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458 C. R. H. by P. C.
FLINTSHIRE COUNTY COUNCIL
(HEALTH DEPARTMENT).



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH CONDITIONS

IN THE ADMINISTRATIVE

COUNTY OF FLINT

DURING THE YEAR

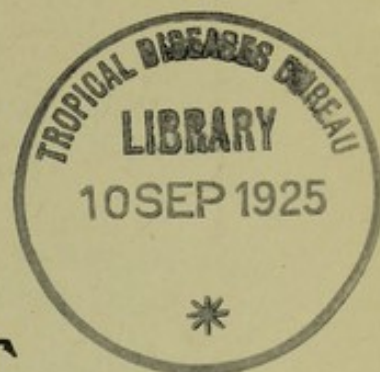
1923.

THE HISTORY OF THE



FLINTSHIRE COUNTY COUNCIL

(HEALTH DEPARTMENT).



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH CONDITIONS

IN THE ADMINISTRATIVE

COUNTY OF FLINT

DURING THE YEAR

1923.



INTRODUCTION.

To the Chairman and Members of the
Flintshire County Council.

Mr. Chairman and Gentlemen,

I have the honour to submit hereby my Report upon the Health Conditions in our County relative to the year ended 31st December, 1923.

The Report for this year is an Ordinary Report as defined in paragraph 3 of Circular 269 (Wales) of December 28th, 1921.

Wherever the question of population is involved the figures throughout are based on the populations estimated at mid-year, 1923.

It is pleasing to record an increase in the Birth Rate. The Rate for 1923 was 19.95 per 1,000 population as against 19.38 in 1922.

There is an improvement, also, in the General Death Rate for the year. In 1922 it was 13.3, while during the year under review it fell to 12.91.

Another very gratifying feature is the fall in the Infant Mortality. With the exception of 1921, when it fell to the remarkably low figure of 67.15 per 1,000 births, the rate for the year under review is the lowest on the County record, besides being lower than the rate recorded for England and Wales as a whole. In this connection it is noteworthy that of the total infantile deaths recorded 41 per cent. were due to congenital debility, malformation, premature birth, etc.—all of them causes associated with the birth.

The figures show an increasing incidence of Encephalitis Lethargica, popularly known as "Sleepy Sickness." They also show that Cancer heads the list of causes of death amongst adults.

The "Catherine Gladstone Maternity Home" was formally opened on the 28th August, 1924. This subject will be dealt with in my next Annual Report.

I have to record my high appreciation of the manner in which the Medical Officers of Health of the various Sanitary Districts co-operated with me in the work of the Public Health Service during the year.

I must also express my thanks to your Chairman and Clerk and to the Chairman and Members of the Public Health Committee for valuable help received, and my grateful acknowledgment of whole-hearted and loyal service on the part of my assistant, Dr. Roberts, and my Staff, administrative and executive.

I remain, Mr. Chairman and Gentlemen,

Your obedient Servant,

A. E. WILLIAMS,

County Medical Officer of Health.

County Health Offices,

Mold, October, 1924.



COUNTY HEALTH SERVICES.

Members of the Public Health Committee, 1923.

Chairman: Councillor Dr. J. Humphrey Williams

Alderman J. T. Morgans	Councillor Ed. Roberts
„ T. P. Williams	„ Rev. J. G. Williams
„ Dr. J. O. Jones	„ Rev. D. G. Jones
„ Owen Wynne	„ Jos. Gould
„ H. H. Millar	„ W. H. Wilcock
„ M. E. Jones	„ G. P. Gibson
„ W. H. Jones	„ J. V. Harris
„ E. Millington	„ J. Harrison
„ Wm. Buckley	„ H. Johnson
Councillor Hugh Peel	„ W. H. Lamb
„ E. Davies	„ Rev. W. Ll. F. Williams
„ R. Williams	„ J. W. Williams
„ J. E. B. Jones	„ J. E. Price

Members co-opted for purposes of Maternity and Child Welfare work:—

Mrs. Gladstone
Mrs. Humphry Williams
Mrs. Yates

Clerk to the Committee: Mr. H. A. Tilby, O.B.E.,

Clerk of the Peace and Clerk of the County Council.

Deputy Clerk: Mr. J. Harvey Davies.

Chief Officer under the Food and Drugs Act, &c.:

Mr. R. Yarnell Davies, M.B.E.

County Finance Clerk: Mr. H. B. Birch.

STAFF.

County Medical Officer of Health: Alfred Ernest Williams, M.D.
(Edinburgh), D.P.H. (Liverpool). *Also Chief School
Medical Officer.*

Assistant School Medical Officer: Aneurin Evan Roberts, M.B.,
B.S. (London).

School Dental Surgeon: Reginald Lawrence Heelan, L.D.S.
(Manchester). *Resigned July, 1924.*

Inspector of Midwives: Mrs. Catherine Kershaw, Trained Nurse
(General and Fever), C.M.B. Cert., R. San. I. Cert. *Also
Superintendent Health Visitor.*

*District Health Visitors acting jointly as Health Visitors and
School Nurses whole-time, except in the case of the Maelor
District—half-time.*

Buckley	...	Miss L. M. Eyes
Connah's Quay	...	Miss M. Kilner
Flint	...	Miss J. Shannon
Hawarden	...	Miss E. Jones
Holywell	...	Miss L. Reynolds
Maelor	...	Miss J. Lloyd
Mold	...	Mrs. M. Ll. Taylor
Prestatyn	...	Miss M. Roberts
Rhyl	...	Mrs. C. Kershaw (Supt.)

Clerks: William Davies, Arthur Whitley.

ESTABLISHMENT.

Headquarters: County Health Offices, County Buildings, Mold.

Infant Welfare Centres:

Shotton	...	Church Rooms, Shotton.
Rhyl	...	Town Hall, Rhyl.
Mold	...	Church Institute, Mold.
Overton	...	Cocoa Rooms, Overton-on-Dee.
Flint	...	Church Street, Flint. (Voluntary)
Bagillt	...	Tabernacle School Room, Bagillt. (Voluntary. Opened in Feb., 1924).

School Clinics:

Shotton	...	Adjoining Council School, Shotton.
Holywell	...	Old Council School, Halkyn Road, Holywell.
Mold	...	County Buildings (Inspection Clinic only).

Small-Pox Hospital: Isolation Hospital, Connah's Quay.

Maternity Home: The "Catherine Gladstone" Maternity Home,
Mancott (1924).

1.—General Statistics.

Area of Administrative County ...	In Statutory Acres ...	163,707
	In Square Miles ...	255.7
Population ...	... 1921—Census ...	106,617
	1923—Mid-year estimate ...	103,380
Number of Inhabited Houses—1921 Census ...	...	22,128
Number of Families or Separate Occupiers—1921 Census		23,002
Rateable Value—1923 ...	...	£579,550
Sum represented by a Penny Rate ...	...	£1961 15s. 6d.
Birth Rate—per 1,000 population ...	...	19.95
Infantile Death Rate—per 1,000 Births ...	...	67.86
General Death Rate—all ages—per 1,000 population ...		12.91
Tuberculosis Death Rate—all forms—all ages ...		1.08
Zymotic Death Rate ...	...	0.38
Cancer Death Rate ...	...	1.48
New Houses erected during 1923 ...	...	approx. 300

2.—Extracts from the Vital Statistics.

A (1)—POPULATION, &c. (CENSUS—1921).

The Official Report on the Census taken in the Summer of 1921 has now been published and shows the population of the Administrative County of Flint as—

Males...51,220 ; Females...55,397 ; Total...106,617.

During the inter-censal period 1911—1921 there was an increase in the population of 13,912 persons, as against an increase of 11,220 in respect of the preceding decade.

The following table shows the series of the corresponding figures obtained at previous Censuses. At the first, taken in 1801, the population of the Ancient County amounted to 39,469 persons. Since that date the growth, though somewhat uneven, has been small in relation to that of the rest of the country ; by 1901 the population had reached 81,485, a figure only little more than twice as great as it was 100 years before, whereas in England and Wales as a whole during that period the population increased to more than three and a half times its original dimensions. Since 1901, from and after which date the figures shown relate to the area within the boundaries of the present Administrative County, the increase in population has been high, both in relation to the earlier history of the County itself and also in relation to England and Wales as a whole.

ANCIENT COUNTY.

1801	1811	1821	1831	1841
39,469	45,937	53,893	60,244	66,919
1851	1861	1871	1881	1891
68,156	69,737	76,312	80,587	77,428

PRESENT ADMINISTRATIVE COUNTY.

1891	1901	1911	1921
77,041	81,485	92,705	106,617

The next Table shows the population, as determined by the Census, of each of the several Districts in the County in 1921. From this Table it will be seen that the most thickly populated of the Urban Districts was that of Rhyl, with 153, and the lowest that of Connah's Quay, with 1.2 persons per acre. In connection with the latter District, however, it is only right to remember that a substantial portion of the acreage comprises inland water.

A (2)—POPULATION, 1923.

It must here be observed that the particulars regarding population given in columns 4-9 of the following Table are based on the findings of the Census in 1921. Interesting as are the facts disclosed, the figures naturally require adjustment for application to the year under review. This adjustment has been effected at the office of the Registrar General with the result that the population of the Administrative County, estimated at mid-year, 1923, has been declared as stated below. It is on these figures, wherever the question of population is involved, that the calculations in this Report are based :—

1923	Urban	Rural	County
Population	39,820	63,560	103,380

These figures show an increase over those of the previous year of 423 in the Urban Districts, 693 in the Rural Districts and 1,116 in the whole County.

In respect of the various Districts in the area the populations are given in column 10 of the following Table.

ACREAGE, POPULATION, &c.

DISTRICT.		Area in Statute Acres (Land and Inland Water)	POPULATION—BY CENSUS.						POPULATION—BY ESTIMATE.					
			1911	1921			Variation in Inter-Censal Period		1923	Variation in period 1921—23	In-crease	De-crease		
				Total	Males	Females	Total	Persons per Acre					Increase	De-crease
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)		
URBAN—														
Buckley	2034	6333	3412	3314	6726	3.3	393	...	6878	3.38	152	...		
Connah's Quay	4214	4596	2522	2538	5060	1.2	464	...	5332	1.26	272	...		
Flint Mun. Boro.	3435	5472	3096	3202	6298	1.8	826	...	6579	1.91	281	...		
Holywell	747	2549	1366	1542	2908	3.9	359	...	2898	3.87	...	10		
Mold	854	4873	2260	2399	4659	5.5	...	214	4744	5.55	85	...		
Prestatyn	1372	2036	1629	2454	4083	3.0	2047	...	2959	2.15	...	1124		
Rhyl	879	9005	5404	8086	13490	15.3	4485	...	10430	11.86	...	3060		
RURAL—														
Hawarden	31588	20571	12438	11598	24036	0.7	3465	...	24790	0.78	754	...		
Holywell	64689	25328	12769	13329	26098	0.4	770	...	25880	0.40	...	218		
Overton	29749	5176	2446	2656	5102	0.1	...	74	5160	0.17	58	...		
St. Asaph	24146	6766	3878	4279	8157	0.3	1391	...	7730	0.32	...	427		
Total Urban	13535	34864	19689	23535	43224	3.2	8360	...	39820	2.94	...	3404		
Total Rural	150172	57841	31531	31862	63393	0.4	5552	...	63560	0.42	167	...		
Administrative County...	163707	92705	51220	55397	103617	0.7	13912	...	103380	0.63,	...	3237		

B.—BIRTHS AND BIRTH RATES.

Separately in respect of the various districts and distinguishing between the legitimate and the illegitimate, the males and the females, the following Table shows the number of births which occurred in the County during the year under review. It also specifies the respective birth rates per 1,000 population. For comparative purposes it may here be stated that the rate for England and Wales has been provisionally declared as 19.7.

DISTRICT.	Males	Fe- males	Legit.	Illeg.	Total	Rate
URBAN—						
Buckley	71	69	134	6	140	20.35
Connah's Quay	62	52	110	4	114	21.38
Flint (Mun. Boro.)	93	79	166	6	172	26.14
Holywell	39	32	67	4	71	24.49
Mold	60	47	99	8	107	22.55
Prestatyn	18	17	35	...	35	11.82
Rhyl	72	85	145	12	157	15.05
RURAL—						
Hawarden	251	251	486	16	502	20.24
Holywell—Holywell Div.	196	157	341	12	353	20.54
Holywell—Mold Division	88	84	163	9	172	19.76
Overton... ..	48	55	100	3	103	19.96
St. Asaph	64	73	124	13	137	17.72
URBAN DISTRICTS	415	381	756	40	796	19.98
RURAL DISTRICTS	647	620	1214	53	1267	19.93
WHOLE COUNTY	1062	1001	1970	93	2063	19.95

Comparing the figures of the two years it will be seen that the rate for 1923 was slightly in excess of that recorded for the previous year, viz. 19.38. This increase pertained to both Urban and Rural Districts.

The number of male children born exceeded that of the female by 61. Owing to a stronger natural predisposition to survivance, however, the females are found to preponderate in after life. In this connection it might be mentioned that during the year under review the deaths of males under one year of age exceeded those of the females by 28.

There were 14 more illegitimate births in 1923 than were recorded for 1922.

C.—INFANTILE DEATHS AND DEATH RATES.

Distinguishing sex and legitimacy the following Table shows, in respect of the various Districts, the deaths which occurred, during the year, of infants under the age of one year. The death rate per thousand births is to be understood by the figures given in the last column. To facilitate comparison it may be stated that the rate for England and Wales has been provisionally declared as 69.

A Table showing the rates for the past 17 years will be found in Section 11.

INFANTILE DEATHS, 1923.

