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Flintshire County Council.



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH CONDITIONS

WHICH PREVAILED IN THE ADMINISTRATIVE

COUNTY OF FLINT

DURING THE YEAR

1937.





Flintshire County Council.



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Flintshire County Council.



REPORT

MEDICAL OFFICER

HEALTH CONDITIONS

AS REPORTED BY THE MEDICAL OFFICER

COUNTY OF FLINT

FOR THE YEAR

1937

COUNTY OF FLINT.

The Chairman and Members
of the County Council.

Mr. Chairman, Ladies and Gentlemen,

In the following pages I present to you my report on the health of the County of Flint in its relation to the calendar year 1937, and, in so doing, gratefully acknowledge the support I have consistently received from you as a Council, from your Administrative Officers, and from a highly efficient Departmental Staff.

I have the honour to remain,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. WILLIAMS,

County Medical Officer.

County Health Offices,

Mold, September, 1938.

Section 1—ADMINISTRATION.

A.—MEMBERS OF COMMITTEES.

PUBLIC HEALTH—Aldermen Sir John E. Bankes, J. Brookes, J. Roberts Jones, E. Millington, W. J. Rees, E. Roberts, W. H. Starkey, H. R. Thomas, T. Waterhouse, Roger Williams. Councillors J. Bell Jos. H. Davies (dec'd.), Mrs. M. Davies, R. Davies Davies, F. B. Edwards, G. P. Edwards, L. Edwards, E. G. Evans, J. Forber, J. V. Harris (dec'd.), T. E. D. Hibbert, W. A. Jones, W. Bell Jones, Lady Kenyon, Lady Lewis, L. McKeon, Mrs. Oates, A. D. H. Pennant, G. Peters, W. S. Rathbone, A. Roberts, G. J. Roberts, J. Roberts, W. Roberts (Leeswood), W. Roberts (Caergwrle), J. B. Thomas, S. Vickers (Chairman), G. O. Williams, J. Williams, R. Williams.

TUBERCULOSIS—The above-named members of the Public Health Committee, together with the Tuberculosis Physician.

MATERNITY AND CHILD WELFARE—The above-named members of the Public Health Committee together with the following (co-opted):—Mrs. L. Astbury, Miss G. Davies-Cooke, Lady Gladstone of Hawarden, Mrs. Mamilton, Mrs. G. Humphreys, Mrs. Millar, Miss M. J. Parry, Mrs. G. O. Williams, Mrs. L. Humphry Williams, Mrs. Yates.

SCHOOL MEDICAL SERVICE—Aldermen J. H. Davies, Mrs. J. H. Hamilton, H. Rogers, W. H. Starkey (Chairman), Mrs. L. H. Williams. Councillors H. Barnett, Mrs. M. Davies, R. D. Davies, R. L. Davies, A. Edwards, F. B. Edwards, G. P. Edwards, J. Forber, J. V. Harris (dec'd.), W. J. Hodson, A. Jones, D. J. Jones, E. H. Jones, W. A. Jones, Lady Kenyon, Lady Lewis, Mrs. D. Oates, J. Owen, J. H. Parry, A. D. H. Pennant, J. T. Randles, W. S. Rathbone, D. A. Richards, E. G. Roberts, W. Roberts (P'ffordd), L. Schwarz, W. W. Wakley, G. O. Williams, J. Williams, R. Williams, T. Williams. Co-opted:—Miss G. Davies-Cooke, Mr. J. H. Davies (dec'd.), Mr. T. E. D. Hibbert, Miss F. Jones, Dr. P. M. Owen, Miss M. J. Parry, Mr. R. Parry, Mr. H. Waterhouse, Mrs. W. J. Rees, Mr. E. T. Williams.

MENTAL DEFICIENCY—Aldermen Rev. J. Henry Davies, W. R. Evans. Councillors Jas. Bell, E. Bithell, Mrs. M. Davies, A. Edwards, E. G. Evans, Ephraim H. Jones, E. Hughes Jones, W. A. Jones, Lady Kenyon, Brig.-Gen. Lloyd (Chairman), Mrs. Oates, A. D. H. Pennant, G. Peters, W. S. Rathbone, E. G. Roberts, J. Roberts, J. B. Thomas. Representing Hawarden Guardians:—Mrs. Owen, Mrs. Sharpe, Mrs. Taylor. Representing Holywell Guardians:—Mr. Daniel Davies, Mr. S. Vickers, Mrs. L. H. Williams. Representing St. Asaph Guardians:—Mr. W. R. Evans, Mr. H. Barnett. Representing Overton Guardians:—Mrs. Pitcairn Campbell.

BLIND WELFARE—Aldermen W. R. Evans, Trevor Eyton, T. Waterhouse, Mrs. L. H. Williams. Councillors J. Bell, Daniel Davies (Chairman), Mrs. M. Davies, R. L. Davies, Eph. H. Jones, Lady Kenyon, Mrs. Oates, J. H. Parry, E. G. Roberts, L. Schwarz, G. O. Williams, T. Williams. Representing Chester Society:—Miss I. V. Burges (dec'd.), Miss L. O. Burges. Representing North Wales Society:—Mrs. E. E. Davies.

MANCOT MATERNITY HOME—Alderman Mrs. L. H. Williams. Councillors J. V. Harris (dec'd.), W. Bell Jones, L. McKeon, S. Vickers, T. Williams. Representing Trustees:—Mrs. M. M. Davies, Miss C. Gladstone, Mrs. Oates, Mrs. T. Owen, Mr. W. B. Yates.

JOINT MEDICAL SERVICES—Aldermen Trevor Eyton, Rev. D. G. Jones, W. J. Rees, W. H. Starkey, H. R. Thomas, T. Waterhouse, Mrs. L. H. Williams. Councillors Mrs. M. Davies, J. Forber, D. J. Jones, E. H. Jones, Lady Kenyon, S. Vickers, T. P. Williams.

MILK SUPPLY—Aldermen Mrs. Hamilton, Roger Williams. Councillors Mrs. M. Davies, T. E. D. Hibbert, Edw. Jones, J. Owen, J. T. Randles, S. Vickers (Chairman), W. W. Wakley.

BROUGHTON INSTITUTION COMMITTEE—Aldermen J. Henry Davies, Mrs. L. H. Williams. Councillors E. Bithell, Mrs. M. Davies, Brig.-Gen. Lloyd, Mrs. D. Oates, Mrs. Owen, J. T. Richards, Mrs. Taylor, S. Vickers (Chairman).

DISEASES OF ANIMALS—Mr. R. E. Birch (Chairman). Aldermen P. T. Davies-Cooke, W. R. Evans, Trevor Eyton. Councillors R. D. Davies, F. Howarth, E. H. Jones, J. O. Parsonage, Major Hugh Peel, J. T. Randles, D. A. Richards, J. T. Richards, W. W. Wakley. Co-opted:—Messrs. W. Counce, F. Craddock, W. Hockenull, W. Huxley.

TUBERCULOSIS (Council's Representatives on Memorial Association)—Aldermen Mrs. L. H. Williams, Roger Williams. Councillors A. Jones, Samuel Vickers. Co-opted:—Mr. J. Roberts Jones.

B.—DEPARTMENTAL STAFF.

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

Assistant Medical Officers: Aneurin Evan Roberts, M.B., B.S. (Lond.); A. E. Gwladys Rowlands, M.B., B.S. (Lond.), and (since 12/4/37) V. K. Drennan, M.B., Ch. B. (Liverp.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

DEPARTMENTAL STAFF—contd.

School Dental Surgeons: Peter Lunt, L.D.S., R.C.S. (Eng.);
E. G. Prysor Jones, L.D.S. (*Resigned 16th August, 1937*);
R. H. Evans, L.D.S. (B'ham), began 18th October, 1937.

Supervisor of Midwives: Mrs. Catherine Kershaw, S.R.N.,
C.M.B. Cert. R. San, Inst. Cert.

Matron of Maternity Home: Miss Elizabeth Waring, C.M.B.
Cert., &c.

Matron-Supt. of Mental Deficiency Institution:

Miss A. E. Fletcher, S.R.N., C.R.M.P.A., F.B.C.N.

*District Health Visitors acting jointly as Health Visitors and
School Nurses:*

Buckley—Miss Janet Jones, S.R.N., S.C.M., H.V. Cert., R.F.N., T.B. Cert.	Maelor—Mrs. J. Lloyd (<i>retired 30/9/37</i>); Miss E. Davies (<i>left 9/4 38</i>); Mrs. M. P. Thomas, S.R.N., H.V. Cert. (<i>began 2/8/38</i>).
Caerwys—Mrs. M. Edwards (<i>temporary</i>)	Mold—Mrs. M. Ll. Taylor, S.R.N.
Con. Quay—Mrs. J. M. Hampson, S.R.N., C.M.B., H.V. Cert., T.B. Cert., Ep. Diploma.	Northop—Miss A. Molloy, S.R.N., S.C.M., H.V. Cert.
Flint—Mrs. M. M. Nield, S.R.N., S.C.M., T.B. Cert., H.V. Cert.	Prestatyn—Miss M. E. Roberts, S.R.N.
Hawarden—Miss E. Jones, C.R.S.I.	Rhyl—Mrs. M. E. Hawkins, T.N.
Holywell—Miss L. Reynolds, S.R.N.	

County Domiciliary Midwives: (Queensferry) Mrs. E. Barker;
(Flint) Mrs. E. Jones; (Buckley) Mrs. A. M. Saunders
(Saltney) Mrs. M. C. Spilsbury.

Infant Life Protection Visitors: The above-named Health
Visitors and School Nurses.

Chief Clerk: William Davies, A.R.I.P.H. (*Also Chief Clerk
School Medical Department*).

C—HEADQUARTERS.

County Health Offices, County Buildings, Mold.
Telephone: 106 Mold (4 lines).

D—ASSOCIATED OFFICERS.

Clerk of the County Council: Mr. J. Harvey Davies (*also Clerk
of the Peace*), County Offices, Mold.

County Surveyor and Architect: Mr. R. G. Whitley, A.M.I.C.E.;
L.R.I.B.A., &c., County Buildings, Mold.

Supervising Officer under the Food and Drugs Act, etc.:

Mr. R. Yarnell Davies, O.B.E. (*Chief Constable*),
Police Headquarters, Mold.

Agricultural Organiser: Mr. W. E. Lloyd, M.Sc.,
County Education Offices, Mold.

County Accountant : Mr. R. J. Jones, County Finance Offices, Mold.

Public Assistance Officer : Mr. Isaac Hughes, Public Assistance Offices, Holywell.

Physical Training Organisers : Mr. Bertram W. Clarke (*since 1st July, 1938*); Miss Sarah Story Jones (*since 1st Sept., 1938*).

E—PART-TIME OFFICERS.

(*Directly Employed*).

Obstetric Consultant (Honorary) to the Catherine Gladstone Maternity Home—Dr. J. Gardiner Wigley.

Puerperal Fever and Obstetric, &c., Specialist (Fee-paid)—Dr. J. Gardiner Wigley.

Bacteriologist (Fee-paid)—Dr. W. H. Grace, M.D., B.Sc., D.P.H., &c., Chester Royal Infirmary.

Ophthalmic Consultant (Fee-paid)—Dr. E. F. Wilson, Chester.

Public Assistance (Institutional) Medical Officers (Salaried)—(*Holywell*) Dr. A. O. Jones; (*St. Asaph*) Dr. H. Lloyd (*retired 31/12/37*); Dr. A. H. Holmes (*since 1/1/38*).

Public Vaccinators (Fee-paid), also Public Assistance Medical Officers : Drs. Herford, Buckley; G. Harrison, Gresford; J. G. Ll. Jones, Hawarden; R. B. Dalling, Caergwrele; I. P. Nelis, Mold; O. W. Bateman, Flint; C. E. Morris, Holywell; J. Brown, Ffynnongroew; J. T. Griffiths, Prestatyn; E. O. Lakey, Rhyl; H. Lloyd, St. Asaph; W. M. Casper, Overton; R. B. McColl, Hanmer.

Public Veterinary Officers (Fee-paid) : Messrs. W. Hughes, Caerwys; T. W. Hughes, Mold; C. W. Cartwright, Dyserth; T. C. Howatson, Rhuddlan; J. Storrar, Chester; R. G. Jones, Holywell; A. Bate, Ellesmere (*Resigned*); R. E. S. Tucker, Ellesmere; J. McLean, Malpas. (*The foregoing up to 31st March, 1938 only*).

Veterinary Inspector (Ministry of Agriculture) : Mr. K. A. Forker, M.R.C.V.S., Chester Street, Mold (*since 1st April, 1938*).

County Analyst (Fee-paid)—Mr. H. Lowe, M.Sc., F.I.C., Assay Office, Chester.

Public Assistance Nurses—The Matron and Nursing Staff of each of the Public Assistance Infirmaries of Holywell and St. Asaph.

(*Indirectly Employed*).

Tuberculosis Officers (King Edward VII Welsh National Memorial Association)—Dr. Howell M. Williams, Dr. M. E. Owen-Morris, both of Tuberculosis Institute, Wrexham.

Venereal Diseases Officer (Chester Royal Infirmary)—Dr. A. B. Paul, M.A., M.B., B.C., and Dr. Holgate, M.S., F.R.C.S.

F—DISTRICT HEALTH OFFICERS.

Medical Officers of Health—As shown on next page.

Sanitary Inspectors—As shown on next page.

Health Officers for the various Sanitary Districts—1937.

District.	Medical Officer*	Sanitary Inspector. †
Buckley Urban	Dr. D. Fraser, Post Office House, Brunswick Road, Buckley	Mr. F. Bannister Jones, Cert. R.S.I. & S.I.E.J.B., M. & F. Cert., Council Chambers, Buckley
Connah's Quay Urban	Dr. W. N. P. Williams, Church Street, Connah's Quay	Mr. Henry Jones, A.R.S.I., Cert. S.I.E.J.B., Council Offices, Connah's Quay
Flint Municipal Borough	Dr. W. A. F. Twemlow, Ivy Bank, Flint	Mr. W. J. Avery, M.S.I.A., A.R.S.I., S.I.E.J.B., Town Hall, Flint
Holywell Urban	Dr. C. E. Morris, Bodowen, Holywell	Mr. D. L. Morgans, B.Sc., U.D.C. Offices, Holywell
Mold Urban	Dr. Phillipine Nelis, The Manse, Mold	Mr. E. T. Williams, A.R.S.I., C.S.I.B., (M. & F.) Town Hall, Mold
Prestatyn Urban	Dr. J. Tudor Griffiths, Leaton, Prestatyn	Mr. S. Trevor Roberts, C.R.S.I., M.I.M.C.E., Prestatyn
Rhyl Urban	Dr. E. Hughes Jones, Council Offices, Rhyl	Mr. E. L. Ll. Jones, M.S.I.A., M.R.S.I., Council Offices, Rhyl
Hawarden Rural	Dr. J. Llewellyn-Jones, Hafod, Station Road, Hawarden	Mr. M. Emlyn Thomas, C.S.I.B., C.R.S.I. (M. & F.), Council Offices, Hawarden (For No. 1 District) Mr. Watkin Williams, C.S.I.B., C.R.S.I. (M. & F.), Hawarden Road, Abermorddu (For No. 2 District)
Holywell Rural	Dr. I. P. Nelis, The Manse, Mold	Mr. R. D. Jones, C.R.S.I., M.I.M.C.E., Bryn Awelon, Mold Mr. A. O. Griffiths, C.R.S.I., and C.R.S.I. (M. & F.), Gwynedd, Rose Lane, Mynydd Isa, Mold Mr. R. L. Higgins, S.I.E.J.B., Willow St., Overton
Overton Rural	Dr. W. M. Casper, The Quinta, Overton	
St. Asaph Rural	Dr. Henry Lloyd, Garthwen, St. Asaph	Mr. E. O. Evans, F.S.I.A., C.R.S.I., Hafod Elwy, St. Asaph

* Part time.

† Full time.

Section 2—COUNTY CHARACTERISTICS.

A.—GEOGRAPHICAL.

Flintshire, the most northerly of the mainland Welsh Counties, is comparatively small in extent but very densely populated.

Excluding its two detached portions—the Maelor Hundred and the Parishes of Marford and Hoseley, which are enclosed by Denbighshire, Cheshire and Shropshire—it is mainly bounded on the north by the wide and picturesque estuary of the River Dee, the south by Denbighshire, the east by Cheshire and the west by the Irish Sea.

Physically the County is highly conducive to the health of its population. Largely maritime and extensively wooded, it is well watered by the Rivers Dee, Clwyd, Alyn, Elwy, Wheeler, Terrig and Cegidog, and by many substantial tributary brooks. Its high ground includes portions of the beautiful Clwydian Range, featured by Moel Fammau (1820 ft.) and several other verdant mountains exceeding 1200 feet in height, a central plateau running, with an average altitude of 600 ft., from Rhosesmor to Newmarket, and the hilly districts of Nerquis, Hope and Buckley. Its low ground comprises many fertile and well wooded valleys as well as the extensive tracts of land running alongside the Dee estuary from Saltney to the Point of Ayr, the environs of Rhuddlan and St. Asaph, and the reclaimed territory of Sealand. Its coast, with Rhyl and Prestatyn as two attractive resorts, is flat and sandy.

Railway facilities are extensive. Running along the Dee estuary, the London-Holyhead line (L. M. & S.) traverses the whole length of the main portion of the County from Saltney to Rhyl, passing through Connah's Quay, Flint and Prestatyn, and a substantial branch thereof, with an extension from Mold to Ffrith, serves the southern section in its course from Saltney to Rhyl via Mold and St. Asaph. The remainder of the County is additionally served by lines of the L. N. E. R., which run from Shotton to Cefnybedd via Hawarden, Penyffordd and Caergwre and through the Maelor Hundred from Bangor to Ellesmere, and of the G. W. R. running through both the Maelor Hundred and the Parish of Marford and Hoseley. Considerable enhancement for travelling is also afforded by the L. M. & S. Company through their Crosville Motor Services whose vehicles ply through practically every town and village in the County.

Thus one of the main gateways from England's most important towns and industrial centres, the County is very favourably situated for every commercial activity. With the Dee as an additional asset it is well equipped for the transportation of goods. Its roadways and railways are sound and well maintained; access to the ports of Liverpool, Birkenhead and Holyhead—as well as to Manchester, Birmingham and other large centres of commerce—is convenient; and generally it possesses every facility for the easy foreign and local distribution of the vast and valuable mineral resources which abound and still await exploitation. When the Dee estuary is rendered somewhat more navigable it is not improbable that its left bank from Saltney to the Point of Ayr will become one of the most important industrial centres in the country.

The climate is mild, the rainfall is comparatively low and bright sunshine is plentiful—particularly on the coast. The lowland soil is of rich agricultural quality and, as I have already stated, the physical conditions of the County generally are highly salubrious.

B.—AREAL.

The area of the County, comprising the land and the inland water while excluding tidal water and foreshore, is 255.7 square miles, or 163,707 statutory acres, that of its separate geographical divisions being, respectively: main portion, 133,308 acres; the Maelor Hundred, 29,749 acres; the Civil Parish of Marford and Hoseley, 650 acres.

The areas of the respective Sanitary Districts into which the County is divided for administrative purposes are shown in the following Table, the information given being in terms of both statutory acres and square miles:—

Table 1.—AREA OF COUNTY.

(Differentiating the several Sanitary Districts).

District.	Area in	
	Square Miles.	Statutory Acres.
(1)	(2)	(3)
Urban—		
Buckley	4.1	2646
Connah's Quay	6.6	4214
Flint (Municipal Borough)	9.8	6243
Holywell	3.9	2532
Mold	1.8	1164
Prestatyn	5.0	3219
Rhyl	2.7	1700
Rural—		
Hawarden	49.3	31576
Holywell	91.4	58515
Overton	46.5	29749
St. Asaph	34.6	22149
Aggregate Urban Districts	33.9	21718
Aggregate Rural Districts	221.8	141989
Administrative County	255.7	163707

C.—ADMINISTRATIVE.

For the purpose of administering the various Acts and Regulations bearing upon the health of County areas generally the County Council is the Local Authority for Flintshire.

It consists of 20 Aldermen and 60 elected Councillors with the addition (to certain Committees) of a few ladies and gentlemen of specific experience.

The County, however, is divided into 11 Districts the duly elected Councils of which, as the Local Sanitary Authorities, have power of administration in connection with all sanitary matters relating to their respective areas (see Section 6).

These Districts, which comprise 1 Municipal Borough, 6 Urban Districts and 4 Rural (there is no County Borough in Flintshire) are listed in the next table following along with their respective acreages, populations, etc., and it is these to which reference is made throughout this report in connection with the statistics relating to births, deaths, infectious diseases, etc.

The Civil Parishes and (for electoral purposes) Wards into which these districts are divided are as follows:—

Buckley Urban—(Parishes) Buckley-Mold and Buckley-Hawarden; (Wards) Argoed, Bistre East, Bistre West, Ewloe Town, Ewloe Wood, Pentrobin.

Connah's Quay Urban—(Parishes) Connah's Quay; (Wards) Central, Golftyn, Wepre.

Flint Municipal Borough—(Parishes) Flint; (Wards) Castle, Oakenholt, Trelawney, Coleshill, Bagillt East, Bagillt West.

Holywell Urban—(Parishes) Holywell Urban; (Wards) East, West, Greenfield.

Mold Urban—(Parishes) Mold Urban; (Wards) Broncoed, Mold East, North, South, West.

Prestatyn Urban—(Parishes) Prestatyn; (Wards) North-east, North-west, South-east, South-west, Meliden.

Rhyl Urban—(Parishes) Rhyl; (Wards) East, East-central, West, West-central, South-west, South-central, South-east.

Hawarden Rural—(Parishes) East Saltney, Hawarden, Higher Kinnerton, Hope, Llanfynydd, Marford and Hoseley, Sealand, Treuddyn, West Saltney.

Holywell Rural—(Parishes) Brynford, Caerwys, Cilcain, Gwaenysgor, Halkyn, Llanasa, Mold Rural, Nannerch, Nerquis, Newmarket, Northop, Whitford, Ysceifiog.

