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Denbighshire County Council

ANNUAL REPORT

on the

Health of Denbighshire

for the

YEAR 1971

M. T. ISLWYN JONES, M.D., D.P.H.
County Medical Officer

Circular Press Ltd., Abergele Road, Colwyn Bay.

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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:

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Mr. G. Davies
Mr. W. E. Davies
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Mr. Thomas Williams
Dr. P. Powell (representing Clwyd & Deeside H.M.C.)
Mr. H. O. Tunnah (representing Wrexham, Powys & Mawddach H.M.C.)

together with the following four co-opted members, viz.:

Dr. Morton H. Evans
Dr. Sheila Reid
Mrs. K. B. Jones*
Mrs. M. Manford Jones

* *also member of the Health Standing Sub-Committee*

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and Principal School Medical Officer:
M. T. Islwyn Jones, M.D., D.P.H., F.F.C.M.

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. (Medical Officer in Senior Post)
J. G. M. Williams, M.B., Ch.B., D.P.H.

Medical Officer in Senior Post:
K. Dalzell, M.B., Ch.B.

Medical Officers in Department (*full-time*):
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., (resigned 31.5.1971)
J. Jones, L.D.S., R.C.S.
R. H. N. Osmond, L.D.S., R.C.S. (*part-time*)
J. Hicks, L.D.S. (*part-time*)

County Orthodontist (*part-time*):
B. T. Broadbent, F.D.S., B.D.S.

Dental Auxiliaries:
Miss S. A. Bright
Mrs. D. Lloyd
Miss A. E. Williams (from 1.9.71)

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

County Public Health Inspector:
D. D. Button, M.A.P.H.A., A.R.S.H.

Assistant County Public Health Inspector:
A. E. Lewis, D.M.A., M.A.P.H.I. (from 1.10.1971))

Food and Drugs Chief Inspector:
D. H. Owens

Director of Nursing Services:
Miss A. Large, S.R.N., S.C.M., Q.N., H.V. Cert.

Area Nursing Officers:
Miss W. M. Tagg, S.R.N., S.C.M., H.V. Cert.
Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V. Cert.
Mr. L. Roberts, S.R.N., Q.N., H.V. Cert.

Health Visitors	38
Tuberculosis Visitors	2
Home Nurses and Midwives	78
Ancillary Staff	18

Speech Therapy Service:

Senior Speech Therapist:
Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapists:

Mrs. G. Edwards, L.C.S.T., I.P.A.
Mrs. D. Fitzsimmons, L.C.S.T. (*part-time*)
Mrs. E. J. Merrett, L.C.S.T. (*part-time*)

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

Anrhydedd i mi ydyw cyflwyno Adroddiad Blynyddol ar Iechyd Sir Ddinbych am y Flwyddyn 1971. Er ein bod yn byw mewn cyfnod cyffrous a chyfnewidiol, datblygodd y gwasanaethau yn foddhaol.

Y Ddogfen Ymgynghorol Cyhoeddwyd y Ddogfen Ymgynghorol yn mis Mehefin 1971 ac fe ystyrwyd hi yn ofalus gan bawb sydd a diddordeb yn nyfodol y Gwasanaeth Iechyd yng Nghymru. Er ini gydweld a'r angen i uno y Gwasanaethau Iechyd ni fedrwn lai na theimlo'n drist y byddwn yn torri ein cysylltiad gyda'r Cyngor Sir. Serch hynny, hyderaf y parha'r cyfeillgarwch a'r cydweithrediad a ddatblygodd dros y blynyddoedd.

Ystadegau. Cynyddodd poblogaeth y Sir i gyfanswm o 184,830. Yn y trefydd y bu'r cynydd — ac yn anffodus, parhau i leihau mae'r nifer yng nghefn gwlad. Cynyddodd y nifer o fabanod a fu farw yn 1971 ac o'i gymharu a 1970 cododd y cyfartal o 13 y mil i 20 y mil.

Chwith hefyd gweld fod 52 o fenywod wedi marw o gancr y fron a 21 o gancr yr ysgyfaint er yr oll ymdrechion i rwystro datblygiad yr haint hwn.

Canolfannau Iechyd. Hyd at ryw ddwy flynedd yn ol byddai Sir Ddinbych yn adeiladu un neu ddau Ganolfan Iechyd Plant pob blwyddyn, ond yn anffodus gwaharddodd y Swyddfa Gymreig godi ychwaneg o'r rhain, a gorfodwyd y Sir i ail ystyried ei pholisi ac adeiladu Canolfannau Iechyd yn unig. Mewn llawer o ardaloedd 'roedd y meddygon teulu yn awyddus i gydweithio gyda staff yr Adran Iechyd mewn Canolfannau Iechyd ond gwrthododd Cyngor, Gweinyddol Dinbych a Fflint (Gwasanaeth Iechyd Genedlaethol) i gyd weithio gyda'r Cyngor Sir, ac hyd yma 'rydym wedi methu adeiladu Canolfan Iechyd na Chanolfan Iechyd Plant. Golyga hyn fod llawer ardal yn cael ei diddymu o wasanaethau cynorthwyol yr Adran Iechyd.

Adrefniant y Gwasanaeth Weinyddol Ceisiwyd yn yr Adroddiad flaenorol awgrymu y gwelliannau sydd beunydd yn cymryd lle yn y gwasanaeth nyrsio. Dros y blynyddoedd diweddar bu'r pwyslais mawr ar weinyddu'r cleifion yn eu cartrefi; mae hyn wedi golygu cyfnewid agweddau o gydweithrediad. Erbyn hyn, mae nifer helaeth o'n gweinyddesau yn cydweithio'n gyson gyda'r meddygon teulu ac er mwyn sicrhau fod y cyfnewidiadau hyn yn effeithiol ac yn rhedeg yn ddidor, newidwyd trefnyddion yn ol cyfarwyddyd Adroddiad "Mayston".

Gwasanaeth Ambiwlans Yn ol yr arfer, cynyddodd gwaeith y Gwasanaeth Ambiwlans ac fe drafaeliwyd dros 1,000,000 o filltiroedd yn 1971. Rhaid wynebu'r ffaith fod y gofynion ar y Gwasanaeth yn newid pob blwyddyn ac erbyn hyn mai cludo pobl yn hytrach na chleifion yw'r rhan helaeth o'r gwaith. Mae Gwasanaeth Gwirfoddol yn parhau mewn llawer ardal i gyfanu yn effeithiol tuag at gadw safonau uchel y gwasan-

aeth; ond trist yw gorfod nodi fod Orsaf Wirfoddol yng Ngherrig-y-Drudion wedi cau oherwydd prinder gwyr ifainc i lanw bylchau yr henoedion. Diolchwn iddynt oll am eu gwasanaeth gwych dros gyfnod hir ac ar yr un pryd estynnwn groeso i fechgyn Pentrefoelas sydd wedi agor gorsaf wirfoddol yno. Mae hyn yn golygu y medrwn sicrhau gwasanaeth cyfleus ar hyd y ffordd fawr A.5 ac yn enwedig ar y rhannau peryglus lle mae cymaint o ddamweiniau llethol yn digwydd yn gyson.

Gwasanaeth Iechyd y Meddwl. Yn 1971 trawsglwyddwyd rhannau helaeth o'r gwasanaeth hwn o'r Adran Iechyd i Adran y Gwasanaethau Cymdeithasol. Ymfalchiwn yn y datblygiadau chwyldroadol a gymrodd le yn y maes hwn yn ystod yr ugain mlynedd diwethaf, ac yn enwedig yn y rhan flaenllaw a gymerwyd gan ein Hadran yn datblygu llawer agwedd o'r Gwasanaeth hwn.

Fe welwch yn yr Adroddiad fod Mr. J. Emlyn Evans wedi ysgrifennu ei addroddiad olaf fel Prif Swyddog Lles y Meddwl am y cyfnod Ionawr hyd Mawrth, 1971, pryd y trawsglwyddwyd y cyfrifoldeb iddo yn ei swydd newydd fel Cyfarddwyddwr Gwasanaethau Cymdeithasol.

Afiechydon Arennol. Un o'r datblygiadiau diweddar yw'r darganfyddiad sydd yn caniatau triniaeth llwyddianus arennol ffaeledig. O'r blaen byddai'r cleifion yn marw yn bur fuan ond wrth ddefnyddio "Peiriant Arennol" mae llawer yn medru byw yn effeithiol yn eu cartrefi. Ar hyn o bryd gofaler am tua 4 neu 5 o gleifion o'r fath yn Sir Ddinbych ac mae pob un ohonynt yn achosi problemau anodd; ond yn ffodus mae pawb yn barod i gydweithio; fel enghraifft. cawsom gydweithrediad chwech o wahanol awdurdodau er sicrhau triniaeth i un claf er bod amryw ofynion technegol ac fod pob un ohonynt yn costio'n ddrud. Diolch am ddyngarwch a haelioni o'r fath, hyd yn oed gan swyddogion!

Cydnabyddiaeth

Pleser yw diolch i holl aelodau'r Swyddfa am eu gweithgarwch trwy gydol y flwyddyn. Bydd llawer wedi dioddef yn ychwaneg, ac yn ddios, fe fyddai sawl hen berson wedi gorfod gadael ei gartref am gysgod Cartref Henoed neu Ysbyty, oni bai am garegdigrwydd y staff.

Hoffwn ddatgan fy ngwerthfawrogiad i Brif Swyddiogion y Cyngor ac Aelodau'r Pwllgor Iechyd; ac yn bennaf i Gadeirydd ac Is-Cadeirydd y Pwyllgor Iechyd am eu cydweithrediad a'u cymorth hael drwy'r flwyddyn.

FOREWORD

I have the honour of presenting the Annual Report on the Health of Denbighshire for the year 1971.

Although services had continued to develop and statistically the situation was satisfactory, it was a period of readjustment and reorganisation.

Early in 1971, Mr. Emlyn Evans, the Chief Mental Welfare Officer, was appointed Director of Social Services for Denbighshire and, at the end of March, the Mental Welfare and the Home Help Services and other minor functions were transferred to the new Department but the Health Department has, inevitably continued to supply the medical and specialist support which were essential to the combined development of those services. However, much of the forward planning of the Health Department was influenced by the impending National Health Service reorganisation.

Consultative Document

The Consultative Document on the National Health Service Reorganisation in Wales was published in June, 1971. This formed the basis for discussion regarding the future administrative structure of the Health Services in the Principality. It is to be hoped that the aspirations and intentions enunciated in the document will be of benefit to the whole community. It is sad to realise that the health services will be separated administratively from local government and one can only hope that the cordial relationships and understanding which have been forged over the years will continue to be a firm link between the two Authorities.

Statistics

The estimated population of the County increased by 1,970 during the year to 184,830. All the growth was in the urban areas and it is sad to record that the rural population is still declining. The number of live births in the County during the year was 2,979 — an increase of 59 over the previous year — and this gives a birth rate (adjusted) of 17.9 per 1,000 population as against 17.8 in 1970. The number of infant deaths increased by 60%, while the Infant Mortality Rate rose from 13 per thousand births in 1970, to 20 in 1971. It is significant that 44 of these deaths were due either to congenital anomalies, birth injury or other causes of perinatal mortality. This, of course, has elevated the neonatal, early neo-natal and perinatal mortality rates to well above the levels of those for England and Wales.

Cancer deaths have continued at the same rate, but it is sad that in 1971 52 women died from breast cancer and 21 from lung cancer. In 1967 the ratio of male to female deaths from lung cancer was 10:1, but

in 1971 it is down to 4:1 — a decrease in the number of deaths in males and an increase in the number of deaths from lung cancer in women. It cannot be claimed that these figures are statistically significant but they do corroborate the fact that an increasing number of women are smoking cigarettes.

Health Centres

Since 1958, this Authority has built Child Welfare Centres in various parts of the County and, in some areas, General Medical Practitioners have rented accommodation in these Child Health Centres for their practice use. This sort of development had ensured a substantial degree of co-operation in the community health services and in practice the situation was completely comparable to that existing in a Health Centre. Invariably, before building a new Child Health Centre the doctors in the area were consulted and asked if they wished to share premises with the Local Health Authority but generally they had decided against this suggestion and had proceeded to develop their own accommodation. However, two doctors practising in Coedpoeth expressed an interest in the County's proposal to build premises in that area and accordingly the Executive Council was contacted. The County Council resolved to adopt the recommendations regarding Health Centres contained in Circular 7/67 and formally proceeded to seek authority to build a Health Centre at Coedpoeth.

Regrettably, the Denbighshire and Flintshire Executive Committee decided that a Health Centre was not required at Coedpoeth. This meant that the Welsh Office would not grant loan sanction for the erection of a new building in this locality so that inevitably this community was denied modern facilities which the Denbighshire County Council considered necessary for its well being. Despite appeals, the Executive Council has remained obdurate but, fortunately, the Welsh Office has relented and acceded to the County's plea for permission to build a Child Health Centre.

Child Health Centre — Hightown

A new Child Health Centre was opened in November, 1971, in the part of Wrexham which had been demolished and redeveloped by Wrexham Borough. From the outset, the Centre has been fully utilised and it is gratifying that so much use is being made of the services that have been provided.

Initially, a General Medical Practitioner expressed an interest in this development and, accordingly, he was invited to join the planning team but, regrettably, he changed his mind and withdrew from the project.

Integration of Community Health Services

The 1970 Annual Report contained a detailed account of the arrangements made for ensuring co-operation between General Medical Practitioners and Nurses and Health Visitors. During the year, under

review, there were consultations between General Medical Practitioners and Local Health Authority staff with the object of exploring ways of ensuring closer collaboration between the various sections of the community health services.