DISTRICT.	Males	Fe- males	Legit.	Illeg.	Total	Rate
URBAN—						
Buckley... ..	1	3	4	...	4	28.57
Connah's Quay	7	2	9	...	9	78.94
Flint (Mun. Boro.)	6	8	14	...	14	81.39
Holywell	5	2	7	...	7	98.59
Mold	5	4	8	1	9	84.11
Prestatyn	1	...	1	...	1	28.57
Rhyl ... ..	...	2	2	...	2	12.73
RURAL—						
Hawarden	30	13	39	4	43	85.65
Holywell—Holywell Div.	18	7	25	...	25	70.82
Holywell—Mold Division	7	6	11	2	13	75.58
Overton... ..	1	3	4	...	4	38.83
St. Asaph	3	6	7	2	9	65.69
TOTAL URBAN	25	21	45	1	46	57.78
TOTAL RURAL... ..	59	35	86	8	94	74.19
WHOLE COUNTY	84	56	131	9	140	67.86

Comparing these figures with those of the previous year a substantial fall will be found in the death rate. The number of infantile deaths during the year under review was fewer by 33 than those recorded for 1922, bringing the rate down from 86.92 to 67.86 per 1,000 births.

It is extremely gratifying to record this decline in the infant mortality, particularly as the rate is lower than that provisionally declared for England and Wales as a whole, namely 69. With the exception of the year 1921, when it reached the remarkably low figure of 67.1, the rate for 1923 is the lowest on the County record.

Comparing the Districts in the aggregate it will be found that the infantile death rate for the Urban Districts was lower than that for the Rural, while taking the County as a whole the mortality amongst females was lower than that for the males.

The causes of death will be found arranged in order of numerical priority in the following table. In the case of the first three it is noteworthy that the order is the same as that of the previous year. The last column denotes the death rate per 1,000 births, comprising both sexes, for the whole County :

Cause of Death.	Urban		Rural		County	
	Male	Fem.	Male	Fem.	Total	Rate
Congenital Debility, Malformation, Premature Birth, &c....	9	7	28	14	58	28.11
Pneumonia	8	4	8	3	23	11.14
Bronchitis	2	...	4	4	10	4.84
Diarrhoea ... ..	...	1	3	4	8	3.87
Whooping Cough ... ..	...	2	1	2	5	2.42
Measles ... ..	...	1	1	...	2	0.96
Influenza ... ..	...	...	2	...	2	0.96
Tuberculosis—Non-pulmonary ...	...	...	1	...	1	0.48
Other defined Diseases	5	6	11	8	30	14.54
Causes ill-defined or unknown ...	1	...	...	...	1	0.48
Total—all causes	25	21	59	35	140	67.86

No deaths of infants under one year of age were recorded in the County during the year under review in respect of the following :—Enteric Fever, Small-Pox, Scarlet Fever, Diphtheria, Encephalitis Lethargica, Meningitis, Pulmonary Tuberculosis, Violence.

In connection with the preceding Table a brief review of the chief causes of infantile deaths may be of interest :

Congenital Conditions.—It will at once be remarked that these conditions collectively contributed much more to the aggregate deaths than any other cause. Tracing them to their source there can be very little doubt that the great majority were due to ante-natal influences affecting the mother, and therein lies the key to the situation. Notwithstanding the fact that the

number of deaths from these causes were fewer by 12 during the year under review than were separately recorded both for 1922 and the preceding year, it must be admitted that they are not wholly unpreventable. A moment's reflection in this regard will show how important is the Ante-Natal Branch of the Health Visiting Service. It was with the object of sympathetically educating, advising and assisting mothers, and reducing the baby mortality, that this branch of work had its origin in the National Maternity and Child Welfare Scheme. This work, as far as our own County is concerned, is dealt with in the appropriate Section of this Report.

Pneumonia.—The number of infant deaths recorded in 1923 was the same as that for the preceding year, but higher than that for 1921, when only 15 were registered. In certain forms its infectivity should not be lost sight of, medical practitioners being nowadays encouraged to consider it as a notifiable disease.

Bronchitis.—There were 10 deaths from this cause in 1923 and the same number the year before.

Diarrhoea.—With 8 deaths this disease rose to fourth place in the list for 1923 as against sixth place in 1922, when the deaths numbered 7. In 1921, however, the disease accounted for 15 infantile deaths. It is in the summer months that particular precautions should be taken against this disease.

General.—While these diseases and conditions may be classified as the determining causes in respect of the infantile deaths referred to, it should not be forgotten that there are many important pre-disposing influences at work which compel us to view the majority of the deaths as preventable. These influences are worthy of our serious regard. In the first place there is still a lamentable degree of ignorance amongst parents as to the best means of ensuring the welfare of their children. I grade this as the chief of the causes of preventable child deaths. Closely in its wake, however, come environmental conditions, insanitary dwelling places, overcrowding, poverty and the like. As it is the duty of the parents to safeguard the immediate welfare of their children, so is it the duty of an elected Local Authority to help the parents.

The initiative and responsibility as far as the reduction in preventable infant mortality is concerned primarily devolves upon

the Public Health Authority. It is not without due recognition of the multitudinous duties that I denominate public health as its most important work, and to my mind no Authority can be said to justify its existence unless the health of the community ranks among its chief activities.

As far as this county is concerned the subject of maternity and child welfare, which is of vital importance in its bearing on the future of our race, is dealt with in Section 11 of this Report.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF FLINT, 1923.

AGGREGATE OF URBAN DISTRICTS.													AGGREGATE OF RURAL DISTRICTS.												
Causes of Death.	Sex.	All	Ages 0—1—2—5—15—25—45—65—75—										All	Ages 0—1—2—5—15—25—45—65—75—											
			M...	F...	M...	F...	M...	F...	M...	F...	M...	F...		M...	F...	M...	F...	M...	F...	M...	F...	M...	F...		
All Causes			M...	236	25	4	9	6	10	36	55	43	48	436	59	6	13	9	25	46	116	92	70		
			F...	246	21	1	5	9	5	30	62	49	64	417	35	4	9	12	13	47	99	82	116		
Enteric Fever			M...	1				1						2					2						
			F...	2				2																	
Small-pox			M...																						
			F...																						
Measles			M...											2	1		1								
			F...	1	1									1											
Scarlet Fever			M...											1											
			F...																						
Whooping Cough			M...		2	2								3	1	1	1								
			F...											5	2		3								
Diphtheria			M...	1				1						3											
			F...	2				2								1	2								
Influenza			M...	14			1	2	1	4	2	1	3	11	2				2	3	1	3	3		
			F...	10				1		3	3	2	1	13			1		4	2	3	3	3		
Encephalitis Lethargica			M...	2							2														
			F...																						
Meningococcal Meningitis			M...											1											
			F...																						
Tuberculosis of respiratory system			M...	18					3	6	6	2	1	34			1		7	12	11	2	1		
			F...	12				3	2	4	3		20					1	3	11	4	1			
Other Tuberculous Diseases			M...	8		2	1	1	1	3			9	1		2	2	2	2						
			F...	5		1	2	1	1				6			2	2				1	1			
Cancer, Malignant Disease			M...	25						2	15	6	2	41							22	14	5		
			F...	38						4	21	6	7	49						4	16	15	14		
Rheumatic Fever			M...	4			1		1	2			3												
			F...										1					2	1			1			
Diabetes			M...	3					1		1	1	1	4							3		1		
			F...	3					1		2		3					2				1			

D.—DEATHS AND DEATH RATES—General—All Ages.

The deaths recorded as pertaining to this County, after due correction by inward and outward transfers, are indicated in the following Table. This Table differentiates the various Districts, as well as the males and females, but does not distinguish age groups or causes of death. These, as well as the figures relating to infantile deaths, will be found in separate Tables under the respective headings.

The death rate per 1,000 population is to be understood in reading the figures given in the last column. For purposes of comparison it may here be mentioned that the rate for England and Wales has been provisionally declared as 11.6.

	District.				Males.	Females.	Total.	Rate.	
Urban—									
Buckley	36	29	65	9.45	
Connah's Quay	29	28	57	10.68	
Flint Mun. Boro.	31	43	74	11.24	
Holywell	33	16	49	16.90	
Mold	33	35	68	14.33	
Prestatyn	22	17	39	13.17	
Rhyl	52	78	130	12.46	
Rural—									
Hawarden	162	128	290	11.69	
Holywell—Holywell Division	134	132	266	15.48	
Holywell—Mold Division	59	65	124	13.83	
Overton	30	26	56	10.85	
St. Asaph	51	66	117	15.13	
Total Urban	236	246	482	12.10	
Total Rural	436	417	853	13.42	
Whole County	672	663	1335	12.91	

From the foregoing it will be seen that the general death rate amongst the Urban Districts was highest in the Holywell area and lowest in the District of Buckley.

In the Rural Districts it was highest in the Holywell Division of the Holywell area and lowest in the Overton District.

As in the case of the previous year the death rate was higher for the Rural Districts in the aggregate than it was for the Urban. In both years, also, it was higher amongst males than amongst females. This latter fact is interesting taken in conjunction with the general male preponderance over females in the births.

The causes of death are enumerated and classified under the various ages in the table appropriately described. Listed in order of numerical precedence the following were the chief :

Cause of Death.	Urban.		Rural.		County.	
	Males.	Females.	Males.	Females.	Total.	Rate.
Cancer... ..	25	38	41	49	153	1.48
Heart Disease	24	19	40	57	140	1.35
Cerebral Hæmorrhage ...	14	28	28	44	114	1.10
Tuberculosis (all forms) ...	26	17	43	26	112	1.08
Pneumonia	30	7	37	30	104	1.00
Bronchitis	14	10	31	16	71	0.68

Reviewing the causes of death as shown in the foregoing the following observations may be of interest :

Cancer.—This malignant disease heads the list for the year with the death rate shown. In 1922 it took third place with a rate of 1.11 per 1,000 population. Its prevalence and the associated mortality is a matter of deep national concern, and it is with the most earnest and whole-hearted endeavour that the Ministry of Health are at present pursuing vigorous research into the subject of its causation, prevention and treatment.

Heart Disease.—The figures show a reduction in the death rate from 1.50 in 1922 to 1.35 in 1923.

Cerebral Hæmorrhage.—A decided increase is here indicated, the previous year's figure being 0.83.

Tuberculosis.—The rate for pulmonary tuberculosis was 0.81 as against 0.77 for the previous year. For all forms the rate was 1.08, showing an increase compared with the 1.00 of 1922. Observations regarding the prevention, diagnosis and treatment of this disease, which accounted for over 8 per cent. of the total deaths recorded, will be found in Section 10 of this Report. Of the complete Table appearing in the said Section the following is a summary. It is a noteworthy fact that the death rate for the Rural Districts exceeded that for the Urban in 1923 as well as in 1922.

	Urban.		Rural.		County.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Pulmonary	30	0.75	54	0.84	84	0.81
Non-pulmonary	13	0.32	15	0.23	28	0.27
All forms	43	1.07	69	1.08	112	1.08

Pneumonia.—From second in the previous year's list of causes, with a rate of 1.25, the mortality in 1923 fell to 1.00, bringing it to fifth place in the list.

Bronchitis.—This shows a fall from 0.95 in 1922 to 0.68 in 1923.

E.—TRANSFERABLE DEATHS.

Representing a summary in respect of the whole County, the following figures indicate the inward and outward transfers of deaths effected for statistical purposes during the year under review :

Outward Transfers—

Deaths of Non-Residents registered within the area... 124

Inward Transfers--

Deaths of Residents not registered within the area ... 172

F.—CHILDBIRTH DEATHS.

Distinguishing as to the Districts in which they occurred, the deaths during 1923 of women in, or in consequence of, childbirth, e.g. :—Puerperal sepsis, accidents, and diseases of pregnancy and parturition, are shown in the following summary :

District.				Sepsis.	Other.	Total.
Connah's Quay Urban	...	...	...	—	3	3
Rhyl Urban	...	...	...	—	1	1
Hawarden Rural	...	...	...	—	1	1
Holywell Rural—Mold Division	...	...	...	1	1	2
Whole County	...	...	...	1	6	7

In comparison with the figures of the preceding year this summary shows a reduction of 4 in the total number of deaths.

The improvement is gratifying in the light of the fact that the maternal death rate in England and Wales has remained practically stationary for the past thirty to forty years. The Infant Mortality Rate, however, has descended in 25 years from 150 to 69. The figures therefore suggest that Ante-Natal work is still undeveloped throughout the country.

3.—Notifiable Diseases.

A list of the infectious diseases notified during the year appears in Column 1 of the following Table.

Column 2 shows the number of cases of each disease notified. With regard to the cases of Tuberculosis, the majority were notified by the Tuberculosis Physician of the King Edward VII Welsh National Memorial Association. All the other diseases, including 96 cases of Tuberculosis, were notified by the District Medical Officer of Health.

The Table also shows in Column 3 the number of cases of each particular disease admitted to hospital during the year. The number falls short of the total known to have been admitted, however, as some of the District Medical Officers failed to report thereon.

The fourth column indicates the number of deaths elicited to have been caused by the diseases specified.

Diseases Notified. (arranged in alphabetical order)					Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Cerebro-Spinal Fever	...	...	...	...	2	—	—
Chicken Pox	...	...	...	...	8	—	—
Continued Fever...	...	...	...	...	2	—	—
Diphtheria (including Membranous Croup)	...	...	...	...	81	46	6
Encephalitis Lethargica	...	...	...	...	5	—	2
Enteric Fever (Typhoid and Paratyphoid)	...	...	...	...	30	1	5
Erysipelas	...	...	...	...	16	—	—
Measles (excluding German Measles)	...	...	...	...	4	—	4
Ophthalmia Neonatorum (see separate table)	...	...	...	...	3	—	—
Pneumonia	...	...	...	...	107	—	104
Puerperal Fever	...	...	...	...	1	—	1
Scarlet Fever	...	...	...	...	132	87	1
Small Pox	...	...	...	...	1	1	—
Tuberculosis—all forms (see Section 10)	...	...	...	...	226	113	112

Comparing the numbers notified during the two years it is found that those for Enteric Fever and Pneumonia were substantially higher in 1923 than those recorded for the previous year, when there were only 4 and 75 respectively notified. As far as the Enteric was concerned these cases occurred in the Urban area of Flint Mun. Borough and Holywell, whereas of the 107 cases of Pneumonia 89 occurred in the Rural as against only 18 in the Urban Districts.