Overton Rural—(Parishes) Bangor, Bettisfield, Bronington, Halghton, Hanmer, Iscoyd, Overton, Penley, Tybroughton, Willington, Worthenbury.

St. Asaph—(Parishes) Bodelwyddan, Bodfari, Cwm, Dyserth, Rhuddlan, St. Asaph, Dymeirchion, Waen.

D.—FINANCIAL.

The rateable value of the County in respect of the financial year beginning the 1st April, 1937, was £628,151.

The estimated produce of a penny rate in respect of the year ended the 31st March, 1938, was £2,328/8/6.

E.—INDUSTRIAL.

The industrial conditions of the County have been described in a previous Report and will be statistically dealt with when Part II of the 1931 Census Report is published.

At the time of the preceding Census agriculture was found to occupy the foremost place numerically under this head. This was followed by iron working and then by coal mining.

F.—SOCIAL.

Marriages—1,030 marriages occurred in Flintshire during 1936. (The 1937 figures are not yet available). This figure represents 17.5 persons per 1,000 population.

Private Families, Housing, etc.—When the last Census was taken (1931) there were 27,682 private families in residence in Flintshire, the total population of such being 107,827. (There was an excess, at that time, of 684 private families over the number of occupied dwellings). 95.3 per cent. of these families lived in single occupation of separate premises, 4.2 per cent. lived two families to a dwelling, and 0.5 per cent. three or more families to a dwelling. The various housing averages were—Rooms per dwelling, 4.98; Private families per occupied dwelling, 1.03. Rooms occupied per family, 4.85; Persons per room, 0.80; Persons per private family, 3.90. Of the houses 17.4 per cent. (19.2 in 1921) were of 3 rooms or less, 51.6 per cent. (46.9 in 1921) of 4—5 rooms, 26.5 per cent. (27.6 in 1921) of 6—8 rooms and 4.5 per cent. (6.3 in 1921) of 9 or more rooms. 897 private families (compared with 1,170 in 1921) lived in a population density of more than two persons per room and these comprised 6,584 persons (9,295 in 1921). Between 1921 and 1931 there was a reduction of 273 in the number of "overcrowded" families, the population thus affected being 2,711, and this reduction shows great improvement over the stationary conditions of the previous decade. The average size of the private families in 1931 was 3.90 persons (4.42 in 1921) and the average persons per room 0.80 as against the 0.91 of ten years before.

In respect of the year under review the only Districts from which, at the moment of writing, figures have been received showing the number of inhabited houses are (Urban) Buckley, 1,866; Flint M.B., 3,638; Holywell, 1,850; Prestatyn, 2,494; Rhyl, 4,724. (Rural) Hawarden, 7,885; Holywell, 6,644; St. Asaph, 2,182.

The latest particulars received in regard to the remainder are as follows:—Connah's Quay Urban (1936) 1,790; Mold Urban (1934) 1,453; Overton Rural (1936) 1,246.

Language—In the course of the Census above referred to enquiries were made in Flintshire—in common with all the other Counties of Wales—with the object of ascertaining, to as great an extent as is possible by such means, the proportion of persons who were able to speak (a) Welsh only, (b) English and Welsh, (c) English only, and it may be of general interest to many to learn that the respective proportions (per 1,000 of the population aged three years and upwards) were found to be as follows:—Welsh only (1911) 34, (1921) 23, (1931) 10; English and Welsh (1911) 388, (1921) 304, (1931) 307; English only (1911) 578, (1921) 673, (1931) 683.

Section 3—POPULATION.

A.—GENERAL.

The population of the County, estimated as at mid-year of the period under review, was 119,540—a figure which exceeds that of the preceding year by 1,770.

The corresponding figures for the various Sanitary Districts of the County are given in the table which follows, where also will be found the respective district populations recorded decennially by Census within the past three decades.

The difference between the 1937 and the 1901 figures (amounting to 38,055) is an indication that for at least thirty-six years the population of the County has increased by an average of more than a thousand persons annually.

Table 2.—POPULATION.

District	Population.					Estimated Mid- Year. 1937
	By Census					
	1901	1911	1921	1931*	1931†	
Urban—						
Buckley ...	5780	6333	6726	6899	7053	7078
Connah's Q'y	3396	4596	5060	5980	5980	6281
Flint (M.B.)	4625	5472	6298	7655	11815	12890
Holywell ...	2652	2549	3073	3424	5453	6121
Mold ...	4263	4873	4659	5137	5260	5680
Prestatyn ...	1261	2036	4415	4512	5501	6570
Rhyl ...	8473	9005	13968	13485	13485	15540
Rural—						
Hawarden ...	15821	20571	24036	26575	26575	27180
Holywell ...	23999	25328	25933	26709	20222	20560
Overton ...	5057	5176	5102	4761	4761	4324
St. Asaph ...	6158	6766	7347	7752	6784	7316
Total Urban ...	30450	34864	44199	47092	54547	60160
Total Rural ...	51035	57841	62418	65797	58342	59380
Whole County	81485	92705	106617	112889	112889	119540

* Of areas as constituted before 1st April, 1934.

† Of areas as constituted since 1st April, 1934.

B.—DENSITY.

Basing the calculations upon the recognised acreage and the estimated number of residents, the population density of Flintshire at mid-year, 1937, was 0.73 persons per acre, a figure which, of course, slightly exceeds that of the 1931 Census.

The Authority will of course remember, in perusing the following table—which shows the position as it stood on the 30th June of the year under review—that the acreage upon which the calculations are based is that of the whole administrative district, or the combination of districts, in the case of each of the areas specified. The figures will therefore be an understatement of the actual population pressure in respect of some of the areas, as the presence of parks, commons, open spaces, water, etc., necessarily comprises some proportion of the acreage.

Table No. 3.

POPULATION DENSITY.

Shown in respect of the various Districts and the County as a whole.

Persons per Statutory Acre—Years, 1934-1937.

District	Density.			
	1934	1935	1936	1937
Urban—				
Buckley ...	2.668	2.667	2.660	2.67
Connah's Quay ...	1.4120	1.4124	1.43	1.49
Flint (Mun. Boro.) ...	1.73	1.92	2.00	2.06
Holywell ...	1.94	2.19	2.28	2.42
Mold ...	4.66	4.72	4.78	4.88
Prestatyn ...	1.76	1.89	1.99	2.04
Rhyl ...	8.45	8.68	8.96	9.14
Rural —				
Hawarden ...	0.849	0.855	0.859	0.861
Holywell ...	0.38	0.348	0.350	0.351
Overton ...	0.153	0.150	0.148	0.145
St. Asaph ...	0.34	0.326	0.328	0.330
Total Urban ...	2.50	2.62	2.69	2.77
Total Rural ...	0.43	0.416	0.417	0.418
Whole County ...	0.70	0.71	0.72	0.73

Section 4—BIRTHS.

A.—LIVE BIRTHS.

The number of live births registered as pertaining to the County in respect of the year under review was 1,989, denoting, in actual figures, a superiority of 153 over the corresponding figures for the preceding year.

Showing the males and females separately, as well as the legitimate and the illegitimate, the table immediately following indicates the number of live births which were registered in respect of each of the districts in the County, the figures relating to stillbirths being presented elsewhere (Tables 7 and 8).

Table 4.

LIVE BIRTHS IN THE SEVERAL DISTRICTS.

District.	Legitimate.		Illegitimate.		Totals.		Grand Total.
	Males.	Fem.	Males	Fem.	Males	Fem.	
Urban—							
Buckley	58	64	—	2	58	66	124
Connah's Quay	50	59	—	1	50	60	110
Flint (Mun. Boro.)	119	135	1	6	120	141	261
Holywell	71	74	3	1	74	75	149
Mold	65	63	3	3	68	66	134
Prestatyn	28	24	1	—	29	24	53
Rhyl	75	112	5	6	80	118	198
Rural—							
Hawarden	217	198	8	7	225	205	430
Holywell	165	169	6	11	171	180	351
Overton	41	29	4	3	45	32	77
St. Asaph	59	35	6	2	65	37	102
Total Urban	466	531	13	19	479	550	1029
Total Rural	482	431	24	23	506	454	960
Whole County	948	962	37	42	985	1004	1989

The livebirth rates for the several Sanitary Districts of the County, as well as for the County as a whole, are given in the table which follows.

From this it will be gathered that in respect of the year 1937 the Urban rate was somewhat higher than that of the Rural.

A preponderance of females over males—which is very unusual—will also be observed.

The figures denote, of course, the respective rates per 1,000 total district population, and, as in the last table, relate only to live births.

Table 5.

LIVE BIRTH RATES FOR THE SEVERAL DISTRICTS.

Rate per 1,000 Population.

District.	Legitimate.		Illegitimate.		Totals.		Grand Total.
	Males.	Fem.	Males	Fem.	Males	Fem.	
Urban—							
Buckley ...	8.19	9.04	—	0.28	8.19	9.32	17.52
Connah's Quay ...	7.96	9.39	—	0.16	7.96	9.55	17.51
Flint (Mun. Boro)	9.23	10.47	0.08	0.47	9.31	10.94	20.25
Holywell	11.60	12.09	0.49	0.16	12.09	12.25	24.34
Mold ...	11.44	11.09	0.53	0.53	11.97	11.62	23.59
Prestatyn ...	4.26	3.65	0.15	—	4.41	3.65	8.07
Rhyl ...	4.83	7.21	0.32	0.39	5.15	7.59	12.74
Rural—							
Hawarden ...	7.98	7.28	0.29	0.26	8.28	7.54	15.82
Holywell ...	8.03	8.22	0.29	0.53	8.32	8.75	17.07
Overton ...	9.48	6.71	0.93	0.69	10.41	7.40	17.81
St. Asaph ...	8.06	4.78	0.82	0.27	8.88	5.06	13.94
Total Urban ...	7.74	8.83	0.22	0.31	7.96	9.14	17.10
Total Rural ...	8.12	7.26	0.40	0.39	8.52	7.65	16.17
Whole County ...	7.93	8.05	0.31	0.35	8.24	8.40	16.64

The following columns enable us to review over a period of twenty-seven years the Flintshire rate in comparison with that of the whole country and also that of Wales.

Within this period the County rate has been lower than that of England and Wales on seven occasions only, amongst them the two recent years of 1932 and 1933. It has been lower than that of Wales, however, on no fewer than twenty occasions (out of twenty-six reviewed).

The check in 1935 to the decline which has characterised the past quarter of a century in the matter of birth rate was again asserted during the year under report, and one cannot, even yet, aver that the fall in the rate has reached its lowest level.

A feature more worthy of our contemplation, however, is not this slight setback in the decline, but the decline itself. The birth rate is now only half of what it was thirty years ago, a fact which, as I have said before, ought to make us more appreciative of our responsibilities in connection with the maternity, child welfare and general health services which we are called upon to provide.

Table 6.—LIVE BIRTH RATES.
(Year 1911 to 1937).
Rate per 1,000 Total Population.

Year.	England & Wales.	Wales.	Flintshire.
1911	24.4	27.8	25.94
1912	24.0	27.0	24.71
1913	24.1	26.9	23.90
1914	23.8	27.0	23.72
1915	21.8	25.3	22.30
1916	21.0	23.2	21.41
1917	17.8	20.5	19.15
1918	17.7	21.6	18.53
1919	18.5	20.7	18.98
1920	25.5	26.7	25.11
1921	22.4	25.0	21.45
1922	20.4	21.9	19.38
1923	19.7	21.6	19.95
1924	18.8	21.0	19.56
1925	18.3	20.1	19.49
1926	17.8	19.3	19.29
1927	16.6	17.2	17.89
1928	16.7	17.4	17.64
1929	16.3	16.7	16.88
1930	16.3	16.7	16.92
1931	15.8	16.3	16.15
1932	15.3	15.8	14.88
1933	14.4	15.4	14.29
1934	14.8	15.6	14.90
1935	14.7	15.4	15.61
1936	14.8	15.1	15.59
1937	14.9	—	16.64

B.—STILLBIRTHS.

As will be gathered from the following table, 98 of the 2,087 births which occurred in the County during the year under review were stillbirths (and registered accordingly) within the meaning of the Births and Deaths Registration Act of 1926.

This is a much lower figure than that recorded in respect of the preceding year.

Table 7.

STILLBIRTHS IN THE SEVERAL DISTRICTS.

District.	Legitimate		Illegitimate.		Totals		Grand
	Males.	Fem.	Males.	Fem.	Males.	Fem.	Total.
Urban—							
Buckley	3	5	—	—	3	5	8
Connah's Quay	4	—	—	—	4	—	4
Flint (Mun. Boro.)	8	5	1	—	9	5	14
Holywell	2	6	—	—	2	6	8
Mold	2	3	—	—	2	3	5
Prestatyn	1	2	—	—	1	2	3
Rhyl	7	7	—	—	7	7	14
Rural—							
Hawarden	6	3	—	—	6	3	9
Holywell	13	11	—	—	13	11	24
Overton	1	3	—	—	1	3	4
St. Asaph	—	5	—	—	—	5	5
Total Urban	27	28	1	—	28	28	56
Total Rural	20	22	—	—	20	22	42
Whole County	47	50	1	—	48	50	98
Stillbirth Rate per 1,000 Live Births—Whole County							
...	Total Births		..	..	...	...	49.27
..	Population		..	..	...	...	46.96
..			..	..	...	...	.82

The County stillbirth rates per thousand live births, per thousand total births and per thousand population have been duly presented at the foot of the foregoing table.

One of them—the last—we can compare with the corresponding figures for the whole country with the following result:—England and Wales, 0.60; Flintshire, 0.82; Difference (against Flintshire) 0.22.

An adverse figure such as this provides material for thought, for the County's excess is not incidental to the year under review: it is a figure which shows the rate to be as high to-day as it was when stillbirths first became registrable—nine years ago.

The figures in the next table present the situation more clearly. Here we find that our County rate, though not very dissimilar from that of Wales, is considerably higher than that for England and Wales, indicating that we are in a worse position in this respect than the average English area—Counties and County Boroughs of course combined. Whether the weight of the County Boroughs' influence on the figures, by virtue of their better institutional and supervisory facilities, is herein manifest or not is a question which time will no doubt reveal. For the present, however, Flintshire has in this matter a definite stimulus to renewed effort on behalf of the mothers of its area.

But the problem is not one concerning Flintshire only. It is of national interest and import, for a mere glance at the table is sufficient to indicate what is happening. Brief though the period reviewed may be, the trend towards an increase is clearly discernible.

In Tables 90 and 91 of this report further figures will be found concerning this subject, but whether they have a direct bearing on the problem is something we have yet to learn. It is interesting, at any rate, to know that there are fewer cases of stillbirth amongst mothers who attend the Authority's Welfare Centres than among those who do not attend.

Table 8—STILLBIRTH RATES.

The Flintshire figures in comparison with those of (a) Wales and (b) England and Wales.

Rate per 1,000 Total Births.

Year.	England & Wales.	Wales.	Flintshire
1928	40	52	41.46
1929	40	55	43.34
1930	41	55	39.41
1931	41	57	53.17
1932	41	56	55.09
1933	41	56	57.97
1934	40	53	47.83
1935	41	55	62.14
1936	40	54	61.83
1937	*	*	46.96

* Not yet available.

C.—ALL BIRTHS.

The figures which appear in the preceding tables are those which are the more ordinarily required in connection with live births and stillbirths. There are times, however, when ready access to the subject in its totality is useful, hence the presentation of the following summary incorporating this information in respect of both the County and its constituent Districts.

Prior to the year 1928 it was customary, in respect of the stillbirths, to present the figures only in terms of their relation to the livebirths. Since then, however, it has been possible to ascertain and state them annually in terms of their ratio to the total, as well as to the livebirths.

Such rates, as well as the livebirth and stillbirth rates per 1,000 population, are given in the following table:—

Table 9.
BIRTHS AND BIRTH RATES.
(Live Births, Still Births and Total Births).

District	Number of Births.			Rate per 1000 Population			Stillbirths. Rate per 1000	
	Live.	Still.	Total.	Live.	Still.	Total.	Live Births.	Total Births.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Urban—								
Buckley	124	8	132	17.52	1.13	18.65	64.52	60.61
Connah's Quay	110	4	114	17.51	0.64	18.15	36.36	35.09
Flint (Mun. Boro.	261	14	275	20.25	1.09	21.34	53.64	50.91
Holywell	149	8	157	24.34	1.31	25.65	53.69	50.96
Mold	134	5	139	23.59	0.88	24.47	37.31	35.97
Prestatyn	53	3	56	8.07	0.46	8.52	56.60	53.57
Rhyl	198	14	212	12.74	0.90	13.64	70.71	66.04
Rural—								
Hawarden	430	9	439	15.82	0.33	16.15	20.93	20.50
Holywell	351	24	375	17.07	1.17	18.24	68.37	64.00
Overton	77	4	81	17.81	0.92	18.73	51.95	49.38
St. Asaph	102	5	107	13.94	0.68	14.62	49.02	46.73
Total Urban	1029	56	1085	17.10	0.93	18.03	54.42	51.61
Total Rural	960	42	1002	16.17	0.71	16.88	43.75	41.92
Whole County	1989	98	2087	16.64	0.82	17.46	49.27	46.96

Section 5—DEATHS.

A.—INFANTILE.

The number of infants who, during the year under review, died prior to their attaining the age of 12 months was 121, a figure more by nine than that recorded in respect of the preceding year.

The causes to which these deaths were attributed are shown in a subsequent table, from which it will be gathered that the majority fell under the classification of congenital debility, prematurity, malformation, etc.

Distinguishing the males and the females, the legitimate and the illegitimate, the following table summarises these deaths in respect of the various Districts of the County.

Table 10.
INFANTILE DEATHS, 1937.

District	Males.			Females.			Infants. Legit & Illeg.
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	
Urban—							
Buckley	8	—	8	3	—	3	11
Connah's Quay	6	—	6	2	—	2	8
Flint (Mun. Boro.)	5	—	5	8	—	8	13
Holywell	3	1	4	4	—	4	8
Mold	4	—	4	1	1	2	6
Prestatyn	2	—	2	2	—	2	9
Rhyl	2	1	3	6	—	6	9
Rural—							
Hawarden	20	1	21	15	—	15	36
Holywell	9	—	9	8	—	8	17
Overton	2	1	3	1	—	1	4
St. Asaph	5	—	5	—	—	—	5
Total Urban	30	2	32	26	1	27	59
Total Rural	36	2	38	24	—	24	62
Whole County	66	4	70	50	1	51	121

To facilitate general comparison the foregoing particulars are submitted below in the form of rates, each figure representing, under its appropriate head and in respect of the district concurrently specified, the infantile mortality, i.e., the number of deaths expressed in ratio to the number of live births which occurred during the same period.

A glance at these figures will show that the rate for the Urban Districts in the aggregate is lower than that for the Rural, an occurrence which is not unusual.

A noteworthy feature of the table this year is that the County rate is higher than that for the whole country, provisionally declared at 58. This, however, is a somewhat exceptional occurrence, as the figures in Table 12 so clearly testify.

Table 11.

INFANT MORTALITY—1937.

Children aged under 12 months.

Rate per 1,000 Live Births.

District.	Males.			Females.			Infants. Legit. & Illeg.
	Legit.	Illeg.	Total	Legit.	Illeg.	Total	
Urban—							
Buckley	64.52	—	64.52	24.19	—	24.19	88.71
Connah's Quay	54.55	—	54.55	18.18	—	18.18	72.73
Flint (M. Boro.)	19.16	—	19.16	30.65	—	30.65	49.81
Holywell	20.13	6.71	26.84	26.84	—	26.84	53.69
Mold	29.85	—	29.85	7.46	7.46	14.93	44.78
Prestatyn	37.73	—	37.73	37.73	—	37.73	75.47
Rhyl	10.10	5.05	15.15	30.30	—	30.30	45.45
Rural—							
Hawarden	46.51	2.32	48.84	34.88	—	34.88	83.72
Holywell	25.64	—	25.64	22.79	—	22.79	48.43
Overton	25.97	12.99	38.96	12.99	—	12.99	51.95
St. Asaph	49.02	—	49.02	—	—	—	49.02
Total Urban	29.15	1.94	31.10	25.27	0.97	26.24	57.34
Total Rural	37.50	2.08	39.58	25.00	—	25.00	64.58
Whole County	33.18	2.01	35.19	25.14	0.50	25.64	60.83

The general trend of the infantile death rate can be gathered from the summary which follows, for in this the annual figures for the past twenty-seven years are shown.

Beginning, as they do, with the year in which the County Health Service became an entity, there is something arresting about figures of this kind, for they proclaim steady but certain progress in an important field of social service.

During the second half of the nineteenth century the national death rate for infants remained almost stationary at what would now be considered an inordinately high figure. In the current century, however, it has already been reduced by more than half, and, while this gratifying achievement can be credited to a variety of influences, there can hardly be any doubt that the maternity and child welfare services have contributed thereto in a very substantial measure.

Table 12.
INFANT MORTALITY.
Deaths of Infants under One Year of age.
Years 1911 to 1937. Rate per 1,000 Live Births.

Year	Crude Annual Rate.		Crude Quinquennial Rate.	
	England & Wales.	Flintshire.	England & Wales.	Flintshire.
1911	130	108		
1912	95	82		
1913	108	102	110	94
1914	105	85		
1915	110	93		
1916	91	83		
1917	96	81		
1918	97	74	90	80
1919	89	88		
1920	80	73		
1921	83	67		
1922	77	87		
1923	69	68	76	70
1924	75	61		
1925	75	70		
1926	70	71		
1927	70	59		
1928	65	61	68	62
1929	74	71		
1930	60	49		
1931	66	54		
1932	65	62		
1933	64	47	62	56
1934	59	61		
1935	57	57		
1936	59	61		
1937	58	61	59*	61

* Approximate.

The various causes of these infantile deaths are classified in the following table. Arranged in sequence according to numerical priority they are set forth with due distinction as between the sexes of the infants and the areas to which the deaths pertained.

As is commonly found throughout the country the prime contributory factor in the causation in Flintshire was congenital debility, prematurity, malformation, etc., more than half the deaths recorded being assignable to these influences.

