidence of Maternal Mortality over the past decade

Table 10

<i>Year</i>	<i>Total Births (live and stillbirths)</i>	<i>No. of Maternal Deaths</i>	<i>Mortality per 1,000 Total Births (live and stillbirths)</i>
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
1969	2,921	1	0.34
1970	2,959	1	0.34

Table 11

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
Meningococcal Infection	1	—	—	—	—	—	—	—	—	—	—	—	1
Enteritis and other diarrhoeal diseases	—	1	—	—	—	—	—	—	—	—	—	1	2
Tuberculosis of Respiratory system, incl. late effects	—	—	—	—	—	—	—	—	—	—	1	3	4
Other Tuberculosis, incl. late effects	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	1	1
Other Infective and Parasitic Diseases	—	—	—	—	—	2	—	—	—	—	1	2	5
Malignant Neoplasm, Buccal Cavity, etc.	1	—	1	1	1	—	—	—	1	—	4	3	12
Malignant Neoplasm, Oesophagus	1	2	1	5	1	2	—	—	—	—	3	6	21
Malignant Neoplasm, Stomach	4	1	—	10	4	2	3	—	—	4	13	33	74
Malignant Neoplasm, Intestines	7	4	3	18	4	2	2	1	2	2	10	19	74
Malignant Neoplasm, Larynx	—	—	—	1	1	—	—	—	—	—	1	1	4
Malignant Neoplasm, Lung Bronchus	11	4	3	17	4	3	3	2	2	3	19	37	108
Malignant Neoplasm, Breast	—	—	6	9	2	2	—	—	—	1	5	9	34
Malignant Neoplasm, Uterus	—	—	1	1	3	—	2	—	1	—	3	12	23
Malignant Neoplasm, Prostate	1	1	1	5	—	1	1	—	—	1	4	3	18
Leukaemia	2	1	—	3	—	—	—	—	1	1	1	2	11
Other Malignant Neoplasms	10	6	1	23	3	3	5	4	4	4	31	33	127
Benign and Unspecified Neoplasms	—	—	—	1	—	1	—	—	—	—	3	1	6
Diabetes Mellitus	1	—	—	4	—	—	—	—	1	—	2	3	11
Other Endocrine, etc., diseases	1	—	1	1	—	—	—	1	1	—	3	1	9
Anaemias	—	—	—	1	—	—	—	—	—	—	2	3	6
Mental Disorders	—	—	1	—	2	—	—	—	—	—	1	—	4
Other Diseases of Nervous System, etc.	2	—	—	7	—	—	—	1	—	1	2	4	17
Chronic Rheumatic Heart Disease	1	2	1	8	1	—	—	—	1	—	2	6	22
Hypertensive Disease	4	1	3	5	2	1	1	3	—	2	7	8	37
Ischaemic Heart Disease	43	21	24	133	28	9	6	12	17	34	100	186	613
Other forms of Heart Disease	13	3	3	21	5	5	1	—	3	7	29	43	133

Table 11 (continued)

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
Cerebrovascular Disease	16	8	18	104	21	6	8	8	15	22	53	131	410
Other Diseases of Circulatory System	8	3	4	37	4	3	2	—	3	5	11	20	100
Influenza	4	1	2	2	4	1	—	—	—	6	8	14	42
Pneumonia	5	2	2	13	18	—	10	7	2	3	26	72	160
Bronchitis and Emphysema	12	—	2	9	4	2	1	1	2	5	27	64	129
Asthma	—	—	—	1	3	—	—	—	—	—	2	2	8
Other Diseases of Respiratory System	—	—	—	5	2	—	—	1	1	3	3	9	24
Peptic Ulcer	2	—	—	3	—	—	—	—	—	—	1	3	9
Appendicitis	—	—	—	—	1	—	—	—	—	—	—	1	2
Intestinal Obstruction and Hernia	3	—	—	2	1	—	—	—	1	1	1	8	16
Cirrhosis of Liver	—	—	—	1	—	—	—	—	—	—	—	—	1
Other Diseases of Digestive System	—	1	1	5	—	1	2	—	1	1	4	6	22
Nephritis and Nephrosis	—	—	—	3	1	—	—	1	—	—	1	5	11
Hyperplasia of Prostate	—	—	—	1	1	—	—	1	1	1	2	6	13
Other diseases, Genito-Urinary system	—	—	1	3	1	—	2	—	—	1	1	7	16
Abortion	—	—	—	—	—	—	—	—	—	—	—	1	1
Diseases of skin, subcutaneous tissue	—	—	—	1	—	—	—	—	—	—	—	—	1
Diseases of Musculo-skeletal system	1	—	1	1	1	—	1	—	—	—	3	1	9
Congenital anomalies	1	—	—	2	—	—	1	1	—	—	6	3	14
Birth injury, difficult labour, etc.	1	1	—	1	—	—	—	—	—	—	2	6	11
Other causes of perinatal mortality	1	—	—	1	—	—	—	—	—	—	3	3	8
Symptoms and ill-defined conditions	2	—	1	5	—	—	3	—	—	1	2	6	20
Motor Vehicle Accidents	1	—	3	7	1	—	1	—	—	2	8	8	31
All other Accidents	3	2	2	11	6	3	1	3	—	4	3	10	48
Suicide and self-inflicted injuries	1	—	—	1	1	—	—	—	—	1	3	5	12
All other external causes	—	—	1	—	—	—	1	—	—	—	1	2	5
Total all causes	164	65	88	494	131	49	57	47	60	116	418	814	2503