There was also 1 case of Ophthalmia notified in excess of those in the previous year. The notifications were fewer, however, in connection with the following diseases :—Diphtheria, Erysipelas, Measles, Puerperal Fever, Scarlet Fever.

No notifications whatever were received in respect of the following infectious diseases :—Cholera, Dysentery, Malaria contracted in U.K., Plague, Polio-Encephalitis, Poliomyelitis, Relapsing Fever, Typhus Fever.

The following Table shows the Districts in which the specified notifiable diseases occurred.

INFECTIOUS DISEASE NOTIFICATIONS RECEIVED FROM THE DISTRICT MEDICAL
OFFICERS OF HEALTH DURING 1923.

DISEASE NOTIFIED.	Total Whole County.									
	Buckley Urban.	Connah's Quay Urban.	Flint M. Borough.	Holywell Urban.	Mold Urban.	Prestatyn Urban.	Rhyl Urban.	Hawarden Rural.	Holywell Rural. (Holywell Div.)	Holywell Rural. (Mold Div.)
Small Pox
Scarlet Fever
Diphtheria (including Membranous Croup)
Enteric Fever (Typhoid and Paratyphoid)
Pneumonia
Puerperal Fever
Cerebro-Spinal Fever
Encephalitis Lethargica
Continued Fever
Ophthalmia Neonatorum
Erysipelas
Tuberculosis—Respiratory
Tuberculosis—Other Forms
Chicken Pox
Measles (excluding German Measles)
Total Notifications received	21	10	40	31	11	6	75	103	133	22
	9	27	194	294	488					

Bearing on the preceding two Tables the following observations are considered noteworthy :

Small-Pox.—Further reference is made to this in Section 4.

Cerebro-Spinal Fever.—There were two cases notified as against none in 1922 and one the previous year.

Continued Fever.—In respect of this disease, also, there were two cases notified as against none in 1922 and one the previous year.

Encephalitis Lethargica.—There is evidence of an increase in the prevalence of this disease in the County. There were five cases in 1923 as against none in 1922 and four in 1921.

Tuberculosis.—This disease is separately dealt with in Section 10 of this Report.

Ophthalmia Neonatorum.—Midwives are required under their Rules to notify immediately to the Local Supervising Authority every case of discharging eyes in infants, however slight, and whatever the cause, and their subsequent action has to be based on the assumption that the cause is Ophthalmia Neonatorum. They are also empowered under the Midwives Act to call in a medical man at once in the interests of the child.

The number of cases brought to the notice of the Authority during the year is shown in the following Table, which also summarises the reports subsequently received concerning the cases :

Description.	Not Ophthalmia.	Diagnosed Ophthalmia.	Total Cases.
Number brought to Authority's notice	13	3	16
Number of cases medically treated—			
At home	12	1	13
At hospital... ..	1	2	3
Number of cases culminated in—			
Death	—	—	—
Total Blindness—Both eyes...	—	—	—
One eye	—	—	—
Visual impairment—Both eyes	—	—	—
One eye	—	—	—
No adverse visual effects ...	13	3	16

In connection with the foregoing summary it should be noted that in every case the subject was brought to the notice of the Authority by the Midwives acting in compliance with the Rules of the Central Midwives Board. Three of the cases, however, were also notified through the ordinary Public Health channels as cases of notifiable infectious disease.

4.—Causes of Sickness.

(Noteworthy in a special sense).

General.—Compared with the preceding year the figures for 1923 showed a substantial reduction in the total number of infectious diseases notified. In 1922 the total was 726, whereas it was only 618 during the year under review. The influences bearing on these figures, however, have been discussed in the preceding Section.

Zymotic Diseases.—The reductions by 71 in the case of Scarlet Fever and 66 in Diphtheria is notable. In the case of Measles the fall is still more distinct, though comparatively little importance can be attached to the figures as diversities of opinion exist as to the necessity for its notification. It is noteworthy, however, that the year under review was singularly free from outbreaks.

Small-Pox.—For the first time in many years a case of Small-Pox occurred in the County. This was notified on the 4th July, the patient belonging to a family who held a small shop in the Municipal Borough of Flint where second-hand clothing was sold. It was difficult to trace the exact source of the infection, but it is extremely probable that it was brought to the County with the wares purchased. The case was isolated at the Connah's Quay Isolation Hospital, and by suitable measures of segregation, disinfection, vaccination, &c., the disease was confined to the one case. Happily it was of a mild type and yielded readily to treatment.

Encephalitis Lethargica.—The notification of 5 cases in 1923 is not without its serious significance in the light of the increasing prevalence of this disease. The areas in which the cases occurred were Mold (2), Prestatyn and Rhyl Urban Districts and St. Asaph Rural District.

Cerebro-Spinal and Continued Fevers.—There were two cases of each of these diseases during the year.

5.—Summary of Nursing Arrangements, Hospitals and other Institutions available in the County.

Professional Nursing in the Home—

- (a) General.—There are in Flintshire 24 Trained Certificated Nurses who in their respective districts carry out the work of home nursing, in addition to that of midwifery. Of these 2 belong to the North Wales Nursing Association and in the joint capacity indicated, are referred to as District Nurses. Of the remaining 22, all of whom are available for both services, 8 belong to private Institutions and 14 are Independent.
- (b) Maternity.—In addition to the above there are, Certificated, 30 Association and 29 Independent Midwives, concerning whom further reference is made in Section 12.
- (c) Infectious Diseases.—There are no special arrangements in operation for nursing cases of infectious disease. In some areas, however, the Nurses belonging to neighbouring Institutions are available for the purpose under arrangement as required.
- (d) Home Visiting.—The County Council employ 8 full-time and one half-time Nurses for this work in conjunction with that of School Nursing. Particulars are given in Section 11.

Midwives.—The County Council is the Local Supervising Authority under the Midwives Acts. During the year under review 100 Midwives gave notice of their intention to practise within the area, of which number 89 practised throughout the year. No subsidies were paid directly to any of the Midwives.

This subject is separately dealt with in Section 12.

Clinics, Treatment Centres, &c.—The following were in active operation during the year under review. Additional particulars are given in the Sections specified :

Description.	Total.
(a) Maternity and Infant Welfare and Ante-Natal Centres (Section 11)	5
(b) Milk Supply ; Headquarters (Section 11) ...	1
(c) School Clinics (Section 17)	3
(d) Tuberculosis Centres (Section 10)	6
(e) Venereal Diseases (Section 14)	1

In addition to the above the following provisions, details of which appear in my report on the School Medical Services, remained in operation during the year :

(f) Dental Diseases in School Children.—A full-time dental service providing for the treatment at the Schools of children of prescribed ages. Sec. 17.

(g) Visual Defects.—Arrangements for the provision of spectacles to school children. Sec. 17.

(h) Enlarged Tonsils and Adenoids.—Provision for the operative treatment, at local hospitals, of children so suffering. Sec. 17.

Day Nurseries.—There are no Municipal Day Nurseries in the County.

Hospitals provided or subsidised by the Authority.—Unless, in the case of Tuberculosis, the annual grant paid to the Welsh National Memorial Association by the County Council can be viewed as subsidisation, there were in 1923 no Hospitals in the County provided or subsidised by the Authority.

During the year under review the arrangements in operation under this head comprised the following :

(a) Tuberculosis.—The only Hospital in the County directly concerned with the treatment of this disease is that belonging to the King Edward VII Welsh National Memorial Association. This is the Meadowslea Hospital, situated at Penyffordd and conducted under the supervision of the District Tuberculosis Physician, Dr. T. Gee Williams, whose report on the Association's work of dealing with Flintshire cases of Tuberculosis appears in Section 10.

(b) Maternity.—There was no Municipal Maternity Home in the County in 1923. Towards the end of the year, however, the project of establishing such an institution received the Council's serious consideration, with the result that an existing Hospital at Mancot has since been acquired, and is to be opened at an early date for the admission of maternity cases. This will be fully reported upon in my next Annual Report.

(c) Children's Hospitals.—There being no Children's Hospitals within the realm of the County Council's administration the following arrangements were continued during the year :

1. Tuberculous Children.—Treatment at Hospitals or other Institutions belonging to the Welsh National Memorial Association (see Section 10).
2. Ophthalmia Neonatorum.—Cases can be treated as in- or out-patients, as required, at the Royal Infirmary, Chester, under the Council's scheme for the treatment of venereal diseases.
3. Debilitated Children.—Admission to the Royal Alexandra Convalescent Home, Rhyl, was available for a limited number of school children through the kind interest and agency of a local representative of the British Red Cross Society.
4. General.—As described in my School Medical Services Report, children are treated at the Infirmaries of Liverpool and Chester, at the local Hospitals, and at other Institutions under arrangements made as required by the Education Committee.

(d) Fever Hospitals.—There are no Fever Hospitals within the Council's administration.

(e) Small-Pox Hospital.—The Isolation Hospital belonging to the Connah's Quay Urban District Council was taken over by the County Council during the year as a Small Pox Hospital for cases occurring in the County. One case only was admitted during the period under review.

(f) General.—There are four Isolation Hospitals in the County. They are owned by the Sanitary Authorities named below, their accommodation being as specified :—

Situation	Number of beds	No. of Diseases which can be concurrently treated
Connah's Quay Urban*	12	3
Rhyl Urban	20	3
Hawarden Rural	14	3
St. Asaph	11	2

*This has since been taken over by the County Council as a Small Pox Hospital.

Arrangements have been made by the Buckley Urban District Council for the treatment of their infectious cases at the Isolation Hospital belonging to the Hawarden R.D.C. The Overton Rural District Council have also made such arrangements as will enable them to remove cases to the Wrexham Fever Hospital.

The Prestatyn Urban District Council have the early establishment of an Isolation Hospital for the District under consideration, a site having already been decided upon. Meanwhile the Council have arrangements whereby their infectious cases can be admitted to the St. Asaph Rural District Council's Isolation Hospital.

The following Authorities have no hospital provision for isolation :—

Urban :

Flint Mun. Boro. ; Mold Urban ; Holywell Urban.

Rural :

Holywell Rural (Holywell Division); Holywell Rural (Mold Div).

Unmarried Mothers, Illegitimate Infants, Homeless Children, &c.—There are no institutions of the type directly concerned with persons under this head. Appreciable work is being accomplished, however, by the North Wales Association for the Aid of Friendless Girls, a private organisation instituted some years ago.

Ambulance Facilities.—The County Council have no arrangements under this head, the matter being one which more directly concerns the Local Sanitary Authorities.

In addition to the several hand-ambulances owned by the County Police, the following are the existing provisions :

For Infectious Cases—Rhyl Urban District—Horse Ambulance.
Hawarden Rural—Horse Ambulance.

For Non-Infectious Cases—Hawarden Rural—Motor Ambulance owned wholly by Messrs. John Summers & Sons, Hawarden Bridge Ironworks. Rhyl—Motor Ambulance owned by private firm.

6.—Laboratory Work.

Actually within the area of the County there are no Laboratories available for pathological or bacteriological examinations. The following existing arrangements, however, were in operation during the year under review :—

Tuberculosis.—Specimens were examined at the Central Tuberculosis Laboratories, owned and controlled by the King Edward VII. Welsh National Memorial Association. Involving 729 examinations, 543 Tuberculosis Specimens were examined from the Principality alone during the year ended the 31st March, 1924.

Venereal Diseases.—During the year ended 31st December, 1923, specimens were examined at the Royal Infirmary, Chester, to the number of 109, made up as follows :—

For the detection of—

Spirochetes	...	...	...	...	...	...	2
Gonococci	...	...	...	...	...	...	20
Wassermann Reaction	...	...	...	...	...	...	87

General.—Examinations were arranged for by the Local Sanitary Authorities as required, specimens being sent to Laboratories belonging to neighbouring Authorities or Universities.

7.—Sanitary Administration.

The arrangements under this head were described fully in my report for 1922.

I am much indebted to the local Medical Officers of Health for their loyal and cordial co-operation during the year reviewed. The importance of the co-ordination of all the health services is being more and more recognised and it is with every confidence of whole hearted response that I submit to the notice of medical officers the following points calculated still further to enhance the co-ordination.

1.—The prompt transmission to the Headquarters of the County Service of—

- (a) The prescribed weekly summaries of infectious diseases notified.
- (b) Detailed particulars of tuberculosis notifications received.
- (c) Particulars of every birth notified.

2.—The early preparation and despatch to the County Medical Officer of their own (two copies at fewest) **and their Sanitary Inspector's Annual Reports.**

3.—**A more strict adherence in the arrangements of their Annual Reports, to the form prescribed each year by the Ministry of Health, and to the furnishing in detail of all the information required.**

4.—The necessity of reminding the Medical Practitioners within the area of the desirability of strict compliance with the various acts and regulations pertaining to Public Health, particularly those bearing on the notification of Tuberculosis, Births, Infectious Diseases, etc.

Another point I would like to bring to the notice of the County Council, and to that of the local Sanitary Authorities, bears on the subject of—

Birth Notification.—While the administration of the Notification of Births (Extension) Act primarily devolves, in this area, upon the County Council the births which occur in the County are notified, under the existing arrangements, to the local Medical Officers of Health, who, in turn, are faced with the necessity of transmitting the particulars to the County Medical Officer for use in the work of maternity and child welfare. This system appears to me wholly anomalous, particularly in view of the fact that the great majority of the births are notified in the first place by the midwives, who work at all times under the control of the County Council acting as local Supervising Authority under the Midwives Act.

I would strongly suggest that the time has come for the adoption of the more rational method of notification, viz. :—the notification by the Midwives, Parents or Doctors direct to the County Medical Officer.

8.—Staff of County Health Service.

A full list of the staff engaged in the work of the County Health Service appears in the preface of this report. Full details as regards apportionments of salaries &c., were given in my report for 1922 together with particulars of the few other officers who are connected with the Service in a part-time sense.

9.—Housing Conditions.

A.—1921 CENSUS.

Since the submission of my last Annual Report the findings of the National Census taken in 1921 have been published. In the Government Report issued thereon very lucid and interesting facts are revealed concerning the housing conditions prevailing in our county at the time.