The subject being infant mortality, the figures given in the last column of this table are of course the rates per thousand of the live births which occurred, that is to say, the ratio which, in the case of each cause, the number of deaths of children aged under twelve months bears to the number born during the same year. Unlike those relating to the deaths of persons of all ages, they are not based on the population figures.

Table 13.
ANALYSIS OF THE PRINCIPAL CAUSES
OF INFANTILE DEATHS.

Cause of Death.	Urban.		Rural.		County Total.	Rate *
	Males.	Females.	Males.	Females.		
Congenital Debility, Malformation, Premature Birth, etc.	19	18	26	16	79	39.72
Pneumonia	4	6	6	2	18	9.05
Diarrhoea, etc.	2	—	—	1	3	1.51
Digestive Disease	1	—	—	1	2	1.01
Bronchitis	1	—	1	—	2	1.01
Measles	1	—	—	—	1	0.50
Whooping Cough	—	1	—	—	1	0.50
Diphtheria	1	—	—	—	1	0.50
Circulatory Disease	—	—	—	1	1	0.50
Syphilis	1	—	—	—	1	0.50
Violence	—	—	1	—	1	0.50
Other defined causes †	2	2	3	3	10	5.03
Ill-defined or unknown	—	—	1	—	1	0.50
Totals	32	27	38	24	121	60.83

† No death occurred as the result of Scarlet Fever, Tuberculosis or Influenza.

* Per 1,000 Live Births.

B.—CHILDBIRTH.

Indicating the Sanitary Districts to which they pertain, the following table summarises the deaths which occurred amongst Flintshire women during the year under review from causes incidental to pregnancy or parturition.

At the same time it distinguishes the deaths due to puerperal sepsis from those attributed to other diseases and accidents of childbirth.

In the light of current opinion this table will of course be regarded as an important one, and such, no doubt, it is, for it relates to a persistent mortality the reduction of which is proving very difficult.

The figures seem to suggest incapacity on the part of our present-day medical, midwifery and maternal welfare services in the matter of eliminating this mortality. If, however, such be the case, one cannot help wondering whether this incapacity would continue to exist if the services had the intelligent and whole-hearted co-operation of all expectant mothers and their relatives, for, after all, clinical and other supervisory facilities are nowadays available to all requiring them.

Table 14.

CHILDBIRTH DEATHS IN THE VARIOUS DISTRICTS.

District.	Puerperal Sepsis.	Other Causes.	Total Deaths.
Urban—			
Buckley	—	—	—
Connah's Quay	—	—	—
Flint (Mun. Boro.)	—	1	1
Holywell	—	2	2
Mold	—	—	—
Prestatyn	—	1	1
Rhyl	1	—	1
Rural—			
Hawarden	—	1	1
Holywell	3	—	3
Overton	—	—	—
St. Asaph	—	—	—
Total Urban	1	4	5
Total Rural	3	1	4
Whole County	4	5	9

The figures of Table 14 are now shown in the form of rates in respect of each of the several Districts of the County.

Whereas formerly (prior to 1928) the accepted means of establishing a proportion was on the basis of the number of deaths in relation to the children born alive, it is now possible to include stillbirths in the calculations. For this reason two rates are given in this table, the first exclusive of the stillbirth cases—to enable comparison to be made with pre-1928 figures—and the second appropriately inclusive of such cases.

Generalising, it will be gathered from the table that the Urban rate is higher than that of the Rural, and that the rate for the complete County is higher than that for England and Wales as a whole (3.11 per 1,000 total births).

Table 15.

MATERNAL MORTALITY IN THE SEVERAL DISTRICTS.

District.	Per 1,000 Live Births.			Per 1,000 Total Births.		
	Puerp. Sepsis.	Other Causes.	All Causes.	Puerp. Sepsis.	Other Causes.	All Causes.
Urban—						
Buckley ...	—	—	—	—	—	—
Connah's Quay ...	—	—	—	—	—	—
Flint (Mun. Boro.)...	—	3.83	3.83	—	3.64	3.64
Holywell ...	—	13.42	13.42	—	12.74	12.74
Mold ...	—	—	—	—	—	—
Prestatyn ...	—	18.87	18.87	—	17.86	17.86
Rhyl ...	5.05	—	5.05	4.72	—	4.72
Rural—						
Hawarden ...	—	2.33	2.33	—	2.28	2.28
Holywell ...	8.55	—	8.55	8.00	—	8.00
Overton ...	—	—	—	—	—	—
St. Asaph ...	—	—	—	—	—	—
Total Urban ...	0.97	3.89	4.86	0.92	3.69	4.61
Total Rural ...	3.13	1.04	4.17	2.99	1.00	3.99
Whole County ...	2.01	2.51	4.52	1.92	2.39	4.31

The following is a statistical review of the subject covering a period of twenty-seven years.

In addition to those of Flintshire the figures for England and Wales are shown in a manner which distinguishes the deaths due directly to puerperal sepsis from those attributed collectively to causes such as accidents of pregnancy or parturition, puerperal hæmorrhage, embolism, albuminuria, convulsions, nephritis, uræmia, ectopic gestation, phlegmasia, etc.

Table 16.

MATERNAL MORTALITY—Years 1911 to 1937.

The County figures in comparison with those of England and Wales. Rate per 1,000 Live Births up to and including 1927; Rate per 1,000 Total (i.e. Live and Still) Births from and including 1928.

Year.	England and Wales.			Flintshire.				
	Annual Rate.		Quin- quennial Rate	Annual Rate			Quin- quennial Rate.	
	Sepsis	Other	Total.	Total	Sepsis	Other	Total	Total.
1911	1.43	2.44	3.87		0.43	1.30	1.73	
1912	1.39	2.59	3.98		1.72	2.15	3.87	
1913	1.26	2.70	3.96	4.03	2.18	5.23	7.41	5.00
1914	1.55	2.62	4.17		2.58	3.44	6.02	
1915	1.47	2.71	4.18		2.82	3.29	6.11	
1916	1.38	2.74	4.12		0.95	2.84	3.79	
1917	1.31	2.58	3.89		2.52	3.02	5.54	
1918	1.28	2.51	3.79	4.12	1.05	4.22	5.27	4.34
1919	1.67	2.70	4.37		1.59	1.59	3.18	
1920	1.81	2.52	4.33		1.61	2.42	4.03	
1921	1.38	2.54	3.92		2.28	3.65	5.93	
1922	1.39	2.44	3.83		1.51	4.02	5.53	
1923	1.30	2.52	3.82	3.90	0.48	2.91	3.39	5.79
1924	1.39	2.51	3.90		1.95	4.87	6.82	
1925	1.56	2.52	4.08		2.43	4.87	7.30	
1926	1.60	2.52	4.12		1.45	0.00	1.45	
1927	1.57	2.54	4.11	4.11*	2.06	3.60	5.66	3.49*
1928	1.72	2.52	4.25		2.93	3.91	6.84	
1929	1.73	2.43	4.16	4.21**	3.53	3.02	6.55	6.49**
1930	1.84	2.38	4.22		3.03	3.03	6.06	
1931	1.59	2.35	3.94		2.08	2.60	4.69	
1932	1.55	2.49	4.04		1.68	3.93	5.62	
1933	1.75	2.57	4.32	4.13	1.16	2.90	4.06	4.59
1934	1.95	2.46	4.41		0.56	2.78	3.34	
1935	1.68	2.42	4.10		2.59	2.59	5.18	
1936	1.34	2.31	3.65		2.04	3.58	5.62	
1937	0.94	2.17	3.11		1.92	2.39	4.31	

* Biennial (1926 and 1927). ** Triennial (1928-1930).

C.—GENERAL.

Following the adjustment necessary in consequence of the inward transference of 359 deaths of Flintshire residents registered outside, and the outward transference of 214 deaths of non-residents registered within, the County, the deaths of 1,527 persons were duly recorded by the Registrar General as pertaining to the County of Flint in respect of the year under review.

In the following table these deaths are classified in respect of the various Sanitary Districts of the County in a manner which distinguishes the sexes of the deceased persons enumerated as well as the areas to which the deaths were assignable.

Intended to be of the simplest in design, the summary refers in no way to any age-groups or causes of death, these being matters which appear more appropriately in the tables which subsequently follow.

The figures are set out in the form of death rates in a separate table (Table 19).

Table 17.

DEATHS IN THE SEVERAL DISTRICTS.

All Ages—All Clauses.

District.	Males.	Females.	Total.
Urban—			
Buckley	54	33	87
Connah's Quay	40	20	60
Flint (Mun. Boro.)	64	55	119
Holywell	31	41	72
Mold	38	39	77
Prestatyn	35	40	75
Rhyl	109	110	219
Rural—			
Hawarden	202	153	355
Holywell	146	144	290
Overton	39	33	72
St. Asaph	61	40	101
Total Urban	371	338	709
Total Rural	448	370	818
Whole County	819	708	1527

In the extensive and informative table numbered 22—prepared from material supplied by His Majesty's Registrar General—the deaths of Flintshire residents which occurred during 1937 are classified under no fewer than thirty-five distinctive headings, the sexes of the deceased persons and the various age-groups to which they belonged being duly differentiated.

In the table which immediately follows, however, the principal death causes will be found arranged in numerical priority.

From this it will be gathered that Heart Disease headed the list with Cancer following.

These two causes, it may be mentioned, have now occupied these respective leading positions in the list for ten years in succession.

To Suicide 15 deaths were attributed, while Congenital Malformations, Debility and Prematurity accounted, in the aggregate, for 79, and Violence, other than that named in this paragraph, for 56.

Of the 87 Senility cases, it is interesting to note, no fewer than 76 were persons who had passed the age of seventy-five years.

Table 18.

DEATHS—PRINCIPAL CAUSES—1937.

(Excluding Congenital Debility, Violence, etc.)

Cause of Death.	Urban.		Rural.		County.	
	M.	F.	M.	F.	Total.	Rate *
Heart Disease ...	75	55	103	67	300	2.51
Cancer (Malignant Disease) ...	38	63	51	55	207	1.73
Cerebral Hæmorrhage ...	25	27	16	33	101	0.84
Influenza ...	26	17	26	26	95	0.79
Pneumonia ...	19	17	31	20	87	0.73
Senility ...	28	26	13	20	87	0.73
Tuberculosis (All forms) ...	17	19	19	14	69	0.58
Circulatory (other than Heart) Disease ...	14	12	24	18	68	0.57
Nephritis ...	23	7	12	11	53	0.44
Bronchitis ...	10	11	17	8	46	0.38

* Per 1,000 Population.

The table immediately following gives the death rates in respect of each of the several Districts of the County as well as for the County as a whole.

Known statistically as the crude rates, the figures given represent the deaths which occurred in each District during the year expressed in direct ratio to the total number of persons living in such Districts at mid-year of the same period.

Comparing the figures for the whole area with those of the preceding year we find a variation which distinctly favours the year under review.

In a subsequent table, too, we are enabled to compare our County figures with those of the country as a whole (England and Wales).

Table 19.

DEATH RATES FOR THE SEVERAL DISTRICTS.

Persons of all ages. Deaths from all causes.

Rate per 1,000 District Population.

District		Males.	Females.	Total.
(1)		(2)	(3)	(4)
Urban—				
Buckley	... ..	7.63	4.66	12.29
Connah's Quay	... ..	6.37	3.18	9.55
Flint (Mun. Boro.)	... ..	4.96	4.27	9.23
Holywell	... ..	5.06	6.70	11.76
Mold	... ..	6.69	6.87	13.56
Prestatyn	... ..	5.33	6.09	11.42
Rhyl	... ..	7.01	7.08	14.09
Rural—				
Hawarden	... ..	7.43	5.63	13.06
Holywell	... ..	7.10	7.00	14.11
Overton	... ..	9.02	7.63	16.65
St. Asaph	... ..	8.34	5.47	13.81
Total Urban	... ..	6.17	5.62	11.79
Total Rural	... ..	7.54	6.23	13.78
Whole County	... ..	6.85	5.92	12.77
County Rate corrected (by areal comparability factor) for comparison with other Counties				12.39

By means of the table which now follows we are enabled to study the trend of the County death rate, alongside that of the country as a whole, from the year 1911 onward to 1930.

The period reviewed is of course a short one, but even in this we can discern a continuance of the steady fall which began with the passing of the Public Health Act of 1875, in respect of which year the rate was more than 21 per thousand population.

The Flintshire figures, however, are consistently higher than those of England and Wales as a whole, a fact which should, as I said in my last year's report, impel us as a health authority to persevere in our efforts to promote the County health to the highest level attainable.

Table 20.

GENERAL MORTALITY.

Years 1911 to 1930.

All Ages—All Causes—Rate per 1,000 Population.

Year	Standardised Rate.		Crude Annual Rate.		Crude Quinquennial Rate	
	England & Wales.	England & Wales.	Flintshire.	England & Wales.	Flintshire.	
(1)	(2)	(3)	(4)	(5)	(6)	
1911	14.2	14.6	14.7			
1912	12.9	13.4	14.0			
1913	13.3	13.8	15.4	14.24	14.79	
1914	13.5	14.0	14.1			
1915	14.6	15.7	15.8			
1916	13.1	14.3	15.6			
1917	13.0	14.2	13.1			
1918	16.6	17.3	15.7	14.45	14.18	
1919	13.0	14.0	14.3			
1920	11.9	12.4	12.4			
1921	11.3	12.1	11.2			
1922	11.6	12.8	13.4			
1923	10.3	11.6	12.9	12.04	12.35	
1924	10.7	12.2	12.4			
1925	10.7	12.2	12.0			
1926	10.1	11.6	12.0			
1927	10.6	12.3	12.6			
1928	9.9	11.7	12.2	12.10	12.16	
1929	11.5	13.4	12.9			
1930	9.6	11.4	11.1			

As will have been noticed, the foregoing table ends with the year 1930, and in it we are able to make comparisons on the basis of the crude rates only.

In the following table, however—prepared with the aid of comparability factors supplied by the Registrar General—the figures reveal the position in truer perspective, for they enable us to appreciate the Flintshire rates as they stand duly corrected for comparison with those of any other County area, and standardised for comparison with the permanent national figures.

The local figures are reduced substantially by these recognised processes, but they still tend to be slightly higher than the corresponding rates for the whole country.

A noteworthy feature of the table is that the Flintshire corrected rate is shown to have risen simultaneously with that of England and Wales as a whole:—

Table 21.

GENERAL MORTALITY.

All Ages—All Causes.

Rate per 1,000 population. Years 1931 to 1937.

Year	England and Wales		Flintshire.		
	Crude.	Standardised.	Crude.	Corrected.	Standardised.
1931	12.3	10.1	12.3	11.9	9.8
1932	12.0	9.7	12.7	12.3	9.9
1933	12.3	9.8	12.5	12.1	9.6
1934	11.8	9.3	12.5	12.1	9.6
1935	11.7	9.0	12.8	12.5	9.6
1936	12.1	9.2	12.6	12.2	9.2
1937	12.4	*	12.8	12.4	*

* Not yet available.

Table 22.

CAUSES OF DEATH AT THE DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF FLINT DURING THE YEAR 1937.

Cause of Death.	Sex	Death of Persons aged :—										Total Deaths.	
		0	1	2	5	15	25	35	45	55	65		75
Typhoid and Paratyphoid Fevers	M						1						1
	F												
Measles	M	1											1
	F		1	1	1								3
Scarlet Fever	M												
	F			1	1								2
Whooping Cough	M		1										1
	F	1	1	2									4
Diphtheria	M	1		2	2								5
	F			5	3								8
Influenza	M			2	2	2	3	6	4	10	8	15	52
	F		1				6	1	4	10	9	12	43
Encephalitis lethargica	M							1	1	1			3
	F					1			1				2
Cerebro-spinal Fever	M												
	F												
Tuberculosis of respiratory system	M			1		3	1	10	7	4	2		28
	F					7	10	3	4	1	3		28
Other tuberculous disease	M			2	1	1	1	1	1	1			8
	F		2	1	2								5
Syphilis	M	1							1		1		3
	F												
General Paralysis of the insane, tabes dorsalis	M												
	F												
Cancer, malignant disease	M					1	1	3	17	20	29	18	89
	F						1	8	17	25	38	29	118
Diabetes	M					1					2	2	5
	F					1		1	2	3	5		12
Cerebral hæmorrhage, etc.	M								2	7	20	12	41
	F								4	11	23	22	60
Heart Disease	M				2	1	2	3	10	35	62	63	178
	F					3	2	1	11	23	29	53	122
Aneurysm	M								1		1		2
	F												
Other circulatory diseases	M									5	17	14	36
	F	1							2	4	6	17	30
Bronchitis	M	2	2				1		1	8	6	7	27
	F			1				1		2	6	9	19
Pneumonia (all forms)	M	10	1	1	1	3	3	6	7	9	4	5	50
	F	8	5		2		3	1	3	2	6	7	37
Other respiratory diseases	M				1	1	1	2	2	2	5	3	17
	F							1	1			2	4

Table 22—continued.

CAUSES OF DEATH AT THE DIFFERENT PERIODS OF LIFE IN THE
ADMINISTRATIVE COUNTY OF FLINT DURING THE YEAR 1937.

Cause of Death.	Sex	Deaths of Persons aged :—											Total Deaths.
		0	1	2	5	15	25	35	45	55	65	75	
Peptic ulcer	M						1	3	1	1	1	1	8
	F									1		1	2
Diarrhœa, etc.	M	2						1					3
	F	1	1				1						3
Appendicitis	M				4			1					5
	F				1		1	1	2				5
Cirrhosis of liver	M									1	1		2
	F									1			1
Other diseases of liver	M						1					2	3
	F						1		1		5	1	8
Other digestive diseases	M	1					1	2	2	4	1		11
	F	1			1		1	1			2	2	8
Acute and Chronic Nephritis	M		1			2	1	2	5	7	13	4	35
	F						2	1		5	6	4	18
Puerperal Sepsis	F					1	3						4
Other puerperal causes	F					1	2	2					5
Congenital debility, premature birth, malformations, etc	M	45											45
	F	34											34
Senility	M										5	36	41
	F										6	40	46
Suicide	M					2		1	2	2	2	2	11
	F					1		1	1	1			4
Other violence	M	1	3		5	5	9	5	2	6	3	1	40
	F		1	1	1			1	2	2	1	7	16
Other defined diseases	M	5	3		3	2	7	4	3	10	14	11	62
	F	5	1	2	3		2	5	8	10	9	8	53
Causes ill-defined, or unknown	M	1				1				1	3		6
	F									1	1	2	4
Total Deaths—													
All Causes	M	70	11	8	21	25	34	51	69	134	200	196	819
Total Deaths—													
All Causes	F	51	13	14	15	15	34	29	64	102	155	216	708
Grand Total Deaths—													
All Causes		121	24	22	36	40	68	80	133	236	355	412	1527

Section 6—HEALTH PROVISIONS.

A.—ADMINISTRATION.

Under the supervision and guidance of His Majesty's Ministry of Health, the various legislative enactments which bear upon the health of our County's population are administered in Flintshire by (1) the Local Sanitary Authorities, and (2) the County Council.

The Local Sanitary Authorities comprise the Flint Municipal Borough Council, the Councils of the Urban Districts of Buckley, Connah's Quay, Holywell, Mold, Prestatyn and Rhyl, and the Councils of the Rural Districts of Hawarden, Holywell, Overton and St. Asaph.

The services for which these Authorities are responsible, and in respect of which their Medical Officers report annually (as well as periodically as required) are those associated with:—Ambulances (Public), Area Inspections, Bakehouses, Baths, Canal Boats, Cemeteries, Conveniences, Cowsheds, Dairies, Disinfection, Disinfestation, Drainage, Food Supervision, Housing, Infectious Diseases (Control, including Hospital Provision), Laboratory Facilities, Lodging Houses, Markets, Milk Production and Distribution, Mortuaries, Nuisances, Offensive Trades, Open Spaces, Outworkers, Propaganda, Prosecutions (for Health Offences), Rag Flock Manufacture, Rats and Mice (Destruction), Refuse (Collection and Disposal), Rivers and Streams (Prevention of Pollution), Sewerage, Shops, Slaughterhouses, Smoke (Abatement), Town or Rural Planning, Tuberculosis (Notification, Disinfections, etc.), Water and Water Supplies, Workshops, etc.

The services which primarily concern the County Council are, with few exceptions, those reported under their appropriate heads in this Report.

B.—HOSPITALS.

PUBLIC ASSISTANCE.

(Within the County).

Holywell—Situates immediately outside Holywell Town. Staff comprises Medical Officer (part time), five Trained Nurses, one Trained Midwife, eight Assistant Nurses and one Male Attendant. Further particulars in Section 12 of this Report.

St. Asaph—Situates in St. Asaph. Staff: Medical Officer (part time), three Trained Nurses, ten Assistant Nurses and four Male Attendants. Further information in Section 12.

(Outside the County).

Ellesmere—in Shropshire. Belongs to the Shropshire County Council. Accepts cases from the Overton (Flintshire) Rural District under arrangement.

Whitchurch—in Shropshire. Belongs to the Shropshire County Council. Accepts cases from the Overton (Flintshire) Rural District under arrangement.

ISOLATION.

(Within the County).

Hawarden—Situates at Dobb's Hill, two miles south of Hawarden. Belongs to the Hawarden Rural District Council.

St. Asaph—Situates at St. Asaph. Belongs to the St. Asaph Rural, the Prestatyn Urban, and other District Councils.

(Outside the County).

Towyn—Near Abergele, Denbighshire. Belongs to the Rhyl (Flintshire) Urban District Council.

Sealand—The Corporation of Chester own and control an isolation hospital situate in Cheshire (near the Flintshire boundary at Sealand). Cases from Flintshire can occasionally be admitted under special arrangements.

Wrexham—Known as the Wrexham Fever Hospital. Belongs to the Borough of Wrexham. Situate at Wrexham (Denbighshire). Admits cases of infectious disease (under arrangement) from the Overton (Flintshire) Rural District.

TUBERCULOSIS.

(Within the County).

Meadowslea—At Penyffordd, Flintshire. Owned and controlled by the King Edward VII Welsh National Memorial Association, which voluntary body is rate-aided by Flintshire. Provides accommodation, free of charge, for Flintshire persons suffering from Tuberculosis. 59 beds.