The Health Committee also had given careful consideration to the recommendations of the Mayston Report — The Working Party on Management Structure in the Local Authority Nursing Services — and, in due course, it decided upon the following establishments:

Director of Nursing Services	1
Area Nursing Officers	3
Nursing Officers	6

Miss Large was designated Director of Nursing Services while Miss Tagg relinquished her designation of Superintendent Health Visitor and was appointed an Area Nursing Officer with responsibility for all the Nursing Services in West Denbighshire. It would be remiss of me not to express my appreciation to Miss Tagg for the excellent service she rendered as Superintendent Health Visitor and for the enthusiasm with which she has tackled her changed duties. It is also a pleasure to record that Miss Tagg has been honoured by being appointed a member of the Wrexham, Powys and Mawddach Hospital Management Committee and also of the Council for the Education and Training of Health Visitors.

Group Practices have increased in number throughout the County and this trend has changed attitudes and provided opportunities for closer integration of services. The health needs of the community have changed substantially in recent years and this has necessitated alteration in the pattern of domiciliary services. To meet these challenges, doctors are demanding more nursing, para-medical and social support and, in many instances, the General Medical Practitioners have themselves provided facilities and accommodation for Nurses and Health Visitors. In return, the Local Health Authority has reciprocated by a liberal interpretation of its responsibility.

Accommodation has been provided on a rental basis for General Medical Practitioners at several Child Health Centres.

Staffing. Administrative staff and office facilities have been provided on a "quid pro quo" basis. Community Nursing Officers have been allocated to two group practices and efforts have been directed towards establishing a community nursing team. General Medical Practitioners have been appointed as Medical Officers on a sessional basis to conduct Child Health and School Health Sessions.

Communications. Since opening the Ambulance Headquarters in Wrexham, it has been possible to channel all emergency requests for Local Health Authority Services to the duty Ambulance Control Officer. This facility has been of great value not only to members of the public

but also for all those concerned with the Health Services. Recently, it has been made possible for all emergency telephone calls to the Health Department from the whole of Denbighshire to be routed to the Ambulance Headquarters' Control Room at Ruthin Road, Wrexham. There, the enquiry can be received and passed on for action to the duty Medical, Nursing or Ambulance Officers, and now also to the duty Social Worker.

Radio Communication plays an increasing part in the Emergency Medical Services especially with growing traffic on motorways. The Ambulance Radio system covers much of the County but, due to terrain, there are dead areas, particularly in some of the deeper valleys.

Several District Nurse/Midwives were, some years ago, placed on radio and this has proved of considerable value, particularly in rural areas.

General Medical Practitioners in the County have experimented with private radio schemes but these have only a limited use in most parts of the County. Some General Medical Practitioners who work closely at road accidents and emergencies with the Ambulance Service have been given, on loan, a County radio set. These trials have indicated how valuable radio communications could be in the organisation of community health services.

Professional Relationships. Traditionally, doctors and nurses have worked closely together in curative medicine but there has never been the same rapport in the sphere of preventive medicine. However, recently, there has been a change of attitudes and there has been an increasing interest by General Medical Practitioners in the medico/social problems of their patients. This has led to a better understanding of the role of the Health Visitor which has, in many instances, offered new opportunities and challenges for the Health Visiting staff. This multi-disciplinary philosophy is steadily gaining ground, and many doctors are now ready to share their responsibility for the health of their patients with other members of their team. This necessitates a change of policy on the part of the Local Health Authority for it implies that nursing staff must work to a practice area rather than to a geographical area. The implications of this are much more far-reaching than would at first appear.

Organisation of General Medical Practice is essentially and primarily the concern of the General Medical Practitioner but several progressive Group Practices in Denbighshire have invited the Health Department staff to participate in an administrative review of the current procedures adopted by the Groups. The combined study promises to define more clearly the changing needs, to indicate more precisely where resources must be re-allocated, and to discover administrative procedures which would meet the needs of a fully-integrated community health service.

Hospital Services also must be linked with the community health services and although relationships have always been cordial, it has been possible to improve co-operation in a variety of ways. The changed content of Nurse Training does ensure that they all spend some of their training time in the domiciliary nursing service. The detailed arrangements for this training were thought out and agreed by the respective Hospital and Local Health Authority Nursing staff and the finalised scheme has been approved by the General Nursing Council.

The attachment of 76 Ward Sisters to the Community Nursing Services proved most revealing and informative to all concerned. The exchange of information and the open discussion of mutual problems has resulted in a better understanding and a closer working relationship. An account of this exercise was published in the Journal *District Nursing*. The *Nursing Mirror* also published an article by our Nursing Officers on "Midwifery Refresher Courses Reviewed", which described yet another activity which is shared with the Hospital Staff.

Miss Large, Director of Nursing Services, in her report comments as follows:

"Insofar as the field staff are concerned, more and more demands to initiate students into community nursing practice are unavoidably being made upon them, because of an increasing broadening of professional education. Our practical work instructors were taken out of the groups for their training without there being relief staff available.

"The G.1 Midwifery Refresher Course was conducted with a very limited relief only.

"The very fact that the role of the District Nurse is changing is underlined by the advances in chemotherapy which is having the effect of releasing her from the acute short-term care and allowing her to become concerned more with the long-term care that the elderly demand. Early hospital discharge of patients and the decreased number of beds that are available, has led to an increase in the number of elderly living alone. A fair proportion of these are without family help and very often there is no-one to get their prescriptions dispensed except the nurses. The apparent additional help that was given to the nursing staff in the form of auxiliaries has already been absorbed, as was expected with any new service, and there is no doubt that more ancillary help is required, more especially in the coastal retirement areas of our County. The Social Services' Act 1970, insofar as the elderly at home are concerned, has had remarkably little noticeable effect on the actual work of the nurses.

"Last year, I gave a very detailed account of the work of the nursing staffs based on the general medical practitioners' premises. This work is continuing. This year, we have extended to the practices in Colwyn Bay, Old Colwyn, Ruthin and Denbigh areas.

"Home Nursing

The number of cases overall shows an increase of 30. Significantly, the number of patients of 65 years and over has increased by 401. These statistics relate to domiciliary visits and not to the work done in the practice premises.

"Midwifery

The Health Education programmes are continuing. This essential work does not decrease although the number of domiciliary births in the County was down by 41, but there was an increase in the total births of 65 and there was an increase of 26 discharges before the third day.

The number of pupil midwives trained during the year was 15."

The impact of change has also fallen heavily on Health Visitors and it is gratifying to note that they are adapting themselves with traditional resilience. Miss Tagg in her report comments:

"Consideration will have to be given to the future role of the Health Visitor in the School Health field, particularly with the increasing trend towards group practice attachment. Formerly, one of the advantages of the Health Visitor undertaking combined work was her continuing link with the families and the schools in her own area, but when working from a group practice, her caseload is much more widely disseminated and this close contact is lost. It would seem, therefore, that less highly qualified staff could undertake some, if not all, of this work, thus relieving the Health Visitor and giving her more time to cope with the tasks which require her special skills. As it takes at least five years to train a Health Visitor, it would seem that we are using a sledge-hammer to crack a nut!

"Although little progress has been made with formal attachment of Health Visitors to group practices during the year, in most areas each is becoming much more aware of and making more contact with the other, and this will be of immense value in the future. The greatest obstacle to attaching staff is the increase in workload that this will entail, for Health Visitors do not, like the District Nurses, depend upon Doctors for patient referral but have their statutory duties to fulfil under the National Health Service Act. Assessing the work of Health Visitors is always an extremely difficult task. In an effort to estimate how much time was spent on different tasks, the Health Visitors undertook to keep very detailed records of how each day was made up for a full working week. Although this was an amateur piece of research and took place during the first full week of the Spring Term (and so not truly typical of School Health) it proved to be quite interesting.

Assessment of time spent by Health Visitors on specific tasks:

	%
Domiciliary duties	33
Clinic duties (all types)	17
Writing up records, reports, filing, etc.	17

School Health	13
Travelling	10
Other duties *	10

* Consultations with general practitioners, social workers, meetings, telephoning, etc.

Further breakdown of time spent on domiciliary visits:

	%
Pre-school children	59
Aged	20
Problem families	7
Domestic help	5
Follow-up school health	2
Premature births	3
Mental health	1
Ante-natal	1
Post-natal	1
No access	1

Further breakdown of the time spent in various types of clinics:

	%
Child health	70
Ante-natal and post-natal	9
Cytology	8
Hearing assessments	6
Mothercraft	5
Medical examinations	2

Family Planning Service

This service is operated on an agency basis by the North Wales Branch of the Family Planning Association. During 1971, the arrangements were reconsidered and it was decided to enter on a new agreement which was in conformity with that proposed following National discussions. The new financial arrangement has hardly changed the cost of this Service to Denbighshire.

Miss Tagg in her report includes the following comments on this Service:

"One of the new developments affecting Health Visitors is the increased emphasis now being placed on family planning. A completely new clinic has been started by the Family Planning Association in an underprivileged area in the hope that it will attract the type of woman who would not normally attend such a clinic. As the project only got under way in September, it is too early to assess how successful this has been. So important is this type of work in preventive medicine that by sacrificing one of our three allotted refresher courses sufficient money was found

to send six Health Visitors for a two day course in Family Planning Methods. Next year, they will go to a registered training centre to complete their practical training, which will then entitle them to work in Family Planning Clinics. Before long, it is hoped that it will be possible to start a Clinic of our own — if the necessary medical manpower becomes available. As an off-shoot of the Family Planning Association, an extra clinic has just been started in the newly completed Clinic premises at Hightown specifically for insertion of I.U.D.'s. The premises where this work is undertaken are subject to very great scrutiny and previous to the approval granted to these premises, patients had to travel to Mold. This was a serious disadvantage, for it is often the less highly motivated type of woman who requires this type of contraception".

Ambulance Service

The demand on the Ambulance Service has continued to grow and the miles travelled in 1971 exceeded 1,000,000. Much of the work cannot be truly classified as Ambulance work for an increasing proportion is concerned with transporting chronic cases for long-term treatment. The position has now been reached when consideration must be given to establishing a "two-tier" system — the highly-skilled Ambulanceman for acute and emergency work and a lesser trained driver for sitting car cases. To some extent this already exists for there are many enthusiastic taxi-drivers who provide a supplementary car service and without whose help it would be impossible to provide adequate coverage.

Voluntary support still continues in Denbighshire and without this support the County would be in considerable difficulties, particularly in the rural areas. Colwyn Bay Voluntary Ambulance Corps and the Llanrwst and Cefn Mawr Divisional St. John have a great many hours of experience to their credit, but the Pentrevoelas Voluntary Station has only recently been formed to replace the Cerrigydrudion Ambulance Station. In welcoming the volunteers at Pentrevoelas, I wish to thank the Cerrigydrudion volunteers for their many years of devoted service. It was sad to realise that the old stalwarts could not carry on any longer and that there were no youngsters coming along to replace them. Our appreciation should also be extended to Dr. Edward Davies whose enthusiasm and help has motivated the formation of the Pentrevoelas team.

Training

In-service training of full-time personnel has continued in order to meet the recommendations of the Miller Report. Three Courses of two weeks each were held during May, November and December, and it is hoped to ensure that every member of the Service will have completed an approved course of training in the near future. So far, 95% have been successful at their first attempt. In addition to members of the Health Department help in training has been received from the Hospital and from Dr. H. Watkin James.

Exercise Capri

During 1971, the Ford Motor Company suggested that the Authority might wish to try out a Ford Capri as a car for use by doctors called to an emergency. The car had special surgical, first-aid, and rescue equipment which had been supplied by Lomas Brothers. After local consultations, it was decided to experiment with the car and for this purpose it was equipped with a radio set. Six General Medical Practitioners participated in the trial which culminated in a special exercise at the Ambulance Headquarters in September, 1971.

The Capri exercise was planned to demonstrate the way in which the Police, Fire, Ambulance and Health Service would co-operate in dealing with a small but complex road accident. All Services agreed to participate and Dr. H. Watkin James took part as the Emergency doctor on call, while Miss J. Britton, a County Midwife, whose car is fitted with a County Ambulance radio set, also agreed to play her part.

The Exercise took place in front of the Ambulance Headquarters where an audience composed of the Lord Lieutenant of Flintshire, representatives from the Welsh Office, Denbighshire Health Committee and various Voluntary Organisations took a keen and critical interest in the proceedings and they made valuable suggestions at the ensuing discussions.

The following detailed report was prepared by Mr. E. Evans Hughes, County Ambulance Officer:

ACCIDENT AND EMERGENCY SERVICE

"**Appreciation:**

1. The number of road accidents and deaths is increasing.
2. Associated with extension of community care and increasing longevity, there is a growing number of emergencies and accidents in the home.
3. There is no planned provision for qualified skilled medical aid to be available to meet these emergencies except on a voluntary basis.
4. Ambulance personnel, although becoming more highly trained, are limited in the field of resuscitation.
5. Distances between an incident and a district general hospital equipped to deal with such emergencies may yet become greater.

" The severity of car accidents, particularly on motorways, demands a co-ordinated effort by Police, Fire, Ambulance and General Medical Practitioner services. Generally, doctors are willing to give help whenever they are asked to assist in road traffic accidents, but it is well-known

that general medical practitioners are out on their rounds for a good part of the day and during thes· periods they cannot alway? be readily contacted. Yet, the increasing number and severity of road traffic accidents and other medical and surgical emergencies makes it imperative that a doctor with the appropriate experience, skill and equipment, should be available at many of these incidents.