Table 12
Congenital Defects — “At Risk” Register

<i>Number on Register at 1/1/70</i>	<i>Number notified during year</i>	<i>Number removed from Register</i>	<i>Number on Register at 31/12/70</i>
642	497	289	850

Table 13
**New Cases and Attendances
at Hospital Ante- and Post-Natal Clinics**

<i>Clinic</i>	<i>Ante-Natal</i>		<i>Post-Natal</i>	
	<i>New Cases</i>	<i>Attendances</i>	<i>New Cases</i>	<i>Attendances</i>
Rhos	96	808	59	69
Cefn Mawr	163	1,308	84	145
<i>Total</i>	259	2,116	143	214

Table 14
Family Planning Clinics — Cases and Attendances

<i>Location</i>	<i>Day and Time</i>	<i>No. of Cases</i>	<i>Attendances</i>
Nant-y-Glyn. Colwyn Bay	Monday: 2.30 - 3.30 Thursday: 7.0 - 8.0 p.m.	515	1,063
1 Grosvenor Road, Wrexham	Thursday: 2.0 - 3.30 p.m. Wednesdays: 1st, 2nd, 3rd & 4th in month 6.45 - 8.0 p.m.	693	1,962
Ruthin Clinic, Mount Street	2nd Wed. 10.0 a.m. 4th Wed. 7.0 p.m.	59	119

Table 15
CHILD HEALTH CENTRES

<i>Location</i>	<i>Frequency</i>	<i>Day and Time</i>		<i>Average attendance per session (children)</i>	<i>No. of children who attended during the year and who were born in</i>		
					1970	1969	1965-68
Abergele, County Clinic	Weekly	Thur.	a.m. p.m.	24	102	103	184
Brynteg, County Clinic	Weekly	Monday	p.m.	33	99	126	123
Brymbo, County Clinic	Weekly	Thursday	p.m.	17	28	36	46
Cefn, County Clinic	Weekly	Friday	p.m.	46	154	105	136
Chirk, County Clinic	Weekly	Thursday	p.m.	35	90	48	41
Coedpoeth, Church Hall	Weekly	Monday	p.m.	41	85	123	165
Colwyn Bay, Nant-y-Glyn Road	Weekly	Tues.	a.m. p.m.	25	165	109	138
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday	p.m.	26	35	8	12
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday	p.m.	15	21	13	22
Denbigh, County Clinic	Weekly	Wednesday	p.m.	47	146	94	138
Glan Conway, Church Institute	Fortnightly	Monday	p.m.	18	31	12	24
Glynceiriog, C.P. School	Fortnightly	Tuesday	p.m.	12	45	59	85
Gresford, Youth Club	Fortnightly	Friday	p.m.	32	60	55	56
Holt, Kenyon Hall	Fortnightly	Wednesday	p.m.	13	14	20	34
Johnstown, Sports Pavilion	Twice Monthly	Tuesday	p.m.	24	36	35	18
<i>Carried Forward</i>					1,111	946	1,222

Table 15 (continued)