Holywell—Available for the treatment of patients suffering from Tuberculosis, there are—but only when specially required—a few beds at the Holywell and St. Asaph Public Assistance Institutions.

(Outside the County).

Llangwyfan—In Denbighshire. As in the case of Meadowslea, owned by the Welsh National Memorial Association. Available to Flintshire patients. 247 beds.

ORTHOPÆDIC.

Robert Jones and Agnes Hunt Orthopædic Hospital, formerly known as the Shropshire Orthopædic Hospital. Situated at Gobowen, Shropshire. Voluntarily established and controlled. Undertakes the Orthopædic treatment of all Flintshire cripples under a definite and comprehensive scheme. Large, modern and well equipped. Further particulars in Section 15 (H).

SMALL POX.

Rhydtalog Smallpox Hospital—Owned and controlled by the Councils of Denbighshire and Flintshire jointly.

GENERAL.

(Within the County).

Holywell Cottage Hospital—20 beds. Situate within the Holywell Urban area. Provides for the needs of Holywell patients. Voluntarily established and controlled. Has X-Ray apparatus, which is also used by the Welsh National Memorial Association. 477 patients admitted during 1937, and 325 out-patients treated at the Dispensary.

Flint Cottage Hospital—20 beds. Situate within the Flint Municipal Borough. Provides for the medical and surgical treatment of persons resident in Flint. Voluntarily established and controlled. Patients admitted during year 1937-38, 350. Operations performed, 205 (including 71 major). Average stay per patient, 12 days.

Mold Cottage Hospital—11 beds. Situate in Mold. Provides medical and surgical treatment for persons resident in Mold and surrounding district. Has modern X-Ray apparatus. Voluntarily established and conducted. Patients treated during 1937—In-patients 138. Out-patients 238. X-Ray 142, Major operations 23; Minor operations 97. Beds occupied for aggregate of 2,503 days.

Rhyl Prince Edward War Memorial Hospital—16 beds. (Extension being undertaken which will increase bed accommodation to 42). Situate in Rhyl. Provides for medical and surgical cases from Rhyl and environs. Voluntarily established and conducted. Patients admitted during year under review, 281, of which 179 were Rhyl residents and 34 residents of other parts of Flintshire. 190 operations performed. X-Ray 324, Massage, 18. In-patient days, 5,613. Average per patient, 20 days. Cost per patient per day, 7/4.

Rhyl Royal Alexandra Hospital—75 beds mainly for children (also 85 others for convalescent patients (see below). Situate in Rhyl. Has wards for the reception of a limited number of women suffering from acute illness or accident, also a Men's Accident Ward, containing 2 beds, set apart to meet the "accident" requirements of the town and district. Voluntarily established and controlled. Treated during 1937—In-patients, 612; Out-patients, 346; Convalescents, 934. Of the Out-patients, 155 attended for X-Rays, 2 for ultra-violet rays, 66 for massage and electricity, and 123 for minor operations, dressings, etc. Average stay per patient (hospital cases) 25 days. Caters for both residents and non-residents of Flintshire.

(Outside the County).

Chester Royal Infirmary—A large Hospital (225 beds), available for the surgical and medical treatment of patients from Chester and surrounding district (including Flintshire, from which County many subscribers contribute through organised industrial arrangements and otherwise). Equipped throughout with modern treatment facilities including a Venereal Diseases Clinic and also a Radium Clinic for the treatment of Cancer. Voluntarily established and controlled. Year 1937—Flintshire In-patients treated 1,593; Out-patients, 4,305.

Merseyside Hospitals—Available to serious cases from any part of Flintshire. Commodious and fully equipped. Voluntary and multiple.

Denbighshire Infirmary—Accepts cases from the south-western section of Flintshire, but primarily caters for the needs of Denbighshire. Voluntarily established and controlled. Situate in Denbigh. Year 1937—In-patients, 856; Out-patients, 740; Operations, 436; X-Ray, 550; Electricity, 963.

Wrexham and East Denbighshire Infirmary—129 beds. Provides for the populous areas of East Denbighshire and admits a limited number of cases from the south-east of Flintshire. Situate in Wrexham. Possesses a Radium Department which 9 Flintshire patients attended during 1937.

Ellesmere Cottage Hospital—Situate in Ellesmere (Salop). Admits a limited number of Flintshire patients from the Overton Rural District.

Whitchurch Cottage Hospital—Situate in Whitchurch (Salop). Admits a limited number of Flintshire patients from the Overton Rural District.

C.—INSTITUTIONS.

MENTAL DEFICIENCY.

(Within the County).

Coed Du—At Rhydymwyn, Flintshire. Belongs to Denbighshire County Council. A limited number of Flintshire cases can occasionally be accommodated under special arrangements.

Broughton—On Mold-Saltney road. A Mental Deficiency Institution, of which further particulars are given in Section 17.

St. Asaph—The St. Asaph P. A. Institution—an approved Institution for a limited number of Mental Defectives.

(Outside the County).

The North Wales Counties Mental Hospital—Situate at Denbigh. Belongs to the Councils of Denbighshire, Flintshire, Anglesey, Caernarvon and Merioneth. Quota of accommodation allotted to each. An institution under the Lunacy rather than the Mental Deficiency Acts, but can now take non-certified as well as certified cases for treatment.

MATERNITY.

The Catherine Gladstone Maternity Home—Situated at Mancot, near Queensferry, Flintshire. Ten lying-in, one labour and one observation beds. Conducted by a Joint Committee representative of the owners of the premises and the County Council. Further particulars in Section 14 (8).

Public Assistance—Maternity beds are available when necessary, at the Holywell and St. Asaph Public Assistance Institutions already mentioned. (See Section 15 B).

Private—Twenty-three of the twenty-five institutions registered at present (Sept., 1938) under the Nursing Homes Registration Act admit maternity cases. These institutions, although privately owned, are supervised by the County Council (Section 14 D).

NURSING.

Private—There are twenty-five institutions in the County which are registered under the Nursing Homes Registration Act. All are periodically visited and supervised (Section 14 D).

CONVALESCENCE.

The Royal Alexandra Convalescent Home—Situated at Rhyl (Flintshire). Voluntarily established and controlled. Mainly a "Convalescent Hospital or Home for the reception and treatment of such sickly children and others as are likely to benefit in health by residence at the seaside." Available mainly to boys aged under 13 and girls under 15, but women can also be admitted when the accommodation permits. Has 85 beds (for convalescent cases, apart from the 75 hospital beds above referred to). No infectious case admitted.

The Men's Convalescent Institution—Situated in Bedford Street, Rhyl (Flintshire). Voluntarily established and controlled. Provides seaside convalescence "for men of the working class," up to a 100 at a time from 1st May to 1st November in each year. Open to all (not merely Flintshire) patients. 850 admitted during year ended 30th October, 1937.

THE BLIND.

The North Wales School for the Blind—Situated at Rhyl. Admits blind young persons for education. Accommodation limited. Privately owned.

D.—CLINICS, CENTRES, ETC.

(At fixed Stations).

ANTE-NATAL.

Six. Established and conducted by the County Council. Situated at Bagillt, Buckley, Holywell, Mold, Rhyl and Shotton. Attended twice per month (weekly in the case of the last named) by the Authority's Medical Officer. See Tables 70—80 for full particulars.

INFANT WELFARE.

Ten. Conducted by the County Council and situated respectively at Bagillt, Buckley, Flint, Holywell, Mold, Mostyn, Rhyl, Prestatyn, Saltney and Shotton. Full particulars in Tables 94 and 95.

MINOR AILMENTS.

Five. For treatment of minor ailments in school children. Established by the County Council, all are situated within the County as follows: Holywell, Mold, Rhyl, Saltney, Shotton. The last named opens twice per week; the remainder once. Authority's Medical Officer attends at every opening. Full particulars appear in the School Medical Officer's Report for 1937.

ORTHOPÆDIC.

Three—at Shotton, Holywell and Rhyl. Belong to the County Council but conducted by the Staff of the aforesaid Orthopædic Hospital. Opened weekly on Friday. Full particulars in Section 15 (H). Clinic at Rhyl alternates in its opening with that at Holywell.

TUBERCULOSIS.

Within the County, 4; in Denbighshire, 6. Established and conducted by the Welsh National Memorial Association. Full particulars appear in Section 11.

VENEREAL DISEASES.

One. At the Royal Infirmary, Chester (i.e. outside the County). Rate-aided by Flintshire, but treatment free to patients. See Section 13.

(Portable).

DENTAL.

Two fully equipped portable outfits each in the charge of a qualified Dental Surgeon. These can be assembled as Treatment Clinics in suitable rooms in Schools, etc. All the schools in the County are visited and children of prescribed age-groups dealt with. (See Section 18).

VISUAL DEFECTS.

Minor defects of vision in school children are dealt with by the School Medical Officer and his Assistants, each Officer having an eye-testing outfit which can be used in any suitable room in a school, clinic or elsewhere. Spectacles are both prescribed and supplied under this scheme at low cost (free in necessitous cases).

E.—OTHER SERVICES.

AMBULANCE FACILITIES—(Buckley Urban). “There is no ambulance provided by the Urban Council for infectious cases. Those cases admitted to outside Hospitals are sent for by the Hospital Ambulance. For non-infectious and accident cases there is provided a Motor Ambulance, the use of which can be obtained by payment of a fee of 7/6, this going to a Garage Proprietor who has undertaken to provide a driver at any moment.” (Connah’s Quay Urban—1936)—“No change. It is definitely time to seriously make some effort to terminate this inadequacy, and I commend the Council to give the matter some real consideration, instead of continually passing it over as an item in the Annual Report.” (Flint M.B.)—“In my Report for 1936, I stressed the need for a publicly-owned ambulance. Such need is becoming increasingly felt with the industrial progress and development of the district and the consequent increase of traffic. The existing arrangements comprise the hire of motor vehicles for non-infectious cases, and a vehicle belonging to the Chester Isolation Hospital and an ambulance belonging to the St. Asaph Isolation Hospital for infectious cases proceeding to these respective hospitals.” (Holywell Urban)—“Ambulance facilities are entirely inadequate. My observations in the last Annual Report in reference to the County Council and this matter produced some correspon-

dence, but, apparently nothing further has been done." (Mold Urban—1936)—“There is none.” (Prestatyn Urban)—“Infectious diseases are moved by a special motor ambulance kept for the purpose. Other cases, an ambulance belonging to the Prestatyn Ambulance Association, whose services are available day and night at a moment's notice. I consider the present ambulance facilities adequate for the area.” (Rhyl Urban)—“For infectious cases, motor and horse ambulances. For non-infectious and accident cases, a small push ambulance kept by the County Police. A motor ambulance, the property of a private firm, is used for general Hospital cases.” (Hawarden Rural)—“The Isolation Hospital is provided with a motor ambulance which is used solely for the conveyance of cases of infectious disease. For non-infectious and accident cases no official provision is made, but the ambulance provided by Messrs. John Summers & Sons is available. There is also an agreement between the Flintshire County Council and the Chester Corporation under which the ambulances of the latter are instantly available when required.” (Holywell Rural)—“This still remains a source of great concern to me and it is to be hoped that the prospects of A. R. P. organisation may stimulate improvement.” (Overton Rural—1936)—“Fever cases go to the Hospital in the Wrexham Fever Hospital ambulance. For other cases the Red Cross ambulance at Wrexham is available on payment.” (St. Asaph Rural)—“For infectious cases a motor ambulance is hired from Messrs. Brookes Bros., Rhyl. For non-infectious and accident cases one privately owned motor ambulance (Messrs. Brookes Bros.), and one owned by the Denbigh Infirmary are available on hire, the former being generally used to remove cases to the Rhyl Hospitals.

ANIMALS DISEASES—The Diseases of Animals Acts and Regulations were during the year under review administered by the County Council through the County Police (acting under the direction of the Chief Constable). An appropriate Committee met (and still meets) quarterly to consider reports and direct operations. Since 1st April, 1938, however, the executive work has devolved upon the Ministry of Agriculture's Divisional Inspector, Mr. Forker.

ANTE-NATAL SERVICES—The care of the Expectant Mother forms part of the County Council's Maternity and Child Welfare Scheme, to which service a section of this Report is specially assigned (see Section 14 A).

BIRTHS NOTIFICATION—The Notification of Births Acts are the basis of the Infant Welfare Service, and are therefore administered by the County Council (see Section 15 and Table 92 of this Report).

BIRTHS REGISTRATION—The District Registrars of Births (and Deaths) in the County are:—(Messrs.) H. Ll. Thomas, Ffynnon Oswallt, Carmel; J. E. Edwards, Bank Chambers, Mold; Hector E. Jones, The Highway, Hawarden; H. Moore, The Gates, Bangor Isycoed; R. Roberts, 6, May Terrace, St. Asaph; R. O. Roberts, 11, Brighton Road, Rhyl; Miss Enid E. Conway, Dunedin, Chester Road, Flint; Mrs. P. M. Fidler, Panton Place, Holywell.

BLINDNESS—The prevention of blindness and the work of supervising the welfare of blind persons are both services which devolve upon the County Council (see Section 16 of this Report).

CHILDREN—From the appropriate pages of this Report it will be gathered that the County Council are directly concerned with the welfare of its child population under no fewer than four important provisions:— (1) The School Medical, Dental and Nursing Services, (2) The Infant Welfare Services, (3) The administration of the Children Act (Infant Life Protection), etc., and (4) Public Assistance.

DEAD, DISPOSAL OF THE—This is a service which, in Flintshire, was administered during the year by the following Burial Authorities:— Cilcen Parish Council, Connah's Quay U. D. Council, Cwm Parish Council, Holywell U. D. Council, Hope Joint Burial Committee, Llanasa Parish Council, Mold Joint Burial Council (Mold U. D. Council and Mold Rural Parish Council), Newmarket Parish Council, Overton Parish Council, Prestatyn U. D. Council, Saltney Burial Authority, Sealand Parish Council.

DEATHS REGISTRATION—The Officers mentioned in the preceding paragraph relating to Births Registration are responsible to the County Council for the carrying out of these duties.

DEBILITATED CHILDREN—A limited number (generally about fifty) of the poorer of our debilitated school children are sent each year to the Royal Alexandra Convalescent Home, Rhyl, where under the most salubrious environmental conditions they secure the benefits of sunshine, seaside air, nourishment, rest and expert supervision. This service is conducted by a voluntary organisation known as the Flintshire Ailing Children Trust (Promoter and Organiser: Miss Gwendolen Davies-Cooke, J.P., Aberduna, Mold) and another known as the Shotton Sunshine Guild (Secretary: Mr. J. R. Bonner, Chester Road, Shotton).

DEESIDE HOSPITALS COUNCIL—A voluntary organisation of this name facilitates the treatment of patients at the various Hospitals serving the County, mainly the Royal Infirmary, Chester, by means of a scheme whereby its members contribute a penny out of each pound of their earnings, and thus secure, for themselves and their dependants, the benefits of in-patient treatment without further charge. This is a comprehensive scheme and is rendering valuable service, especially to the industrial section of the community. The Organising Secretary is Mr. T. Ketland, J.P., of Queensferry (Headquarters: St. Martin's Fields, Chester).

DISINFESTATION—All Local Authorities are empowered to disinfect persons, homes, bedding, etc., when the needs arise.

DRUGS—The supervision of the purity, etc. of Drugs retailed for human use is a charge upon the County Council under the Food and Drugs Acts. Reference is made to this work in Section 9 of this Report. The Drugs used by Midwives in the course of their practice are prescribed by the Central Midwives Board, and no Midwife may use any Drug other than those so approved.

FACTORIES AND WORKSHOPS—The administration of the Factory and Workshop Act, 1901, devolves upon the Local Sanitary Authorities, whose Medical and/or Sanitary Officers periodically visit the factories, workshops and workplaces in their area and report annually. In respect of the year under review the following figures will perhaps serve to indicate, in some degree, the extent to which this work is carried out, the Districts from which Reports have not been received at time of writing being omitted:—(Buckley Urban)—Inspections, 28; Written Notices, 2; Prosecutions, nil. (Flint Municipal Borough)—Inspections, 92; Written Notices, nil; Prosecutions, nil. (Prestatyn Urban)—Inspections, 42; Written Notices, 6; Prosecutions, nil. (Rhyl Urban)—Inspections, 54; Written Notices, 2; Prosecutions, nil. (Hawarden Rural)—Inspections, 313; Written Notices, 4; Prosecutions, nil. (St. Asaph Rural)—Inspections, 121; Written Notices, 3; Prosecutions, nil.

FOODS—The supervision of the food supply is a duty which devolves on all Health Authorities, and the respective functions which fall upon the Local Sanitary Authorities and the County Council in this connection are described in Section 9 of this Report.

HOUSING—Though mainly concerning the Local Authorities, a table is inserted in this Report giving the latest figures relative to this subject (see Table 23).

ILLEGITIMATE INFANTS, HOMELESS CHILDREN, UNMARRIED MOTHERS, ETC.—The only special provision made for these is that made by the County Council under its Public Assistance arrangements.

INFANT LIFE PROTECTION—Particulars relating to this service—which has already been referred to in a preceding paragraph—will be found in Section 15 (F). The work devolves upon the County Council under the provisions of the Children Act of 1908 and the Children and Young Persons Act of 1932.

INFECTIOUS DISEASES—As will be gathered from the pages specially assigned to this subject (Section 10), the isolation, treatment and control of all infectious diseases (with few exceptions) are matters which form an important part of the duties of every Local Sanitary Authority. The exceptions in Flintshire are those of Puerperal Pyrexia, Smallpox, Tuberculosis and Venereal Diseases, the treatment of which four forms of disease is now a direct charge upon the County Council. It may be added, too, that on the passing of the Local Government Act of 1929 the surveying of the County's needs in the matter of Isolation Hospital accommodation, and the submission to the Ministry of Health of a scheme calculated to ensure that the area is adequately served in this respect, also became a charge upon the County Authority.

INFANT WELFARE—This is an important branch of the County Health Services and is described in detail in a section of this Report specially devoted to the subject. Full time Nurses are employed, and numerous Welfare Centres operate in the children's interests (see Section 15).

INSURANCE, NATIONAL HEALTH—Locally this is administered by the Flintshire Insurance Committee, which Committee is composed of 20 members, comprising 12 Representatives of Approved Societies, 4 County Councillors, 3 Medical Practitioners (1 medically representing the County Council and 2 the Panel Doctors) and 1 (a Chemist) appointed by the Ministry of Health. Full meetings are held quarterly, and its Sub-Committees assemble as frequently as may be required. Co-ordination of the Service with that of the County Health administration exists in the fact that one-fourth of the Committee consists of representatives of the County Council, close co-operation being maintained amongst the respective officers. The Secretary of the Committee is Mr. Thomas Wynne (Bank Chambers, Mold).

LABORATORY FACILITIES—There being no approved laboratory in the County, the County Council and the Local Sanitary Authorities have to send all specimens for examination to outside institutions. Those most generally used are mentioned in the appropriate sections of this Report.

LEGISLATION—Flintshire is free from special legislation in connection with its health affairs, but subject, of course, to all the Acts and Regulations which ordinarily apply to County and Local Authorities.

MATERNITY SERVICES—In addition to the Maternity Home and Clinical methods to which reference has already been made, some measure of supervision over expectant and parturient mothers is made by the County Council through the medium of their Inspectress of Midwives and their Health Visitors. Full particulars of these services appear in the appropriate sections of this Report (see Section 14).

MENTAL DEFICIENCY—The Acts and Regulations bearing on this subject are administered by the County Council through its Mental Deficiency Committee. The matter is dealt with specially in Section 17.

MILK SUPERVISION—This subject is discussed in a special section of this Report, from which it will be gathered (see Section 9) that both the County Council and the Local Sanitary Authorities are directly concerned. The former are responsible for the supervision of the quality, purity, cleanliness, etc. of the milk supplied; the latter for the registration, inspection and general supervision of the sources of its production—the cowsheds, the milkshops, the dairies, etc. The County Council are empowered, too, to issue milk free of charge or at a reduced cost to needy mothers and infants—a service which is reported upon in Section 15 (E).

NURSING IN THE HOME—This is mainly undertaken by the Flintshire Nursing Association and private nurses. The Secretary of the County Nursing Association is Miss E. C. Vernon. 4,127 general cases were dealt with by the Association's Nurses during the year ended 31st March, 1938. No special provision is made for the home nursing of infectious cases. Officers of the Local Sanitary Authorities, however, visit the homes of the most serious of these and supervise all arrangements with regard to isolation, disinfection, etc. Cases of Puerperal Fever can be nursed at the patient's

own home (if and when hospital accommodation cannot be arranged) under a scheme adopted by the County Council (Section 14 G.) The visitation of ailing school children is carried out by nurses under arrangements made by the County Council's Education Committee (see School Medical Officer's Report, 1937).

NURSING HOMES—The registration and supervision of Nursing Homes is a duty which devolves upon the County Council under the Nursing Homes Registration Act of 1927. Particulars of the work carried out during the year in this connection are given in Section 14 (D) hereof.

OBSTETRIC EMERGENCY—Specialistic aid is available to medical practitioners, in circumstances of this kind, under arrangements made by the County Council (see Table 88).

OPHTHALMIA NEONATORUM—Every case of this disease is visited by an Officer of the County Council whose duty it is to see that the child lacks nothing in the way of appropriate treatment (see Table 89).

ORTHOPÆDIC TREATMENT—Section 15 (H) of this Report is devoted exclusively to this subject.

PROPAGANDA—The County Council, as well as the Local Sanitary Authorities, are empowered, under Section 67 of the Public Health Act of 1925, to arrange for the publication within their area of information on questions relating to health or disease, and for the delivery of lectures and the display of cinema pictures in which such questions are dealt with, and may defray the expenses incurred for any of the purposes of this enactment.

PROSECUTIONS—Legal proceedings are taken by the various Authorities in such cases of offence against the public health as may warrant such action. Producers of milk below standard, adulterated foods, etc., are amongst the persons dealt with (vide Section 9, Table 30).

PUBLIC ASSISTANCE—Since soon after the passing of the Local Government Act of 1929, the institutional and outdoor reliefs associated with the care of the poor, formerly a charge upon the various Boards of Guardians, have been administered by the County Council (see Section 12).