As these facts have an important bearing upon the County Health I have considered it desirable to print various extracts from the Report. These I give below under the respective heads:

DWELLINGS.

1.	Total structurally separate dwellings	...	...	...	22,836
2.	Structurally separate dwellings occupied	...	...	...	22,281
3.	Structurally separate dwelling occupied by private families	...	...	...	22,128
4.	Structurally separate dwellings occupied by non-private families	...	...	...	153
5.	Structurally separate dwellings vacant	...	...	...	708

ROOMS.

1.	Rooms occupied by one private family	...	...	...	107,294
2.	" " two " families	...	...	...	3,873
3.	" " three or more private families	...	...	...	1,467
4.	Actual rooms occupied by private families...	...	...	...	112,433
5.	Average number of normal living rooms per separate dwelling	...	...	...	5.09
6.	Average number of rooms occupied per family	...	...	...	4.89
7.	" " " " person	...	...	...	1.10

FAMILIES.

Number of private families	...	...	...	...	23,002
Population in private families	...	...	...	...	101,770
Average number of private families per occupied dwelling	...	...	...	...	1.03
Excess of families over occupied dwellings	...	...	...	...	721
Average size of family	...	...	...	...	4.42
Families in single occupation of separate dwellings—Number	...	...	...	...	21,448
				Percentage	93
" housed two families to a dwelling	...	...	...	Number	1,124
				Percentage	5
" housed in dwellings containing 3 or more families—Number	...	...	...	...	430
				Percentage	2
" living in three rooms or fewer—percentage	...	...	...	...	19.2
" 4-5 rooms	...	...	...	...	46.9
" 6-8 rooms	...	...	...	...	27.6
" 9 or more rooms	...	...	...	...	6.3
" more than two persons to a room—Number	...	...	...	...	1,170
				Population...	9,295
				Percentage	9.1
Number of persons per occupied dwelling	...	...	...	...	4.79

DENSITIES.

Area.	Actual number of Rooms for purposes of Standard Comparison.	Number of Rooms required by Eng- land and Wales Standard of Densities.	Difference (+)	Ratio per cent. of Difference to Standard.
1911				
County	... 89,705	... 86,655	... 3,050	... 3.5
1921				
Urban	... 39,841	... 38,608	... 1,233	... 3.2
Rural	... 62,621	... 61,787	... 834	... 1.3
County	... 102,462	... 100,395	... 2,067	... 2.1

HOUSING AND FAMILY CONDITIONS—1921 CENSUS.

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DISTRICT.	POPULATION—1921.			DWELLINGS AND PRIVATE FAMILIES—1921.				
	Males	Females	Persons	Private Families	Population in Private Families	Structurally Separate Dwellings Occupied	Rooms Occupied	Rooms per Person
URBAN—								
Buckley ...	3412	3314	6726	1476	6700	1454	6308	0.94
Connah's Quay ...	2522	2538	5060	1034	5056	998	4946	0.98
Flint Mun. Borough ...	3096	3202	6298	1257	6244	1243	5709	0.91
Holywell ...	1366	1542	2908	664	2723	661	3257	1.20
Mold ...	2260	2399	4659	1057	4608	1040	4953	1.07
Prestatyn ...	1629	2454	4083	887	3671	774	4832	1.32
Rhyl ...	5404	8086	13490	2458	11339	2092	13834	1.22
RURAL—								
Hawarden ...	12438	11598	24036	5105	23640	4934	24850	1.05
Holywell ...	12769	13329	26098	6063	25535	5962	27902	1.09
Overton ...	2446	2656	5102	1167	5052	1156	6730	1.33
St. Asaph ...	3878	4279	8157	1834	7202	1814	9112	1.27
TOTAL URBAN—	19689	23535	43224	8833	40341	8262	43839	1.09
TOTAL RURAL—	31531	31862	63393	14169	61429	13866	68594	1.12
WHOLE COUNTY	51220	55397	106617	23002	101770	22128	112433	1.10

Housing Conditions—*Continued.*

B.—YEAR 1923.

The duties connected with Housing primarily devolve upon the District Councils who are the Local Sanitary Authorities of the respective Urban and Rural Districts under the Public Health, &c., Acts.

The following table constitutes a summary of the available particulars bearing upon the subject of Housing in respect of the year 1923. The figures have been extracted from the Reports of the Local Medical Officers, but it should be noted that the aggregate cannot be taken as representative in respect of the whole County, some Medical Officers having omitted to supply the required information in their Reports.

HOUSING CONDITIONS, 1923.

DESCRIPTION (HOUSES, DEFECTS, NOTICES SERVED, &c.)	SANITARY DISTRICTS.											
	URBAN.							RURAL.				
	Buckley	Con. Quay	Flint	Holywell	Mold	Prestatyn	Rhyl	Hawarden	Holywell Div.	Mold Div.	Overton	St. Asaph
Number of New Houses erected during the year—												
(a) Total...	5	...	97	...	4	55	17	8	24	21	0	57
(b) As part of a municipal housing scheme	...	...	...	...	...	...	...	...	...	...	0	...
1. Unfit Dwelling Houses—												
Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	235	34	...	29	...	168	96	...
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	224	0	125	0	...	...	...	180
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	119	0	0	0	...	6	...	1
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	99	2	38	29	...	17	96	0
2. Remedy of Defects without Service of Formal Notices—												
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	6	0	0	16	...	29	96	0
3. Action under Statutory Powers—												
A. Proceedings under Section 28 of the Housing, Town Planning &c. Act, 1919:												
1. Number of dwelling houses in respect of which notices were served requiring repairs	...	...	...	...	6	0	0	0	...	0	...	0

10.—Tuberculosis.

A.—DEATHS AND DEATH RATES.

In the three tables which follow, particulars are given of the Tuberculosis Deaths and Death Rates pertaining to our County.

The first of these tables distinguishes the various Districts of the area, and compares the figures of 1923 with those of the preceding four post-bellum years.

The second table summarises the deaths in respect of the various age-groups, distinguishing males and females in both Urban and Rural Districts.

The third table shows the County figures in comparison with those of England and Wales for the past 12 years.

Particulars regarding the notification and the treatment of the disease are respectively given in the succeeding pages.

SUMMARY OF DEATHS FROM TUBERCULOSIS—FLINTSHIRE—1923.

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AGE GROUPS.	PULMONARY.					NON-PULMONARY.					ALL FORMS.				
	Urban		Rural		Total	Urban		Rural		Total	Urban		Rural		Total
	Males	Fe-males	Males	Fe-males	M & F	Males	Fe-males	Males	Fe-males	M & F	Males	Fe-males	Males	Fe-males	M & F
0—	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1
1—	...	...	...	...	...	2	1	...	...	3	2	1	...	...	3
2—	...	...	1	...	1	1	2	2	2	7	1	2	3	2	8
5—	...	3	...	1	4	1	1	2	2	6	1	4	2	3	10
15—	3	2	7	3	15	1	1	2	...	4	1	3	9	3	19
25—	6	4	12	11	33	3	...	2	...	5	9	4	14	11	38
45—	6	3	11	4	24	...	...	...	1	1	6	3	11	5	25
65—	2	...	2	1	5	...	...	...	1	1	2	...	2	2	6
75—	1	...	1	...	2	...	...	...	...	...	1	...	1	...	2
ALL AGES ...	18	12	34	20	84	8	5	9	6	28	26	17	43	26	112
RATE PER 1,000 POPULATION	0.45	0.30	0.53	0.31	0.81	0.20	0.12	0.14	0.09	0.27	0.65	0.42	0.67	0.40	1.08

TUBERCULOSIS DEATHS AND DEATH RATES FOR THE YEARS SPECIFIED.

AREAS.	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
ENGLAND AND WALES—												
Rate per 1,000 } Phthisis ...	1.01	1.00	1.04	1.18	1.25	1.40	1.54	0.97	0.86	0.88	0.88	0.83
Population } All Forms ...	1.35	1.35	1.36	1.51	1.52	1.62	1.69	1.25	1.13	1.12	1.12	1.06
FLINTSHIRE—												
Total Deaths } Pulmonary ...	88	95	93	76	101	101	91	83	89	76	79	84
} All Forms ...	112	128	118	110	128	130	112	100	109	99	103	112
Rate per 1,000 } Pulmonary ...	0.97	0.99	0.97	0.81	1.11	1.08	0.99	0.87	0.88	0.74	0.77	0.81
Population } All Forms ...	1.18	1.34	1.23	1.18	1.41	1.39	1.22	1.05	1.08	0.97	1.00	1.08

Tuberculosis—*Continued.*

B.—NOTIFICATION.

Under the Public Health (Tuberculosis) Regulations it is the duty of every registered medical practitioner, within forty-eight hours of his becoming aware that a person is suffering from tuberculosis to transmit on a prescribed Form A, a notification to this effect to the Medical Officer of Health of the Sanitary District in which such person's residence is situated.

It is likewise the duty of the District Medical Officer to communicate the particulars so received to the County Medical Officer.

The number of notifications received at the County Health Offices through the above channels will be found in the table which follows. In considering the figures it should be remembered that the aggregate received includes those submitted by the Tuberculosis Physician of the Welsh National Memorial Association.

Of the 226 Form A notifications received during the year, 96 were transmitted by the District Medical Officers of Health. This figure denotes an increase of 34 upon the total so notified during the preceding year.

It is extremely gratifying to be able to record this advance. In its bearing on Public Health the subject of notification is of the highest importance. The admirable work carried out by the Welsh National Memorial Association is worthy of the encouragement and whole-hearted assistance of all who are in a position to help—Health Authorities and Medical Practitioners in particular—and by the simple expedient of immediately notifying every new case discovered in the course of their practice very material help is rendered by the Medical Practitioners in this important work. Statistics show that the disease is gradually yielding to the control exercised over it. In the 10 years 1901-1910 there was a decrease in the death rate of over 30 per cent from that of the preceding decade, hence it is not too much to say that the scourge ought in time to be eradicated from our midst, provided the sense of responsibility is felt by all. It is primarily with the intention of controlling the disease and obtaining this splendid

objective that the Ministry of Health have issued regulations from time to time bearing on the subject, and it should be remembered that these regulations aim not only at the immediate and efficient treatment of the afflicted but also at the safeguarding of the community in general from the wholesale mortality and financial ravages of the disease.

The following table shows the extent to which the Tuberculosis Regulations were observed in the area during the year under review.

Notifications on Form A.														Notifications on Form B.				No. of Notifi- cations on Form C.		
Age-periods	Number of Primary Notifications.													No. of Primary Notifications				Total Primary Notifi- cations on Form B.	Total Notifi- cations on Form A.	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total Primary Notifi- cations			Un- der 5	5 to 10	10 to 15			Total Primary Notifi- cations
Pulmonary Males	1	3	3	5	4	8	26	14	14	5	5	88	102	—	2	1	3	4	1	31
" Females	—	—	2	6	3	16	11	6	6	2	1	53	60	—	—	—	—	1	1	31
Non-pulmonary Males	—	5	5	6	5	1	4	1	1	—	—	28	35	—	2	1	3	11	—	14
" Females	—	1	10	7	2	3	2	1	—	—	—	26	29	—	2	2	4	7	—	12
Col. 1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.

In perusing the above Table the following explanatory points should be observed:

- (a) Cases notified on Form A. are those newly discovered to be suffering from Tuberculosis.
- (b) Cases notified on Form B. are school children newly discovered by the School Medical Officer to be suffering from this disease, whether previously notified or otherwise.
- (c) Cases notified on Form C. are those admitted to Sanatoria, Hospitals or other institutions for treatment.
- (d) Cases notified on Form D. are those discharged from such institutions.
- (e) Cases notified on Form D. have been disregarded as far as this summary is concerned.
- (f) Cases notified as suffering from both pulmonary and non-pulmonary Tuberculosis have been included among the "pulmonary" returns only.
- (g) Primary notifications relate to cases who have not previously been notified in this or former years, either on Form A. or on Form B. in this area.
- (h) Any additional notification of a case previously notified in the County has simply been treated as a duplicate.
- (i) Cases notified for the first time on Form A., and which have never been previously notified in the area, either on Form A. or Form B. are indicated in columns 2-13.
- (j) The extent to which duplicate notification has occurred on Form A. may be gathered from column 14, all notifications on Form A, whether duplicate or not, being included in this column. Those cases notified for the first time during the year on Form B., and which have never been previously notified in the area, either on Form A. or Form B., are shown in columns 15-18.
- (k) All notifications received during the year on Form B., whether previously notified in the County or not, on either Form A. or Form B., are included in column 19.

Tuberculosis—*Continued.*

C.—TREATMENT.

The provision of treatment for persons suffering from Tuberculosis is a duty devolving, in this County, upon the County Council. In line with all the other County Authorities and the chief Boroughs in Wales, however, the Flintshire County Council have an agreement with the King Edward VII. Welsh National Memorial Association whereby the whole of the executive work of treatment is undertaken by the Association, the County Council paying an annual grant to the Association commensurate with the product of a 1½d rate. This agreement has been sanctioned by the Ministry of Health and its operation is highly satisfactory.

Particulars of the working of these arrangements have been given in previous Annual Reports. Reference has also been made in this Report to the various Clinics, Hospitals, &c., operating in the County. I have only to add a record of my high appreciation of the efforts of the Memorial Association and its Officers in the work of treating and controlling the disease, and of our indebtedness to the District Tuberculosis Physician and his Assistant for valuable and cordial co-operation in a work which demands the most unrelaxing energy and whole-heartedness.

The Report of the District Tuberculosis Physician for the year ended 31st March, 1924, now follows :

The King Edward VII Welsh National Memorial Assoc.

DISTRICT TUBERCULOSIS PHYSICIAN'S

:: :: ANNUAL REPORT, 1923—24. :: ::

Flintshire Section of Denbighshire and Flintshire Area.

- NOTE.*—1. *This Report covers the year ended 31st March, 1924.*
 2. *Except where otherwise stated the Flintshire figures only are quoted below.*

Tuberculosis Physician : Dr. T. GEE WILLIAMS.