<i>Location</i>	<i>Frequency</i>	<i>Day and Time</i>	<i>Average attendance per session (children)</i>	<i>No. of children who attended during the year and who were born in</i>		
				1970	1969	1965-68
<i>Brought forward</i>				1,111	946	1,222
Llansannan Community Centre	Monthly	Thursday p.m.	19	10	18	31
Llanddulas Youth Club	Monthly	Monday p.m.	17	12	8	22
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	31	112	33	6
Llanrwst, County Clinic	Weekly	Tuesday p.m.	26	95	52	122
Llanrhaeadr Y.M. Infants' School	Fortnightly	Monday p.m.	18	16	8	30
Llay, County Clinic	Weekly	Wednesday p.m.	25	155	89	56
Rhos, County Clinic	Weekly	Wednesday p.m.	40	103	92	57
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	20	44	14	21
Gwersyllt, County Clinic	Weekly	Friday p.m.	37	96	68	87
Rhostyllen, Church Hall	Fortnightly	Monday p.m.	22	25	22	14
Rossett, County Clinic	Weekly	Wednesday p.m.	18	39	39	60
Ruabon, County Clinic	Weekly	Tuesday p.m.	35	84	85	55
Ruthin, County Clinic	Weekly	Tuesday p.m.	22	98	114	134
Kinmel Bay, Merchandise Hall	Fortnightly	Wednesday p.m.	21	37	27	29
Hightown, St. John's Church School-room	Weekly	Tuesday pm.	26	75	80	70
<i>Carried Forward</i>				2,112	1,695	2,016

Table 15 (continued)

<i>Location</i>	<i>Frequency</i>	<i>Day and Time</i>	<i>Average attendance per session (children)</i>	<i>No. of children who attended during the year and who were born in</i>		
				1970	1969	1965-68
<i>Brought Forward</i>				2,112	1,695	2,016
Wrexham, Garden Village	Weekly	Wednesday p.m.	43	155	130	110
Wrexham, Prince Charles Road	Weekly	Mon, Thur. p.m.	27	187	186	229
Wrexham, 1 Grosvenor Road	Weekly	Mon., Wed. p.m.	28	178	198	186
Vroncysyllte, Primitive Chapel	Monthly	Tuesday a.m.	12	4	12	13
Trevor, Community Centre	Monthly	Thursday p.m.	11	8	18	15
Cerrigydrudion	Weekly	Thursday p.m.	6	14	9	5
<i>Total</i>				2,658	2,248	2,574

Table 16
MATERNITY AND CHILD WELFARE
DENTAL TREATMENT, 1970

(a) Number provided with Dental Treatment:

	<i>First visits for treat- ments during the year</i>	<i>Total visits</i>	<i>No. of courses of Treatment completed</i>
Expectant and Nursing Mothers	41	110	13
Children under 5 years of age	31	40	28

(b) Forms of Dental Treatment provided:

	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Fillings</i>	<i>Patients treated by scaling</i>	<i>Patients X-rayed</i>	<i>Dentures provided</i>
Expectant and Nursing Mothers	118	33	19	5	3	13
Children under 5 years of age	52	29	6	4	—	—

Table 17
Premature Live and Still Births

<i>Weight</i>	<i>Number of Premature Births</i>		<i>Of those born alive</i>			
	<i>Born dead</i>	<i>Born alive</i>	<i>No. died within 24 hours of birth</i>	<i>No. died in 1 and under 7 days</i>	<i>No. died in 7 and under 28 days</i>	<i>No. sur- vived</i>
2lb. 3oz. or less	5	1	—	—	—	1
Over 2lb. 3oz. and up to 3lb. 4oz.	8	5	2	—	—	3
Over 3lb. 4oz. and up to 4lb. 6oz.	8	37	2	—	—	35
Over 4lb. 6oz. and up to 4lb. 15oz.	1	42	—	1	—	41
Over 4lb. 15oz. and up to 5lb. 8oz.	5	71	1	—	1	69
<i>Total</i>	27	156	5	1	1	149

Table 18
CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN
Admission from the various Counties to Bersham Hall were :

<i>County of Origin</i>	<i>No. of cases admitted during</i>	
	1969	1970
Anglesey	2	2
Caernarvonshire	7	10
Denbighshire	15	6
Flintshire	20	12
Merionethshire	4	—
Montgomeryshire	10	11
Warwickshire	—	—
<i>Total</i>	58	41

Table 19
MATERNITY CASES DISCHARGED FROM HOSPITAL
BEFORE 10th DAY

	0 - 72 hours		4 - 6 days		7 - 10 days		Total	
	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>
1st Quarter	123	1,233	213	1,211	189	506	525	2,950
2nd Quarter	142	1,288	196	1,100	187	473	525	2,861
3rd Quarter	83	759	206	1,168	164	433	453	2,360
4th Quarter	101	935	205	1,161	159	413	465	2,509
Total for year	449	4,215	820	4,640	699	1,825	1,968	10,680