PUERPERAL FEVER—The County Council render specialistic, hospital, nursing and other aids to patients suffering from this disease (see Table 87).

RIVERS AND STREAMS—Every effort is being made to guard against the pollution of the rivers of the County. The districts mainly concerned—and whose Medical Officers collaborate—are the Buckley and Mold Urban, and the Hawarden, Holywell and Overton Rural.

SCHOOLS AND SCHOOL CHILDREN—From Section 18 of this Report, as well as from a report specially published by the School Medical Officer annually, information can be obtained as to the County Council's activities in connection with the sanitary conditions of schools and the health of school children.

SEWERAGE—The Local Government Act of 1929 empowers a County Council to aid a Local Sanitary Authority, financially and otherwise, in the provision or improvement of a district's sewerage facilities.

SMALLPOX—Arrangements have now been completed whereby the proprietorship of the Smallpox Hospital at Rhydtalog—formerly belonging to the Denbighshire County Council—is now shared equally, and the expenses borne proportionately according to its user, by the respective Councils of Denbighshire and Flintshire. The treatment of cases of Smallpox is, as I have often stated before, a charge on the County Council, as also is Public Vaccination, a work which goes on constantly under the arrangements indicated in an appropriate Table of this Report.

TUBERCULOSIS—The treatment of persons suffering from this disease is a charge upon the County Council, on whose behalf the King Edward VII Welsh National Memorial Association operates in the area. Full particulars of the work carried out under this head will be found in Section 11 of this Report and in the relevant Tables. The Local Sanitary Authorities undertake the disinfection work associated therewith.

VACCINATION—As already mentioned under the sub-heading "Smallpox," public vaccination is a charge upon the County Council. The work is carried out by the Council's Public Vaccinators (see Table 36).

VENEREAL DISEASES—Under arrangements made by the County Council, free treatment is available at the Royal Infirmary, Chester, to all persons suffering from this disease (see Table 66).

WATER SUPPLIES—Under Section 57 of the Local Government Act of 1929, the County Council have the same powers in regard to a water supply scheme as has been outlined in the preceding paragraph headed "Sewerage."

Section 7—SANITARY CIRCUMSTANCES.

As has been previously indicated, the matters which would normally fall under this head are those which are dealt with by the various Local Sanitary Authorities and duly reported upon by their Medical Officers.

Needless to say, there is full and free co-operation between these Authorities and the County Council in everything relating to the health of the community.

In respect of the year under review, few items only warrant special mention in this report:—

RIVERS AND STREAMS—Every effort is being made by the Authorities concerned to guard against the pollution of the natural waters which pass through their areas, and it is pleasing to be able to add that their efforts are not without a substantial measure of success. The possibility of pollution by sewage and/or trade effluent is an almost negligible one owing to these precautions, but it is nevertheless constantly kept in mind.

INFECTIOUS DISEASES—The arrangements required under Section 63 of the Local Government Act of 1929 are incomplete, the scheme provisionally formulated to ensure adequate and suitable means of properly isolating and treating persons suffering from infectious disease being still the subject of correspondence between the Ministry of Health and the County Council.

GENERAL SANITARY ARRANGEMENTS—From a perusal of the annual reports of the District Medical Officers it can readily be elicited that these arrangements are soundly planned and well executed throughout the County. Year by year the privy accommodation improves by numerous conversions from the conservancy to the water carriage system, refuse is more frequently and appropriately collected and disposed of, areas are inspected more methodically and thoroughly, and nuisances when they occur are more promptly abated. Aware of their responsibilities, the various Authorities are alert, and there is no doubt that the health of the Districts is steadily and surely improving.

Section 8—HOUSING.

As stated elsewhere in this report the housing of the population, the inspection of dwelling places, town and rural planning, etc., are subjects which are included in the duties of the District Councils who, as Local Sanitary Authorities, are responsible for the health of their respective Urban or Rural Districts.

It is the duty of the Medical Officer of Health for each of these Districts to report annually to the Ministry of Health upon the housing conditions of his area, the work carried out by his Authority and their Officers, and generally upon the administration of the various Housing Acts and Regulations which pertain to his District, and in the following table I have summarised the various reports so submitted.

No action was taken by the County Council during the year under review under Part IV of the Housing Act of 1930, the provisions of which have been mentioned in a previous report.

The work of slum clearance, it is pleasing to add, is receiving the serious attention of the various Sanitary Authorities, several of which are well advanced in their respective schemes.

Table 23—HOUSING INSPECTION, ETC., 1937.

DESCRIPTION (Houses, Defects, Notices served, &c.)	Sanitary Districts.									
	Urban.						Rural.			
	Buckley	Connah's Quay	Flint M.B.	Holywell	Mold	Prestatyn	Rhyl	Hawarden	Holywell	Overton	St. Asaph
New houses erected during the year—										
As part of municipal scheme						10	38	110		
By private enterprise						30	155	54		
Total erected	12			99		40	193	164		
Inspection of dwelling houses—										
Houses inspected for defects (under Public Health or Housing Acts)	162		103	29		62	362	807	216	112
Inspections made for this purpose	691		294	60		81	909	1282	216	388
Houses (included above), inspected and recorded under Housing Consolidated Regulations 1925	162		0	11		58	91	296	216	40
Inspections made for this purpose	691		0	24		65	250	654	251	150
Houses so dangerous or injurious to health as to be unfit for habitation	0		97	0		24	68	188	0	40
Houses (excluding those immediately above) not in all respects reasonably fit for habitation	162		6	10		9	316	227	133	0
Remedy of defects without formal notice—										
Houses rendered fit through informal action by Authority	136		6	6		0	205	294	91	6
Proceedings under Sections 9, 10 and 16, Housing Act, 1936—										
Houses in respect of which notices were served requiring repairs	0		0	0		0	0	8	0	0
Houses rendered fit after service of formal notices—										
By owners	136		0	12		0	0	8	0	0
By Authority in default of owners	0		0	0		0	0	0	0	0
Proceedings under Public Health Acts—										
Houses in respect of which notices were served requiring remedy of defects	0		1			3	274	96	47	32
Houses in which defects were remedied after service of formal notices—										
By owners	0		1	2		2	50	26	34	1
By Authority in default of owners	0		0	0		0	0	0	0	0
Proceedings under Sections 11 and 13 of Housing Act, 1936—										
Houses in respect of which Demolition Orders were made	0		86	68		0	13	41	25	2
Houses demolished in pursuance of such Orders	0		0	39		25	1	14	0	0
Proceedings under Section 12 of Housing Act, 1930—										
Tenements or underground rooms in respect of which Closing Orders were made	0		1			0	0	2		8
Ditto in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0		0	0		0	0	0		0

Table 23—(continued).

DESCRIPTION (Houses, Defects, Notices served, &c.)	Sanitary Districts.										
	Urban.						Rural				
	Buckley	Connah's Quay	Flint	Holywell	Mold	Prestatyn	Rhyl	Hawarden	Holywell	Overton	St. Asaph
Housing Act, 1935—Overcrowding—											
(a)—(i) Number of dwellings overcrowded at the end of the year	41		185	30		0	28	197	327		51
(ii) Number of families dwelling therein	41		185	35		0	28	206	327		53
(iii) Number of persons dwelling therein	311		740	180		0	201	1164	1849		316
(b)—Number of new cases of overcrowding reported during the year ...	0		0	0		2	0	0	23		0
(c)—(i) Number of cases of overcrowding relieved during the year ...	0		99	45		0	0	0	36		2
(ii) Number of persons concerned in such cases	0		908	270		0	0	0	195		12
(d)—Cases in which dwelling-houses have again become overcrowded after the Authority have taken steps for its abatement	0		0			0			0		0
(e)—Cases of other overcrowding conditions upon which report was desirable	0		0			0					0

Blank spaces denote "Report not received at County Health Offices on date of going to print."

Section 9—FOOD SUPERVISION.

A.—MILK SUPPLY.

The obligations which respectively devolve upon the County Council and the Local Sanitary Authorities in connection with the supervision of the production and distribution of bovine milk intended for human consumption are prescribed and defined in several Statutory Orders which include the following:—

THE MILK AND DAIRIES ORDER, 1926—Issued in pursuance of the requirements of the Milk and Dairies (Consolidation) Act of 1915, this Ministry of Health Order, which came into operation on the 1st October of the year mentioned, consists of eight Parts, seven of which are administrable by the Local Sanitary Authorities and one (Part IV)* by the County Council.

The responsibilities of the County Council are dealt with in subsequent paragraphs, and may therefore be disregarded for the moment. Those of the Sanitary Authorities, however, can be briefly described as the registration, inspection, and strict supervision of the cowsheds, dairies, milkshops, etc. in their respective Districts—all premises, in fact, where milk is produced, handled or exposed for sale—and the inspection and supervision of all vehicles, utensils, etc. in which milk is transported, stored, contained, etc. for eventual human consumption.

The following paragraphs are extracts from the most recently published Annual Reports of the various District Medical Officers of Health. Brief though some of them are, they are at any rate an indication of the extent to which Authorities are genuinely striving to perform their tasks in this connection:—

Buckley Urban (1937)—“The Milk supply on the whole is of fairly good quality and produced in a cleanly manner. Several improvements have been effected but there yet remains a great deal to be done to ensure that Milk is produced under ideal conditions. No samples were taken.”

Connah's Quay Urban (1936)—“The Dairies and Farms of the area have been duly visited and inspected, being found in good condition. Shippons are well aired and generally kept very clean, the dairies especially so. There was no occasion to suggest any alteration or improvement. The qualitative examination of milk is under the direction of the County Council in this area, but it would be useful to know if any samples were taken from the area, and with what results, if this information could be secured.”

Flint Municipal Borough (1937)—“In accordance with the requirements of the Milk and Dairies Order, 1926, all cowsheds, milkshops and dairies were visited frequently during the year.”

Holywell Urban (1937)—“Milk supply is produced and distributed satisfactorily. The Milk supply of the area was maintained at its usual standard throughout the year. Owing to the pressure of work in connection with the new buildings, only occasional inspections could be carried out but generally no cause for action was found, except in one case in which an Application for Registration as Purveyor of Milk under a Special Designation for which the appropriate licence had not been granted by the County Authority. There are 10 Registered Cowkeepers and Dairymen in the District.”

* Since revoked.

Mold Urban (1936)—“ No bacteriological sampling has been done for some years. The standard of cleanliness is satisfactory, as far as can be ascertained by the inadequate amount of supervision exercised during the year under review. This lack of supervision is due to pressure of work in other directions.”

Prestatyn Urban (1937)—“ Each year there is a continued improvement in the production and distribution, both by producers and retailers.”

Rhyl Urban (1937)—“ During the year 90 samples of milk were taken from the purveyors of milk who retailed in the district, for the purpose of bacteriological examination, viz:—60 Ordinary and 30 Designated samples. The samples were forwarded to the Agricultural Department of the Bangor University. The result of each sample taken was forwarded on to the purveyor along with a letter either pointing out the necessity of cleanliness in the handling of the milk, grooming of the cows, etc., or expressing satisfaction with all favourable results. The Retail Purveyor and his Producer were interviewed in many cases, and instructed accordingly.”

Hawarden Rural (1937)—“ The milk supply on the whole is of a fairly good quality and produced in a clean manner. There is a continued improvement noticeable in the cowsheds and dairies in the district. Several improvements have been effected but there remains a great deal to be done to ensure that Milk is produced in a clean manner and under ideal conditions. The total number of wholesale producers and retail purveyors on the register is 334. Visits to Dairies, Cowsheds and Milkshops, 270.”

Holywell Rural (1937)—“ The majority of cowsheds and dairies in the District were inspected during the year. There has been considerable improvement in the conditions under which milk is produced. A large number of cowkeepers and dairymen make an effort to provide the public with clean milk. There are others who are not so particular and every effort is made to keep them under observation. Structural improvements have been made to a number of cowsheds during the year, such as improved methods of lighting, ventilation, impervious floors and drainage systems. Milk is delivered in many cases in bottles which must be filled in registered premises. They are often delivered in open carts and are therefore liable to contamination from dust which may contain contaminating matters of a serious nature. It has been observed that the caps of the milk bottles delivered to schools have been covered with dust. It would be advisable for all retailers and milk transporters to have covered vehicles for the transport of milk. Two farms in the district produce Tuberculin Tested Milk. Fourteen samples of milk were sent during the year for bacteriological examination.”

Overton Rural (1936)—“ At the end of the year the number of registered milk producers was 531. It is important to note that new cowsheds have been erected, and existing buildings reconstructed and modernised, which

indicates that the farmer is anxious to conform with the regulations of the Milk and Dairies Act, and to give the best accommodation available for his cattle. In providing a satisfactory Milk supply, a sufficient supply of water of good quality is necessary, and undoubtedly in an agricultural area the farmer is handicapped in this respect. Samples of milk continue to be taken periodically by the County Police."

St. Asaph Rural (1937)—"Periodical inspections are made of all the dairies and cowsheds in the district. Samples of milk for analysis are collected by the County Council. Some improvements have been carried out during the year to dairies and cowsheds under the Milk and Dairies Order of 1926, at several farms. Still there is much to be done to bring the dairy farm up to modern requirements, both as to structure of buildings and as to perfect cleanliness to ensure pure milk, free of bacteria and bacillus coli. Licences are issued by the County Council for the production of tuberculin tested milk and accredited milk. In these there has to be compliance with certain test analyses. The herds have to be isolated and kept separate from non-tested herds. The milk has to be kept and stored in sterilised utensils. Licences for pasteurised milk have to be issued by the Rural District Council, but so far no application has been received. The milk has to be treated by heating it up to from 145 to 150F and holding it at this temperature for half an hour. It is then immediately cooled to not more than 55.F. This process has to be carried out in a suitable plant. The milk has also to comply with a certain standard of analysis with regard to bacteria. The price of the licence to produce this milk is one guinea. Certified milk is produced on a large scale at Cwybr Farm, Rhuddlan. New dairies erected, 1; Cowsheds erected, 1; Dairies repaired, 2; Cowsheds repaired, 11; Persons registered, 86; Registered places in use and inspected, 86."

The foregoing paragraphs are, as I have previously stated, a clear indication of the extent to which the Local Sanitary Authorities, during the year under review, endeavoured to carry out their allotted portions of the Order. That portion, however, which devolved upon the County Council as a duty, was not adequately administered, for such inspections of cattle as were "necessary and proper for the purposes of the Act and of this Order"—which inspections the Council were required "to cause to be made"—were not made.

The only inspections of cattle carried out on behalf of the Council in Flintshire were the comparatively few made by the private veterinary practitioners who, for the time being acting as the Council's Veterinary Officers, thus enabled the Council to comply (1) with the requirements of the Tuberculosis Order of 1925, an Order issued, not by the Ministry of Health but by the Ministry of Agriculture, and (2) with the requests of neighbouring Authorities.

It is therefore highly gratifying to be able to report a substantial advance in the latter arrangements, for the duties carried out by the part-time Veterinary Officers—every one of whom, by the way, invariably rendered excellent individual service—have now been transferred to the Ministry of Agriculture for conduct by a full-time and directly employed Veterinary Officer.

Such Officer—Mr. K. A. Forker, M.R.C.V.S.—is known as the Ministry's Divisional Inspector both for the purpose of these arrangements and in connection with all diseases of animals, and, with headquarters at Mold, has since the 1st April of the current year (1938) carried out all the work required to be performed not only under the 1925 Order mentioned, but also under Part IV of the Milk and Dairies Order of 1926—the Part formerly administrable by the County Council.

These changes occurred in pursuance of the Milk and Dairies Amendment Order, 1938, which came into operation on the 1st April of this (current) year.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1936—This Order revoked and superseded the previous relevant Orders issued respectively in 1923 and 1934, and, with effect from the 1st June, 1936, prescribed new special designations for milk as follows:—

“Tuberculin Tested”—The conditions for this grade are substantially the same as those formerly prescribed for Grade A (Tuberculin Tested) milk. It is milk from cows which have passed a veterinary examination and a tuberculin test, and it may be bottled on the farm or elsewhere. If raw, it must, until the 31st December, 1937, be so produced that a sample taken at any time before delivery to the consumer shall not contain more than 200,000 bacteria per millilitre; after that date it must satisfy a prescribed methylene blue reduction test for cleanliness. At all dates it must contain no coliform bacillus in one-hundredth of a millilitre. If pasteurised, it must be described as “Tuberculin Tested Milk (Pasteurised)” and must not contain more than 30,000 bacteria per millilitre. If it is bottled on the farm, the word “(Certified)” may be added to its description.

“Accredited”—The conditions for this grade are similar to those prescribed in the Order of 1923 for Grade A milk. It is raw milk from cows which have passed a veterinary examination; it may be bottled on the farm or elsewhere; it must satisfy the same bacteriological tests as are prescribed for raw Tuberculin Tested milk.

“Pasteurised”—This designation is applicable both where “Accredited” milk and where ungraded milk is pasteurised in accordance with the requirements of the Order. The conditions are sub-

stantially the same as in the Order of 1923, except that further conditions are imposed with regard to thermometers and temperature records.

It should be observed that "Tuberculin Tested Milk (Pasteurised)" is not a special designation in respect of which a separate licence can be granted. A dealer selling milk under this description must of course possess the appropriate licences in respect of both the designations "Tuberculin Tested" and "Pasteurised."

Except when the licence is applied for by a Local Authority—in which event it is issuable only by the Minister of Health—licences in respect of the first two designations will in future be issuable to Flintshire producers only by the County Council. Those in respect of the third designation, however, will be issuable by the Local Sanitary Authorities.

For the sale of milk with the special designation "Tuberculin Tested," 7 Flintshire producers held the recognised licence—issued by the Clerk of the County Council—at the end of the year.

To sell milk specially designated "Accredited," 389 of the County's producers held the necessary licence—also issued by the Clerk of the County Council—when the year 1937 came to its close.

On the 1st April, 1938, an Order known as the Milk (Special Designations) Amendment Order, 1938, came into operation, its main purpose being to distinguish between cases in which clinical examinations and tuberculin tests are made and certificates thereof given by veterinary inspectors of the Ministry of Agriculture and by private veterinary surgeons respectively.

TUBERCULOSIS ORDER, 1925—This Order, issued under the Diseases of Animals Acts, is designed to eliminate such tuberculous cattle as may be a source of danger to human health or that of other animals, certain forms of bovine tuberculosis being compulsorily notifiable by veterinary surgeons and cattle owners. During the year under review it was administered in Flintshire by the County Council through their Diseases of Animals Committee, to whom the Chief Constable reported quarterly. Private Veterinary Practitioners, duly appointed as the Authority's Veterinary Inspectors under the Act, carried out the necessary inspections of cattle, and appropriate action followed in accordance with their reports, such action including the slaughter (and further examination) of all bovine animals believed to be suffering from tuberculosis and the compensation within the terms of the Act of the cattle owners concerned.

During the year reviewed, as will be gathered from the following table—205 animals were dealt with, 162 of which were proved to be suffering from tubercular disease.

The disease was found to be advanced in the case of 79 of the animals slaughtered. In other words cows to this number had probably been giving tuberculous milk—and thereby endangering the public health—for some considerable time prior to their being reported.

Table 24—BOVINE TUBERCULOSIS.

Cases dealt with during the year under the
Tuberculosis Order of 1925.

Classification.	Quarter of Year.				Whole Year.
	1st	2nd	3rd	4th	
Cases reported and animals examined ...	56	62	47	40	205
Cases not confirmed—					
Animals died prior to Vet. Examination	9	11	2	5	27
Animals found to be non-tuberculous	8	3	—	5	16
Total not confirmed ...	17	14	2	10	43
Cases confirmed—					
Suffering from Emaciation ...	22	22	32	15	91
Suffering from Chronic Cough ...	11	16	10	7	44
Suffering from Tubercular Udder ...	5	4	3	5	17
Giving Tuberculous Milk ...	1	6	—	3	10
Confirmed, slaughtered & re-examined	39	48	45	30	162
Post-mortem findings—					
Advanced state of disease ...	26	26	14	13	79
Disease present but not advanced ...	13	22	31	17	83

In pursuance of the requirements of the Order under notice, this work has been continued in Flintshire without a break since the 1st September, 1925—the date on which the Order statutorily became operative.

An examination of the following table, however, will reveal conclusively that however useful this work may be—and its utility, of course, is beyond all question—it cannot for a moment be considered an effective substitute for the Milk and Dairies Order in the matter of the safeguarding of the public health—that of the juvenile population in particular—for it is concerned not with all milk producing cows but only with those which, speaking of the majority at any rate, are voluntarily reported as suffering from tuberculosis, most of which are subsequently found to be so suffering in a very marked degree.

Table 25—BOVINE TUBERCULOSIS.

Cases dealt with—Years 1925 to 1937.

Year	Cases Reported	Cases not confirmed.		Cases confirmed				Post-mortem Findings	
		Died before Vet. Exam.	Found Non-Tuber.	Emaciation	Chronic Cough	Tuberc-Udder	Tuberc-Milk	Dis. advanc'd	Dis. not advanc'd
1925	165	9	26	76	33	18	3	73	57
1926	302	16	59	128	76	14	9	132	95
1927	276	15	42	109	77	28	5	140	79
1928	279	33	38	110	81	16	1	143	65
1929	284	37	41	119	61	22	4	158	48
1930	260	35	27	116	53	26	3	155	43
1931	258	27	21	119	59	27	5	155	55
1932	243	34	12	103	50	37	7	150	47
1933	286	30	24	143	52	26	11	161	71
1934	270	33	14	126	62	28	7	161	62
1935	271	13	20	122	68	39	9	170	68
1936	235	19	26	94	58	28	10	153	37
1937	205	27	16	91	44	17	10	79	83

Of the 162 animals in respect of which the preliminary diagnosis was confirmed by post-mortem examination, 105 were cows in milk, and 57 were other cows or heifers.

In the following table this classification—which shows the proportion of milk-yielding animals affected—is carried back to the year 1925:—

Table 26.

TUBERCULOSIS ORDER, 1925.

Classification of Animals Slaughtered—Years 1925 to 1937.