"**Present Situation:**

The Denbighshire Ambulance Service has a main control at Wrexham with a subsidiary one at Colwyn Bay. Many general medical practitioners particularly those who are police surgeons, or who have lengths of trunk roads in their areas, have co-operated with the Ambulance Service over many years and they have never failed to turn out to help whenever it has been possible to contact them. This has never involved Denbighshire County Council in any expenditure for the doctors responded voluntarily to the calls for help. However, the increasing demands being made on the doctors necessitates a reconsideration of the whole situation and, accordingly, six doctors were invited to participate in a pilot scheme.

Pilot Scheme:

Selected doctors from group practices were invited to act as duty medical officer for a specified number of days during which he would attend to all emergency calls for the group practice and also any emergency calls made by the Ambulance Service. During the period of duty, a special car was issued on loan to each general medical practitioner participating in the pilot scheme. This was a 3-litre "Capri" supplied by the Ford Motor Company. It was equipped by Messrs. H. Lomas, Ambulance Specialists, with a wide range of ambulance equipment as well as an experimental surgical kit based on the recommendation of the Riding general medical practitioners.

The pilot scheme was designed to test:

1. The feasibility of a duty medical officer for group practice being available for accident and general emergency services.
2. The use of radio control by general medical practitioners.
3. The practicability and merit of such a scheme.
4. The suitability of a type of car and specialised equipment.
5. The financial and statutory implications of such a scheme.
6. Any proposed developments.

"**Method:**

Messrs. Ford Motor Company offered the loan of a 3-litre "Capri" car equipped with specialised equipment by Messrs. Herbert Lomas Limited (see Appendix "A") to carry out the pilot scheme.

Selected general medical practitioners were consulted and six practices agreed to participate. The areas covered were broadly representative

of the County generally, road conditions, traffic problems and variation in radio coverage were the main considerations.

The County Ambulance Officer discussed the scheme and the arrangements with each doctor, and emphasised that a full report would be required which would be submitted to a joint conference of all who were concerned with the pilot scheme. Each doctor was encouraged to use the radio for professional purposes other than within the narrow remit of the Emergency Service.

"Implementation:

The 3-litre "Capri" with full equipment was issued as follows:

Dr. H. Watkin James, Wrexham	25th - 28th May
Dr. J. Adams Davies, Llangollen	10th - 13th June
Dr. A. Evans, Old Colwyn	25th June - 1st July
Dr. E. Davies, Cerrig	2nd - 8th July
Dr. G. Jones, Llanrhaeadr Y.M.	13th - 19th July
Dr. L. Jones, Ruthin	26th - 29th July

"Terminal Test:

On the afternoon of 3rd August, 1971, a mock mini-major accident was staged at the County Ambulance Headquarters, Wrexham, and Police, Fire and Ambulance Services, along with Dr. H. Watkin James and a County Midwife, Miss J. Britton, participated in dealing with the incident along the lines of "practice" which would be put into operation if the pilot scheme was adopted in principle. A large proportion of the "services' co-operation" is already in existence today, but the added feature of "doctor availability" clearly demonstrated that if the incident had in fact been reality, the presence of skilled medical aid on the spot in the early stages of resuscitation, together with guidance to the ambulance crews by a doctor on radio, could and would enhance the chance of patient survival in the more serious type of injuries very considerably. From the remarks and comments of the distinguished and interested parties who witnessed the terminal test, it was apparent that the co-operation of a doctor emergency service at the roadside as a regular feature of the system was very much needed and very much to be desired. Probably the biggest single factor which holds back developments in the scheme is finance.

"Analysis:

Following the demonstration a long and frank discussion took place on the points listed in the pilot scheme. From the transcript of these discussions, the written and verbal comments of doctors participating, and my own observations, the following conclusions would appear to emerge:

1. Feasibility

Five out of six general medical practitioners agreed, having discussed the idea with their colleagues in the practice, that there was considerable

merit in further exploration of the scheme. One group, however, felt they were so committed with their present obligations that it would be impractical to participate in any accident scheme other than what they did at present. Talking to other general medical practitioners who had heard about the pilot scheme, I have formed the opinion that, in principle, they like the idea, but have certain reservations on its administration, financial implications, intrusion on privacy, and the amount of time that they could be involved in. I am sure, with the right discussions and the necessary information, experience and knowledge available, many of these reservations could be allayed. Many were quick to see the advantages, particularly in the overall off-call relief it could give.

2. Radio

This facet of the exercise, apart from the car itself, proved the biggest talking point. All the general medical practitioners who participated were generally enthusiastic about the availability of radio communication. Though in an area such as Denbighshire radio can be problematical, and during part of the period of operation of the pilot scheme a technical problem arose, sufficient evidence was available for doctors to appreciate its value in time and mileage saving. The use of a call sign adequately cloaked a doctor's anonymity yet gave him freedom of movement, while giving him if necessary, constant contact with his surgery, and providing the Ambulance Service with an almost immediate link with medical aid.

This link was particularly appreciated in the rural areas. Certain delays inevitably occurred, but an analysis here shows they were either due to lack of air space at busy times or a certain lack of familiarity of the system and equipment.

3. Merit - Practicability

Obviously, sufficient evidence and experience was gained from the exercise for all concerned to appreciate its value and the practical advantages which could be gained from such a scheme. It proved the value of trained medical aid working in conjunction with the other services, on radio and with the right equipment. It proved that it can save a doctor's time, mileage and make the maximum use of his professional skill at the right time. During one night period of the exercise, a doctor's practice telephone was transferred to the Ambulance Control at Wrexham. From the doctor's point of view,and I quote: "It was a success in that he and his wife were no longer tied to the telephone and it was a success for the patients who rang in that they appreciated the speed of the service". It provided Ambulance Control with additional experience and lent confidence to the service in the knowledge that professional medical aid was available if required. Nothing showed up in the pilot run which could not be ironed out by discussion and negotiation.

4. Car and Equipment

It was generally accepted following the discussion in the afternoon of the staged incident that the Ford 3-litre "Capri" was not entirely

suitable for the purpose, mainly on the following grounds:

(i) Initial cost of vehicle
(ii) High running costs
(iii) Power not necessarily required
(iv) Body space insufficient
(v) Not a family car
(vi) Low ground clearance
(vii) Lack of warning devices

Arising from these discussions, it became fairly clear that what was wanted was a fairly large saloon car of approximately 1800 h.p. with suitable boot space to take emergency equipment and a doctor's practice equipment. Suitable warning and identification devices and security locks. As an alternative in certain isolated areas an Estate car might well be more suitable. Messrs. Ford Motor Company Limited, in conjunction with Messrs. Herbert Lomas Limited, agreed to look at all the points raised and make available at a future date, a "Cortina" 1600 Saloon and an Estate version for further experiment.

With reference to equipment, it became obvious that there were wide variations of opinion on this matter. It was appreciated that the car was equipped on the lines suggested by Dr. K. C. Easton when he addressed the Conference of the National Association of Ambulance Officers in 1969 on "Road Accident After-care Scheme" and was based on experience gained in the North Riding. Further research and consultation will be necessary here to establish the right type and amount of suitable medical equipment to be carried. The ancillary equipment is of no problem and is easily decided upon in the light of general experience.

5. Financial and Statutory Implications

At present, there are no statutory obligations for this type of service to be provided and consequently no funds available to meet the financial costs involved, except on a voluntary basis. If a comprehensive health service is to be provided in the future, and the best co-ordination of all medical services is to be made use of, a scheme of this nature is of prime importance and provision for the necessary legislation and finance should be made available. It is obvious the need is there for a closer integration of accident and medical services if one is to keep abreast of the ever-changing needs of the Health Service. The need for development in communications of a medical net is recognised now and the time is opportune to take a long, hard look at this integration.

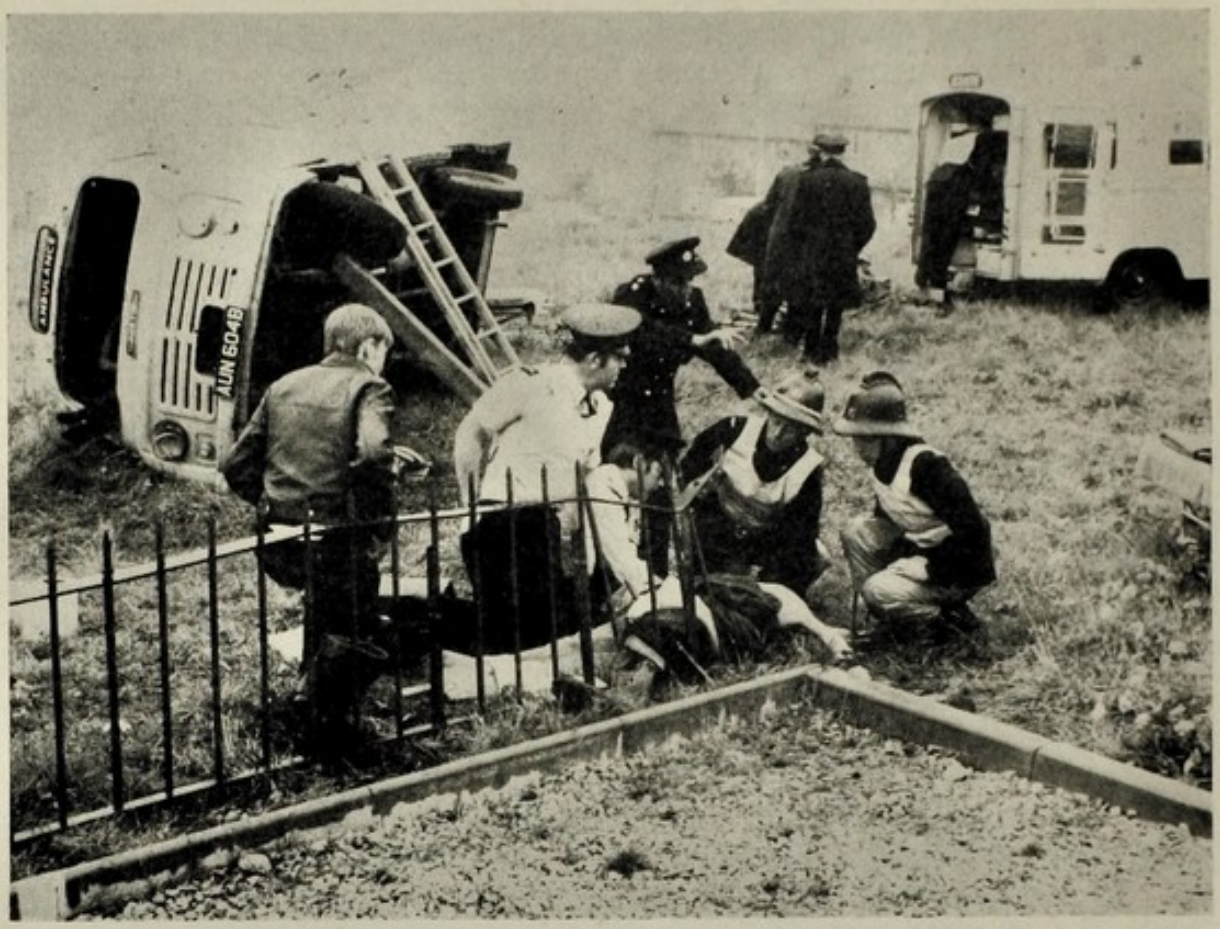
6. Proposed Developments

Having regard to all the information obtained from the pilot scheme, the knowledge and experience gained out of it and through previous history, being aware of many of the problems it presents, such a scheme could be developed along the following lines.

1. By the Health Authority providing a series of suitably equipped cars on the Ambulance Service radio network and supplying them to selected group practices on a suitable reciprocal financial arrangement, the general practitioner then making himself available for emergency call service while still carrying out his normal practice functions. By arrangement, he would still have contact with his surgery but obviously this would be on a limited basis because of air space availability.