Table 20
MIDWIVES PRACTISING AT 31st DECEMBER, 1970

<i>Employing Authority</i>	<i>No. of Midwives employed whole or part-time</i>
Local Health Authority:	
<i>Domiciliary</i>	45
<i>Mother and Baby Home</i>	1
Private Practice:	
<i>Domiciliary</i>	—
<i>Private Nursing Home</i>	2
Hospital Service:	
Welsh Hospital Board	69

Table 21

**DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1970**

	Number of deliveries attended by Midwives in the area during the year				Totals
	Domiciliary Cases				
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority	1	2	14	252	269
Midwives in private practice (incl. Mid- wives employed in Nursing Homes	—	—	—	—	—
Totals	1	2	14	252	269

Table 22
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	Total Visits	
1	Rhos	105	608	909	173	215	
1	Penycae and Acrefair	205	767	884	123	274	
2	Rhostyllen, Ruabon, Marchwiel, Isycoed, Johnstown	169	1,139	2,741	367	379	
3	Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton	221	1,268	1,957	463	804	
2	Llay, Gresford, Rossett	190	785	1,698	558	302	
1	Gwersyllt, Rhosrobin, Summerhill	85	409	1,061	234	127	
3	Llangollen, Cefn, Garth, Trevor, Chirk and Vron	233	730	1,250	420	647	
2	Abergele, Pensarn, Towyn, Kinmel Bay, Llanfair T.H.	194	513	1,745	502	445	
2	Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	201	659	832	524	819	
2	Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	148	546	861	183	176	
1 (part-time)	Ysbyty Ifan, Llanfihangel G.M., Pentrevoelas, Llan-gwm, Cerrig	36	181	465	34	71	

Table 22 (continued)

No. of Health Visitors	District	No. of visits to children under 1 year		No. of visits to children 1 - 5 years	Persons aged 65 or over		All other Visits
		First Visits	Total Visits		Total Visits		
2	Llanrhaeadr Y.M., Llansilin, Glynceiriog Ruthin Borough, Ruthin Rural (part) Borough of Colwyn Bay and Aled Rural (part) Borough of Wrexham	34	89	198	73	43	
(part- time) 2		164	812	1,090	520	686	
5		451	2,237	2,751	1,196	804	
8		702	3,110	4,539	847	1,672	
37	Totals	3,138	13,853	22,981	6,217	7,464	

TABLE 23

Summary of Cases attended and visited by Home Nurses
during 1970

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases	183	2,211	3,569	5,963
No. of Visits by Home Nurses	1,231	37,159	103,991	142,381
No. of Visits by Nursing Auxiliaries	—	180	1,700	1,880

Table 24

Smallpox Vaccinations

Age at date of Vaccination	Primary Vaccinations	Re-vaccinations
0 - 12 months	12	—
1 year	761	4
2 - 4 years	417	11
5 - 15 years	74	161
Totals	1,264	176

Table 25

Numbers immunised against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and Rubella during 1970

Year of Birth	Diphtheria		Whooping Cough		Tetanus		Poliomyelitis			Measles	Rubella
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Sabin		
1970	17	—	17	—	17	—	—	—	11	4	—
1969	1,509	28	1,498	24	1,509	28	6	—	1,447	421	—
1968	592	427	581	303	593	430	2	—	625	383	—
1967	54	200	45	104	54	201	—	—	73	187	—
1963 - 1966	116	1,858	59	210	132	1,857	—	—	133	271	—
Others under 16	61	397	9	11	182	412	—	—	74	16	382
Total	2,349	2,910	2,209	652	2,487	2,928	8	—	2,363	1,282	382

Table 26
VACCINATION AND IMMUNISATION OF CHILDREN
IMMUNITY INDEX

	<i>Children born in 1969</i>			<i>Smallpox (children under 2)</i>
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Poliomyel- itis</i>	
	(1)	(2)	(3)	(4)
Denbighshire	91	92	87	27
Wales	73	74	71	21
England and Wales	78	80	79	34

Table 27
AMBULANCE SERVICE

	<i>Patients conveyed</i>		<i>Miles travelled</i>
By Ambulance	Stretcher cases	15.350	589.266
	Sitting cases	65.013	
By Sitting Case Car	Sitting cases	53.276	363.589
<i>Grand Total: 1970</i>		133.639	952.855
<i>Grand Total: 1969</i>		126.276	879.069