Year Reviewed.	Number of Cows in milk.	Other Cows or Heifers	Other Bovine Animals.	Total Number of Animals.
1925	92	34	4	130
1926	127	92	8	227
1927	138	76	5	219
1928	126	81	3	210
1929	96	107	5	208
1930	99	99	1	199
1931	116	92	2	210
1932	97	96	4	197
1933	123	105	4	232
1934	105	111	7	223
1935	131	107	—	238
1936	105	81	4	190
1937	105	52	5	162

Substantial help is afforded to the County Council in the fact that the Authorities of neighbouring Boroughs bacteriologically examine the milk arriving in their areas from farms within our County, and notify us immediately of the presence of tubercle bacilli in a sample. Such information enables us immediately to request the Veterinary Officer concerned to examine the cattle on the farm or farms thus denominated, and to arrange for the elimination of all those found to be diseased.

During the year under review the following 18 notifications were received from such Authorities, as follows:—Liverpool 2, Wallasey 14, Cheshire 1, Montgomery 1.

As in the case of the Milk and Dairies Order, the veterinary work which devolved upon the Council under this Order is now carried out by a full-time Inspector of the Ministry of Agriculture (vide Tuberculosis Order, 1938).

B.—MEAT AND OTHER FOODS.

As has already been mentioned, the supervision of the general food supply, involving at least the registration, inspection, etc. of bakehouses, slaughter-houses, shops, stalls, vehicles and all other places where food is prepared, commercially handled or exposed for sale, is a duty which devolves upon the Local Sanitary Authorities, whose Medical and Sanitary Officers carry out the necessary inspections and report periodically or specially as required.

On the basis of the numerous sources of information which are available to me, as well as my own general observations, I am satisfied that this duty is methodically and effectively carried out in the various Districts of the County. The premises which come within the Authorities' sphere of activity in this connection are visited and inspected, and very commendable efforts are made to ensure that the foodstuffs consumed in this community are produced and distributed in a thoroughly hygienic manner.

Several of the Sanitary Inspectors of the County are holders of the recognised Meat and Foods Certificate, and in this connection the following passage from one of the District Medical Officers' Reports is highly interesting as an indication of the nature of the work carried out:—(Rhyl Urban District)—Carcases inspected: Cattle other than cows, 467; Cows, 39; Calves, 236; Sheep and Lambs, 7,419; Pigs, 853. Percentage of carcasses or organs found affected with disease other than Tuberculosis, and duly condemned: Cattle other than cows, 6.2; Cows, 12.8; Calves, 0.4; Sheep and Lambs, 1.1; Pigs, 0.9. Percentage of carcasses or organs found affected with Tuberculosis and duly condemned: Cattle other than cows, 6.4; Cows, 30.8; Calves, 0.4; Sheep and Lambs, nil; Pigs, 3.8.

C.—PREVENTION OF FOOD ADULTERATION.

This work, in Flintshire, is a charge upon the County Council under the Food and Drugs (Adulteration) Act of 1928 and the several relevant Ministry of Health Regulations.

The subject is discussed generally under appropriate headings in the following paragraphs:—

FOOD AND DRUGS (ADULTERATION) ACT, 1928—The provisions of this Act have been outlined in previous reports, and their purpose is to ensure to the utmost extent practicable that the food consumed by the public is unadulterated, free from dangerous preservative, and of the nature, substance and quality the purchaser demands.

The Act is administered, as has been stated, by the County Council, the executive work being carried out by duly appointed officers of the County Police acting under the direction of the Chief Constable who, as Chief Inspector in this connection, reports quarterly to the Authority's Public Health Committee.

The purchase of samples is conducted with the procedure laid down in the Act, and every care is observed in the taking thereof. They are submitted for analysis to the County Analyst, and a detailed report is submitted by him to the Chief Constable, who subsequently presents it to the appropriate Committee of the Council and institutes such proceedings against offenders as may appear warranted.

The following list of the foodstuffs and drugs analysed is also a numerical return of the samples dealt with during each quarter of the year under review:—

Table 27.

FOOD AND DRUGS—SAMPLES ANALYSED.

Article	Number of Samples Analysed.					Whole Year.
	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.		
Beans (Baked)	—	—	—	1	1	
Bread	2	1	1	2	6	
Butter	2	2	3	3	10	
Cheese	2	1	—	—	3	
Cheese (Lemon)	—	—	2	—	2	
Cream	—	1	1	—	2	
Curd (Lemon)	1	—	—	1	2	
Flour (Plain)	1	—	—	—	1	
Fat (Cooking)	—	1	—	—	1	
Flour (Self-Raising)	—	—	—	1	1	
Ginger (Ground)	1	—	—	1	2	
Honey (Empire)	—	1	—	—	1	
Jam	—	1	2	—	3	
Lard	1	2	2	3	8	
Margarine	3	2	1	1	7	
Milk (Condensed)	—	1	—	—	1	
Milk	50	78	67	58	253	
Peas (Tinned)	1	1	—	—	2	
Pepper	—	—	—	1	1	
Rice	3	1	5	3	12	
Sauce	1	—	—	—	1	
Sago	—	1	—	—	1	
Sausage (Lucheon)	—	1	—	1	2	
Soup (Ox Tail)	—	—	—	1	1	
Tapioca	1	—	1	—	2	
Vinegar	4	3	1	—	8	
Vinegar (Malt)	—	—	2	4	6	
Total Samples Analysed	73	98	88	81	340	

The following is a list of the articles found adulterated or otherwise below standard :—

Table 28.

ARTICLES ADULTERATED OR BELOW STANDARD.

Articles	Samples Analysed	Below Standard	
		Number	Percentage
Milk	253	28	11.07
Sago	2	1	50.00
Vinegar (Malt)	6	1	16.67
Total Samples below standard ..	261	30	11.49

In connection with the foregoing the findings of the Analyst were as follows :—

Table 29.

ARTICLES BELOW STANDARD—ANALYST'S FINDINGS.

Article	Adulteration or Deficiency	No. of Samples
Milk ..	Fat Deficiency	21
	Extraneous Water	4
	Non-fat Solids Deficiency	3
Sago ..	Tapioca 100 per cent.	1
Vinegar (Malt) ..	Artificial Vinegar 100 per cent.	1

Administrative action was taken, as follows, in connection with the samples found below standard :—

Table 30.

ADMINISTRATIVE ACTION TAKEN.

Article	No. of Persons		No action taken	Results of Prosecution	
	Prose- cuted	Cauti- oned		Fine and/or Costs	Case Dismissed
Milk ..	8	19	1	7	1
Sago ..	..	..	1	..	..
Vinegar (Malt) ..	..	..	1	..	..

THE ARTIFICIAL CREAM ACT, 1929—The substance, the manufacture and sale of which this Act is designed to regulate is a cream substitute which has hitherto been commonly known as reconstituted cream and is usually prepared by emulsifying butter, dried skimmed milk and water. The definition in Section 6 of the Act is, however, drawn up in sufficiently wide terms to include any article of food resembling cream and containing nothing but the ingredients of cream.

Amongst other things the Act provides that where any substance purporting to be cream or artificial cream is artificial cream, it shall not be sold under a description or designation including the word 'cream' unless that word is immediately preceded by the word 'artificial.'

Two samples were analysed during the year under report, and both were found to be genuine and correctly labelled.

THE PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923 and 1927—These make provision as to the labelling, composition, etc. of condensed milk offered for sale for human consumption and are administered by the County Council on the lines described in the foregoing paragraph. One sample was analysed during the year under report and this was found to be genuine.

THE PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923 to 1927—These are generally similar to those appertaining to condensed milk and provide as to the composition and labelling of dried milk, the definition of which is "partly skimmed milk, or skimmed milk, which has been concentrated to the form of powder or solid by the removal of water." No sample of this was taken during the period under review.

THE PUBLIC HEALTH (PRESERVATIVES, ETC. IN FOOD) REGULATIONS, 1925 to 1927—These Regulations have been outlined in previous reports. In this County they are administered by way of the Food and Drugs Act in the administration of which their requirements are borne in mind by the Authority, the Officers and the Analyst. The samples examined during the year were all found to be free from preservative.

D.—CHEMICAL AND BACTERIOLOGICAL EXAMINATIONS.

There being no laboratory actually within the County of Flint specimens of foodstuffs in respect of which chemical or bacteriological examination appears to be warranted, whether under routine arrangements or on particular occasions, have to be sent to outside laboratories by both County Council and Local Sanitary Authority alike.

Any approved laboratory able and willing to undertake the work is of course regarded as being available in this connection, but the laboratories most frequently used are those belonging to the Universities of Wales and Liverpool, and the Royal Infirmary of Chester.

The examination of samples in connection with the Milk (Special Designations) Order is mainly carried out at the first of the three laboratories named.

E.—NUTRITION.

Apart from the several means of disseminating information concerning food values and nutrition generally—which are employed in the Maternity and Child Welfare Services—the Authority undertook no special campaign or effort during the year in regard to this subject.

Section 10—INFECTIOUS AND OTHER DISEASES.

A.—ISOLATION ARRANGEMENTS.

Briefly outlined, Section 63 of the Local Government Act of 1929 provided—(1) that for the purpose of securing the provision in every County of suitable means for the proper isolation and treatment of persons suffering from infectious disease, the Council of every County should make the earliest possible survey of the existing hospital accommodation for cases of such disease and, having done so, prepare, in consultation with the Councils of the constituent Sanitary Districts, and submit to the Minister of Health for his approval, a scheme for the provision of adequate accommodation within the County; (2) that if the County Council fail to submit such scheme, within six months of being required to do so, the Minister is empowered, under certain conditions, to make an effective scheme for this purpose himself; and (3) that if any Local Sanitary Authority fail to provide accommodation in accordance with any such scheme or fail to discharge their functions in connection therewith the Minister is empowered to direct that the functions of such Sanitary Authority shall be transferred to the County Council; (4) that the expression 'infectious disease' should be read as excluding tubercular and venereal conditions.

As I have previously stated, the arrangements so prescribed are still under consideration, the scheme thereunder formulated being the subject of correspondence between the Ministry of Health and the County Council.

At the time of writing the position is that the Ministry cannot sanction the existing arrangements as a proper implementation of the Act because they are not yet satisfied—(1) that there is an appropriate minimum provision of beds in the existing Isolation Hospitals for each Sanitary District thereby served; (2) that proper agreements exist between Hospitals and Districts in this connection; (3) that such minimum bed accommodation provides adequately for cases of measles and whooping cough in addition to the infectious diseases hitherto so dealt with; and (4) that provision definitely cannot be made for cases from the Flint Municipal Borough to be dealt with inside instead of outside the County.

B.—NOTIFICATION.

This matter was discussed at some length in my 1934 Annual Report, pages 62 to 65, where also appeared a full list of the infectious diseases—more than thirty in all—which are statutorily notifiable.

C.—LOCAL INCIDENCES.

Indicating the various Districts to which they pertained, the following is a summary of the infectious diseases which were notified in Flintshire during the year under review.

Particulars as to the number of deaths which occurred, the number of cases segregated and treated at Isolation Hospitals, the measures employed in controlling the outbreaks, etc., are given in the annual reports of the respective District Medical Officers of Health.

A succeeding table indicates, with a few unavoidable exceptions, the diseases notified in Flintshire during each year since 1911.

No notification of the occurrence of any of the following notifiable infectious diseases was received at the County Health Offices, during the year under review;—Anthrax, Cerebro-spinal Fever, Chicken Pox, Cholera, Continued Fever, Diarrhoea (Infective), Dysentery, Encephalitis Lethargica (Acute), Glanders, Hydrophobia, Malaria, Pemphigus Neonatorum, Plague, Poliomyelitis (Acute), Polio-encephalitis (Acute), Relapsing Fever, Rheumatism (Acute), Small Pox, Typhus Fever, Yellow Fever.

The following, however, occurred and were duly notified;—

Table 31.
NOTIFIABLE DISEASES.
Cases notified during the year.

Notifiable Disease.	Urban Districts							Rural Dist'cts			Administrative County.	
	Buckley.	Connah's Quay.	Flint M. B.	Holywell.	Mold.	Prestatyn.	Rhyl.	Hawarden.	Holywell.	Overton.		St. Asaph.
Diphtheria ...	22	36	15	4	25	3	13	81	16		6	221
Encephalitis Lethargica (acute)							1					1
Enteric Fever (Typhoid)								2		1		3
Erysipelas ...	4	1	5	4	2	1	1	4	4			26
Measles ...						1						1
Ophthalmia Neonatorum	1		2	6	1	2	1	3	2	1	2	21
Pneumonia (Acute) ...	6	26	29	14	1	2	34	43	26	4	3	188
Poliomyelitis (Acute) ...							1					1
Puerperal Fever ...								1			2	3
Puerperal Pyrexia ...		1	6	2	2		1	5	6	1	1	25
Scarlet Fever ...	10	16	15	5	11	6	41	95	23	3	21	246
Tuberculosis (see Special Tables)												
Paratyphoid (included in "Enteric")										1		1
Total Diseases Notified ...	43	80	72	35	42	15	93	234	77	10	35	736

Table 32—INFECTIOUS DISEASES NOTIFIED—Years 1911 to 1936.
(Excluding certain War years).

NOTE—In these columns a dash denotes 'No case notified,' and a blank space 'Figures not available.'

Year.	Cerebro-spinal F.	Continued Fever.	Diphtheria.	Enceph. Letharg.	Enteric *	Erysipelas.	Ophthalm. Neo.	Poliom. Acute.	Pneumonia.	Puerperal Fever.	Puerp. Pyrexia.	Scarlet Fever.	Smallpox.	Tuberc. Pulm.	Tuberc., Non. pulm.
1911	—	—	282	—	34	53	—	—	—	6	—	383	—	—	—
1912	—	—	144	—	9	44	—	2	—	3	—	285	—	202	—
1913	—	1	196	—	33	51	—	5	—	5	—	368	—	177	—
1914	—	7	195	—	46	42	6	—	—	9	—	251	—	123	24
1915	7	—	443	—	14	53	3	—	—	7	—	374	—	105	23
1920	—	—	156	—	12	21	—	—	—	3	—	358	1	140	—
1921	1	1	159	4	12	—	8	1	24	4	—	269	—	97	36
1922	—	—	147	—	4	21	2	—	75	5	—	203	—	133	58
1923	2	2	81	5	30	16	3	—	107	1	—	132	1	76	20
1924	—	—	117	18	27	18	4	—	142	5	—	394	—	71	11
1925	3	—	107	7	12	49	5	1	121	2	—	400	—	104	36
1926	1	2	96	8	11	14	5	8	127	6	3	318	—	105	25
1927	—	—	142	9	17	17	4	4	259	3	12	137	—	104	17
1928	—	—	124	7	4	29	12	1	173	11	28	95	—	98	38
1929	2	1	100	2	2	22	11	—	137	5	21	202	1	97	44
1930	1	—	192	3	2	25	14	—	84	10	19	219	—	92	31
1931	5	—	155	1	6	33	12	—	137	13	19	126	—	104	35
1932	—	—	142	2	1	23	17	1	157	4	22	100	—	110	29
1933	2	1	148	2	9	28	16	1	134	2	14	193	—	116	33
1934	—	—	212	1	1	49	7	1	130	7	11	459	—	116	39
1935	1	—	163	—	2	34	7	1	119	11	19	479	—	95	25
1936	—	—	208	—	10	38	9	—	131	5	28	433	—	104	29
1937	—	—	221	1	3	26	21	1	188	3	25	246	—	138	29

Note—The following were also notified during the years above reviewed—
Malaria, 1 in 1925; Measles, 1 in 1937; Relapsing Fever, 1 in 1915;
Polio-encephalitis, 1 in 1925. * Typhoid and Paratyphoid.

Useful information can be gleaned from the foregoing summary in respect of some of the infectious diseases mentioned.

The majority of the tables in this report are concerned with the deaths that ensue in consequence of the various specified causes, but by means of this summary we are enabled to measure the prevalence of the respective diseases, to form an opinion as to whether they are increasing or decreasing in their incidence, and to gauge the results of the efforts made to control them.

It should of course, be remembered that the mortality figures need consideration in any assessment of the value of the health and sanitary services provided, for there is no doubt that owing to the measures at present employed in the control and in the treatment of these diseases many of them have now become much less fatal than they were formerly.

D.—LABORATORY WORK.

As, actually within the County, there is no laboratory available for pathological or bacteriological work, the undermentioned arrangements operated during the year in connection with the examination of material.

Diphtheria—Swabs were sent to the Pathological Department of the Royal Infirmary, Chester, for examination and report by the Department's Medical Officer, Dr. Grace.

Puerperal Fever—The examination of blood, lochia, etc. is also carried out when required at the Chester Royal Infirmary.

Tuberculosis—Specimens of sputum are examined at the Central Tuberculosis Laboratories, Cardiff, under arrangements made by the King Edward VII Welsh National Memorial Association. X-Ray examinations in connection with dispensary work are also carried out at numerous Centres in Wales of which two are situate in Flintshire (Meadowslea and Holywell). Numerical particulars of these services appear in Table 50.

Venereal Diseases—The Pathological Department of the Chester Royal Infirmary undertake this work under arrangements made between the Infirmary Authorities and the County Council (see Table 68).

General—The arrangements made by the various Local Sanitary Authorities in this connection are described in the annual reports of the respective District Medical Officers. The laboratories most frequently used are those of the Chester Royal Infirmary and the Universities of Wales (Bangor) and Liverpool.

E.—SERA, SPECIAL TESTS, ETC.

The following paragraphs are quotations from the latest reports received from the District Medical Officers of Health in reference to these auxiliaries in the control of infectious disease:—

Buckley Urban (1937)—No report.

Connah's Quay (1936)—“ During the time of the diphtheria epidemic your permission was given whereby diphtheria immunization could be carried out at your expense in cases in which it was decided, on enquiry, the persons concerned could not afford the outlay. This feature was communicated

to the practitioners around, but no use was made of the opportunity, although I understand several children were immunised privately. No use has been made of Measles Serum either for prophylaxis or attenuation.

Flint Mun. Boro. (1937)—“The Schick Test (for Diphtheria) was not used during the year in this Borough, nor was the Dick Test (for cases of Scarlet Fever) utilised.”

Holywell Urban (1937)—“Artificial Immunization has not been undertaken by the Council nor has Serum for Measles been officially used.”

Mold Urban (1936)—“Anti-diphtheritic serum is furnished when required.”

Prestatyn Urban (1937)—“Anti-toxin serum always kept at the Council Offices, and available on application. No use made of the Schick or Dick Tests.”

Rhyl Urban (1937)—“Diphtheria Anti-toxin is supplied free to medical practitioners for use in cases of Diphtheria and all suspect cases.”

Hawarden Rural (1937)—“Anti-streptococcal Serum has been used in all cases of severe Scarlet Fever and has proved of great value. Schick and Dick Tests were not used in this area nor was immunisation against Scarlet Fever and Diphtheria carried out by the Local Authority.”

Holywell Rural (1937)—“The Council provides for the use of Diphtheria Anti-toxin.”

Overton Rural (1930)—“Diphtheria Anti-toxin is provided by the Council when necessary.”

St. Asaph Rural (1937)—“Bacteriological examinations are paid for those who cannot bear the expense, as well as diphtheria anti-toxin.”

F.—AMBULANCE FACILITIES.

The only ambulance services available in the County are those mentioned in Section 6 (E).

G.—DISINFECTION.

The disinfection of premises, clothing, bedding, etc. after infectious disease is a duty which devolves upon the Local Sanitary Authorities. The work is generally carried out under the supervision of the Sanitary Inspectors.

Midwives who have been in contact with infectious disease carry out personal and other necessary disinfections under instructions issued by the Local Midwives Supervising Authority, i.e., the County Council. (See Section 14 (F)).

Disinfestation facilities for inmates are provided at the County Council's two Public Assistance Institutions.

H.—SCHOOLS AND SCHOOL CHILDREN.

As I have previously stated in this report, the Local Sanitary Authority, as well as the Local Education Authority, is concerned with schools when and where the question of sanitation is concerned, and the same statement applies in connection with infectious disease. The general supervision of the health of the scholar, however, is a duty devolving upon the latter Authority, whose Medical Officer reports quarterly or specifically as required, and also annually.

From the last annual report so issued (1937) I quote the following three tables as being of general interest in connection with the subject at present under discussion, the first two giving an idea of the extent of the epidemics which prevailed during the year, and the third indicating the deaths which have occurred amongst our school children, consequent upon attacks of infectious disease, since 1911, the year in which the County Council's Health Services came into being.

Table 33.

SCHOOLS TEMPORARILY CLOSED.

(For diverse short periods owing to Epidemic Sickness, etc.)

Reason for Closure.	Number of School Closures.		
	By Local Education Authority	By Local Sanitary Authority	Total School Closures
Chicken Pox	1	—	1
Influenza	78	10	88
Influenza and Mumps	1	—	1
Measles	9	—	9
Measles and Whooping Cough ...	1	—	1
Scarlet Fever	1	—	1
Mumps	2	—	2
Whooping Cough and Influenza	—	1	1
Total Closures	93	11	104
Schools affected	84	11	95

Table 34.

LOW ATTENDANCE CERTIFICATES ISSUED TO SCHOOLS.

(In connection with outbreaks of Infectious Disease).

Cause of Low Attendance.	Schools.	Certificates.
Influenza	34	59
Measles	14	40
Measles and Chicken Pox	1	2
Measles and Whooping Cough ...	3	8
Whooping Cough	3	6
Whooping Cough and Influenza ...	1	1
Totals	56	116

Table 35.

DEATHS OF FLINTSHIRE CHILDREN.

Certain Specified Causes—Years 1911 to 1937.

Persons aged under 15 years.