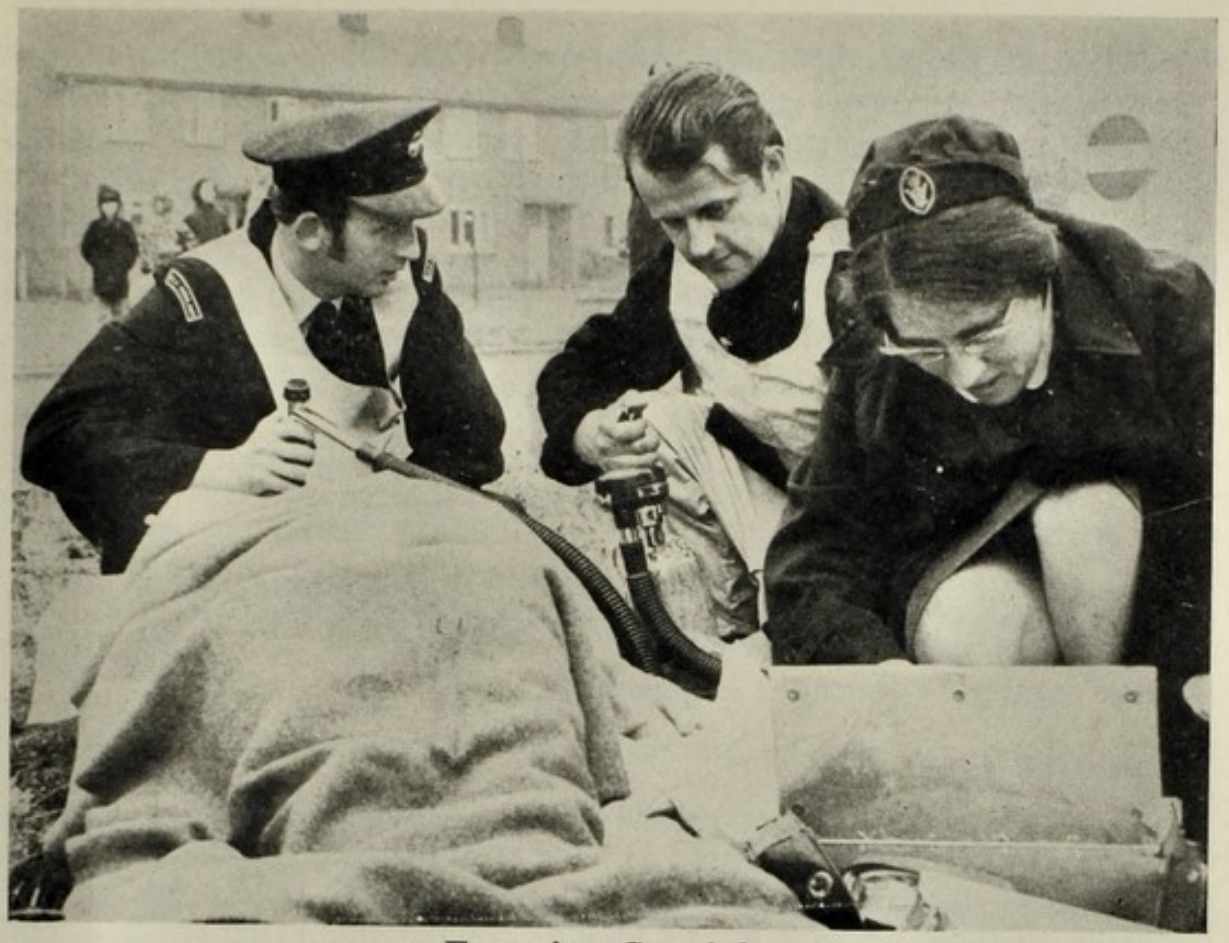
2. By group practices using their own cars, carrying additional emergency equipment and multi-channel radio sets, one frequency being crystalled on the ambulance network and another on their own group practice frequency. This presents communication difficulties as a doctor could only listen on one frequency at a time, unless the problem could be overcome by selective calling systems which these days should present little problem.

3. By establishing a "medical communications" centre", suitably staffed and equipped, which could deal with all communications of general practice and ambulance work, and could co-ordinate on a very wide basis. With today's sophisticated methods of communication this idea is only really limited by the accommodation available. Wrexham Ambulance Headquarters, for example, has the space available and the basis of a communications' system to set this up for an East Clwyd Authority area, and it might well encompass the hospital communication systems. At the moment, one accepts that there are administrative difficulties and problems which such an idea may well present, but with goodwill, foresight and good planning, the ultimate end could lead to a more efficient and economical service.



Exercise Capri 1

Exercise Capri 2



Exercise Capri 3

Exercise Capri 4

Prevention of Illness, Care and After-Care

Notification of respiratory tuberculosis has fallen steadily in the administrative County since 1960. The main incidence of tuberculosis has shifted from the 15 - 25 years age group to the 45 - 60 years age group. However, it is important that the B.C.G. programme should be maintained if the reduction in incidence is to continue. This is of particular relevance as the Mobile Mass Miniature Radiography Service ceased carrying out routine surveys in 1971 and it would only be available in very special circumstances such as the X-ray examination of contacts in closed communities.

I fear that tuberculosis has not been eradicated. The death rate from the disease rose in Denbighshire to 4.9/100,000 during the year under review. There were also a few more adolescents notified than previously. Modern youth congregate in large numbers in conditions that seem ideal for the transmission of tuberculosis. It would, indeed, be a tragedy if this scourge regained a foothold amongst our youth.

Venereal Diseases

Treatment centres for venereal diseases are provided at special Hospital Clinics and the statistics in Table 33 have been provided by the Physicians in charge of these Centres. These figures do not reflect the precise incidence of these diseases in any locality for patients often either attend their own doctors, or centres well away from their own district.

While the incidence of Gonorrhoea has only increased by six, the substantial increase from 105 to 167 of cases with other conditions is suggestive of a growing promiscuity. Staff seize every opportunity of informing adolescents of the risks incurred in sexual promiscuity. Health Visitors have co-operated on a few occasions in contact tracing.

Health Education

Health Education is a continuous exercise which is practised in various ways by many disciplines and through a wide range of media. It is, therefore, important that all these efforts should be co-ordinated and guided towards those themes which are most likely to benefit the health and the future of our community. Mr. Leslie Roberts as Health Education Officer is mainly responsible within the Health Department for this function.

He reports as follows:

"Health Education, in the contemporary sense, is still a young science. We have not yet reached the stage of 'word saturation', but we are not far off it. Poster and leaflet campaigns, carefully supported by skilled teaching, can still be effective, but it seems to me that correct guidance in Health Education matters should be given during a child's formative years so that a positive desire for good health in all of its aspects becomes an integral part of the individual's personality, thereby lessening the chances of adopting bad habits and then for society to attempt to change

expensively the individual's life style at a later stage when, for many, the point of no return has been reached and passed.

"Some of the schools in the County continue to draw background information and certain filmstrips from the Health Department, as well as occasionally requesting speakers dealing with specific subjects. Generally, schools appear to have their own particular and individual ways of dealing with Health Education matters and there must be a conflict of priorities facing headteachers especially as academic pressures are increasing, particularly on the adolescent school attender. Might there, therefore, be a strong case to commence formal health education at an earlier school age before academic pressures exclude the obvious?

"Periodic campaigns designed to prevent accidents throughout the year continue and staff teaching of these and other subjects is being maintained".

New filmstrips explaining the procedure of cervical cytology have recently been obtained and the Health Visitor who first used them commented as to how much fear was removed from her audience as a result.

"The Health Education talks, to whatever group, are usually illustrated and there is little doubt that the projector and filmstrip used skilfully, as an aid and not as a substitute for teaching, are most acceptable to audiences ranging from the very young to the elderly.

"It would be excellent if it was possible to provide continuous Health Education Exhibitions in the Child Health Centres and the General Medical Practitioners' surgeries. This continuity would mean that different themes could be mounted on collapsible stands and could circulate the County.

If successful, the exhibits could be displayed in other public buildings".

Cervical Cytology

During the year, the policy of providing sessions for cervical smear tests at evening clinics was maintained. However, the attendance at these clinics is well below expectations. Consideration was given on how best to improve the response but despite press publicity and strenuous efforts by members of the staff, there was but little improvement. Regrettably, the poorest response is from those at greatest risk who even refuse to attend their own doctor's surgery.

To overcome this indifference it was decided to train County Midwives in the technique of obtaining smears so that they can go to the homes of those at greatest risk. This domiciliary service has already shown that this is the only reliable way of ensuring that the women who are most in need are screened regularly.

Nursing Equipment

The increasing trend towards early discharge and treatment at home has meant a heavier demand for a wide range of nursing equipment. In the past, voluntary organisations managed to meet most of these demands and they gave an excellent service from several local depots. Gradually, the District Nurses have had to establish their own stores in order to meet the increasing requests. These depots are established at the various County Child Health Centres from where the Nurses can obtain the bulkier items or replenish their supplies of small or expendable equipment. The demand for incontinent pads has grown enormously and this is now becoming a sizeable item of expenditure. The Henllan Training Centre has assisted in maintaining supplies and it is hoped that they will be able to expand production in order to meet demands.

Periodically, requests are received for expensive equipment. During the year, the Orthopaedic Hospital recommended for a paraplegic patient ready for discharge, a specially designed tipping bed. This was provided at a cost to the Department of approximately £400.

Chiropody

The four wholetime Chirpopodists have tried hard to cope with a very heavy case load but unfortunately there remains a long waiting list. Those who are fortunate enough to be receiving treatment are very satisfied, while those who wait are naturally disgruntled. Authority has been obtained to increase the establishment by another two chiropodists and if these can be recruited then it will be possible to extend the service to include more domiciliary visiting.

Mental Health Services

From 1950 onwards the Mental Health Services in Denbighshire have progressed steadily and in conformity with statutory requirements. Indeed, it can be claimed that the County has been very much in the van of progress. Many of the proposals of the Mental Health Act, 1959, had been implemented by us some years previously and it can be claimed that we were well in advance of most in staff training, provision of premises and in the development of community care. Some of our pioneering efforts have become known throughout many parts of the world but, in my view, the most important fact was the quality of service given to the Mentally Handicapped in Denbighshire which was second to none. The various aspects of the service have been described previously and that would support my contention. It is gratifying for me to know that the Junior Training Centres which were handed over to the Education Department in 1966 have continued to prosper and that the close collaboration which preceded 1966 has continued since. Once again it is my fate to hand over much of the two services with which I was so intimately concerned both in their formation and subsequent development. Naturally, it is some consolation that the one person who worked with me continuously from the early days of the Mental Health Service should now be responsible for the continued development of those services, but I must

confess that I regret not having been allowed to develop my plans for Henllan Adult Training Centre and for Bryn Mair Residential Home to the extent that I would have liked before formally transferring them to the new Department. It was, however, gratifying to have at least managed to straighten out some of the most thorny problems of the Boarding Out Scheme before transferring responsibility for them to the Social Services' Department. I am pleased that Mr. Evans, now the Director of Social Services for Denbighshire has kindly submitted for the last time his report as Chief Mental Welfare Officer, covering the period in 1971 that the Service was the responsibility of the Health Department.

ANNUAL REPORT, 1971 (JANUARY - FEBRUARY)

MENTAL HEALTH

This report covers but two months of 1971 as I was appointed Director of Social Services on the 18th January and took up my new duties on the 15th February, 1971.

Training Centres

The accent on pre-employment training at Bersham Training Centre continued, but a number of parents expressed concern at the consequent diminution of educative and social adaptation training. This applied particularly in respect of the more severely handicapped trainee. Individual parents were assured that the question of social development and the longer hours of attendance of the trainees would be evaluated in the light of experience. Development at the Training Centres is always under continual review by the Advisory Committees who do not confine their interest solely to production.

Hostels

During the month of January, a resident at the Berwynfa Hostel became mentally disturbed, but such is the stability of the residents as a whole that treatment on an out-patient basis was found to be sufficient and it was not necessary to admit him to a psychiatric hospital. This type of unit could serve as a model for other authorities of integration of the mentally handicapped in the community.

Boarding Houses

The close supervision and support of the remaining three registered boarding houses continued. Following complaints regarding Bryn Afon unregistered boarding house, the Consultant Psychiatrist, General Practitioner and myself, carried out a detailed assessment and removed the majority of the residents whereupon the landlady closed the establishment altogether. This was on the 16th January. On the 11th February, a formal screening of the residents of Ystrad registered boarding house was undertaken when the condition of the residents was found to be satisfactory. A meeting of landladies of registered boarding houses was arranged for the 16th February. At this meeting, regulations for the

future administration of the boarding houses was agreed. There always has been and, in my opinion, always will be difficulties with both registered and unregistered boarding houses. The reason is that with any residential establishment, statutory or voluntary, ultimately one relies on the personality, efficiency, dedication and integrity of the person in charge. This underlines the great importance of selecting the right person for the care of what is really an inarticulate and often defenceless group of people.

Social Clubs

The Berwyn Club for the mentally ill settled down rather uneasily at the Day Unit of the Maelor General Hospital. Although the material facilities available are excellent in themselves, its association with day treatment of psychiatrically ill people tends to inhibit the members. Inevitably the atmosphere of the club is more "clinical", being in a hospital environment and thus it is imperative that other premises are found. Nevertheless it continued to thrive due to the unremitting efforts of staff who willingly gave their time and energy on a voluntary basis.

The statistical report gives the facts regarding admissions and discharges to the North Wales Hospital, Denbigh. The increasing problem of the elderly confused will eventually compel a reappraisal of facilities offered both in the medical and social field. Community care as envisaged by the 1959 Mental Health Act where statutory departments provided the care, must give way to true community care which is really care by the community itself with statutory departments giving guidance and support.

Renal Dialysis

In comparatively recent years, chronic renal failure has been treated either by haemodialysis or renal transplantation, or by both methods. Regular dialysis was accepted as a therapeutic measure in 1965 and renal transplantation passed beyond the experimental stage in 1967. A Renal Dialysis Unit was opened officially at the Royal Alexandra Hospital, Rhyl, in February, 1971. Shortly afterwards, an invitation was extended to the Denbighshire Medical Staff to visit the unit and to discuss procedures with Dr. Wright. There were already three Denbighshire patients receiving dialysis and it was anticipated that one would soon be ready for discharge to his home if proper arrangements could be made for his continued dialysis.

During 1971, arrangements were made for four patients to be discharged home where necessary adaptations had been made for their reception and continued dialysis. The Hospital provided the equipment, while the Local Health Authority adapted the premises and installed fixtures. Most cases were reasonably easily provided for, but one patient presented many problems due to the location of the home. Initially, these seemed

insurmountable but through the determination and perseverance of Dr. L. Williams, Deputy County Medical Officer, and Mr. D. D. Button, the County Public Health Officer, the necessary services were installed. The main difficulty was an inadequate water supply. It was necessary, for the correct operation of the "artificial kidney" to have a supply of pure water under sufficient head of pressure and, of course, that this should be available constantly. Consideration was given to installing an electric pump to push the water up to a header tank but the risk of failure of the pump or freezing were only too obvious. The only satisfactory solution was to obtain a supply from the main supply which was some considerable distance away. After prolonged negotiations, a supply from the mains was installed. This involved the co-operation of the following:

The West Denbighshire and West Flintshire Water Board;
The Welsh Office;
The Ministry of Agriculture, Fisheries and Food;
together with various Departments of Denbighshire County Council.