Table 28
Schoolchildren Tuberculin tested and given B.C.G. Vaccination

	<i>No. tuberculin tested</i>	<i>No. found tuberculin positive</i>	<i>No. found tuberculin negative</i>	<i>No. vaccinated with B.C.G.</i>
1970	1,778	275	1,384	1,383
1969	1,700	242	1,329	1,329

Table 29
TUBERCULOSIS NOTIFICATIONS
AGE AND SEX DISTRIBUTION

<i>Age</i>	<i>Respiratory</i>			<i>Non-Respiratory</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Under 1 year	—	—	—	—	—	—
1 year	—	—	—	—	—	—
2 - 4 years	—	1	1	—	1	1
5 - 9 years	1	2	3	—	—	—
10 - 14 years	—	1	1	—	—	—
15 - 19 years	—	—	—	—	—	—
20 - 24 years	1	2	3	—	1	1
25 - 34 years	3	1	4	—	1	1
35 - 44 years	4	2	6	—	1	1
45 - 54	—	—	—	—	—	—
55 - 64	4	—	4	—	—	—
65 - 74	4	—	4	—	3	3
75 and over	—	—	—	—	—	—
<i>Totals</i>	17	9	26	—	7	7

Total No. of Notifications during 1970 33

No. of new contacts seen of new cases notified 162

No. of contacts notified of this number 5

Table 30
TUBERCULOSIS
Number of Cases on the County Tuberculosis Register for the years 1960 - 1970

Year	No. on Register			Deaths		Death Rate per Million of Population
	Respiratory	Non-Respiratory	Total	Respiratory	Non-Respiratory	County of Denbigh
1960	1,352	173	1,525	22	2	141.3
1961	1,284	149	1,433	11	6	97.8
1962	1,158	136	1,294	19	—	109.1
1963	1,154	122	1,276	2	1	17.2
1964	1,121	146	1,267	7	1	45.2
1965	1,063	152	1,215	3	2	28.0
1966	959	146	1,105	10	4	78.1
1967	840	102	942	8	—	44.5
1968	635	71	706	7	2	49.5
1969	494	63	557	10	5	82.4
1970	439	58	497	4	—	22.4

Table 31

Active cases on Registers according to County Districts, 31st December, 1970

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	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
Western No. 1: Abergele U.D.	Males	19	—	4	3	—	20	—
	Females	18	2	4	1	—	21	2
Colwyn Bay M.B.	Males	21	3	4	1	—	24	3
	Females	20	8	1	3	2	18	7
Aled R.D.	Males	8	1	2	—	—	10	1
	Females	1	3	1	—	—	2	3
Western No. 2: Denbigh M.B.	Males	24	—	4	4	—	24	—
	Females	16	2	—	2	1	14	2
Llanrwst U.D.	Males	11	1	—	3	1	8	—
	Females	4	4	—	1	—	3	4
Ruthin M.B.	Males	1	2	1	1	—	1	2
	Females	2	—	—	1	—	1	—
Hiraethog R.D.	Males	7	3	—	—	—	7	3
	Females	—	1	—	—	—	—	1
Ruthin R.D.	Males	14	2	—	—	1	14	1
	Females	7	3	1	3	—	5	4

Table 31 (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	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
Eastern No. 1: Wrexham R.D.	Males	4	5	—	31	2	85	2
	Females	9	1	1	17	2	58	8
Ceiriog R.D.	Males	1	—	—	2	—	11	1
	Females	2	—	—	—	—	4	2
Llangollen U.D.	Males	—	—	—	1	—	2	—
	Females	—	—	—	—	—	2	—
Eastern No. 2: Wrexham M.B.	Males	9	2	—	9	3	68	6
	Females	3	4	3	6	—	37	6
Totals	494	63	34	7	89	12	439	58

Table 32

Comparative Death Rates from Respiratory Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1970 and each of the preceding nine years

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England and Wales
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
1969	3.2	7.4	5.5	2.2
1970	0.5	1.6	2.2	1.9

Table 33

MENTAL HEALTH

Admissions to Hospital arranged by Mental Welfare Officers

	<i>M</i>	<i>F</i>	<i>Total</i>
Mental Health Act, 1959:			
Section 25 (Observation Order)	20	25	45
Section 26 (Treatment Order)	1	1	2
Section 29 (Emergency Observation Order)	21	34	55

	<i>M</i>	<i>F</i>	<i>Total</i>
Total informal patients admitted to Hospital during year	186	322	508