Year.	Bron- chitis.	Diph- theria.	Diarr- hoea.	Influ- enza.	Meas. les.	Pneum- onia.	Scarl. Fever.	Tuber- culosis.	Whoop. Cough.	Total
1911	23	17	55	2	10	21	16	22	41	207
1912	25	8	12	5	20	26	4	21	22	143
1913	21	5	33	2	67	34	6	25	14	207
1914	24	18	23	3	6	27	1	25	24	151
1915	31	32	21	4	23	49	7	27	20	214
1916	33	14	29	—	3	31	7	22	9	148
1917	11	8	12	4	9	33	—	24	29	130
1918	25	12	9	51	16	53	3	20	18	207
1919	24	5	9	31	—	46	5	11	20	151
1920	21	11	12	3	9	25	9	14	3	107
1921	18	4	19	1	5	25	2	17	9	100
1922	18	6	8	23	22	58	1	17	19	172
1923	11	6	9	7	4	34	1	22	10	104
1924	9	4	10	6	15	46	—	10	6	106
1925	10	10	13	2	5	39	2	14	26	121
1926	9	4	14	5	1	20	2	12	8	75
1927	13	7	7	6	5	39	—	18	6	101
1928	12	4	9	4	21	38	1	16	7	112
1929	6	3	16	6	4	40	1	10	21	107
1930	4	9	7	1	6	25	—	12	3	67
1931	2	11	7	1	3	32	1	11	5	73
1932	6	15	4	3	11	33	—	6	1	79
1933	3	15	5	3	4	31	1	4	1	67
1934	3	12	5	1	6	22	1	9	7	66
1935	2	5	4	3	1	14	5	8	6	48
1936	5	11	8	2	1	13	1	6	11	58
1937	5	13	4	5	4	28	2	9	5	75

I.—HOSPITAL ACCOMMODATION.

The arrangements in operation in the County for the hospital accommodation and treatment of infectious disease (excluding tuberculosis, venereal conditions, and smallpox) are outlined below in respect of each of the Sanitary Districts and of the year under review.

In these paragraphs the figures shown in juxtaposition with the requirements of the various Districts represent the minimum number of beds necessary (as laid down by the Ministry of Health) to cater for the needs of the respective populations (parenthetically shown) on the recognised basis of one bed per thousand population for urban, and one per two thousand for rural areas, with hospital areal space of 144 square feet to each bed.

BUCKLEY URBAN (7,078)—Beds required, 7. Cases sent to the hospital of the Hawarden Rural District Council (which see below). Unless, however, the Hospital named can allot seven beds exclusively for the use of Buckley it cannot be said that adequate provision exists for this Urban District. CONNAH'S QUAY URBAN (6,281)—Beds required, 6. Arrangements similar to those of Buckley (above). Present provision inadequate. HAWARDEN RURAL (27,180)—Beds required, 14. Possess an Isolation Hospital of 14 beds. Accommodation for the time being adequate if reserved for Hawarden Rural District only, but quite inadequate while arrangements exist for admission of Buckley and Connah's Quay cases, though hospital floor space is capable of accommodating two more beds.

HOLYWELL URBAN (6,121)—Beds required, 6. Utilise the hospital of the St. Asaph Joint Hospital (see below). HOLYWELL RURAL (20,560)—Beds required, 10. Arrangements similar. MOLD URBAN (5,680)—Beds required, 6. Arrangements similar. PRESTATYN URBAN (6,570)—Beds required, 7. Constituent Authority, with St. Asaph R. D. Council and others at the St. Asaph Joint Hospital. ST. ASAPH RURAL (7,316)—Beds required, 4. Have part control, with Prestatyn Urban and three other (Denbighshire) Authorities, of the St. Asaph Joint Hospital of 40 beds. This accommodation may, under the existing arrangements, be adequate for Prestatyn and St. Asaph, but unless and until the essential number of beds can be definitely allotted to the respective Districts mentioned in this paragraph, the Ministry are of opinion that the needs of none of them can be said to be adequately catered for, as these Flintshire Districts need, in the aggregate, no fewer than 33 beds, whereas the 40 beds at St. Asaph virtually belong to five constituent Authorities of whom two only pertain to Flintshire.

FLINT MUNICIPAL BOROUGH (12,890)—Beds required, 13. Cases sent to the Chester Isolation Hospital which, having 64 beds in all, is intended to provide for the needs of the Borough of Chester and possibly other municipal areas. The Ministry of Health are insistent, and rightly so in my opinion, that arrangements should be made for Flint Borough cases to be dealt with inside, and not outside, our own County. But even apart from this, it cannot be claimed that the Flint Borough are adequately provided for unless and until 13 beds, at fewest, are definitely reserved at this Hospital, under agreement, for cases from Flint.

RHYL URBAN (15,540)—Beds required, 16. Beds possessed (at their own Hospital at Towyn, Denbighshire) 16, and space permits of the addition of one. Accommodation adequate for accommodation of Town's resident cases only, but hardly adequate under the provisions of the Public Health (Treatment of Infectious Disease) Regulations of 1934.

OVERTON RURAL (4,324)—Beds required, 3. Cases sent to Wrexham (Denbighshire) Isolation Hospital, where there are 91 beds, in the aggregate, which cater for the Municipal Borough of Wrexham and possibly for other areas. Adequate only if three beds can be regarded as definitely assigned to, or reserved for, Overton. In the case of this District the necessity for sending cases outside the County can hardly be avoided on account of its insular position.

GENERAL—From the foregoing it will be gathered that in the Ministry's opinion, the County at present requires no fewer than 92 beds in all for the accommodation and treatment of the cases of infectious disease that may ordinarily occur in the area, and that the existing accommodation, even regarding only the numerical requirements already mentioned, is inadequate. There are other essentials, however, to bear in mind, not the least of which are (1) that cases of measles, whooping cough, etc. hitherto generally treated at home, should be admitted to Hospital. (2) that severe and widespread epidemics may occur at any time, and (3) that unless agreements are entered into, the outside Hospitals which at present admit cases from areas other than their own may at any time find their beds wholly occupied by their own cases. These are important matters which warrant the Authority's serious regard, for so long as the hospital accommodation is inadequate it cannot be said that we, or our District Sanitary Authorities—the local custodians of the public health—are properly carrying out our duties in connection with this important subject.

J.—SMALL POX.

Public Vaccination is one of the services which, under the provisions of the Local Government Act of 1929, were transferred from the then existing Boards of Guardians to the County Council.

The new arrangements began to operate on the 1st April, 1930, since which date the service has been administered by the Council's Public Health Committee through the Officers who previously served the Guardians.

As will be gathered from the following return, 580 primary vaccinations were effected during the year under review. Of this total 538 were primary vaccinations of infants aged under 1 year.

The latter figure represents a percentage of only 27.0 of the total of 1,989 live births registered during the year. In other words more than two-thirds of our infantile population would be unprotected in the event of a local outbreak of Smallpox.

As previously stated accommodation for the isolation and treatment of cases of this disease exists at the Rhydtalog Smallpox Hospital, owned jointly by the Councils of Denbighshire and Flintshire.

Table 36.
VACCINATIONS.

(Persons successfully vaccinated or re-vaccinated at the cost of the rates by the Public Vaccinators and the Medical Officers of Institutions during the year ended 30th September, 1937).

The figures in the respective columns denote as follows:—

Column 2—Successful primary vaccinations of persons under 1 year of age

Column 3—Ditto of persons of the age of one year and upwards

Column 4—Total number of persons primarily vaccinated

Column 5—Re-vaccination, i.e., successful vaccinations of persons who had been successfully vaccinated at some previous time

District or Institution.	Primary Vaccinations.			Re-Vac-	Grand Total.
	(1)	(2)	(3)	(4)		(5)	(6)
HAWARDEN AREA—					
Dr. M. R. Herford—Buckley (Mold), Buckley (Hawarden)	9	1	10	—	10
Dr. G. Harrison—Marford and Hoseley ...	1	—	1	—	1
Dr. J. G. Llewellyn-Jones—Hawarden, East Saltney, West Saltney, Scaland, Higher Kinnerton	70	10	80	2	82
Dr. R. R. Dalling—Hope, Llanfynydd, Tryddyn	12	6	18	1	19
HOLYWELL AREA—					
Dr. I. P. Nelis—Mold Urban, Mold Rural, Nerquis, Cilcen	11	2	13	2	15
Dr. C. E. Morris—Holywell Urban, Holy- well Rural, Coleshill Fawr, Brynford, Ysceifiog, Nannerch	128	5	133	3	136
Dr. O. W. Bateman—Flint, Northop, Con- nah's Quay, Halkyn	172	3	175	1	176
Dr. J. Brown—Whitford, Caerwys, Llanasa, Newmarket, Gwaenysgor	45	1	46	—	46
ST. ASAPH AREA—					
Dr. J. Tudor Griffiths—Meliden, Dyserth, Prestatyn	—	—	—	—	—
Dr. E. O. Lakey—Rhyl, Rhuddlan ...	14	3	17	1	18
Dr. H. Lloyd—Bodelwyddan, Bodfari, Cwm, Dymeirchion, St. Asaph, Waen	31	7	38	—	38
OVERTON AREA—					
Dr. R. B. McColl—Bettisfield, Bronington, Halghton, Hanmer, Ty Broughton, Willington, Iscoyd	28	1	29	1	30
Dr. W. M. Casper—Overton, Bangor, Penley, Worthenbury	7	3	10	1	11
PUBLIC ASSISTANCE INSTITUTIONS—					
Holywell—Dr. A. Owen Jones	—	—	—	—	—
St. Asaph—Dr. Henry Lloyd	10	—	10	—	10
Totals	538	42	580	12	592

From the small but interesting table which now follows it will be gathered that the number of children who, at any time during the past few years, were successfully vaccinated, whether under the publicly provided arrangements or otherwise, did not exceed 50 per cent.

By issuing through the medium of the Welfare Centres a small booklet, an effort was continued during the current year to awaken the interest of parents in this important matter.

Table 37.

SMALLPOX IMMUNITY—1937.

Table showing number of children found to have been previously vaccinated and of those not previously vaccinated.

Age Group.	Children Inspected		Number Vaccinated		Number not Vaccinated		Cases not ascertained	
	M	F	M	F	M	F	M	F
Entrants—the aged 6 ...	720	706	333	299	369	401	18	6
Second Group—the aged 8	752	770	329	346	402	413	21	11
Third Group—the aged 12	722	697	409	371	288	306	25	20
Total (Elementary Schools)	2194	2173	1071	1016	1059	1120	64	37
Central Schools—the aged 13 ...	118	136	60	84	58	52	—	—
Totals— (Routine Inspection)	2312	2309	1131	1100	1117	1172	64	37

K.—BLINDNESS PREVENTION.

Section 66 of the Public Health Act of 1925 empowers a County Council, subject to approval by the Minister of Health, to make such arrangements as they may think desirable for assisting in the prevention of blindness, and in particular for the treatment of persons ordinarily resident within their area suffering from any disease of or injury to the eyes.

The subject is further discussed later on in these pages.

L.—CANCER.

The number of persons who died in consequence of this disease was 207, a figure greater by 24 than that recorded in respect of the preceding year.

This figure also indicates that this particular disease accounted for 13.6 per cent. of the total deaths which occurred during the period reviewed.

The Districts in which they occurred are shown in the following table, which also specifies, in addition, the respective death rates:—

Table 38.

CANCER DEATHS AND DEATH RATES.

By Districts—Year 1937.

District	Number of Deaths.			Rate per 1,000.	
	Males.	Females.	Persons	Population.	Deaths.
Urban—					
Buckley	1	12	13	1.84	149.43
Connah's Quay	7	2	9	1.43	150.00
Flint (Mun. Bor.)	6	4	10	0.78	84.03
Holywell	5	6	11	1.80	152.78
Mold	6	10	16	2.82	207.79
Prestatyn	4	7	11	1.67	146.67
Rhyl	9	22	31	1.99	141.55
Rural—					
Hawarden	25	23	48	1.77	135.21
Holywell	14	21	35	1.70	120.69
Overton	4	5	9	2.08	125.00
St. Asaph	8	6	14	1.91	138.61
Total Urban	38	63	101	1.68	142.45
Total Rural	51	55	106	1.79	129.58
Whole County	89	118	207	1.73	135.56

The deaths enumerated in the foregoing table are classified to show the age-groups and sexes in the following analytical statement:—

Table 39.

CANCER DEATHS—FLINTSHIRE.

By Age Groups—Year 1937.

Age Group	Urban.		Rural.		County. Persons.
	Males.	Females	Males.	Females.	
Aged under 1 year	—	—	—	—	—
Aged 1 to 2 years	—	—	—	—	—
Aged 2 to 5 years	—	—	—	—	—
Aged 5 to 15 years	—	—	—	—	—
Aged 15 to 25 years	1	—	—	—	1
Aged 25 to 35 years	1	1	—	—	2
Aged 35 to 45 years	1	5	2	3	11
Aged 45 to 55 years	12	8	5	9	34
Aged 55 to 65 years	5	14	15	11	45
Aged 65 to 75 years	14	20	15	18	67
Aged over 75 years	4	15	14	14	47
Totals	38	63	51	55	207

The table which now follows is a summary which shows the cancer death rates for Flintshire not only in comparison with those of England and Wales but also in respect of each year since 1911.

It will be gathered from this that the incidence of the disease is in no way diminishing:—

Table 40.

CANCER DEATH RATES—Years 1911 to 1937.

Flintshire figures in comparison with those of England and Wales.
Rate per 1,000 Population.

Year	England and Wales		...	Flintshire.
	Standardised.	Crude.		Crude.
1911	0.909	0.992	...	1.032
1912	0.925	1.024	...	1.136
1913	0.948	1.065	...	1.321
1914	0.943	1.069	...	1.204
1915	0.933	1.122	...	1.323
1916	0.935	1.161	...	1.393
1917	0.930	1.192	...	0.946
1918	0.913	1.199	...	1.237
1919	0.915	1.182	...	1.314
1920	0.928	1.166	...	1.070
1921	0.957	1.215	...	1.176
1922	0.958	1.229	...	1.112
1923	0.971	1.267	...	1.481
1924	0.985	1.300	...	1.268
1925	0.997	1.336	...	1.641
1926	0.993	1.362	...	1.572
1927	0.987	1.376	...	1.233
1928	1.001	1.425	...	1.473
1929	1.000	1.437	...	1.496
1930	0.993	1.454	...	1.487
1931	0.998	1.484	...	1.450
1932	1.001	1.510	...	1.382
1933	0.997	1.526	...	1.521
1934	1.003	1.563	...	1.801
1935	1.001	1.587	...	1.776
1936	1.010	1.625	...	1.554
1937	*	*	...	1.732

* Not yet available.

Patients suffering from this disease can be treated at the Radium Department of the Royal Infirmary, Chester, and also that of the Wrexham and East Denbighshire War Memorial Hospital, Wrexham.

At the former hospital, 43, and at the latter, 9, Flintshire cases were treated during 1937.

M.—TUBERCULOSIS.

The prevention, treatment and control of this disease in Flintshire are subjects which are fully dealt with in the next Section of this Report.

N.—OPHTHALMIA NEONATORUM.

This subject is discussed in Section 14 of this Report where particulars as to the number of cases notified, the prevention and treatment measures employed, the results of these measures, etc. are indicated (Table 89).

O.—PUERPERAL FEVER AND PYREXIA.

These conditions are dealt with in Section 14 where also will be found the relevant figures.

Section 11—TUBERCULOSIS.

A.—DEATHS AND DEATH RATES.

Particulars of the Tuberculosis Deaths and Death Rates pertaining to this County are given in the succeeding four Tables.

The first of these Tables (41) distinguishes the various Districts of the County and shows the deaths and death rates in respect of each.

The second Table (42) analyses the deaths in respect of the various age-groups, distinguishing males and females for both the Urban and the Rural Districts. It also differentiates between the deaths caused by the Pulmonary and Non-Pulmonary forms of the disease, and shows a decrease in the number of deaths in respect of the year under review, a total of 69 being recorded as against 65 in 1936. (There were, however, 79 in 1935, 86 in 1934, 68 in 1933, 81 in 1932, 95 in 1931, 80 in 1930, 100 in 1929, 97 in 1928 and 99 in 1927).

Table 43 compares the annual death rates for the various Districts in respect of the past fourteen years.

Table 44 shows the County figures in comparison with those of England and Wales as a whole for each year since (and including) 1911—the year during which our County Health Service was established as an entity.

Table 41

DEATHS FROM TUBERCULOSIS IN THE SEVERAL
DISTRICTS, 1937.

District.	Pulmonary.		Other Forms.		All Forms.	
	No.	Rate*	No.	Rate*	No.	Rate*
Urban—						
Buckley	3	0.42	3	0.42	6	0.85
Connah's Quay	1	0.16	—	—	1	0.16
Flint (Mun. Boro.)	4	0.31	—	—	4	0.31
Holywell	7	1.14	—	—	7	1.14
Mold	3	0.53	—	—	3	0.53
Prestatyn	3	0.46	—	—	3	0.46
Rhyl	10	0.64	2	0.13	12	0.77
Rural—						
Hawarden	10	0.37	3	0.11	13	0.48
Holywell	11	0.53	3	0.15	14	0.68
Overton	2	0.46	2	0.46	4	0.93
St. Asaph	2	0.27	—	—	2	0.27
Urban Districts	31	0.52	5	0.08	36	0.60
Rural Districts	25	0.42	8	0.13	33	0.56
Whole County	56	0.47	13	0.11	69	0.58

* Per 1,000 District Total Population.

Table 42—SUMMARY OF DEATHS FROM TUBERCULOSIS—Year 1937.

AGE GROUPS	PULMONARY						NON-PULMONARY						ALL FORMS						
	Urban		Rural		Total	M & F	Urban		Rural		Total	M & F	Urban		Rural		Total		
	Males	Fe- males	Males	Fe- males	Fe- males		Males	Fe- males	Males	Fe- males	Fe- males		Males	Fe- males	Males	Fe- males	Males	Fe- males	
																			Males
0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
2—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	4
5—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
15—	1	3	2	4	10	—	—	—	—	—	—	—	—	—	—	—	—	—	11
25—	1	8	—	2	11	—	—	—	—	—	—	—	—	—	—	—	—	—	12
35—	7	1	3	2	13	—	—	—	—	—	—	—	—	—	—	—	—	—	14
45—	4	3	3	1	11	—	—	—	—	—	—	—	—	—	—	—	—	—	12
55—	1	1	3	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	6
65—	—	—	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	5
75—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ALL AGES	15	16	13	12	56	2	3	6	2	13	17	19	19	14	69				

Table 43—TUBERCULOSIS DEATH RATES FOR THE FLINTSHIRE DISTRICTS IN RESPECT OF
THE YEARS SPECIFIED.

(All Forms—Crude Rates per 1,000 District Total Population).

District	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Urban—																
Buckley	0.58	0.72	1.01	1.02	0.88	0.59	0.73	0.72	0.57	1.86	0.86	0.14	0.99	0.43	0.71	0.85
Connah's Quay	0.77	1.68	0.36	0.53	0.69	0.85	0.84	1.33	0.49	0.66	0.66	0.50	0.17	0.50	0.66	0.16
Flint M. B.)	1.08	0.91	0.29	0.74	0.73	0.85	0.68	0.80	0.52	0.51	0.38	0.77	1.11	0.58	0.16	0.31
Holywell	2.10	1.38	0.33	0.99	0.63	0.62	0.61	1.24	1.20	0.88	0.29	0.59	1.22	0.72	0.52	1.14
Mold	1.26	1.47	0.62	0.62	1.05	1.67	1.59	0.78	0.78	0.38	0.57	0.19	0.00	0.91	0.54	0.53
Prestatyn	0.34	0.67	0.00	0.85	0.50	0.47	0.42	0.60	0.66	0.93	0.44	0.64	0.88	0.98	0.47	0.46
Rhyl	1.05	0.95	1.03	1.03	0.27	0.42	1.18	0.54	0.77	0.45	1.40	0.86	0.91	0.54	0.79	0.77
Rural—																
Hawarden	0.85	0.80	0.80	0.79	0.51	0.98	0.61	0.88	0.61	1.07	0.76	0.45	0.60	0.78	0.59	0.48
Holywell	1.35	1.55	1.15	1.30	1.07	1.11	0.87	0.98	0.75	0.71	0.67	0.75	0.82	0.69	0.64	0.68
Overton	0.97	0.38	0.76	0.39	0.19	0.57	0.19	1.81	0.41	0.63	0.65	0.66	0.88	0.89	0.23	0.93
St. Asaph	0.40	0.90	0.95	0.82	1.02	1.22	1.89	0.62	1.26	1.14	0.25	0.62	0.54	0.55	0.41	0.27
Urban Districts	0.99	1.07	0.63	0.85	0.63	0.73	0.91	0.79	0.68	0.77	0.80	0.58	0.81	0.63	0.55	0.60
Rural Districts	1.01	1.08	0.95	0.97	0.77	1.03	0.84	0.96	0.73	0.90	0.65	0.61	0.69	0.73	0.56	0.56
Whole County	1.00	1.08	0.83	0.92	0.72	0.91	0.87	0.89	0.71	0.84	0.71	0.60	0.75	0.68	0.55	0.58

Table 44.

TUBERCULOSIS DEATH RATES.

Years 1911 to 1937.

Flintshire figures in comparison with those of England and Wales
Rate per 1,000 Population.

Year.	England and Wales.				Flintshire.	
	Standardised.		Crude.		Crude.	
	Pulmon-ary.	All Forms.	Pulmon-ary.	All Forms	Pulmon-ary.	All Forms.
1911	1.04	1.46	1.06	1.46	1.01	1.45
1912	1.00	1.36	1.02	1.37	0.97	1.18
1913	0.96	1.34	1.01	1.35	0.99	1.34
1914	0.99	1.35	1.02	1.36	0.97	1.23
1915	1.05	1.44	1.13	1.51	0.81	1.18
1916	1.05	1.42	1.15	1.52	1.11	1.41
1917	1.09	1.48	1.21	1.60	1.08	1.39
1918	1.17	1.54	1.30	1.66	0.99	1.22
1919	0.92	1.23	0.99	1.28	0.87	1.05
1920	0.83	1.12	0.87	1.13	0.88	1.08
1921	0.85	1.12	0.88	1.12	0.74	0.97
1922	0.85	1.11	0.89	1.12	0.77	1.00
1923	0.80	1.05	0.84	1.06	0.81	1.08
1924	0.80	1.04	0.84	1.06	0.69	0.83
1925	0.79	1.02	0.83	1.04	0.71	0.92
1926	0.73	0.94	0.77	0.96	0.55	0.72
1927	0.74	0.95	0.79	0.97	0.74	0.91
1928	0.71	0.91	0.76	0.93	0.70	0.87
1929	0.74	0.93	0.79	0.96	0.73	0.89
1930	0.69	0.87	0.74	0.90	0.60	0.71
1931	0.69	0.87	0.74	0.90	0.68	0.84
1932	0.64	0.82	0.69	0.84	0.59	0.71
1933	0.64	0.80	0.69	0.82	0.45	0.60
1934	0.59	0.74	0.64	0.76	0.63	0.75
1935	0.55	0.69	0.61	0.72	0.55	0.68
1936	0.53	0.68	0.58	0.69	0.43	0.55
1937	*	*	*	*	0.47	0.58

* Not yet available.