Home Help Service

This Service was formally transferred to the Social Services Department at the end of March, 1971.

From the early days in 1950, this service was developed as a medico-social service which worked closely with doctors and nurses. From the outset, Miss Chune, the Superintendent Nursing Officer, was directly responsible for supervising this service and this arrangement continued until Miss M. Cuddy was appointed as Home Help Organiser in 1965. Later, Miss Davies was appointed Home Help Organiser for West Denbighshire-and, more recently, Mrs. Roberts was appointed as Assistant Home Help Organiser in Wrexham. They were ably supported by administrative staff who were also transferred to the Social Services Department. The Home Help Organiser had relied considerably on the support and help of Health Visitors in the supervision and recruitment of Home Helps, but in recent years the position had hardened as new industry coming into the County absorbed much of the available female labour. In addition, the constant rise in wages invariably absorbed the increased financial budget before any additional staff could be engaged. The new demands will, undoubtedly, test the resourcefulness of the Home Help Organisers but I am confident that their knowledge and experience in the Health Department will stand them in good stead.

Environmental Health Service

The total notifications of infectious diseases was substantially lower than in the previous year. However, the measles epidemic of 1970 seemed to have persisted well into 1971. This interfered substantially with the programme for vaccinating children against measles.

Infective jaundice which had been prevalent in Llanrwst and Wrexham Borough had more or less died down by the end of 1971. In both areas, strenuous efforts to control the outbreak were made at the various schools and families affected were advised on appropriate protective methods.

Despite the many years of immunisation against Whooping Cough there continues to be around 60 cases a year. This is a disappointing result after nearly 25 years of immunisation of infants against this troublesome infection.

Typhoid fever is not endemic in Denbighshire but two cases were notified. Both had contracted the illness while on holidays abroad. The one case of malaria was also imported. Despite the regular use of anti-malarial suppresant drugs this patient relaxed her precautions while visiting a clear area. Unfortunately, it transpired that it was not a safe area and she developed malaria shortly after arriving in this country.

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER FOR 1971

Milk and Dairies

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

Untreated Milk The number of licensed producer/retailers was 127 at the end of the year compared with 132 at the beginning of the year. The trend mentioned in my report last year towards a small incidence of infected animals in herds necessitated a change in our sampling procedure. In the past. the incidence of infection was largely determined by innoculation into guinea pigs. This is an expensive technique especially when the majority of reports revealed no infection and, with the improvement in techniques of direct culture, it has been possible to virtually eliminate the use of guinea pigs. At the same time, such techniques require the sampling of a far greater number of individual cows. During the year, 981 herd samples of untreated milk were taken of which 46 gave positive Brucella Ring Test results. In each case, herds which gave positive Ring Test results were investigated and individual cow samples were taken. The total number of individual cow samples was 690; of these 92 samples from individual cows gave positive Brucella Ring Test results and 21 were, in fact, found to be infected with brucellosis. These 21 cows came from 13 herds. With the co-operation of the farmers concerned the infected animals were removed from the herds. The Brucellosis Incentive Herd Scheme began to make rapid strides during the year and 23 of the 127 producer/retailers had become accredited by the end of the year.

It is many years since any infection of milk by tuberculosis has been found and in the light of the changes in laboratory techniques mentioned

above, testing of untreated milk for the presence of tubercle bacilli is no longer carried out as a routine procedure.

Heat Treated Milk During the year, 405 samples of heat-treated milk were submitted for examination. Of these, all but two were shown to have been satisfactorily pasteurised. These two failures were due to minor technical faults — one due to a faulty flow diversion valve and the other to a defective indicating thermometer. In each case the faults were remedied within a few hours and subsequent samples were satisfactory.

Human Brucellosis Two cases of brucellosis in humans were investigated during the year; both involved farm workers who had been in contact with brucellosis in cattle. In neither case was the milk of the herds involved sold untreated for human consumption.

Co-operation with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food For a number of years, there has been an extremely happy co-operation between the Milk Testing Service of the Ministry and the County Public Health Officer. With the growth of the Brucellosis Incentive Herds Scheme, the Animal Health Division of the Ministry was also becoming more involved in the routine sampling of milk from herds in the Scheme. A useful discussion took place at a meeting in December of all those concerned with the problem of brucellosis in both Denbighshire and Flintshire. As a result of these discussions, agreement was reached on ways in which duplication of effort in this field could be avoided. This co-operation extends to an exchange of information which is mutually beneficial to both parties.

Rural Water Supplies and Sewerage

During the year four schemes for the provision of water mains were submitted for consideration by the County Council under the Rural Water Supplies and Sewerage Acts, as follows:

West Denbighshire and West Flintshire Water Board — Cilcennus:
Estimated cost — £8,300 (This was a revised scheme in substitution for one previously approved).

West Denbighshire and West Flintshire Water Board — Foel Catau, Llanfair T.H.:
Estimated cost — £1,650

West Denbighshire and West Flintshire Water Board — Rhyd Ifan, Glan Conway :
Estimated cost — £4,800

West Denbighshire and West Flintshire Water Board — Bryn Llys, Llanfihangel G.M. :
Estimated cost £7,200 (This scheme was provided initially to supply water to a renal dialysis unit).

There were no new schemes for the provision of sewerage and no applications for grant under Section 56, Local Government Act 1958.

Co-operation with Other Departments

There has been good co-operation with the Social Services' Department and Planning Department.

For the Social Services Department the public health officers undertook the inspection of premises used by playgroups and for this purpose made 32 inspections during the year. In addition, a number of visits were made to private homes used for the accommodation of mentally sub-normal men and women. Advice is offered on matters relating to the health of the communities involved and, in particular, to the problem of numbers to be accommodated.

For the Planning Department the public health officers comment on applications in which there is a public health problem. These relate to such matters as refuse tips, mineral extraction and factory emissions. In particular the officers have been involved with investigations into the possible emission of fluorides from a factory on the Wrexham Industrial Estate.

Early in 1970, as a result of an increasing demand for their products, Fibreglass Limited were seeking a site for the erection of a new factory. After investigation of various alternatives the site chosen was on the Wrexham Industrial Estate. This estate lies some two miles east of Wrexham and was formerly an ordnance depot. In recent years, a number of large industrial users have established themselves on the estate.

Fibreglass Limited disclosed in the very earliest stages that the processes involved would result in the emission of small amounts of fluorine, both as a gas and in the form of particulate matter and, as a result of this disclosure, the consent under the Town and Country Planning Acts 1962/68 included a provision that : "the applicant shall provide an independent report on the emission of fumes and gases from the works. The final standard in this respect must be acceptable to the local planning authority". Fibreglass Limited comissioned a report from Messrs. Cremer and Warner of London who had previously been involved extensively in similar investigations. The consultants suggested upper levels of fluorine in the atmosphere and in herbage based on their own experience and on the findings of the Ministry of Agriculture, Fisheries and Food, who had carried out a comprehensive survey of fluorosis in cattle. These studies have established that the susceptibility of dairy cattle is the most sensitive indication of atmospheric pollution by fluorine and control standards are based accordingly. Under these conditions the protection of public health and other environmental subjects such as crops and trees would be assured. The consultants also recommended that a continuing survey should be made of fluorine levels in the vicinity of the

factory and that this survey should be initiated as early as possible before the commissioning of the factory in order to establish ambient levels of fluorine.

Soon after the receipt of this report a small ad hoc committee comprising representatives of Fibreglass Limited; the Analytical Laboratories of Pilkington Bros. (the parent company); Messrs. Cremer and Warner (consultants to Fibreglass Limited); the Ministry of Agriculture, Fisheries and Food, and Denbighshire County Council was convened for the purpose of implementing its recommendations. The cycle of fluorine in relation to the environment is in five stages — emission from the flue, dispersion by the wind, deposition by gravity or in rainfall; absorption by growing vegetation and ingestion by humans or animals. It was agreed that a sampling programme which would provide for screening at all five stages should be established and that a programme should be commenced as soon as possible in order to obtain background information. Fibreglass Limited had already established three atmospheric monitoring points early in 1971 and it was agreed that this number should be increased to six; that the Ministry of Agriculture, Fisheries and Food would commence a survey to ascertain fluoride levels in soil, grass and the tail bones of cattle in the vicinity of the proposed factory; and that the Denbighshire County Council would carry out a similar survey into grass and fruit crops in the area. This survey was undertaken during the summer and autumn of 1971.

A further meeting of the ad hoc committee took place in October, 1971, to discuss results already obtained and also the future of the monitoring programme in the light of the proposed commissioning of the factory in December. On this occasion, representatives from Cheshire County Council, who had already undertaken some sampling of crops and herbage, were invited. At this meeting, it was agreed that the various stages of the fluorine cycle should be investigated in the following ways :

Emission :	by flue gas analysis to be undertaken by Fibreglass Limited
Dispersion:	by continuous air sampling by volumetric apparatus by Fibreglass Limited
Deposition :	by the establishment of deposit gauges by Denbighshire County Council and Fibreglass Limited
Absorption :	by the regular sampling of herbage and fruit crops by Fibreglass Limited and the two County Councils, and
Ingestion :	by a general oversight of cattle in the area by veterinary practitioners alerted to the possibility of fluorosis.

Since dispersion and deposition are affected by weather conditions, it was also decided that wind speed and direction and rainfall should be recorded, and Fibreglass Limited will set up apparatus for this purpose.

Monitoring along these lines will be continued and the ad hoc committee will meet regularly to discuss the findings. There are also regular meetings, to discuss day to day matters, between the representatives of the Analytical Laboratories of Fibreglass Limited, Pilkington Bros. Group Co-ordinator for Environmental Pollution, and the County Public Health Officer for Denbighshire who acts as the Liaison Officer for the whole project.

During 1971, before the factory commenced production, a large amount of information relating to ambient levels of fluoride was accumulated and against this it will be possible to recognise trends in the future. In the light of these trends, the County Council's reaction to possible extensions of the firm's activity on the site will be determined.

General

In June, the Assistant County Public Health Officer, Mr. H. E. Roberts, obtained the post of County Public Health Officer to Flintshire County Council. He was succeeded in September by Mr. A. E. Lewis who came to us from the County Borough of Gloucester.

The excellent co-operation with Public Health Inspectors of the district councils in the County, officers of the Ministry of Agriculture, Fisheries and Food and the staff of the Public Health Laboratory at Conway has continued during the year and I am extremely grateful to them.

DISEASES OF ANIMALS

Routine work under the Diseases of Animals Acts and Orders was continued during the year. This involved your inspectors in attendance at 320 markets during the year and the issue of 2,231 licences for the movement of swine. Whilst at the market your inspectors are also responsible for the control of such matters as the washing down of vehicles, loading of vehicles, the general well-being of animals and the cleaning down of the premises after the market. The inspection of Movement Record Books on farms and of swill boiling premises has also continued.

There were only three cases of anthrax confirmed in the County during the year. These were attended by your inspectors and the caracsses cremated. At the same time the premises were disinfected using a flame gun.

A special interest was taken during the year in the marking of calves. The Tuberculosis Order of 1964 requires that all bovine animals over the age of 14 days be tagged or marked for identification purposes. Whilst

the original purpose in connection with the eradication of tuberculosis has been fulfilled, it is still necessary — and will be increasingly so as the scheme for the eradication of brucellosis proceeds — to be able to readily identify animals. The movement of animals on and off farms is recorded by reference to these ear tag numbers. Your inspectors sometimes find that there is a break in the movement records as animals pass through markets. The vendor is required to keep a record of animals sold and the purchaser is required to keep a similar record of animals purchased, but there is no requirement that auctioneers keep records of animals passing through markets. For tracing purposes it would be invaluable if such records were required and the Diseases of Animals Committee recommended the County Councils' Association to take this matter up with the Ministry of Agriculture, Fisheries and Food.

The sampling of animal feeding stuffs for bacteriological examination has been a feature of our work for some time. It is well established that feeding stuffs may be contaminated with a wide range of serotypes of salmonellae. The pathogenicity to man and animals varies from one serotype to another and in any particular serotype from time to time. Salmonellosis in man has its source to a large extent in food, animals and poultry. The chain of infection from animal feeding stuff to animal and from animal to human was documented in a report of the Public Health Laboratory Service in 1965. By eliminating, so far as possible, the first link in this chain, a useful contribution may be made to both human and animal health. The first, and most difficult hurdle, is to persuade central government, in particular the Ministry of Agriculture, Fisheries and Food, of the seriousness of the problem in all its aspects. During the year 125 samples of feeding stuffs were submitted for examination. 21 of these were found to be infected, as follows:

S. Senftenberg	6
S. Oranienburg	12
S. Livingstone	1
S. Riggil	1
S. Derby	1

The isolations of S. Oranienburg were made from one particular product which was sampled extensively after an initial isolation. Investigations revealed that this contamination was introduced in one ingredient of the product. This ingredient had been widely distributed in England and Wales. As a result of our reports the ingredient was recalled by the manufacturers and subjected to heat treatment. Further investigation on some of the farms where feeding stuff had been used revealed contamination by S. Oranienburg from faecal matter and the premises were disinfected.