TIME TABLE.

Dispensary.	Address.	Dates and Times.
Wrexham	... 3, Temple Row	... (Mondays, 2 p.m. (Thursdays, 10 a.m.
Visiting Stations.		
Buckley	... Council Chambers	... 1st & 3rd Tuesdays, 10-30 a.m.
Connah's Quay	... Central Buildings	... 2nd & 4th Tuesdays, 11 a.m.
Greenfield	... Liberal Club Buildings	2nd & 4th Wednesdays, 2 p.m.
Mold	... New Town Hall	... Every Wednesday, 11 a.m.
Rhyl	... 27, Water Street	... 1st & 3rd Fridays, 2 p.m.
Penyffordd	... Meadowslea Hospital...	(1st & 3rd Tuesdays, 2 p.m. (2nd & 4th Wednesdays, 2 p.m.

During the year ending March 31st, 1924, 860 new patients (from the whole area i.e. Denbighshire and Flintshire), were examined, of whom 270 were found to be suffering from pulmonary tuberculosis and 89 from non-pulmonary. In addition, 200 men were examined under the Silicosis Scheme.

A comparison of the figures for the previous three years shows that a steadily increasing number of new cases are referred for diagnosis.

Whole Area	1921.	1922.	1923.	1924.
New patients	621	691	794	860
Pulmonary	215	287	255	270
Non-pulmonary	110	110	117	89
	325	397	372	359

The following tables show the results of Sanatorium and Hospital treatment of the patients from Flintshire :—

SANATORIUM CASES.

Under treatment on April 1st, 1923.	...	...	...	16
Admitted	...	...	...	34
				50
Discharged	...	...	...	30
Died T.B. Minus	...	...	...	—
„ T.B. plus	...	...	...	—
Under treatment on March 31st, 1924.	...	...	...	20
				50

DISCHARGED CASES.

Fit for work T.B. minus	...	...	...	...	15
" " T.B. plus	...	...	...	...	1
Fit for light work T.B. minus	...	...	...	...	4
" " " T.B. plus	...	...	...	...	3
Improved T.B. minus	...	...	...	...	3
" " T.B. plus	...	...	...	...	—
Stationary T.B. minus	...	...	...	...	—
" " T.B. plus	...	...	...	...	2
Worse T.B. minus	...	...	...	...	—
" T.B. plus	...	...	...	...	—
Left against advice T.B. minus	...	...	...	...	1
" " " T.B. plus	...	...	...	...	1
Admitted for observation and discharged non-tubercular.	...	...	...	...	—
Total					30

HOSPITAL CASES.

Under treatment on April 1st, 1923	...	...	...	...	23
Admitted	...	...	...	...	55
					—
					78
Discharged	...	...	...	...	55
Died	...	...	...	...	6
Under treatment on March 31st, 1924.	...	...	...	...	17
					—
					78

DISCHARGED CASES-

Fit for work	...	...	...	...	5
Fit for light work	...	...	...	...	9
Transferred to Sanatorium	...	...	...	...	8
Improved	...	...	...	...	10
Stationary	...	...	...	...	6
Worse	...	...	...	...	1
Admitted for observation and discharged non-tubercular	...	...	...	...	3
Left against advice	...	...	...	...	8
Discharged for misconduct	...	...	...	...	5
					—
					55

The X-ray apparatus which was installed in Meadowslea Hospital in May, 1923, has proved of very definite value in aiding diagnosis. In pulmonary cases, the screen and film, combined with other methods, gives more accurate information of the lesion than could be obtained by ordinary physical examination alone.

Surgical Cases.—Provision of treatment for surgical cases still remains a most difficult problem. Most of these cases require immediate treatment if the greatest benefit is to be obtained. Owing to the prolonged period of immobilization required, pressure on the beds in surgical hospitals will always be great, and the difficulty of arranging for immediate admission of urgent cases would be greatly increased but for the After-care Scheme, which enables the period of treatment in the Sanatorium to be considerably curtailed, thereby reducing to some extent the waiting period.

The majority of children suffering from Surgical tuberculosis are, in my opinion, infected by tuberculous milk. So far no systematic attempt is made to discover and deal with the source of infection in each case.

Dr. Mackenzie, whose services have been extremely valuable during the three years he has worked in this area, has left the service of the Association.

I wish to express my appreciation of the good work done by the Staff at the Hospital and Institute.

T. GEE WILLIAMS.

The following tables enable a comparison to be made, respectively, for Wales and Flintshire, between the death rate for 1923 and that of 1911—the year immediately preceding the commencement of the Welsh National Memorial Association's operations.

The figures in these two tables have been extracted from the Annual Report of the Association *for the year ended March 31st, 1924.*

YEAR 1911.

Description.			Wales.	Flintshire.
Population by Census, 1911	...	...	2,420,921	92,705
Number of Deaths from Tuberculosis :—				
Pulmonary...	...	...	2,715	100
Non-pulmonary	...	...	948	29
All Forms ...	...	...	3,663	129
Death Rate per 1,000 population :—				
Pulmonary	...	...	1.121	1.079
Non-pulmonary	...	...	0.392	0.313
All Forms	...	...	1.513	1.392

YEAR 1923.				Wales.	Flintshire.
Description.					
Population Registrar General's Mid-year Estimate				2,704,029	103,380
Pulmonary	...	...		2,387	74
Non-pulmonary	...	...		755	33
All Forms	...	...		3,142	107
Death Rate per 1,000 population					
Pulmonary	...	...		0.883	0.716
Non-pulmonary	...	...		0.279	0.319
All Forms	...	...		1.162	1.035

11.—Maternity and Child Welfare.

Notification of Births Act, 1907 ;
 Notification of Births (Extension) Act, 1915 ;
 Maternity and Child Welfare Act, 1918.

In my Report for 1921 I dealt fully with the administrative arrangements in operation under this head, and in that for 1922 I illustrated how thoroughly the Service had justified itself in the area during the short period of its existence.

Nowadays no comment on the justification is necessary, and, as no change in the arrangements occurred during the year under review—unless parenthetically it be here mentioned that a new Welfare Centre was opened by local voluntary effort at Bagillt, in February, 1924—a lengthy and descriptive report is at present unwarranted.

The subject is too profoundly important, however, to pass without regard. Since the passing of the Education Act, of 1870 or the Public Health Acts of 1875 it is doubtful if there has been any legislative measure in this or any other country which has been productive of such widespread benefit, economically and socially, amongst a people.

In the words of an authority the health of the mother and child, it is hardly too much to say, is the basis of the health of the community. Here is the source of the nation. From a physical point of view, what the mothers and children are, the nation is, and will be. The question of their health should therefore stand first in the mind of the Local Health Authority.

The four great branches of the work have been classified, speaking generally, as :—

1. Maternity, with its diseases and mortality ;
2. Abortion, Miscarriage, Still Birth, &c. ;
3. Infant Mortality ;
4. Infant Health.

Effectively to carry out the obligations associated with the work of these branches the Health Authority concerned should make ample provision for (a) an ante-natal service and the close co-operation of midwives, (b) co-operation with medical practitioners in pathological connection with abortions, miscarriages, &c., (c) adequate visitation. A comprehensive scheme consists of a series of arrangements, some dependent upon the mother herself, some upon voluntary agencies and some upon the exercise of its powers by the Local Authority. No matter how adequate a scheme might appear in the area, however, the arrangements cannot, and should not be regarded as complete unless the following are satisfactorily included.

1. Ante-natal care and nutrition of the mother ;
2. An adequate medical, midwifery and nursing service for childbirth ;
3. The notification of births and still births ;
4. Domestic aid before the time of and after childbirth (including maternity benefit) ;
5. The provision of maternity centres for ante-natal and post-natal supervision ;
6. The provision, for certain cases, of maternity home and hospital accommodation ;
7. The establishment of infant welfare centres (for consultations, home visiting and the assistance of the mother in the upbringing of her children) ;
8. The establishment of infant treatment centres and infant homes and hospitals.

A useful index to the health and economic value of services of this type is furnished by the national statistics bearing on the subject of infant mortality. The death rate per thousand births of infants under one year of age has fallen, in England and Wales, from 156 in 1896—1900 to the low figure of 69 in 1923.

Whilst it is not possible precisely to differentiate the respective influence of the various factors which have brought about this result, it cannot be doubted, says the Chief Medical Officer of the Ministry of Health, that the main factor has been an improved motherhood due in no small measure to the extraordinary progress which has been made in the infant welfare movement. The advance which has been made has proved beyond doubt that the infant mortality rate is controllable and that a substantial portion of the deaths of infants are directly preventable. This fact marks one of the great stages in the progress of the public health. The fall in the infant mortality is not due to any one factor so much as to general enlightenment and to the co-ordination of ameliorative agencies on behalf of the mother.

We should not, however, allow ourselves to be misled by the rapid fall in the infant mortality rate. The present position can only be maintained by constant vigilance, by well considered co-operation of all concerned and by the co-ordination of agencies, voluntary and municipal, to the purpose in view. Any circumstance unfavourable to infant life, such as a hot summer, may at once cause an increase in the number of infant deaths, and it has already been noted in various parts of the country that unemployment and the consequent lowering of the standard of living adversely affect the health of mothers and children. It is necessary therefore to be watchful and ready for emergencies and to make sure that the means at our disposal for the welfare of infants are adequate and in full and constant use.

This brings us to the question: are we as a Local Authority doing all that is possible to meet the requirements of our own district? The experience of the past years has shown that the work is becoming more and more appreciated at its true value by the mothers. This is ground already gained. There is, however, a wide and extensive field for development.

In the Authority's original scheme (vide County Council Minute Book, dated June, 1920, pages 170—172), provision was made for the establishment of no fewer than 10 welfare centres. Up to the present time, however, not more than three weekly

and one monthly municipal centres have been established. The need for the opening of the other centres is now urgent, but until additional medical assistance is provided it is feared that their establishment is impracticable.

The question of appointing an Assistant Medical Officer (whose time and salary, it is suggested might advisedly be apportioned equally between the maternity and child welfare and the school medical services) is one which I strongly commend for early action by the Authority. Such appointment would render practicable the much required development of the services in, amongst others, the following directions :—

1. The opening of new infant and maternity welfare centres ;
2. The expansion of the existing centres ;
3. The enhanced medical supervision of the centres ;
4. The opening of new school clinics ;
5. The medical supervision of children attending secondary schools ;
6. The enhanced supervision and treatment of the elementary school child ;
7. The development of the ante-natal service.

The suggestion has already been made to the authority, and it is hoped that the proposal will be entertained at an early date.

I now proceed to review the work of the existing branches of the service in the County. These are dealt with under the separate heads :—

Maternity.—The following are comprised in the existing arrangements for the carrying out of the work under this head :—

1. Ante-natal consultations between the expectant mother and the midwife ;
2. The visitation of the expectant mother by the District Health Visitor ;
3. Consultations at the welfare centres between the expectant mother and the Medical Officer ;
4. Consultations between the expectant mother and the Family Doctor, when necessary, on the advice of the Health Visitor.

With regard to (1) the County is fortunate in having an excellent service of midwives (see section 12), and expectant mothers are encouraged to book their midwife at the earliest date practicable, and to consult her as frequently as possible. There is every reason to believe that this is done in a large number of cases but in view of the pressure of other work it is felt that the Health Visitors are unable to bring this about to the desired extent.

(2) The expectant mother is called upon as frequently as is practicable by the Health Visitor and advised as required from time to time.

(3) The Health Visitors are unrelaxing in their endeavour to persuade expectant mothers (not otherwise provided for) to attend the welfare centres for the benefit of the Medical Officer's advice.

(4) In every case where it is considered advisable, the Health Visitor urges the expectant mother to consult her Doctor.

During the year under review there were five welfare centres (four municipal and one voluntary) in operation in the County. These are referred to in a subsequent paragraph of this section.

Medical aid is available to certified midwives as required in or in connection with confinement cases. Particulars of the arrangements under this head appear in section 12 of this Report.

Abortion, Miscarriage, Still birth, &c.—The arrangements in operation provide for enquiries being made by the Health Visitors in all cases of still birth, the occurrence of such being notified to the Authority by the midwives in accordance with the rules of the Central Midwives Board. In the majority of the cases of abortion, miscarriage, &c, a medical practitioner is called in to the patient by the midwife. Following an enquiry the patient is advised by the Health Visitor with the view of avoiding a recurrence, and, in cases of disease, consultation with a Doctor is recommended and urged.

The number of still births notified during the year was 41, and in connection with abortion, miscarriage, &c., Doctors were called in by the midwives in 4 cases and in 9 cases in connection with complications associated with prematurity.

From the table which appears in the next sub-section it will be seen that a large proportion of the deaths which go to make up the mortality rates can be attributed to causes associated with maternity, e.g. Congenital Debility, Malformation, Prematurity, &c. This fact suggests very strongly that the ante-natal branch of the welfare service is not being as effectively dealt with as it should be, and brings us back to the subject of the centres. Viewed in this light the necessity not only for the multiplication and expansion of the centres, but for the provision of the medical staff necessary for their adequate supervision becomes apparent.

Infant mortality.—In connection with the subject of expansion, it is interesting to review the following figures dealing with infant mortality, keeping in mind the fact that a high mortality implies, in the words of the Chief Medical Officer of the Ministry of Health :—(a) The loss of many infants ; (b) The maiming of many surviving children (for conditions which kill some injure others) ; (c) A high death rate in the next four years of child life ; and (d) The existence of unhealthy conditions in the mothers or in the home life of the people.

INFANT MORTALITY.

Deaths of Infants under 1 year of age.

(Rate per 1,000 Births).