TABLE 34
Disposal of Mentally Subnormal Patients

	<i>M</i>	<i>F</i>	<i>Total</i>
No. of S.N. and S.S.N. in hospitals at 31.12.70	100	80	180
No. of S.N. and S.S.N. under guardianship at 31.12.70	—	1	1
No. of S.N. and S.S.N. in "Place of Safety" at 31.12.70	—	—	—
No. of S.N. and S.S.N. under Supervision at 31.12.70	232	202	434
No. of S.N. and S.S.N. awaiting removal to hospital at 31.12.70	—	—	—
No. of S.N. and S.S.N. (new cases) reported during the year	20	16	36
No. of S.N. and S.S.N. admitted to hospitals during the year	3	11	14
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	8	5	13

(Note: S.N. - Sub-normal; S.S.N. - Severely Sub-normal)

Table 35
VENEREAL DISEASES
Number of Patients attending Centres during 1970

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Llandudno General Hospital	1	6	23	30
St. Asaph General Hospital	—	—	—	—
Wrexham War Memorial Hospital	1	32	82	115
<i>Totals</i>	2	38	105	145

Table 36
CHIROPODY

<i>No. of persons on register at 31.12.70</i>	<i>No. of persons treated during 1970</i>	<i>No. of Sessions</i>	<i>Total attendances</i>
3,099	3,320	1,727	11,907

Home Visits during the year — 75

Table 37
BLIND PERSONS

	<i>Males</i>	<i>Females</i>
No. of cases on Register at 31.12.70	134	211
No. of cases ascertained during 1970	10	21
No. of cases ascertained during 1970 with:		
(a) Cataract	4	11
(b) Glaucoma	1	4
No. of cases of Blindness due to Retrolental Fibroplasia	—	—

Table 38

EPILEPTICS

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

<i>Age</i>	<i>Number Ascertained</i>		<i>Number in Residential Accommodation</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 - 10	29	22	—	—
10 - 15	36	46	—	—
16 - 29	12	3	1	—
30 - 49	5	5	1	1
50 and over	1	1	—	1

TABLE 39

SPASTICS

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

<i>Age</i>	<i>Number Ascertained</i>		<i>Number in Residential Accommodation</i>	
	<i>Male</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 - 10	18	11	4	3
10 - 15	10	9	2	3
16 - 29	15	14	2	1
30 - 49	7	6	2	—
50 and over	1	3	—	1

Table 40
CYTOLOGY SERVICE
Examinations made during the year 1970

	No. Examined			Cytological Diagnosis					Other Abnormalities		
	Local Authority Clinic	Family Planning and Hospital	G.P. Surgery	Total	Negative	Suspicious	Positive	Unsatisfactory	Urine	Breasts	Raised B.P.
East Denbighshire	817	2,431	1,026	4,274	4,147	3	14	82	9	20	15
West Denbighshire	740	5	364	1,109	1,124	3	3	18	13	11	34
<i>Total</i>	1,557	2,436	1,390	5,383	5,271	6	17	100	22	31	49

Table 41

STATISTICS RELATING TO THE HOME HELP SERVICE, 1970

No. of Home Helps employed (as at 31st December, 1970). Part Time 192

	Category of Cases											
	Over 65 years of age			Under 65 years of age								
				Chronic Sick and T.B.		Mentally Disordered		Maternity		Others		Total
	No.	% of Total		No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	
No. of cases assisted during the year	1,158	81.3		160	11.2	14	1.0	29	2.0	65	4.5	1,426
No. of hours worked	167,178	85.6		20,327	10.4	2,402	1.2	945	0.5	4,591	2.3	195,443
Average No. of hours per case per week	2.9			6.0		3.5		18.0		3.5		3.7

Table 42

INFECTIOUS DISEASES

Particulars respecting notifications received during 1970 and for comparative purposes the nine preceding years are shewn