As usual, I have received a copy of the Annual Report of Mr. Owens the Chief Inspector of the Weights and Measures Department. Mr. Owens reports as follows:

"During the year ended 31st December, 1971, 631 samples of Food and Drugs were taken of which 512 were submitted to the Public Analyst for analysis and report. The number and types of articles submitted may be summarised as follows :

Article	*No. Taken*	*Genuine*	*Non-Genuine*
Milk (formal)	233	225	8
(informal)	108	108	—
Foodstuffs	168	159	9
Tinned Foods	57	54	3
Soft Drinks	17	16	1
Beer and Spirits	28	28	—
Household Medicaments	20	20	—
Totals	631	610	21

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

	Fat	*SNF*
Eastern Division	3.64	8.72
Western Division	3.65	8.87
County	3.64	8.79
Presumptive Standard	3.0	8.5

As will be seen from the table, a total of 631 samples under the Food and Drugs Act were taken during the course of the year. These comprised 108 informal samples of milk and 11 samples of spirits tested departmentally together with 233 samples of milk and 279 other foods sent to the Analyst for report. The number of adverse reports, 21 (milk, 8; other foods 13), shows a decrease over the corresponding total figure of 25 last year. Again, the number of consumer complaints (40) shows a decrease over last year (45). Generally not all complaints justify court action and only 5 issues concerning raspberry fool, glass in milk, foreign bodies in sausages (2) and a custard pie were actioned in court.

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 penicillin in milk, watered milk and a serious fat deficiency in milk. There were a number of labelling discrepancies which were taken up with the manufacturers and satisfactorily concluded. In the main, it would be true to say that food manufacturers and producers do try to 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 carries out further tests for the presence of antibiotics and of the 173 samples tested, only one gave cause for concern and, as stated earlier this issue was pursued in court.

The milk supplied to the various county establishments is regularly sampled and tested, and together with samples taken from vending machines, hospitals, etc., the total number tested was 304; the results in all instances were satisfactory. It will be realised that in addition to the procuring and testing of samples, a great deal of time is spent inspecting and examining the various food products for labelling requirements. The returns shows that 2,589 inspections for labelling purposes were carried out. 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.

Generally the year has been one for consolidation and the only new legislation of any note has been with regard to a slight alteration to the list of permitted preservatives. Otherwise, as the year closes, preparations are being made for a new survey covering pesticidal residues in foodstuffs.

I would say that, generally, the year has been satisfactory. The continual diligence of my staff and the support and interest of the Chairman and members of the various committees is greatly appreciated. The co-operation and support of the Clerk, his Deputy and Staff does materially assist me in my work".

Acknowledgements

Once again, the senior staff of the Department have helped me by providing reports on their varied activities throughout the year under review and from them I have culled these accounts which indicate the constantly changing developments and responsibilities of the Department. However, it must be conceded that the impending reorganisation of the National Health Service is having a distracting influence on us all but it is gratifying that standards and morale have been maintained and continue at a high level.

I wish to record on behalf of the staff of the Health Department their appreciation of the understanding and generous support which they have received from the Health Committee throughout the years. The happy relationship which has always existed between members and staff has accounted in no small measure for the loyalty and devotion manifestly given by the staff to the Denbighshire County Council. Much of the credit for this is due to the personal interest in health matters of the Chairman, Dr. I. H. Davies, who has been ably supported by the Vice-Chairman, Councillor J. G. Lindsay, and by the Chairman of the Health Sub-Committee, Alderman T. Jones. Invariably, throughout the year, they have given me and the Department their unstinting support and

guidance. It is a great pleasure that their contribution to the health of the County has been acknowledged by Alderman Dr. I. H. Davies, being elected Chairman and Alderman T. Jones, Vice-Chairman of Denbighshire County Council. The staff of the Health Department rejoice and reassure both of their continued allegiance.

M. T. ISLWYN JONES,
County Medical Officer

October, 1972

VITAL STATISTICS 1962 - 1971

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*			
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
1971	16.1	13.6	0.05	2.7	13.0	*Nil*	20.0

Table 2

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1971

Districts	*Estimated Population*	*No. of Live Births*	*Birth Rate*		*No. of Infant Deaths*	*Rate of Infant Mortality*	*Total No. of Deaths*	*Death Rate*	
			crude	*adjusted*				*crude*	*adjusted*
Western No. 1									
Abergele U.D.	12,140	184	15.2	30.9	1	5.0	212	17.5	8.4
Colwyn Bay M.B.	25,480	278	10.9	13.7	7	25.0	457	17.9	11.3
Aled R.D.	6,620	94	14.2	16.6	2	21.0	60	9.1	8.8
Western No. 2:									
Denbigh M.B.	8,340	132	15.8	18.0	2	15.0	136	16.3	10.9
Llanrwst U.D.	2,700	47	17.4	20.9	—	—	39	14.4	11.5
Ruthin M.B.	4,490	58	12.9	17.0	—	—	52	11.6	7.5
Ruthin R.D.	8,990	141	15.7	18.1	3	—	123	13.7	12.3
Hiraethog R.D.	4,090	74	18.1	21.1	—	21.0	61	14.9	15.2
Eastern No. 1:									
Wrexham R.D.	63,430	1,122	17.7	18.6	23	—	831	13.1	14.1
Ceiriog R.D.	6,860	93	13.6	15.2	—	—	94	13.7	13.4
Llangollen U.D.	3,040	40	13.2	16.0	—	20.0	47	15.5	13.8
Eastern No. 2:									
Wrexham M.B.	38,650	716	18.5	17.2	23	32.0	405	10.5	12.3
Total County	184,830	2,979	16.1	17.9	61	20.0	2,517	13.6	11.8

Table 3
INFANT MORTALITY

Age at Death	*Male*	*Female*	*Total*
Under 1 week	25	13	38
Over 1 week. but under 4 weeks	4	1	5
Over 4 weeks but under 1 year	12	6	18
Total	41	20	61

Table 4
INFANT MORTALITY — CAUSES OF DEATH

Cause of Death	*Number of Deaths*		*Total*
	Male	*Female*	
Enteritis and other Diarrhoeal Diseases	1	—	1
Meningococcal Infection	1	—	1
Other Endocrine, etc., diseases	1	—	1
Pneumonia	5	1	6
Bronchitis and Emphysema	1	—	1
Other diseases of respiratory system	1	1	2
Other diseases of Genito-urinary system	1	—	1
Congenital anomalies	9	5	14
Birth injury, difficult labour,etc.	8	5	13
Other causes of perinatal mortality	12	5	17
All other accidents	1	3	4
Total	41	20	61

Table 5

COMPARATIVE RATES

Rate	*Denbighshire*	*England and Wales*
Birth Rate	17.9 *	16.0
Death Rate	11.8 *	11.6
Infant Mortality per 1,000 Live Births	20.0	18.0
Neo-natal Mortality (deaths under 4 weeks)	14.0	11.6
Early neo-natal Mortality (deaths under 1 week)	13.0	10.0
Perinatal Mortality (Still-births and deaths under 1 week)	26.0	22.0
Stillbirth Rate	13.0	12.0
Maternal Mortality	*Nil*	0.17

* *Adjusted*

Table 6

DISTRIBUTION OF DEATHS IN AGE GROUPS

Year	*Number of deaths in age groups*								
	0 - 1	1 - 4	5 - 14	15-24	25-44	45-64	65-74	75+	*Total*
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
1971	61	8	3	19	60	488	787	1,091	2,517

Table 7

PRINCIPAL CAUSES OF DEATH

Causes of Death	*No. of Deaths*	*Percentage of Total Deaths*
Heart Disease (all forms)	787	31.2
Cancer (including Leukaemia)	510	20.0
Cerebrovascular Disease	432	17.2
Other Circulatory Diseases	91	3.6
Bronchitis and Emphysema	137	5.4
Violence (including accidents, suicide)	87	3.4
Pneumonia	174	6.8

Table 8

Mortality from all forms of Cancer in the past ten years

Year	*No. of Deaths*	*Death Rate per 1.000 population*
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
1971	510	2.7

Table 9

Death from Cancer according to age, sex and classification during 1971

Malignant Neoplasms	0 - 14		15 - 24		25 - 44		45 - 64		65 - 74		75 *and over*		*Total*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
Buccal Cavity, etc.	—	—	—	—	—	—	1	—	2	1	1	2	4	3
Oesophagus	—	—	—	—	—	—	4	3	5	2	4	8	13	13
Stomach	—	—	—	—	1	1	15	3	24	11	7	16	47	31
Intestine	—	—	1	—	—	—	7	13	12	8	9	24	29	45
Larynx	—	—	—	—	—	—	—	1	1	—	—	—	1	1
Lung Bronchus	—	—	—	—	1	—	24	11	43	6	15	4	83	21
Breast	—	—	—	—	—	3	1	26	—	8	—	15	1	52
Uterus	—	—	—	—	—	1	—	6	—	7	—	5	—	19
Prostate	—	—	—	—	—	—	2	—	3	—	7	—	12	—
Other Malignant Neoplasms	—	—	2	1	1	2	19	13	27	24	12	17	61	57
Benign and Unspecified Neoplasms	—	1	—	—	—	—	—	1	1	1	1	—	2	3
Leukaemia	—	—	1	—	—	2	2	—	3	2	2	—	8	4
Total all forms	—	1	4	1	3	9	75	77	121	70	58	91	261	249

MATERNAL MORTALITY

Incidence of Maternal Mortality over the past decade

Table 10

Year	*Total Births (live and stillbirths)*	*No. of Maternal Deaths*	*Mortality per 1,000 Total Births (live and stillbirths)*
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
1971	3,019	Nil	Nil

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	—	—	—	—	—	—	—	—	—	—	3	—	3
Tuberculosis of respiratory system, including late effects	1	—	—	1	1	—	—	1	—	—	1	4	9
Syphilis and its sequalae	—	—	—	—	—	—	—	—	—	—	1	—	1
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	1	—	—	—	—	1	—	—	—	—	—	—	2
Malignant Neoplasm, Buccal Cavity, etc.	1	1	—	—	—	—	—	—	—	—	1	4	7
Malignant Neoplasm, Oesophagus	4	1	—	3	2	—	—	—	—	1	5	10	26
Malignant Neoplasm, Stomach	5	3	2	14	2	4	3	1	4	2	9	29	78
Malignant Neoplasm, Intestines	5	—	4	14	4	1	3	—	2	4	16	21	74
Malignant Neoplasm, Larynx	—	—	—	—	—	—	—	—	—	—	—	2	2
Malignant Neoplasm, Lung Bronchus	14	5	3	23	5	—	2	1	—	3	22	26	104
Malignant Neoplasm, Breast	7	1	4	9	2	1	1	—	2	5	4	17	53
Malignant Neoplasm, Uterus	2	—	1	2	1	—	1	—	1	1	1	9	19
Malignant Neoplasm, Prostate	—	—	—	—	1	—	1	1	—	—	4	5	12
Leukaemia	1	1	1	1	1	—	—	—	—	1	—	6	12
Other Malignant Neoplasms	14	1	9	28	7	1	2	2	4	4	13	33	118
Benign and Unspecified Neoplasms	—	—	—	2	—	1	—	—	—	—	2	—	5
Diabetes Mellitus	1	—	—	1	3	1	1	—	—	—	2	5	14
Other Endocrine, etc. Diseases	2	—	—	1	—	—	—	—	—	—	2	2	7
Other Diseases of Blood, etc.	1	—	—	—	—	—	—	—	—	—	—	—	1
Anaemias	—	—	1	1	1	—	1	—	—	—	3	4	11
Mental Disorders	—	—	—	—	1	—	—	—	—	1	—	1	3
Multiple Sclerosis	—	1	—	—	—	—	—	—	—	—	—	—	1
Other Diseases of Nervous System, etc.	2	3	—	4	1	—	1	1	1	1	1	5	20
Chronic Rheumatic Heart Disease	2	—	1	4	—	1	1	—	—	—	6	12	27
Hypertensive Disease	1	4	2	6	4	1	—	1	3	3	5	18	48

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*
Ischaemic Heart Disease	56	12	26	121	31	17	9	9	6	25	80	199	591
Other forms of Heart Disease	9	4	6	14	4	3	2	1	6	14	25	33	121
Cerebrovascular Disease	44	14	12	80	18	14	11	9	10	21	65	134	432
Other Diseases of Circulatory System	13	—	3	36	3	4	—	1	3	2	6	20	91
Influenza	—	1	—	1	1	—	—	—	1	—	5	2	11
Pneumonia	6	—	6	20	22	6	3	3	1	10	36	61	174
Bronchitis and Emphysema	7	2	3	20	5	1	2	3	2	5	23	64	137
Asthma	—	—	—	1	—	—	—	—	—	1	—	—	2
Other Diseases of Respiratory System	—	—	2	4	1	—	—	1	—	—	4	14	26
Peptic Ulcer	—	1	—	4	—	—	2	—	—	2	4	6	19
Appendicitis	—	—	—	1	—	—	—	—	—	—	—	1	2
Intestinal Obstruction and Hernia	1	—	1	2	1	—	—	—	—	—	2	2	9
Cirrhosis of Liver	—	—	—	1	1	—	—	—	1	—	—	1	4
Other Diseases of Digestive System	2	—	—	4	3	1	—	2	—	1	3	4	20
Nephritis and Nephrosis	1	—	1	1	—	—	—	—	1	—	1	4	9
Hyperplasia of Prostate	—	—	2	—	—	—	—	—	—	1	—	1	4
Other Diseases, Genito-Urinary System	3	1	—	1	1	—	—	—	2	—	5	13	26
Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Musculoskeletal System	2	—	1	4	1	—	—	—	—	3	3	3	17
Congenital Anomalies	—	—	—	5	2	—	—	—	—	1	5	6	19
Birth Injury, Difficult Labour, etc.	—	2	—	1	—	—	—	—	—	1	5	4	13
Other Causes of Perinatal Mortality	1	—	—	2	—	—	—	—	—	—	6	8	17
Symptoms and ill-defined conditions	—	—	1	4	1	1	—	1	—	3	4	5	20
Motor Vehicle Accidents	2	1	—	1	—	1	1	—	—	2	5	15	28
All Other Accidents	—	—	1	12	5	—	—	—	1	3	11	11	44
Suicide and Self-inflicted Injuries	—	1	1	—	—	1	—	—	1	2	5	4	15
All Other External Causes	1	—	—	3	—	—	—	1	—	—	1	2	8
Total All Causes	212	60	94	457	136	61	47	39	52	123	405	831	2517