Year.	England and Wales		Flintshire.
1906	...	132	116
1907	...	118	93
1908	...	120	97
1909	...	109	79
1910	...	105	82
1911	...	130	103
1912	...	95	83
1913	...	108	102
1914	...	105	85
1915	...	110	95
1916	...	91	82
1917	...	96	80
1918	...	97	74
1919	...	89	87
1920	...	80	73
1921	...	83	67
1922	...	77	87
1923	...	69	68

In their relation to my remark in the preceding sub-section, the figures for 1922 in the foregoing are of profound interest. During that year, out of the 173 which comprised the mortality specified no fewer than 70 (i.e. 40 per cent) were attributable to Debility, Malformation, Prematurity, &c.—all of them causes directly associated with maternity.

Though perhaps somewhat exceptional in the year referred to there is no doubt that these conditions account for far too high a number of infant deaths. There is no question whatever that a substantial proportion of these deaths should be preventable, and the only way to bring about the improvement is, as I have already stated, by expanding the ante-natal service.

With regard to the infantile deaths not covered by the foregoing remarks, the position in the County is well in hand. During the first ten days of its life the infant is under the care of the midwife, and, in many cases, the family doctor. The birth having been notified within 36 hours of its occurrence, the health visitor is able to take over the care of the child immediately after the expiration of the midwife's term of responsibility. The child then remains under the health visitor's supervision until it attains school age, when it automatically becomes a charge upon the same nurse in her capacity of school nurse.

The methods employed in securing this supervision have been described in previous reports, and particulars of the work done during the year under review are given in the following sub-section.

The Health of the Infant.—The arrangements in operation in this County for guarding the health of infants have previously been described in detail. Briefly they may be summarised as:—

1. The midwifery service which includes—

- (a) The provision of medical aid to midwives at or in connection with cases of confinement ;
- (b) The payment by the County Health Authority of the medical practitioners' fees in all such cases when the patient is unable to pay ;
- (c) The notification of births ;
- (d) The care of the child by the midwife during the first ten days of its life, with medical aid as required.

2. The health visiting service—comprising the visitation and the supervision of the infant by the authority's nurse ;
3. The welfare centre—where the mother can consult the doctor or the nurse in the districts where centres exist ;
4. The family doctor—consultations between the mother and the Doctor, when required, on the advice of the Health Visitor.
5. Assistance—The supply of milk to nursing mothers and infants.

Taking them in sequence—

Midwifery—The Midwifery Service in the County can be regarded as highly satisfactory, especially when it is remembered that of the Midwives who practiced in the area during the year no fewer than 83% were certificated, including 24 who held the additional qualification of "Trained Nurse." Full particulars of this Service, including the subject of medical aid and the payment of fees, are given in Section 12 of this Report.

The Midwives render very valuable service in connection with the notification of births. This service brings the Health Visitors into early touch with the new-born babies and avoids a gap in the supervision. During the year under review 1808 births including 41 still births were notified by the Midwives within 36 hours of their occurrence. To this figure might be added 185 notified by the medical practitioners or the parents thus bringing the total notified to 1993 out of an aggregate of 2063 registered.

Health Visiting - Full particulars of the arrangements in operation have been given in previous Reports. The work was continued on the lines therein described with excellent results during the year under review.

It has been said by an authority on the subject that the equipment of each mother is the core of the problem of infant welfare, and that the practice and continuous training of the mother goes to the root of the whole matter. By an adequate scheme of visitation, whether there be an Infant Welfare Centre in the District or not, the mother, though not relieved of her responsibility towards her baby, is advised what to do, and how to do it, in connection with the infant's nurture and up-bringing, encouraged to carry out the advice and to realize

that the well-being of the child depends largely upon her own individual efforts. She is taught how to overcome some of her environmental difficulties, how to care for the child on proper lines, and how to practise the art of nurture with due regard to warmth, cleanliness, nutrition, hygiene &c.

But visitation has even higher values than are represented by the foregoing. The Nurses' visits to a home frequently result in the discovery of influences of a causative nature calculated adversely to affect not only infantile health, but that of the children of the family, the parents, or even the general public.

Amongst these influences may be mentioned :—

1. The surroundings—sanitary conditions, &c. ;
2. The home—lighting, ventilation, water supply, refuse disposal, overcrowding, cleanliness, etc. ;
3. Family and social conditions—poverty, distress, sickness, unemployment, etc. ;
4. Nutrition—the health of the mother, her capacity to nourish her baby or prospective baby, etc.

All these environmental conditions have an important bearing on infant welfare and it is not outside the nurse's duty to take a circumspect and tactful survey of the surroundings, to report to the Authorities or to the public bodies concerned and generally to endeavour to bring about amelioration.

Frequently a mother is discovered who is wholly unable to breast feed her child, through being herself under-nourished, in consequence of which the child's nutrition suffers. Such cases are reported and generally result in a grant of milk by the County Council for both mother and child.

On the other hand an expectant mother may be apprehensively viewing the future on account of her poverty, ill health or surroundings. In such case the nurse encourages her to attend the welfare centre where everything possible is done in her interest.

The work of the health visitors was continued throughout the year under review on the lines described. As will be seen from the following summary much valuable work has been

accomplished, the nurses having visited no fewer than 2,046 infants, involving a total of 16,093 visits, or an average of 7.8 visits per child. This work, it should be noted, is additional to that of school nursing wherein, during the same period, the nurses carried out 64,060 inspections of children of school age (see School Medical Services Report, 1923).

While reviewing this summary, however, it should not be forgotten that the full value of work of this type can never be shown in mere figures. The work being of a preventative nature the real value can almost be regarded as illimitable.

STATISTICAL SUMMARY OF THE WORK OF THE HEALTH VISITING SERVICE, 1924.

1. VISITS TO CHILDREN.

Children Visited.	First Visits.	Total Visits.
Aged under one month	1428	1503
Aged between one and twelve months	435	7131
Aged from one to five years	183	7459
TOTAL (all ages up to five years)	2046	16093

2. CONDITIONS FOUND ON FIRST VISITS TO HOMES.

Conditions found.	Total.
Births elicited to be premature	16
Feeding of infants under 12 months old—	
Wholly breast fed	1413
Breast and other foods	165
Other Foods only	247
Particulars not ascertained	38
Feeding Bottles used—	
Boat type	325
Other type	17
House—Internally unsatisfactory	49
Accommodation—Inadequate x	106
Yard—Insanitary x	13
Drains—Insanitary x	12
Privy—Insanitary x	10
Refuse Disposal—Insanitary x	8
Parents—Specially Neglectful or ignorant	28

x—Steps were taken towards rectification in these cases.

3. GENERAL.

Description				First Visits.	Total Visits.
Expectant mothers visited at the home	...	...	...	294	426
Still Birth enquiries	...	...	...	41	41
Child death enquiries—					
Infants aged under one month	...	...	...	25	25
Infants aged 1-12 months	...	...	...	24	31
Infants aged 1-5 years	...	...	...	13	16
Specially neglectful or ignorant parents	...	...	...	9	19
Maternal death enquiries	...	...	...	2	2
Abortion &c., enquiries	...	...	...	—	—
Milk enquiries (special)	...	...	...	157	187
Maternity enquiries (special)	...	...	...	191	199
Blind persons enquiries...	...	...	...	9	9
Mental defectives enquiries	...	...	...	3	7
Infectious Diseases—					
Measles	...	...	...	13	14
Whooping Cough	...	...	...	105	125
Epidemic Diarrhoea	...	...	...	8	21
Ophthalmia neonatorum (suspected)	...	...	...	18	60
Puerperal Fever	...	...	...	1	1
Pneumonia	...	...	...	13	14
Other	...	...	...	36	58
Visits to children (vide Summary 1 above)	...	...	...	2046	16093
Total Visits to homes during the year	...	...	...	3008	17348

The Welfare Centres.—The welfare centre, it has been stated by an authority, can be regarded as the outward and concrete expression if not the backbone of the whole social campaign against infant mortality. It costs comparatively little to establish and maintain; the machinery is of the simplest, it is serviceable for several branches of the work and forms a valuable and economic means of advertising the need of infant care. The mother or prospective mother who attends is enlightened and instructed, encouraged to do her very best for herself and child and assisted in many ways. The mother who does not attend hears about it and discusses what is done. The cumulative effect on the mothers of example and precept may well be enormous and it has frequently been observed that mothers nowadays are inclined to demand centre facilities instead of requiring persuasion to attend.

The following is a list of the welfare centres which operated in the County during the year under review :—

Situation.	How opened.	Day.	Time.
Shotton—Church Rooms	... Weekly ...	Thursday ..	1-30—5 p.m.
Rhyl—Town Hall	... Weekly ...	Wednesday ...	2—5 p.m.
Mold—Church Institute	... Weekly ...	Wednesday ...	2-30—5 p.m.
Overton—Cocoa Rooms	... Monthly ...	1st Monday ...	2—4 p.m.
Flint—Church Street	... Weekly ...	Monday ...	2—5 p.m.

With one exception, the above centres are under the County Council's administration. In the case of Flint, the centre, voluntarily organised, is conducted under local arrangements, but in order to assist the Council's district health visitor is permitted to attend for duty.

All the centres are conducted by a local committee which includes representatives of the County Council. Local voluntary workers attend at each opening and render very valuable assistance. I take this opportunity of tendering thanks to these helpers for their whole-hearted and unstinted service.

The centres are attended by the County Medical Officer as frequently as practicable, and, with a view to acquainting himself with conditions prevailing amongst children of pre-school age, the assistant School Medical Officer attends as opportunities arise.

In the case of Overton, the Medical Officer of the centre is the District Medical Officer of Health.

The following is a summary of the attendance, &c., at the centre during the year. From this it will be seen that the centres were much appreciated by the mothers, a fact which undoubtedly indicates useful service rendered :—

	Shotton	Rhyl	Mold	Overton	Flint
Times Centre opened	... 49 ...	49 ...	46 ...	12 ...	48
Total attendances :—					
Infants	... 3069 ...	1088 ...	1265 ...	80 ...	532
Expectant mothers	... 48 ...	53 ...	— ...	15 ...	1
Average per Session :—					
Infants	... 62.6 ...	22.2 ...	27.5 ...	6.6 ...	12.3
Expectant mothers	... 0.98 ...	1.08 ...	— ...	1.25 ...	—

Supply of milk to Infants and Nursing Mothers.—The arrangements under this head have been described in previous reports. Under the scheme adopted by the County Council (and approved by the Ministry of Health) milk was supplied in necessitous cases to nursing mothers and to infants under 3 years of age. The majority of the cases in need of milk were discovered by the health visitors in the course of their work in the homes or the centres, but some applied directly to the Council and others had applications submitted on their behalf by persons or agencies interested.

Applications on a prescribed form showing the family and financial circumstances were considered and dealt with by a sub-committee of the Council, each separate case being considered on its merits. The needs were determined and the milk was allotted on the basis of an income scale adopted by the Council, the scale being subject to revision corresponding with the variations in the cost of living.

The following summary shows the number of grants of milk made by the Council during 1923 :—

Pints.		Weeks.		Grants.
1	...	2	...	1
1	...	4	...	100
2	...	4	...	9
—	...	—	...	—
Total grants of milk		...	...	110
Total individuals supplied			...	100

12—Midwives, Midwifery, &c.

For purposes connected with the carrying out in the area of the provisions of the Midwives Act, 1902 and its 1918 extension the Local Supervising Authority in Flintshire is the County Council, the County Medical Officer being recognized as the Medical Officer to the Authority for the same purposes.

Under the principal Act the duties of the Local Supervising Authority include the following :—

1. To exercise in accordance with Rules laid down by the Central Midwives Board (the Authority vested by the Privy Council with full powers under the Act) general supervision over all Midwives practising within the area ;
2. To enquire into allegations of malpractice, misconduct or negligence on the part of any midwife under their supervision and to report to the Central Midwives Board any proved case ;
3. To suspend any Midwife from practice when deemed advisable with the view of preventing the spread of infectious disease ;
4. To report any Midwife convicted of an offence to the said Board ;
5. To transmit to the Board during January in each year a list showing the names and addresses of all Midwives who, during the preceding year, notified their intention of practising within the area ;
6. To keep a current copy, accessible at all reasonable times for public inspection, of the Roll of Midwives ;
7. To report at once to the Board the death of any Midwife or any change in the name or address of any Midwife in the area.

There is very little to report as to the carrying out of these duties in respect of the year under review as the Midwives, speaking generally, were found to be conversant with the Rules, the majority being keen and whole-hearted in their observance in the letter and the spirit. Occasionally a Midwife omitted to send in a required notification or otherwise transgressed. In every such case the Midwife was communicated with, reminded of the vital importance of strict compliance with the Rules and warned against further transgression.

The Rules in operation were those drawn up by the Central Midwives Board in 1921. (It might here be mentioned, however, that these have since been again revised and as from the 1st of January, 1924, the revised rules, similar in the main to the former but adjusted in detail to meet modern needs, are in operation. The attention of all the midwives has been drawn by circular letter to this revision of the rules).

Framed under section 3 (1) of the Act and in book form they are arranged in sections, as follows:—

- Section A.—Regulates the proceedings of the board after the manner of standing orders ;
- Section B.—Governs the issue of certificates and the conditions of admission to the roll of midwives ;
- Section C.—Determines the course of training, the conduct of examinations, the remuneration of the examiners &c.
- Section D.—Specifies the rules of procedure on the removal of a name from the roll and on the restoration to the roll of a name removed ;
- Section E.—Prescribes regulations, the supervision, and within due limits, the restriction of the practice of midwives ;
- Section F.—Decides the conditions under which midwives may be suspended from practice ;
- Section G.—Defines the particulars required to be given in any notice under section 10 of the Act.

The book contains in addition, in the various schedules and appendices, specifications of the various forms to be used, outlines of the chief requirements of the Act, and detailed notes on several important diseases for the guidance of the midwives.

It is section E which directly governs the conduct of the midwives in connection with their work. The welfare, if not actually the lives of the patients, mothers and infants, being in a very high degree dependent upon them the extreme importance of knowledge, efficiency and strict compliance with the rules on the part of practising midwives should need no comment. This vital fact renders it incumbent upon the supervising authority to take every precaution against the carrying out of such work by unqualified women—a subject I intend again to refer to in the remarks which follow.