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Scarlet Fever	30	20	36	79	67	62	67	48	59	30
Whooping Cough	88	10	82	116	21	45	160	61	5	65
Measles	2,749	414	1,222	1,160	1,556	731	1,328	904	371	1,277
Acute Pneumonia	45	11	10	24	10	8	13	3	—	—
Meningococcal Infection	1	1	3	1	1	2	—	—	—	3
Acute Poliomyelitis:										
<i>Paralytic</i>	1	2	—	1	—	—	—	—	—	—
<i>Non-Paralytic</i>	—	—	—	—	—	—	1	—	—	—
Acute Encephalitis:										
<i>Infective</i>	—	1	—	—	—	—	—	—	—	1
<i>Post-infectious</i>	—	—	1	—	—	1	—	—	—	—
Dysentery	93	86	80	5	426	95	10	44	85	16
Ophthalmia Neonatorum	—	—	1	1	1	1	3	1	—	—
Puerperal Pyrexia	40	20	14	30	13	7	6	6	1	—
Paratyphoid Fever	—	—	3	—	5	1	1	—	1	—
Food Poisoning	4	5	6	19	16	24	74	128	26	52
Erysipelas	3	1	1	9	6	9	2	4	—	1
Respiratory Tuberculosis	95	108	68	53	62	32	47	40	20	26
Non-Respiratory Tuberculosis	9	10	7	9	9	10	12	3	4	7
T.B. Meninges and C.N.S.	11	4	—	2	4	—	1	1	—	—
Infective Jaundice	—	—	—	—	—	—	—	2	26	110
T.B. Notification after death	—	—	—	—	—	—	—	3	1	1
<i>Carried Forward</i>	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248	598	1,589

Table 42 (continued)

Particulars respecting notifications received during 1970 and for comparative purposes the nine preceding years are shewn										
	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
<i>Brought Forward</i>	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248	598	1,589
Leptospirosis	—	—	—	—	—	—	—	—	2	—
Acute Meningitis	—	—	—	—	—	—	—	—	2	1
Malaria	—	—	—	—	—	—	—	—	1	—
Tetanus	—	—	—	—	—	—	—	—	1	—
<i>Totals</i>	3,159	693	1,534	1,509	2,197	1,028	1,725	1,248	604	1,590

Table 43

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

Area	Meningococcal Infection	Acute Encephalitis (infective)	Erysipelas	Scarlet Fever	Whooping Cough	Measles	Acute Meningitis	Respiratory Tuberculosis	Non-respiratory T.B.	Dysentery	Food Poisoning	Infective Jaundice	Tuberculosis notifications after death
Western No. 1:													
Colwyn Bay	—	—	—	1	29	163	—	5	1	—	2	—	—
Aled	—	—	—	—	2	34	—	3	—	—	—	—	—
Abergele	1	—	1	2	6	220	1	6	—	—	3	—	1
Western No. 2:													
Ruthin Borough	—	—	—	—	—	31	—	1	—	—	—	—	—
Ruthin Rural	—	—	—	—	7	199	—	1	1	—	5	1	—
Hiraethog	—	—	—	2	2	17	—	—	—	1	1	6	—
Llanrwst	—	—	—	2	1	16	—	—	—	—	1	68	—
Denbigh	—	—	—	—	5	112	—	2	1	—	3	3	—
Eastern No. 1:													
Wrexham R.D.C.	1	—	—	8	—	125	—	5	1	2	13	5	—
Ceiriog	—	—	—	1	—	1	—	—	—	—	16	4	—
Llangollen	—	—	—	—	2	9	—	—	—	—	—	—	—
Eastern No. 2:													
Wrexham Borough	1	1	—	14	11	350	—	3	3	13	8	23	—
Total	3	1	1	30	65	1,277	1	26	7	16	52	110	1

Table 44

REGISTRATION OF NURSING HOMES

	<i>Number of Homes</i>	<i>Number of beds provided for</i>		
		<i>Maternity</i>	<i>Others</i>	<i>Total</i>
Homes first registered during the year	2	—	25	25
Total Homes on the register at the end of year	12	24	134	158

Table 45

STAFF MEDICAL EXAMINATIONS

<i>Category</i>	<i>No. Examined</i>
New Entrants to Staff	684
College Entrants	261
Absence through Sickness	25

Table 46

Registration of Premises and Persons under Section 1 of Nurseries' and Child Minders' Regulation Act, 1948