Table 12
Congenital Defects — "At Risk" Register

Number on Register at 1/1/71	*Number notified during year*	*Number removed from Register*	*Number on Register at 31/12/71*
850	577	481	946

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

	Ante-Natal		*Post-Natal*	
Clinic	*New Cases*	*Attendances*	*New Cases*	*Attendances*
Rhos	125	855	55	60
Cefn Mawr	282	1,561	138	170
Total	407	2,416	193	230

Table 14
Family Planning Clinics — Cases and Attendances

Location	*Day and Time*	*No. of Cases*	*Attendances*
Nant-y-Glyn, Colwyn Bay	Monday : 2.30 - 3.30 p.m. Thursday : 7.0 - 8.0 p.m.	522	1,171
1 Grosvenor Road, Wrexham	Thursday: 2.0 - 3.30 p.m. Wednesdays: 1st, 2nd, 3rd & 4th in month 6.45 - 8.0 p.m.	764	2,172
Ruthin Clinic, Mount Street	2nd Wed. 10.0 a.m. 4th Wed. 7.0 p.m.	51	106
Prince Charles Rd. Wrexham	Tuesday : 2.0 - 3.3.0 p.m.	40	102

Table 15
CHILD HEALTH CENTRES

Location	*Frequency*	*Day and Time*	*Average attendance per session (children)*	*No. of children who attended during the year and who were born in* 1971	1970	1966-69
Abergele, County Clinic	Weekly	Thur. a.m. p.m.	26	116	118	149
Brynteg, County Clinic	Weekly	Monday p.m.	29	87	99	90
Brymbo, County Clinic	Weekly	Thursday p.m.	16	40	27	29
Cefn, County Clinic	Weekly	Friday p.m.	51	167	146	128
Chirk, County Clinic	Weekly	Thursday p.m.	28	51	63	70
Coedpoeth, Church Hall	Weekly	Monday p.m.	31	116	78	119
Colwyn Bay, Nant-y-Glyn Road	Weekly	Tues. a.m. p.m.	25	158	147	152
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	23	17	6	8
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	14	28	9	14
Denbigh, County Clinic	Weekly	Wednesday p.m.	50	115	116	111
Glan Conway, Church Institute	Fortnightly	Monday p.m.	22	40	18	41
Glynceiriog, C.P. School	Fortnightly	Tuesday p.m.	13	82	129	136
Gresford, Youth Club	Fortnightly	Friday p.m.	28	57	43	55
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	15	12	18	22
Johnstown, Sports Pavilion	Twice Monthly	Tuesday p.m.	22	34	15	5
Carried Forward				1,120	1,032	1,129

Table 15 (continued)

Location	*Frequency*	*Day and Time*	*Average attendance per session (children)*	*No. of children who attended during the year and who were born in* 1971	1970	1966-69
Brought forward				1,120	1,032	1,129
Llansannan Community Centre	Monthly	Thursday p.m.	25	16	12	13
Llanddulas Youth Club	Monthly	Monday p.m.	21	19	14	27
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	23	50	45	5
Llanrwst, County Clinic	Weekly	Tuesday p.m.	25	57	63	104
Llanrhaeadr Y.M. Infants' School	Fortnightly	Monday p.m.	12	22	15	24
Llay, County Clinic	Weekly	Wednesday p.m.	38	92	77	63
Rhos, County Clinic	Weekly	Wednesday p.m.	44	143	93	64
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	20	28	4	10
Gwersyllt, County Clinic	Weekly	Friday p.m.	42	110	103	98
Rhostyllen, Church Hall	Fortnightly	Monday p.m.	22	26	12	7
Rossett, County Clinic	Weekly	Wednesday p.m.	21	41	35	54
Ruabon, County Clinic	Weekly	Tuesday p.m.	33	94	68	53
Ruthin, County Clinic	Weekly	Tuesday p.m.	20	124	96	123
Kinmel Bay, Merchandise Hall	Fortnightly	Wednesday p.m.	19	29	40	27
Wrexham Hightown,	Weekly	Tuesday p.m.	28	89	87	40
Carried Forward				2,060	1,796	1,841

Table 15 (continued)

Location	*Frequency*	*Day and Time*	*Average attendance per session* (*children*)	*No. of children who attended during the year and who were born in* 1971	1970	1966-69
Brought Forward				2,060	1,796	1,841
Wrexham, Garden Village	Weekly	Wednesday p.m.	44	172	163	99
Wrexham, Prince Charles Road	Weekly	Mon, Thur. p.m.	30	223	72	148
Wrexham, 1 Grosvenor Road	Weekly	Mon., Wed. p.m.	26	191	118	153
Vroncysyllte, Primitive Chapel	Monthly	Tuesday a.m.	13	7	8	15
Trevor, Community Centre	Monthly	Thursday p.m.	12	11	10	16
Cerrigydrudion	Weekly	Thursday p.m.	7	16	25	15
Total				2,680	2,192	2,287

Table 16
MATERNITY AND CHILD WELFARE
DENTAL TREATMENT, 1970

(a) Number provided with Dental Treatment:

	First visits for treatments during the year	*Total visits*	*No. of courses of Treatment completed*
Expectant and Nursing Mothers	47	214	40
Children under 5 years of age	55	73	44

(b) Forms of Dental Treatment provided:

	Extractions	*General Anaesthetics*	*Fillings*	*Patients treated by scaling*	*Patients X-rayed*	*Dentures provided*
Expectant and Nursing Mothers	196	16	19	7	5	48
Children under 5 years of age	129	21	11	3	1	—

Table 17

Premature Live and Still Births

Weight	*Number of Premature Births*		*Of those born alive*			
	Born dead	*Born alive*	*No. died within 24 hours of birth*	*No. died in 1 and under 7 days*	*No. died in 7 and under 28 days*	*No. survived*
2lb. 3oz. or less	11	2	1	—	—	1
Over 2lb. 3oz. and up to 3lb. 4oz.	3	4	—	1	1	2
Over 3lb. 4oz. and up to 4lb. 6oz.	7	11	1	—	—	10
Over 4lb. 6oz. and up to 4lb. 15oz.	6	32	—	1	—	31
Over 4lb. 15oz. and up to 5lb. 8oz.	6	81	—	—	—	81
Total	33	130	2	2	1	125

Table 18

MATERNITY CASES DISCHARGED FROM HOSPITAI BEFORE 10th DAY

	0 - 72 hours		**4 - 6 days**		**7 - 10 days**		**Total**	
	No. of cases	*No. of visits*	*No. of cases*	*No. of visits*	*No. of cases*	*No. of visits*	*No. of cases*	*No. of visits*
1st Quarter	129	1,312	238	1,332	114	425	481	3,069
2nd Quarter	133	1,339	273	1,466	114	381	520	3,186
3rd Quarter	111	1,142	260	1,372	133	485	504	2,999
4th Quarter	102	1,058	209	1,145	107	367	418	2,570
Total for year	475	4,851	980	5,315	468	1,658	1,923	11,824

Table 19

MIDWIVES PRACTISING AT 31st DECEMBER, 1971

Employing Authority	*No. of Midwives employed whole or part-time*
Local Health Authority:	
Supervisory	2
Domiciliary	42
Mother and Baby Home	—
Private Practice:	
Domiciliary	—
Private Nursing Home	1
Hospital Service:	
Welsh Hospital Board	78

Table 20

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1971

	Number of deliveries attended by Midwives in the area during the year				
	Domiciliary Cases				*Total*
	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	2	2	20	204	228
Midwives in private practice (incl. Midwives employed in Nursing Homes	—	—	—	—	—
Total	2	2	20	204	228

Table 21
SUMMARY OF WORK OF HEALTH VISITORS

Area	*No. of Health Visitors*	*No. of Visits to children under 1 year*		*No. of Visits to children*	*Persons aged 65 or over*	*All other visits*
		First Visits	*Total Visits*	*1 - 5 years*	*Total Visits*	
Eastern No. 1	14	1,278	5,141	9,328	1,954	2,418
Eastern No. 2	8	719	3,567	4,834	687	1,544
Western No. 1	8	560	2,048	4,099	2,111	1,819
Western No. 2	7	574	2,535	3,991	965	957
Total	37	3,131	13,291	22,252	5,717	6,738

TABLE 22

Summary of Cases attended and visited by Home Nurses during 1971

	0 - 4 *years*	5 - 64 *years*	65 *years and over*	*Total*
No. of cases	106	1,917	3,970	5,993
No. of Visits by Home Nurses	856	38,113	108,841	147,810
No. of Visits by Nursing Auxiliaries	—	730	6,484	7,214

Table 23

Smallpox Vaccinations

Age at date of Vaccination	*Primary Vaccinations*	*Re-vaccinations*
0 - 12 months	4	—
1 year	399	—
2 - 4 years	381	—
5 - 15 years	46	216
Totals	830	216

Table 24

Numbers immunised against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and Rubella during 1971

Year of of Birth	Diphtheria		Whooping Cough		Tetanus		Poliomyelitis				Measles	Rubella
							Salk		Sabin			
	Primary	*Booster*	*Primary*	*Booster*	*Primary*	*Booster*	*Primary*	*Booster*	*Primary*	*Booster*		
1971	84	—	84	—	84	—	—	—	27	—	5	—
1970	1,611	—	1,587	—	1,609	—	—	—	1,565	—	548	—
1969	592	—	548	—	593	—	2	—	556	—	374	—
1968	135	—	93	—	136	—	—	—	100	—	174	—
1964 - 1967	168	1,613	90	227	186	1,626	—	—	114	1,218	178	2
Others under	54	177	21	16	159	230	—	—	53	949	26	1,243
Total	2,644	1,790	2,423	243	2,767	1,856	2	—	2,415	2,167	1,305	1,245

Table 25

VACCINATION AND IMMUNISATION OF CHILDREN

IMMUNITY INDEX

	Percentage of children born in 1969 and vaccinated by 31.12.71		
	Whooping Cough	*Diphtheria*	*Polio myelitis*
	(1)	(2)	(3)
Denbighshire	73	75	71
Wales	77	78	77
England and Wales	78	80	78

Table 26

AMBULANCE SERVICE

	Patients conveyed		*Miles travelled*
By Ambulance	Stretcher cases	17,028	629,215
	Sitting cases	70,084	
By Sitting Case Car	Sitting cases	55,424	401,181
Grand Total: 1971		142,536	1,030,936
Grand Total: 1970		133,639	952,855

Table 27

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

	No. tuberculin tested	*No. found tuberculin positive*	*No. found tuberculin negative*	*No. vaccinated with B.C.G.*
1971	1,754	234	1,448	1,448
1970	1,778	275	1,384	1,383

Table 28

TUBERCULOSIS NOTIFICATIONS

AGE AND SEX DISTRIBUTION

	Respiratory			*Non-Respiratory*		
Age	*M*	*F*	*Total*	*M*	*F*	*Total*
Under 1 year	—	—	—	—	—	—
1 year	—	—	—	—	—	—
2 - 4 years	2	—	2	—	1	1
5 - 9 years	—	—	—	—	—	—
10 - 14 years	—	—	—	—	—	—
15 - 19 years	1	1	2	—	—	—
20 - 24 years	3	1	4	—	—	—
25 - 34 years	2	1	3	—	—	—
35 - 44 years	1	1	2	—	—	—
45 - 54	3	1	4	1	2	3
55 - 64	6	1	7	1	—	1
65 - 74	2	1	3	—	—	—
75 and over	1	—	1	—	—	—
Total	21	7	28	2	3	5

Total No. of Notifications during 1970 33

No. of new contacts seen of new cases notified 238

No. of contacts notified of this number 6

Table 29
TUBERCULOSIS
Number of Cases on the County Tuberculosis Register for the years 1961 - 1971

Year	No. on Register			Deaths			Death Rate per Million of Population
	Respiratory	Non-Respiratory	Total	Respiratory	Non-Respiratory	Total	County of Denbigh
1961	1,284	149	1,433	11	6	17	97.8
1962	1,158	136	1,294	19	—	19	109.1
1963	1,154	122	1,276	2	1	3	17.2
1964	1,121	146	1,267	7	1	8	45.2
1965	1,063	152	1,215	3	2	5	28.0
1966	959	146	1,105	10	4	14	78.1
1967	840	102	942	8	—	8	44.5
1968	635	71	706	7	2	9	49.5
1969	494	63	557	10	5	15	82.4
1970	439	58	497	4	—	4	22.4
1971	393	55	448	9	—	9	48,7