Prominently set forth amongst the rules in section E are the following:—

Directions concerning the midwife's person, equipment, dress, instruments, bags, appliances, &c., with particular reference to cleanliness and the obligations of disinfection, sterilisation, &c. ;

Instructions as to the midwife's duties to (a) the patient and (b) the child ;

Rules with regard to recording the pulse and temperature of patients, the laying out of a dead body, the conditions in which medical help must be sent for and the notification of various conditions to the local supervising authority.

Briefly outlined, the following describes the conditions in which it is the duty of a Midwife to notify the Authority without any delay :

- (a) Medical Help.—Whenever the advice of a registered medical practitioner has been sought ;
- (b) Deaths.—In all cases of the death of mother or child ;
- (c) Still births.—In all cases of still birth where a registered medical practitioner is not in attendance at the time of birth ;
- (d) Laying out of the dead.—In all cases in which she has prepared or assisted to prepare a dead body for burial ;
- (e) Liability to be a Source of Infection.—Whenever a Midwife has been in attendance, whether as a midwife or as a nurse, upon a patient, or in contact with a person suffering from puerperal fevers or from any other condition supposed to be infectious or is herself liable to be a source of infection ;
- (f) Artificial Feeding.—Whenever it is proposed to substitute artificial feeding for breast feeding ;
- (g) Intention of practising.—Notice of intention to practice must be given in accordance with Section 10 of the Midwives Act 1902 ;
- (h) Change of Name or Address.—All midwives, whether practising or not, must immediately notify the Local supervising Authority, as well as the Central Midwives Board, of any change of name or address.

The conditions in which medical help must be sent for are any cases of illness of the patient or child, or of any abnormality or complication occurring during pregnancy, labour or lying-in. Full details are given in the Rules.

The fees of medical practitioners so called in by the midwives are payable by the Local Supervising Authority. This is an obligation upon the Authority under the terms of the Midwives Act of 1918—an extension of the principal Act of 1902. Fees are paid according to a prescribed scale approved by the Ministry of Health, but are recoverable wholly or partially from the patient or her representative according to their financial circumstances. During the year under review this involved the Authority in the necessity of enquiring into the financial circumstances of 196 patients and of initially paying practitioners' fees amounting in the aggregate to £271 17s 6d during the financial year ended 31st March 1924.

Practitioners' were called in by midwives in accordance with the Rules in the case of 224 patients during the year. The following is a summary of the causes which rendered the calling in of medical aid necessary. It should be noted that in a few cases more causes than one were specified on the prescribed form, thus bringing the total causes up to 3 in excess of the number of cases :

Cause.	No. of Cases.
Obstruction of Labour, Uterine Inertia or necessity for instrumental aid ...	78
Rupture of Perineum ...	36
Ophthalmia (child) suspected ...	16
Hæmorrhage (ante- or post-partum) ...	15
Abnormality of Presentation ...	13
Feebleness of child ...	12
Prematurity (with complications) ...	9
Rise of Temperature ...	9
Adherent or Retained Placenta ...	8
Albuminuria, Fits or Eclampsia ...	7
Hysteria &c. ...	6
Collapse of Patient, Weakness, Exhaustion &c. ...	4
Abortion, Miscarriage &c. ...	4
Multiple Births ...	3
Contracted or Deformed Pelvis ...	2
Dangerous Veins ...	2
Post-Partum Pains ...	2
Rash (? infective) ...	1
Total Causes	227

Comparing the figures with those of the previous year it will be found that the number of cases in which medical help was summoned in 1923 exceeded that of the preceding year by 62.

In conjunction with the foregoing figures it is interesting to note that the number of deaths of mothers in or in connection with childbirth in the County during the year was 7 of which only 1 was certified as being due to sepsis.

The number of notifications from midwives received by the Local Supervising Authority during the year are shown in the following summary :

Intention of Practising...	...	...	...	100
Medical Help ...	...	...	...	227
Death of Mother	...	...	...	1
Death of child...	...	...	...	1
Laying out of Dead	...	...	...	3
Liability to Infect	...	...	...	3
Artificial Feeding	...	...	...	9
Still births ...	...	...	...	41

The inspection of midwives, on behalf of the Supervising Authority, was efficiently carried out, under the direction of the Medical Officer, by the County's Superintendent Nurse, Mrs Catherine Kershaw, whose work under the exceptional difficulties of also having charge of a District under the Health Visiting Scheme is praise-worthy. In the course of the year she paid 307 routine and 53 special visits of inspection to midwives of which total of 360 she inspected 53 midwives actually at work upon cases of confinement.

The number of cases in which infringements of the rules were recorded and the midwives communicated with will be seen from the following :—

Omitting to notify intention to practise within the prescribed period	...	...	...	...	3
Omitting to notify, within the prescribed period cases of—					
Contact with infection	...	...	...	...	1
Sending for medical help	...	...	...	...	2
Failure to produce register for inspection	...	...	...	...	1

In addition to the above reports were received to the number of 8 cases that unqualified women were carrying out work which rightfully belongs to certificated midwives. The rule being that no unqualified woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practioner, these women were communicated with and warned that they are forbidden to undertake a case except when a doctor is also present.

Generally these women cease to transgress on being communicated with but it is regrettable to record that such cases of infringement of the rule still occasionally occur. The usual plea advanced by the women in explanation is that they so act in emergency, or that the child appears before the arrival of the doctor previously engaged, or that they believe themselves to be acknowledged as midwives by, or have the confidence of, some local practioners.

Knowing that these remarks will be read by District Medical Officers and others in a position to disseminate the facts I take this opportunity of appealing to all concerned, particularly Medical Officers of Health and private Medical Practioners, to assist the local supervising authority in controlling the activities of women of the class in question if not in actually suppressing the practice. The matter is one of extreme seriousness in view of the risks to mothers and infants which are undoubtedly attendant upon confinement cases being conducted by women who do not possess the necessary certificates, qualifications or training.

Bearing on the subject an interesting case was determined during the year in the High Court of Justice, King's Bench Division, when an appeal was made against a dismissal by Justices of a case preferred by a Local Supervising Authority's Official against a woman who, not being certified under the Midwives Act, attended women in confinement otherwise than under the direction of a doctor, and thus acted contrarily to section 1 sub-section 2. It was shown that although she had placed herself "under the direction" of a medical practioner in each case attended, the Justices were not entitled to find that the respondent had attended the patients under the direction of a qualified practioner inasmuch as in no case did the practioner attend the confinement or otherwise make himself wholly responsible for the case within the meaning of the Act. The High Court reversed the decision of the Justices and allowed the appeal.

Discussing the midwifery service of the area in general, it is pleasing to record that the County possesses a very satisfactory service. Though admittedly there are difficulties in some of the remote villages it cannot be said that any part of the County lacks an available midwife. Owing to the unrelaxing vigilance of the North Wales Nursing Association the district can claim to be very well provided in this respect, especially when it is remembered that for a population of 20,171 married women (1921 census) there were 100 midwives in 1923—that is, approximately, 1 midwife to every 200 married women.

In quality, too, the County holds a very satisfactory position as regards its midwives. Out of the 100 who notified their intention of practising in the area there were 17 only who were uncertificated, and of the 83 who held a certificate for midwifery, 24 held the additional qualification of being trained nurses.

The following table shows the position in connection with the midwifery service during 1923 :—

MIDWIVES WHO PRACTISED IN FLINTSHIRE DURING 1923.

	Trained and Certificated.			Certificated.			Uncertificated	Total.
	Associational*	Institutional.	Independent.	Associational*	Institutional.	Independent.		
Number of Midwives who notified their intention of practising during the year ...	2	8	14	30	—	29	17	100
Number of Midwives who practised throughout the whole of the year ...	2	8	14	23	—	27	15	89
Number of Midwives who practiced during a part of the year only :—								
In Temporary capacity ...	—	—	—	3	—	—	—	3
Left the County ...	—	—	—	2	—	1	—	3
Discontinued Practice ...	—	—	—	2	—	1	1	4
Deceased ...	—	—	—	—	—	—	1	1

* Including Queen's and North Wales.

13.—Sale of Food and Drugs Acts.

Public Health (Milk and Cream) Regulations.

The above mentioned Acts and Regulations are administered in Flintshire by the County Council. Under the direction and supervision of Chief Constable R. Yarnell Davies, M.B.E., the executive arrangements, including the taking of samples, are in the hands of the following officers :

Rhyl District	...	...	Supt. A. E. Lindsay
Mold District	...	...	Supt. J. Connah
Maelor District	...	...	Insp. O. Jones
Holywell District	...	...	Insp. J. Whitehead
Flint District	...	...	Insp. T. Foulkes

All samples taken were submitted for analysis to the County Analyst, Mr. W. F. Lowe, Assay Office, Chester. The sum paid for analysis during the year was 10/6 per sample.

From particulars furnished by the Chief Constable and the County Analyst I am in a position to submit the two following Tables numerically summarising the work done during the period under review.

It must be remarked that in connection with the Public Health (Milk and Cream) Regulations no samples were taken specifically under these Regulations as distinct from the Sale of Food and Drugs Acts. Inasmuch as the Analyst examined the samples also for the presence of preservative, however, the dual purpose was attained.

Of the articles taken for analysis 40 samples of milk, 2 of vinegar and 2 of pepper were found to be below standard. Administrative action was taken against the vendors as indicated in the Tables.

SALE OF FOOD AND DRUGS ACTS.

Article	Number of Samples Analysed.	Number found below Standard	Administrative action taken.					Remarks
			Prosecutions			Cau- tioned	Action Pending	No Action
			Number	Convic- tions	Costs only	Dis- missed		
Milk	278	42	13	8	3	2	27	2*
Butter	6	...	...	...	...	...	...	...
Lard	6	...	...	...	...	...	...	...
Coffee	4	...	...	...	...	...	...	...
Tapioca	3	...	...	...	...	...	...	...
Rice	3	...	...	...	...	...	...	...
Sago	1	...	...	...	...	...	...	...
Pepper	1	...	...	...	...	...	...	...
Tincture of Rhubarb	2	...	...	...	...	...	...	...
Castor Oil	1	...	...	...	...	...	...	...
Cream of Tartar	1	...	...	...	...	...	...	...
Vinegar	3	2	...	...	...	...	...	1
Indian Brandee	1	...	...	...	...	...	...	...
Olive Oil	1	...	...	...	...	...	...	...
Balsam of Aniseed	1	...	...	...	...	...	...	...
Sweet Spirits of Nitre	2	2	...	...	...	...	...	2
Total	314	46	13	8	3	2	27	3

*On technicality

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 & 1917.

Report on the Administration of the above Regulations during the year 1923.

1. Milk ; and Cream not sold as Preserved Cream—	Number of Samples examined for the presence of a preservative.		Number in which preservative was reported to be present and percentage found in each sample.	
	Milk	Cream	Nil.	Nil.
2. Cream sold as Preserved Cream	Nil.

*The same samples as those taken for purposes of the Sale of Food and Drugs Act.

14.—Venereal Diseases.

Under arrangements made between the Governors of the Infirmary and the County Council, treatment is available at the Royal Infirmary, Chester, for persons suffering from venereal disease in any of its forms. The Infirmary is a treatment centre within the meaning of Article III of the Public Health (Venereal Diseases) Regulations, 1916, and the treatment is free and obtainable under conditions of secrecy.

The actual treatment is in the hands of the Infirmary authorities, and comprises out-patient treatment at the treatment centre or in-patient treatment within the Infirmary. In consideration of the treatment of all cases from Flintshire who attend the Infirmary, the Council contribute towards the cost of the scheme an amount proportionate each year to the number of Flintshire cases treated thereat.

The centre is opened every week in accordance with the following time-table:—

Day.		Time.		Medical Officer.
Monday	...	5—7 p.m.	...	Dr. Trubshaw.
Wednesday	...	5—7 p.m.	...	Dr. Newall.
Thursday	...	1—3 p.m.	...	Dr. Trubshaw.
Saturday	...	12 noon—2 p.m.	...	Dr. Newall.

During the year under review 52 new cases received treatment as compared with 37 during the previous year.

The following is a summary of the prescribed returns prepared and supplied quarterly by the Medical Officer in charge of the centre. From this it will be seen that the examination of pathological material is now carried out at the Infirmary. Formerly it was sent to an independent laboratory. The number of specimens examined was 109 as compared with 62 during the previous year.

PUBLIC HEALTH (VENERAL DISEASES) REGULATIONS, 1916.
Flintshire Cases dealt with at the Treatment Centre (Royal Infirmary) Chester during 1923.

DESCRIPTION.	Syph- ilis.		Soft Chancre		Gonor- rhœa.		Cases not V.D.		Total.		Grand Total.
	M	F	M	F	M	F	M	F	M	F	
1.—Number of persons dealt with at or in connection with the Out-Patient Clinic for the first time and found to be suffering from the conditions specified	15	14	—	—	14	4	4	1	33	19	52
2.—Number of persons discharged from the Out-Patient Clinic after completion of treatment for the venereal diseases specified	11	—	—	—	14	4	—	—	25	4	29
3.—Number of persons who ceased to attend the Out-Patient Clinic without completing treatment	5	3	—	—	6	—	—	—	11	3	14
4.—Total attendances of all persons at the Out-Patient Clinic in respect of the conditions specified	391	140	—	—	131	58	9	1	531	199	730
5.—Aggregate number of "In-Patient days" of treatment given to persons in respect of the conditions specified	108	25	—	—	18	—	—	—	126	25	151
6.—Number of Persons treated with Arsenobenzol Compounds	91	67	—	—	—	—	—	—	91	67	158
7.—Number of doses of Arsenobenzol Compounds given :—	Number of Doses										
Name of Drug											
Novarsenobillon	{										1
	{										5
	{										56
	{										123
	{										4
Stabilarsan	{										22
	{										50
	{										121
Quinine Iodo-Bismuthate	{										2
8.—Examination of Pathological material :											
(a) Specimens from persons attending at the Treatment Centre which were examined at this Centre	Spiro- chetes.	Gonococci		Wasser- mann reaction.		Others.		Total.			
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an independent laboratory	2	20		87		—		109			
Total specimens examined	—	—		—		—		—		109	

15.—Blind Persons.