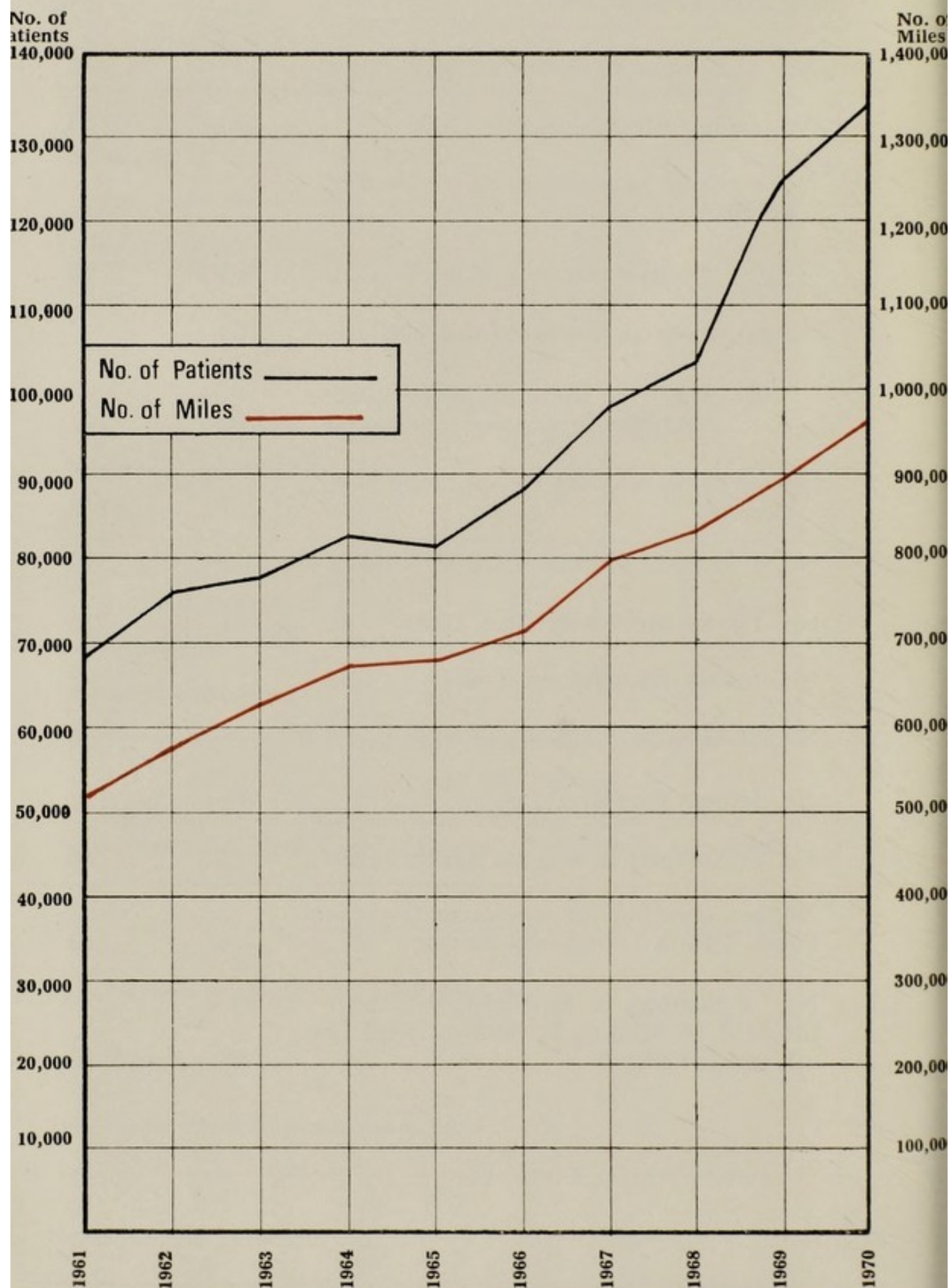
	<i>Premises</i>	<i>Persons</i>
No. of persons or premises registered during the year	12	1
Total No. of registered persons or premises	40	8
No. of children permitted	921	24

Table 47

MILK SAMPLING

	1969	1970
(a) No. of Samples of Untreated Milk taken	811	881
No. failing Methylene Blue Test	43	44
No. giving unsatisfactory biological results :		
(i) Positive Brucella Ring Test	83	83
(ii) Positive Cultures for Brucellosis	20	4
(iii) Positive Cultures for Tuberculosis	<i>Nil</i>	<i>Nil</i>
No. showing evidence of antibiotic substances	<i>Nil</i>	<i>Nil</i>
(b) No. of samples of Pasteurised Milk taken	389	327
No. failing Methylene Blue Test	11	16
No. failing Phosphatase Test	1	2
(c) No. of Samples of Sterilised Milk taken	29	4
No. failing Turbidity Test	<i>Nil</i>	<i>Nil</i>
(d) No. of Samples of washed bottles taken	58	60
No. not satisfying the requirements of the Public Health Laboratory Service	4	2
(e) No. of Samples of Milk supplied under the Milk in Schools Scheme included in (a) and (b) above	98	63

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



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