Table 30

Active cases on Registers according to County Districts, 31st December, 1971

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 regter 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*	20	—	3	—	4	—	19	—
	Females	21	2	2	—	2	—	21	2
Colwyn Bay M.B.	*Males*	24	3	3	—	4	1	23	2
	Females	18	7	—	—	—	2	18	5
Aled R.D.	*Males*	10	1	1	—	1	—	10	1
	Females	2	3	—	—	—	1	2	2
Western No. 2:									
Denbigh M.B.	*Males*	24	—	—	—	—	—	24	—
	Females	14	2	2	—	1	1	15	1
Llanrwst U.D.	*Males*	8	—	—	—	1	—	7	—
	Females	3	4	—	—	—	1	3	3
Ruthin M.B.	*Males*	1	2	1	—	2	—	—	2
	Females	1	—	1	—	1	—	1	—
Hiraethog R.D.	*Males*	7	3	2	—	2	—	7	3
	Females	—	1	—	—	—	—	—	1
Ruthin R.D.	*Males*	14	1	2	—	1	—	15	1
	Females	5	4	—	—	—	—	5	4
	Carried forward	172	33	17	—	19	6	170	27

Table 30 (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*
Brought Forward		172	33	17	—	19	6	170	27
Eastern No. 1:									
Wrexham R.D.	*Males*	85	2	6	2	12	—	79	4
	Females	58	8	1	2	17	—	42	10
Ceiriog R.D.	*Males*	11	1	1	—	1	—	11	1
	Females	4	2	—	—	4	—	—	2
Llangollen U.D.	*Males*	2	—	—	1	—	—	2	1
	Females	2	—	—	—	2	—	—	—
Eastern No. 2:									
Wrexham M.B.	*Males*	68	6	5	1	11	2	62	5
	Females	37	6	3	—	13	1	27	5
Totals		439	58	33	6	79	9	393	55

Table 31

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*
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
1971	5.2	4.4	4.9	1.9

Table 32

MENTAL HEALTH

Admissions to Hospital arranged by Mental Welfare Officers

	M	*F*	*Total*
Mental Health Act, 1959:			
Section 25 (Observation Order)	20	33	53
Section 26 (Treatment Order)	5	6	11
Section 29 (Emergency Observation Order)	39	52	91

	M	*F*	*Total*
Total informal patients admitted to Hospital during year	180	291	471

TABLE 33

Disposal of Mentally Subnormal Patients

	M	*F*	*T*
No. of Mentally Handicapped over 16 years in Hospitals at 31.12.71	103	70	173
No. of Mentally Handicapped under guardianship at 31.12.71	—	—	—
No. of S.N. and S.S.N. in "Place of Safety" at 31.12.71	—	—	—
No. of Mentally Handicapped over 16 years of age under Supervision at 31.12.71	191	155	346
No. of Mentally Handicapped and Severely Mentally Handicapped over 16 years admitted to Hospitals during the year	7	6	13
No. of Mentally Handicapped and Severely Mentally Handicapped taken to "Places of Safety" during the year	—	—	—
No. of Mentally Handicapped and Severely Mentally Handicapped that ceased to be under care by reason of death or removal from the area during the year	4	5	9

Table 34

Registration of premises and persons under Section 1 of Nurseries' and Child Minders' Regulation Act, 1948

	Premises	*Persons*
	Playgroups	*Child Minders*
No. of persons or premises registered during the year	8	4
Total number of registered persons or premises	48	12
No. of children permitted	1,062	31

Table 35

VENEREAL DISEASES

Number of Patients attending Centres during 1971

	Syphilis	*Gonorrhoea*	*Other Conditions*	*Total*
Llandudno General Hospital	—	8	31	39
Wrexham War Memorial	1	36	136	173
Totals	1	44	167	212

Table 36

CHIROPODY

No. of persons on register at 31.12.71	*No. of persons treated during* 1971	*No. of Sessions*	*Total attendances*
3,531	3,436	1,872	9,984

Home Visits during the year — 73

Table 37

BLIND PERSONS

	Males	*Females*
No. of cases on Register at 31.12.71	139	212
No. of cases ascertained during 1971	20	28
No. of cases ascertained during 1971 with:		
(a) Cataract	11	21
(b) Glaucoma	7	5
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

Age	*Number Ascertained*		*Number in Residential Accommodation*	
	Males	*Females*	*Males*	*Females*
0 - 10	25	20	—	—
10 - 15	40	45	—	—
16 - 29	18	4	1	—
30 - 49	5	5	2	1
50 and over	2	1	—	1

TABLE 39

SPASTICS

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

Age	*Number Ascertained*		*Number in Residential Accommodation*	
	Male	*Females*	*Males*	*Females*
0 - 10	17	13	2	1
10 - 15	11	11	4	4
16 - 29	11	11	4	1
30 - 49	7	7	4	1
50 and over	1	3	—	2

Table 40

CYTOLOGY SERVICE

Examinations made during the year 1971

	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	938	1,612	691	3,241	3,171	1	20	49	—	15	22
West Denbighshire	609	4	428	1,081	1,068	2	1	10	13	7	27
Total	1,547	1,616	1,119	4,322	4,239	3	21	59	13	22	49

Table 41

INFECTIOUS DISEASES

Particulars respecting notifications received during 1971 and for comparative purposes the nine preceding years are shewn

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Scarlet Fever	20	36	79	67	62	67	48	59	30	35
Whooping Cough	10	82	116	21	45	160	61	5	65	64
Measles	414	1,222	1,160	1,556	731	1,328	904	371	1,277	698
Acute Pneumonia	11	10	24	10	8	13	3	—	—	—
Meningococcal Infection	1	3	1	1	2	—	—	—	3	3
Acute Poliomyelitis :										
Paralytic	2	—	1	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	1	—	—	—	—
Acute Encephalitis :										
Infective	1	—	—	—	—	—	—	—	1	—
Post - Infectious	—	1	—	—	1	—	—	—	—	—
Dystentry	86	80	5	426	95	10	44	85	16	14
Opthalmia Neonatorum	—	1	1	1	1	3	1	—	—	—
Puerperal Pyrexia	20	14	30	13	7	6	6	1	—	—
Paratyphoid Fever	—	3	—	5	1	1	—	—	—	1
Food Poisoning	5	6	19	16	24	74	128	26	52	47
Erysipelas	1	1	9	6	9	2	4	—	1	—
Respiratory Tuberculosis	108	68	53	62	32	47	40	20	26	28
Non-Respiratory Tuberculosis	10	7	9	9	10	12	3	4	7	5
T.B. Meninges and C.N.S.	4	—	2	4	—	1	1	—	—	—
Infective Jaundice	—	—	—	—	—	—	2	26	110	33
T.B. Notification after death	—	—	—	—	—	—	3	1	1	—
Malaria	—	—	—	—	—	—	—	1	—	1
Typhoid Fever	—	—	—	—	—	—	—	—	—	2
Leptospirosis	—	—	—	—	—	—	—	2	—	—
Acute Meningitis	—	—	—	—	—	—	—	2	1	—
Tetanus	—	—	—	—	—	—	—	1	—	—
Total	693	1,534	1,509	2,197	1,028	1,725	1,248	604	1,590	931

Table 42

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

Area	Meningoccal Infection	Scarlet Fever	Whooping Cough	Measles	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Dysentry	Food Poisoning	Infective Jaundice	Malaria	Typhoid Fever	Paratyphoid Fever
Western No. 1 :												
Colwyn Bay	—	—	6	143	3	—	—	1	—	—	1	—
Aled	—	1	1	3	1	—	—	—	—	—	—	—
Abergele	—	7	29	19	4	—	1	2	—	—	—	—
Western No. 2 :												
Ruthin Borough	—	—	—	—	—	—	—	—	—	—	—	—
Ruthin Rural	—	1	1	38	1	—	—	—	—	—	—	—
Hiraethog	—	1	2	35	1	—	—	2	—	—	—	—
Llanrwst	—	2	—	100	—	—	2	1	13	—	—	—
Denbigh	—	3	2	2	1	—	11	1	2	1	—	—
Eastern No. 1 :												
Wrexham R.D.C.	2	4	12	136	8	4	—	11	10	—	—	—
Ceiriog	—	1	1	140	1	—	—	—	3	—	—	—
Llangollen	—	—	1	35	—	—	—	—	—	—	1	1
Eastern No. 2 :												
Wrexham Borough	1	15	9	47	8	1	—	29	5	—	—	—
Total	3	35	64	698	28	5	14	47	33	1	2	1

Table 43

REGISTRATION OF NURSING HOMES

	Number of Homes	*Number of beds provided for*		
		Maternity	*Others*	*Total*
Homes first registered during the year	1	—	8	8
Total Homes on the register at the end of year	13	24	131	155

Table 44

STAFF MEDICAL EXAMINATIONS

Category	*Male*		*Female*		*Total*	
	Full Medical	*Medical Questionnaire*	*Full Medical*	*Medical Questionnaire*	*Full Medical*	*Medical Questionnaire*
Teachers	25	28	41	80	66	108
College Entrants	101	—	195	—	296	—
Llandrillo College	34	—	16	—	50	—
Employment Licences	18	—	10	—	28	—
Firemen	30	—	—	—	30	—
Staff — Denbighshire County Council	97	41	193	83	290	124

Absence through sickness 14

TABLE 45

MILK SAMPLING

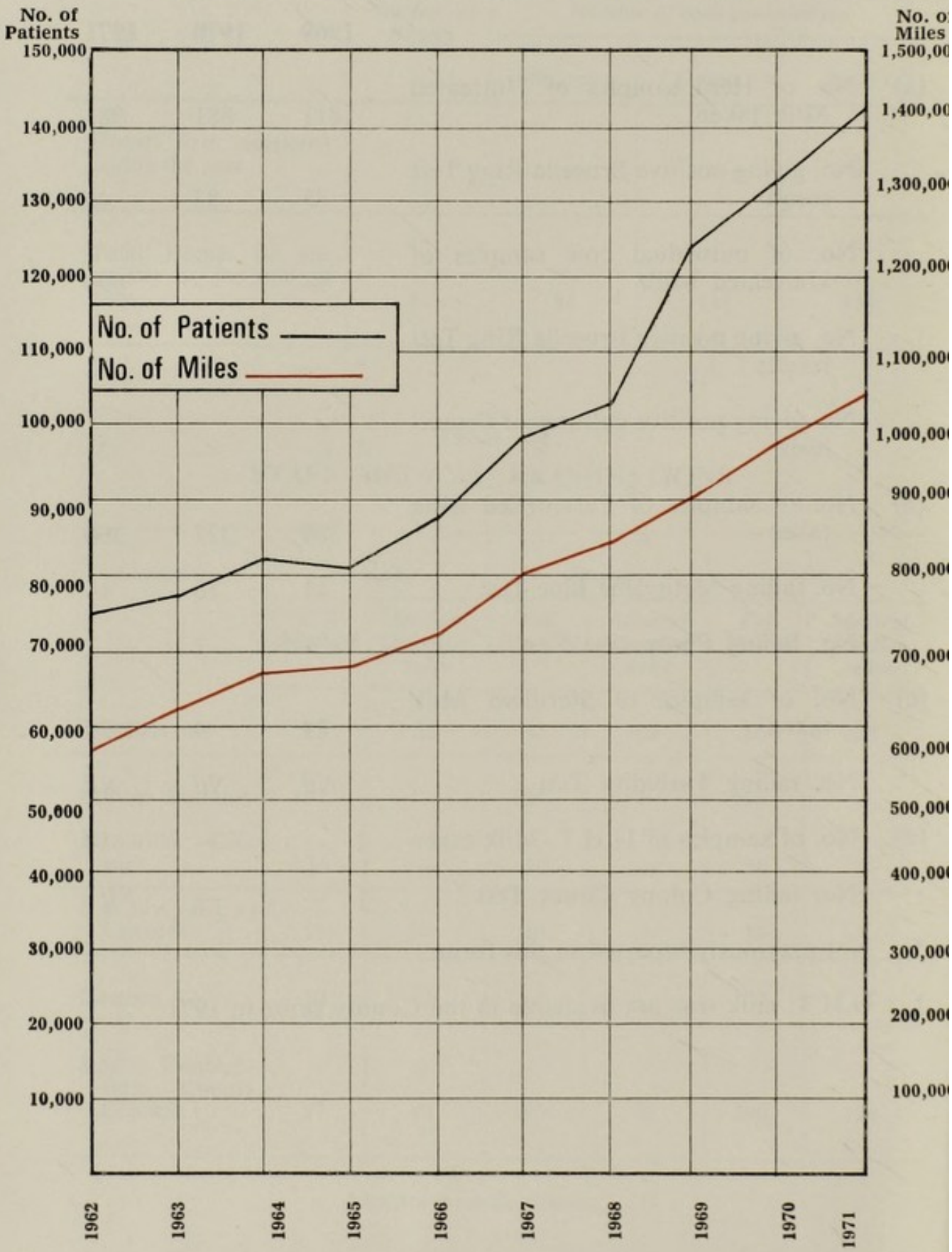
			1969	1970	1971
(a)	No. of Herd samples of Untreated Milk taken		811	881	981
	No. giving positive Brucella Ring Test result		83	83	46
	No. of individual cow samples of Untreated Milk	*	—	—	690
	No. giving positive Brucella Ring Test results	*	—	—	92
	No. giving positive cultures of Brucellosis	*	—	—	21
(b)	No. of samples of Pasteurised Milk taken		389	327	360
	No. failing Methylene Blue Test		11	16	14
	No. failing Phospatase Test		1	2	2
(c)	No. of samples of Sterilised Milk taken		29	4	29
	No. failing Turbidity Test		*Nil*	*Nil*	*Nil*
(d)	No. of samples of U.H.T. Milk taken	‡	—	—	14
	No. failing Colony Count Test	‡	—	—	*Nil*

* Not previously reported in this form

‡ U.H.T. milk was not available in the County prior to 1971

TABLE 48

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



TABLES