The Blind Persons Act of 1920, as will be seen from the following extract, places the obligation of caring for blind persons ordinarily resident within this area upon the County Council. Section 2 of the Act, briefly summarised, provides that :—

(1) It shall be the duty of the Council of every County and every County Borough, whether in combination with any other council or councils, or otherwise, to make arrangements to the satisfaction of the Minister of Health for promoting the welfare of blind persons ordinarily resident within their area, and such council may for this purpose provide and maintain or contribute towards the provision and maintenance of workshops, hostels, homes, or other places for the reception of blind persons whether within or without their area, and, with the approval of the Ministry of Health, do such other things as may appear to them desirable for the purpose aforesaid. The Council shall, within twelve months after the passing of this Act, prepare and submit to the Ministry of Health a scheme for the exercise of their powers under this section.

(2) The expenses incurred by a County Council shall be defrayed out of the county fund as expenses for general county purposes.

(3) A County Council may borrow for the purposes of this section in accordance with the Local Government Act, 1888, but the money so borrowed shall not be reckoned as part of the debt of the Council for the purposes of any provision limiting the powers of borrowing by the Council.

(4) A Council may exercise any of the powers conferred by this section (other than the power of raising a rate or of borrowing money) through a committee of the Council, and may appoint as members of the committee persons specially qualified by training or experience in matters relating to the blind who are not members of the council, but not less than two-thirds of the members of every such committee shall consist of members of the council, and a committee established under this section may, subject to any direction of the council, appoint such and so many sub-committees consisting either wholly or partly of members of the committee, as the committee thinks fit.

(5) The City of London shall rank as a county borough for this purpose.

(6) Nothing in this section shall affect the powers and duties of local education authorities under the Elementary Education (Blind and Deaf Children) Act, 1893, or the Education Acts, 1870 to 1919, and local education authorities in the exercise of their duty to contribute to the establishment of a national system of public education available for all persons capable of profiting thereby shall make, or otherwise, secure adequate and suitable provision for the technical education of blind persons ordinarily resident in their area who are capable of receiving and being benefited by such education.

(7) For the purposes of this section, a blind person who becomes an inmate of an institution for the blind after the commencement of this Act, shall be deemed to continue to be ordinarily resident in the area in which he was ordinarily resident before he became an inmate of such institution.

This Act came into operation on the 10th September, 1920, and in accordance with the requirements the County Council submitted their scheme, a copy of which appears below.

Committee.—The powers of the County Council under section 2 of the Blind Persons Act, 1920 (other than the power of raising of a rate or borrowing money), shall be exercised through a special committee consisting of representatives of the council and of persons who are not members of the council, but are especially qualified by training or experience in matters relating to the care of the blind; and such committee may appoint sub-committees for the periodical home visiting of the blind, and report thereon to the Committee.

Education and Training of Children, Young Persons and Adults.—The County Education Committee shall continue their services under the Elementary Education (Blind and Deaf Children) Act, 1893, and the Education Acts, 1870 to 1919, and also the Board of Education (Training of Blind Students, Higher Education) Regulations, 1920, with regard to the education of children, and the training of young persons and adults.

Unemployed Blind.—The several boards of guardians having jurisdiction within the county shall be requested to continue their services with regard to the unemployable blind in need of relief, to include additional benefits if and when arranged later.

Home teaching and visiting.—Arrangements to be made (on terms to be agreed) with the North Wales Home Teaching Society for the Blind, and the Chester Home Teaching Society (two voluntary aid organisations now working in Flintshire), to continue their services with regard to the home teaching and visiting, etc., and to make such adequate provision as may be necessary under the Act.

At the end of 1923, there were 76 blind persons on the county register—54 in the hands of the Chester branch of the North Wales Home Teaching Society for the Blind, and 22 in the care of the Bangor branch.

16.—Mental Deficiency.

The primary object of the Mental Deficiency Act, passed in 1913, is to make better and further provision for the care of feeble-minded and other mentally defective persons.

The classes of defective persons which fall within the provisions of the Act are (a) Idiots, (b) Imbeciles, (c) Feeble-minded Persons and (d) Moral Imbeciles, and as far as the area of Flintshire is concerned the Local Authority under the Act is the County Council.

It is therefore the duty of the County Council to make such arrangements, in compliance with the Act, as will provide for the protection, care, supervision and control of all the mentally defective persons above categorised in the area under the Council's administration.

Such duty comprises, in addition to the establishment of a Committee to deal with the subject :—

- (a) the ascertainment of what persons in the area are defectives subject to be dealt with under the Act ;
- (b) the provision of suitable supervision for such persons, or if such supervision affords insufficient protection, the taking of steps for securing that they should be dealt with by being sent to institutions or placed under guardianship in accordance with this Act ;

- (c) the provision of suitable and sufficient accommodation for such persons when sent to certified institutions by orders under this Act, and for their maintenance therein, and for the conveyance of such persons to and from such institutions ;
- (d) the making of provision for the guardianship of such persons when placed under guardianship by orders under this Act ;
- (e) the maintainance, if thought fit, in an institution or approved home or the contribution towards the expenses of maintenance in an institution or approved home or the expenses of guardianship of any defectives other than the aforesaid ;
- (f) the provision, if thought fit, for the burial of persons dying in an institution or when placed under guardianship in accordance with this Act.
- (g) the appointment or employment of sufficient officers and other persons to assist them in the performance of their duties under this Act ;
- (h) the rendering to the Board of Control annual and such other reports as the Board may require.

These duties are subject to the provision that nothing in the Act shall affect the duties or powers of the Local Education Authority with regard to mental defective children aged between 7 and 16 years, which duties comprise the making of arrangements subject to the approval of the Board of Education for :—

- (a) ascertaining what children within the area are defective children within the meaning of the Act.
- (b) ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes ;
- (c) notifying to the local authority under this Act the names and addresses of defective children with respect to whom it is the duty of the local education authority to give notice under the provisions of the Act.

The Act is administered in this County by the Mental Deficiency Committee acting under the direction of the Board of Control and consisting of members of the County Council in the majority, with the addition of "poor law guardians or other persons, some of which are women, having special knowledge and experience with respect to the care, control and treatment of defectives." The County Medical Officer is the Medical Officer to the Committee.

At the close of the year 1923 there were 163 mentally defective persons registered by the Committee.

Defectives are visited and reported upon by the County Medical Officer and by members of the Committee, the Committee meeting quarterly to consider reports and issue instructions as to the care and supervision of cases.

17.—Schools and School Children.

School Premises.—With a view to determining the hygienic and sanitary condition of schools, arrangements exist whereby the premises are inspected periodically by the School Medical Inspector. The inspection generally takes place on the occasion of the Medical Officer's visit to a school for the purpose of the routine examination of the scholars. Records of the conditions found are taken and the attention of the Education Committee is drawn to any hygienic or sanitary defects revealed.

A general survey of the existing conditions is given in my School Medical Report for 1923. In this it will be seen that many substantial improvements were carried out by the Committee during the year, particularly as regards Playgrounds, Ventilation, Warming, Furniture, Privies, and the provision of clean Drinking Water. It is regrettable, on the other hand, that no advance whatever has been made in the matter of drying children's clothes and boots in wet weather. The lack of suitable provision is a serious menace to the children's health.

The disinfection of premises after infectious disease is efficiently carried out, when required, under the supervision of the District Medical Officers of Health.

Medical Inspection of School Children.—The Education (Administrative Provisions) Act, 1907, lays upon local education authorities the duty of providing for the medical inspection of children immediately before or at the time of, or as soon as possible after their admission to a public elementary school, and on such other occasions as the Board of Education direct. In this area the local authority is the Education Committee, which consists of members of the County Council, with the addition of persons of both sexes co-opted on the grounds of their experience of the subject. A sub-committee of the Education Committee concerns itself directly with the work of the School Medical Service, and the School Medical Officer reports periodically to the Sub-Committee and annually to the Education Committee.

Full details of the work of the Service are given in the School Medical Officer's Report for 1923. From this it will be seen that the number of inspections of children carried out during the year amounted to 10,192. Excluding conditions of uncleanness and dental disease, 1,210 (i.e. 22.46 per cent. of the 5,385 individual children examined), were found in need of some form of treatment, the majority of whom, directly or indirectly in consequence of the Committee's arrangements, received the treatment required.

Dental Inspection and Treatment.—A full-time School Dental Service operated in the County throughout the year. Children of prescribed age-groups were inspected and treated by a qualified Dental Surgeon, and during the period under review 3,044 children were inspected, 1,901 found to require treatment, and 1,270 dentally treated according to their needs. This treatment, which involved 4,254 attendances on the part of the children, was carried out at the Schools and the School Clinics.

School Clinics.—Primarily concerned with the treatment of minor ailments and defects in school children, more particularly those whose parents could not afford treatment at the hands of a private medical practitioner, three School Clinics operated in the County during the year, viz. :

Shotton—adjoining the Council School ;

Holywell—at the old Council School ;

Mold—at the County Health Offices.

At the first two treatment was carried out : that at Mold served only for consultation and examination. Involving a total of 2,655 attendances on their part, 924 school children received treatment as a result of the Clinics' activities. Of the defects dealt with 758 were remedied, 138 improved, and 28 remained under attention at the end of the year.

The Shotton Clinic was opened twice weekly and the Holywell Clinic once, the School Medical Officer or his Assistant being in attendance, as well as the District School Nurse, at every opening.

In addition to the foregoing provisions for the treatment of minor ailments the Committee had arrangements in operation for (1) testing the eyesight of school children at the Schools and Clinics and providing spectacles where required, the cost of the spectacles being recovered from the parents except in necessitous cases, and (2) securing operative treatment at local hospitals for enlarged tonsils, adenoids, etc. Full details of these arrangements appear in the School Medical Services Report, 1923.

School Nursing.—This work is carried out by nine nurses acting under the direction of the School Medical Officer. Known for this purpose as school nurses they devote half their time to health visiting under the maternity and child welfare scheme (referred to in this report) and half to the supervision of school children with special regard to skin, ear, external eye, and infectious diseases, conditions of debility, uncleanness and the like. They examine periodically and systematically every child within their district in connection with such conditions, and by

advising the parents, when required, to consult their family doctors, or otherwise attend to the condition the children are accorded the benefit of early treatment. In this manner numerous cases of contagious disease receive prompt attention, thus preventing in an appreciable degree the spread of infection. Similarly cases of debility receive treatment at the hands of a medical practitioner in time to prevent, in many cases, the development of tuberculosis or chronic invalidity. Conditions of uncleanness likewise receive attention.

Before the advent of the school nurse, the prevalence of verminous conditions amongst school children was a matter of deep concern to the authorities if not actually a grave menace to public health. It is now not an infrequent occurrence for the school medical officer to visit a school without discovering a single verminous case.

The work of the school nurses is fully dealt with in the School Medical Services Report. Reference to this will show that during the year under review there were no fewer than 64,060 examinations of children by school nurses, involving a proportionate number of consultations with the parents.

The following figures extracted from the Report in question are interesting in the light of the above. They represent, in percentage, the findings of the School Medical Inspector in connection with the diseases specified :

Disease	1919	1920	1921	1922	1923
Ringworm ...	0.70	0.44	0.32	0.19	0.16
Impetigo ...	1.05	0.62	0.46	0.39	0.29
Otorrhoea (Disch. Ears)	1.31	1.20	1.08	0.67	0.57

Infectious Diseases and Epidemics.—The prompt identification of cases of infectious disease amongst school children and the exclusion from school of children so affected with a view to precluding as far as possible the development of an epidemic is one of the duties of the School Medical Officer and his Staff, from which there are no deviating by-ways. To measure the results of a strict supervision under this head is as impracticable as it is to determine exactly the extent of anything prevented. Such is the nature of infectious disease that it is only by the absence of cases that the preventive influences can be judged. Epidemics arise in inverse proportion to the measures employed towards their prevention. Keeping these facts in view it is the constant endeavour of the Service to bring about the early diagnosis and isolation of every case that occurs.

During the year under review, for various reasons connected with health, 515 children were temporarily excluded from school.

Of this number more than half were excluded on account of infectious disease. These cases were followed up at the homes by the School Nurses with the two-fold object of ensuring their early treatment and return to school and their non-liability of being a source of infection to others.

Within the same period 33 schools were closed for varying terms as a measure calculated to assist in controlling and checking epidemics. The causes in these cases were Measles, Whooping Cough, Influenza, Mumps and Chicken Pox.

With the further object of instructing and guiding Teachers as to their responsibilities in connection with the control of infectious disease amongst school children, regulations have been drawn up and issued to every school. The following is an example of the directions given :

DIPHTHERIA.

Signs and Symptoms.—Sore throat. Swollen glands about throat. Foul nasal discharge.

How infectious.—By breath, saliva, sputum and discharge.

Exclusion of Child suffering.—Until (1) medically certified fit to return to school or (2) a fortnight after discharge from hospital. (No case is to be admitted with any discharge from nose or ears.)

Exclusion of other children of the same home.—For seven clear days after the house has been adequately disinfected.

Verminous Conditions.—The arrangements providing for the control of these conditions have been outlined in the preceding paragraph headed "School Nursing." Speaking of pronounced verminous conditions, e.g., pediculi of the head, body or clothing, the incidence is extremely low at the present time, although this statement would have been far from true a few years ago. During the year under review there were 4,077 children found to be affected by verminous conditions as against 4,593 the preceding year. In view of the very high standard upon which the estimate of cleanliness is based in the County this number is by no means high when it is remembered that it is comprised chiefly of records of "few" or "very few" nits. The School Nurses, who have instructions to examine periodically every school child in the area, record every case in which the presence of nits is discovered, however "slight" the degree. By this means it is hoped that the day is not far distant when the discovery of nits in a child's hair will be exceptional. Incidentally, by attention to the predisposing causes of the condition, wherein parental ignorance, indifference or negligence figure largely, it is not too much to hope that diseases such as ringworm, scabies and impetigo will be things of the past.