B.—NOTIFICATION.

Under the provisions of the Public Health (Tuberculosis) Regulations, 1930, 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 notification to this effect to the Medical Officer of Health of the Sanitary District in which such person's residence is situate.

It is likewise the duty of the District Medical Officer to enter the particulars so received in a Register specially kept for the purpose and once per week to communicate the information so received to the County Medical Officer.

The number of notifications received at the County Health Offices through these channels is shown in the Table below, perusal of which will be facilitated by reference to the following notes:—

- (1) Formal notifications are those made in pursuance of Article 5 of the Regulations above mentioned, or by Naval, Military or Air Force Medical Authorities under Section 5 (b) of the Local Government (Emergency Provisions) Act, 1916.
- (2) Primary notifications, shown in Columns (b) to (m), are those relating to patients whose cases have never previously been formally notified in Flintshire.
- (3) Formal notifications which are neither primary nor posthumous are duplicates. These are included in the figures in the last Column and are represented by the difference between the figures in Columns (m) and (n).
- (4) A notification received in respect of a patient suffering from both the pulmonary and the non-pulmonary forms of the disease is dealt with as relating to a pulmonary case only.
- (5) The figures in the heading indicate the age-groups.

Table 45.

FORMAL NOTIFICATIONS OF TUBERCULOSIS.

Summary of Notifications received by the County Medical Officer during the period 1st January, 1937 to 31st December, 1937.

Description	Primary Notifications of New Cases												T'tl. No. notifications
	0—	1—	5—	10—	15—	20—	25—	35—	45—	55	65—	T'tl.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
Pulmonary—													
Males	2	2	11	8	10	9	16	12	2	72	122
Females	1	5	1	12	11	15	10	6	2	3	66	122
Non-Pulmonary—													
Males	1	3	3	..	1	4	3	..	..	..	15	29
Females	2	3	5	1	..	1	..	1	..	1	14	25
All Forms—													
Males	1	5	5	11	9	14	12	16	12	2	87	151
Females	3	8	6	13	11	16	10	7	2	4	80	147
Totals	4	13	11	24	20	30	22	23	14	6	167	298

Under the Public Health (Tuberculosis) Regulations it is also obligatory upon District Medical Officers of Health to furnish to the County Medical Officer, in respect of each quarter of the year, the following numerical particulars from the information contained in their Registers:—

- (1) Number of cases on the Register at the beginning of the quarter;
- (2) Cases formally notified for the first time during the quarter;
- (3) Cases (previously removed) restored to the Register during the quarter;
- (4) Un-notified cases added to the Register during the quarter;
- (5) Cases removed from the Register during the quarter;
- (6) Cases remaining on the Register at the end of the quarter.

The particulars thus given should distinguish the pulmonary and the non-pulmonary forms of the disease, and also the males and the females.

The following Table indicates the number of male (M) and female (F) cases reported as remaining on the said Registers at the end of the year under review, and also the reasons for the "removals" effected during the year:—

Table 46.
REGISTRATION OF NOTIFICATIONS.
(Cases on Registers at end of year).

District.	Pulmonary.			Non-Pulmonary.			Total Cases.			
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total	
Urban—										
Buckley ...	29	21	50	11	4	15	40	25	65	
Connah's Quay...	16	20	36	1	1	2	17	21	38	
Flint (M. B.) ...	64	38	102	24	15	39	88	53	141	
Holywell ...	42	52	94	18	10	28	60	62	122	
Mold ...	21	9	30	5	14	19	26	23	49	
Prestatyn ...	34	15	49	5	4	9	39	19	58	
Rhyl ...	28	30	58	11	9	20	39	39	78	
Rural—										
Hawarden ...	99	62	161	14	18	32	113	80	193	
Holywell ...	124	90	214	45	45	90	149	135	304	
Overton ...	5	4	9	1	—	1	6	4	10	
St. Asaph ...	19	31	50	3	2	5	22	33	55	
Total Urban ...	234	185	419	75	57	132	309	242	551	
Total Rural ...	247	187	434	63	65	128	310	252	562	
Whole County ...	481	372	853	138	122	260	619	494	1113	
Removed from Registers during the year:—										
Withdrawal of										
Notification ...	—	1	1	—	2	2	—	3	3	
Recovery from the										
disease ...	13	11	24	6	7	13	19	18	37	
Death of the										
patient ...	26	29	55	8	5	13	34	34	68	
Otherwise										
... ..	7	9	16	1	—	1	8	9	17	
Total removed ...	46	50	96	15	14	29	61	64	125	

A case of Tuberculosis which is not notified in pursuance of the Regulations quoted, but first comes to the knowledge of the County Medical Officer by some other means, is recorded separately, unless during the same year the case is subsequently formally notified.

Such cases are shown in the following Table, the figures in which are quite exclusive of any of the cases given in the preceding summary.

The figures at the head denote the age-groups:—

Table 47.
SUPPLEMENTARY CASES.
(Not formally notified).

Description	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total
Pulmonary—												
Males	.. 1	..	..	..	..	..	1	2	1	2	..	7
Females	..	..	..	..	..	..	3	1	..	..	2	6
Non-Pulmonary	..											
Males	..	.. 1	..	..	..	..	1	1	2	..	..	5
Females	..	.. 3	..	1	..	..	..	..	..	..	..	4
All Forms—												
Males	.. 1	1	..	..	..	..	2	3	3	2	..	12
Females	..	.. 3	..	1	..	..	3	1	..	..	2	10
Totals	.. 1	4	..	1	..	..	5	4	3	2	2	22

In the following statement particulars are given as to the sources whence the information was derived in respect of the cases above summarised.

A formal notification not received until after the death of the patient is regarded as one classifiable herein. Such a case is recorded as posthumous:—

Table 48.
SUPPLEMENTARY CASES.
(Source of information).

Source of Information.	Number of Cases.		
	Pulmon-ary.	Non-Pulmon.	Total
Death Returns—			
From Local Registrars	10	5	15
Transferable Deaths	3	4	7
Posthumous Notifications	—	—	—
Transfers from other areas (other than the above)	—	—	—
Other sources	—	—	—
Total Cases	13	9	22

It will be gathered from the foregoing that 22 cases were not brought to the Authority's notice until after the death of the respective patients.

C.—PREVENTION.

The application of the Public Health (Prevention of Tuberculosis) Regulations, 1925, or of Section 62 of the Public Health Act, 1925, was not found necessary during the year under review. Both these provisions have been outlined in previous Reports and are constantly kept in mind.

The manner in which efforts are made towards securing a tubercle-free milk supply is outlined in Section 9 (A) of this Report, while in Table 51 will be found a statement showing that the District Tuberculosis Physician, during the year, examined and advised no fewer than 45 persons who had been in contact with the disease.

A summary of the arrangements made in the various Districts in the County in connection with the disinfection of the premises, bedding, etc. of persons suffering from Tuberculosis appeared in my 1932 Annual Report (page 44).

D.—TREATMENT.

As I have previously stated the treatment of persons suffering from Tuberculosis is a duty which, in Flintshire, devolves upon the County Council.

In common with all the other County Councils in Wales, and also the County Boroughs, the Council have arranged for the executive work to be carried out on their behalf by the King Edward VII Welsh National Memorial Association—a voluntary body whose work since its incorporation by Royal Charter in 1912 has been characterised by the most praiseworthy efficiency and thoroughness.

A report recently issued giving the results of the Association's analysis of tuberculosis mortality in Wales, for the years 1930-1933, is interesting in this connection. It says that "the two features of the statistics for Flintshire which call for reference are—(1) that the County has the lowest mortality in Wales (719), and (2) that no Urban or Rural District in Flintshire has a mortality figure as high as that for Wales as a whole (1,001 per million population)."

I have described the working of the Association's arrangements in previous Reports, and in the present Report mention has been made of the two local Institutions provided by the Association—one within the County and one just outside its borders—which primarily cater for the needs of this County and its neighbour, Denbighshire. I refer, of course, to the Meadowslea Hospital, Penyffordd, and the North Wales Sanatorium, Llangwyfan.

I now give below a list of the Clinics and Dispensaries which the Association have provided in and near the County for the examination, supervision and treatment of Flintshire and Denbighshire patients, and, in so doing, would like again to record my very high appreciation of the work of the medical officers who not only conduct these invaluable institutions with the utmost efficiency but also co-operate unceasingly with the officers of my Department in everything associated with this disease.

Table 49.

TUBERCULOSIS CLINICS.

(Flintshire and Denbighshire).

Station.	Address.	Days and times opened each month.
Chirk	Dr. Salt's Surgery	4th Friday, 12 noon.
Colwyn Bay	Sea View Road	1st & 3rd Friday, 10 a.m.—12 noon.
Denbigh	The Infirmary	2nd & 4th Wednesday, 2—3 p.m.
Glynceiriog	Dr. Beresford's Surgery	4th Friday, 2 p.m.
Holywell	Cottage Hospital	Every Tuesday, 10-30 a.m. & 2 p.m.
Penyffordd	Meadowslea Hospital	Every Monday & Thursday, 2 p.m.
Queensferry*	"Oaklands," nr. Cross	Every Wednesday, 10 a.m.—12 noon
Rhyl	27, Water Street	Every Friday, 2 p.m.
Ruthin	As arranged by Doctor	By appointment.
Wrexham	Tuberculosis Clinic	Every Monday & Thursday, 10 a.m.

* The Queensferry Clinic (address: "Oaklands," near the Cross, Chester Road, Queensferry), for the time being serves the areas of Queensferry, Shotton, Connah's Quay, Sandycroft, Sealand, Hawarden, Buckley and Mold.

The following Tables, supplied by the Principal Medical Officer of the Association in accordance with the requirements of the Ministry of Health, are records of substantial achievement in the campaign against this insidious disease :—

Table 50.

TUBERCULOSIS.

THE WORK OF THE FLINTSHIRE DISPENSARIES.

Year 1937.

1. Number of cases on the Dispensary register on the 1st January ...	420
2. Cases transferred from other areas, and cases returned after discharge under Head 3 in previous years	14
3. Cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	16
4. Number of cases written off during the year as "deceased" (regardless of the cause of death).	48
5. Attendances of patients at the Dispensaries (including those of patients registered only as contacts)	1239
6. Number of insured persons who were under domiciliary treatment on the 31st December	20
7. Number of personal consultations with medical practitioners ...	54
8. Number of other consultations with medical practitioners ...	648
9. Number of visits by the Tuberculosis Officers to the homes of patients (including personal consultations)	377
10. Number of visits by Tuberculosis Nurses to the homes of patients in connection with the work of the Dispensary ...	1343
11. Number of specimens of sputum examined in connection with the work of the Dispensary	376
12. Number of X-Ray examinations made in connection with the work of the Dispensary	1170
13. Number of "recovered" cases restored to the Dispensary register and included in A (a) and A (b) of the following table ...	5
14. Number of "T. B. plus" cases on the Register at the end of the year	155

Table 51.

TUBERCULOSIS—DISPENSARY ACTIVITIES.

Flintshire—1937.

Description	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
A—New Cases examined during the year (excluding contacts):												
(a) Definitely tuberculous	55	41	3	..	5	3	6	8	60	44	9	8
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	22	16	16	5
(c) Non-tuberculous	..	..	..	..	..	..	..	..	104	93	36	30
B—Contacts examined during the year:												
(a) Definitely tuberculous	2	6	..	5	..	..	..	..	2	6	..	5
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	12	20	30	27
(c) Non-tuberculous	..	..	..	..	..	..	..	..	5	11	10	13
C—Cases written off the Dispensary Register as:—												
(a) Recovered ..	14	8	..	..	1	4	1	..	15	12	1	..
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	..	..	..	..	..	..	..	..	117	118	59	54
D—Number of Cases on the Dispensary Register on Dec. 31st:—												
(a) Definitely tuberculous	157	141	9	12	36	26	26	23	193	167	35	35
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	34	36	46	32

Table 52.

TUBERCULOSIS—RESIDENTIAL TREATMENT.

Return showing the Extent of the Residential Treatment and Observation of Flintshire Patients in Institutions during the year 1937.

Description.		In Institution on Jan. 1st.	Admitted during year	Discharged during year	Died in Institution	In Institutions on Dec. 31st.
Doubtfully Tuberculous Cases admitted for Observation	Adult Males	..	8	7	..	1
	Adult Females	1	9	8	..	2
	Children	6	10	15	..	1
	Total	7	27	30	..	4
Patients suffering from Pulmonary Tuberculosis	Adult Males	23	58	60	4	17
	Adult Females	17	53	40	10	20
	Children	6	6	8	..	4
	Total	46	117	108	14	41
Patients suffering from Non-Pulmonary Tuberculosis	Adult Males	5	2	4	..	3
	Adult Females	..	1	1	..	..
	Children	8	5	5	1	7
	Total	13	8	10	1	10
Grand Total	..	66	152	148	15	55

Table 53.

TUBERCULOSIS—DOUBTFULLY TUBERCULOUS CASES.

Results of the Observations of those Discharged from Institutions during the year.

Diagnosis on Discharge from Observation	Pulmonary Cases						Non-Pulmonary Cases						Totals			Grand Totals					
	Sanatorium			Hospital			Stay under 4 weeks			Stay over 4 weeks							M	W	C		
	Stay under 4 weeks		Stay over 4 weeks	Stay under 4 weeks		Stay over 4 weeks	Stay under 4 weeks		Stay over 4 weeks	Stay under 4 weeks		Stay over 4 weeks									
	M	W	C	M	W	C	M	W	C	M	W	C	M	W	C	Persons					
Tuberculous	1	..	1	..	2	..	..	..	..	..	..	..	1	2	2	5
Non-Tuberculous	1	..	5	1	3	..	2	2	..	..	..	..	..	..	5	5	5	15
Doubtful	8	..	..	..	1	1	..	..	..	..	..	..	1	1	8	10
Totals	1	..	14	2	3	1	3	5	..	..	..	1	..	..	7	8	15	30

NOTE—The Letters M, W and C in the Headings denote respectively, Men, Women and Children.

Table 54

TUBERCULOSIS—TREATMENT AT SANATORIA OF PULMONARY CASES.

Return showing the immediate results of the treatment of definitely tuberculous Flintshire patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution	Condition at time of discharge	Duration of Residential Treatment												Grand Totals			
		Under 3 months*			3-6 months			6-12 months			More than 12 months				Totals		
		M	W	C	M	W	C	M	W	C	M	W	C		M	W	C
		Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons		Persons	Persons	Persons
Class T. B. Minus	Quiescent ..			1													
	Not Quiescent ..	2			1	1	1	1	1	2							
	Died ..																
Class T. B. Plus Group 1	Quiescent ..																
	Not Quiescent ..							1								1	
	Died ..																
Class T. B. Plus Group 2	Quiescent ..																
	Not Quiescent ..	1			2	1			3						2		
	Died ..																
Class T. B. Plus Group 3	Quiescent ..																
	Not Quiescent ..																
	Died ..																
Totals		3		1	4	3	1	4	3	2	1	3	2	3	14	6	4
																	24

NOTE.—The letters M, W and C in the headings denote respectively, Men, Women and Children.

* But exceeding 28 days. (Patients whose stay did not exceed 28 days are no longer included in these tables).

Table 55.

TUBERCULOSIS—TREATMENT IN HOSPITAL OF PULMONARY CASES.

Return showing the immediate results of the treatment of definitely tuberculous Flintshire patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution	Condition at time of discharge	Duration of Residential Treatment												Totals			Grand Totals Persons
		Under 3 months*			3-6 months			6-12 months			More than 12 months			M	W	C	
		M	W	C	M	W	C	M	W	C	M	W	C				
Class T. B. Minus	Quiescent .. Not Quiescent .. Died ..	1 7	4 2	1										1 11	9	3	1 23
Class T. B. Plus Group 1	Quiescent .. Not Quiescent .. Died ..	4	2											4	2	—	6
Class T. B. Plus Group 2	Quiescent .. Not Quiescent .. Died ..	3	3	4	1									7	6	1	— 13 1
Class T. B. Plus Group 3	Quiescent .. Not Quiescent .. Died ..	5 2	10 2	7 2	3 3									20 2	13 9		— 33 11
Totals ..	.. ..	22 14	17 18	1	6	6	2							45	40	3	88

* Not exceeding 28 days.

Table 56.

TUBERCULOSIS—TREATMENT IN HOSPITAL OF NON-PULMONARY CASES.

Return showing the immediate results of the treatment of definitely tuberculous Flintshire patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution	Condition at time of discharge	Duration of Residential Treatment												Grand Totals				
		Under 3 months*			3-6 months			6-12 months			More than 12 months				Totals			
		M	W	C	M	W	C	M	W	C	M	W	C		M	W	C	Persons
Bones and Joints..	Quiescent ..										1							2
	Not Quiescent ..			1								1						6
	Died ..																	—
Abdominal ..	Quiescent ..																	—
	Not Quiescent ..										1							—
	Died ..																	1
Other Organs ..	Quiescent ..																	—
	Not Quiescent ..																	—
	Died ..																	—
Peripheral Glands	Quiescent ..																	1
	Not Quiescent ..		1															1
	Died ..																	—
Totals ..	..	1	1	2	3	2	1	1	3	2	1	1	4	1	6	11		

* But exceeding 28 days.

The foregoing Tables relate to patients who were dealt with under arrangements made on behalf of the County Council by the King Edward VII Welsh National Memorial Association.

The Table which follows, however, indicates the number of beds available to Flintshire patients at the Infirmaries of the two Public Assistance Institutions in the County.

Table 57.

PUBLIC ASSISTANCE INSTITUTIONS—TUBERCULOSIS.

Number of beds temporarily made available * (during 1937) for the treatment of Cases of Tuberculosis at the several Public Assistance Institutions.

Institution	Pulmonary		Non-Pulmonary		Total
	Cases aged		Cases aged		
	Over 15	Under 15	Over 15	Under 15	
Holywell	1	..	..	..	1
St. Asaph	1	..	..	..	1
Totals	2	..	..	..	2

* NOTE—Ordinarily none available.

On the next page is a Table which classifies the persons who, being tuberculous inmates, were treated during the year at the Council's Public Assistance Institutions.

It will be observed that there was no case in any of the Institutions at the end of the year.

Table 58.

PUBLIC ASSISTANCE INSTITUTIONS—TREATMENT OF
TUBERCULOSIS.

The extent of Residential Treatment provided in the several Institutions
during the year for tuberculous persons chargeable to the Council.

Classification	In Institutions on January 1st	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on Dec. 31st	
Number of patients suffering from Pul- monary Tuberculosis admitted for Insti- tutional treatment	Adult Males	..	2	2	..	..
	Adult Females	..	..	..	..	..
	Children	..	..	..	..	..
	Total Persons	..	2	2	..	..
Number of patients suffering from Non- Pulmonary Tuber- culosis admitted for Institutional treat- ment	Adult Males	..	..	..	..	..
	Adult Females	..	..	..	..	..
	Children	..	..	..	..	..
	Total Persons	..	..	..	..	..
Totals .. ..	..	2	2	..	..

Section 12—PUBLIC ASSISTANCE.

A.—MEDICAL OUTDOOR RELIEF.

For the purpose of administering this form of relief the County is divided into districts with a Medical Officer in charge of each.

As will be gathered from the list of names in Section 1 (E) of this Report, 13 Medical Officers—all engaged on a part-time basis—carry out the work in this County. (These Medical Officers are also the Public Vaccinators under the Vaccination Acts of 1867 to 1898).

B.—INSTITUTIONAL MEDICAL RELIEF.

There are two Public Assistance (formerly known as Poor Law) Institutions in Flintshire, the Medical Officers being (Holywell) Dr. A. Owen Jones and (St. Asaph) Dr. A. H. Holmes (successor to Dr. H. Lloyd who resigned 31st December, 1937).

Incorporated in the preceding Section is a Table which indicates the number of tuberculous persons who received in-patient treatment at these Institutions during the year, while in Table 63 will be found a summary of the maternity cases so dealt with.

I now submit a number of Tables showing the provision made for the accommodation and treatment of the sick at these Institutions:—

Table 59.

PUBLIC ASSISTANCE INSTITUTIONS—BEDS PROVIDED.

Beds provided in the several Institutions (as at 31st December, 1937) for Sick, Maternity and Mental Cases.

Classification.	Holywell.	St. Asaph.	Totals
Number of Beds provided—			
For Men	60	51	111
For Women	74	61	135
For Children * (aged under 16 years)	8	10	18
Total number of Beds provided	142	122	264

* *Excluding Cots in Maternity Wards.*

The following two Tables classify the accommodation for, and give the number of beds occupied by sick, maternity and mental cases at the Public Assistance Institutions on the 31st December, 1937.

In perusing these Tables the explanatory notes below given should be observed:—

- (a) Wards not separately classified are grouped together.
- (b) These represent patients needing hospital treatment because they were suffering from some chronic disease, and also aged infirm persons whose medical and nursing needs approximated to those of chronic patients;
- (c) These refer to beds reserved specifically for the isolation and treatment of cases suffering from infectious disease;
- (d) Exclusive of isolation and labour beds;
- (e) Cases under Section 20 and 21 of the Lunacy Act, 1890;
- (f) Under Sections 24 to 26 of the Lunacy Act;
- (*) Children under the age of 16 years.

Table 60.

HOLYWELL PUBLIC ASSISTANCE INSTITUTION.

Classification of Accommodation for, and Number of Beds occupied by,
Sick, Maternity and Mental Cases on the 31st December, 1937.

Classification of Wards		No. of Wards	Number of Beds								
			Men		Women		Chil- dren*		Total		
			Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied	
Medical	..	8									
Surgical	..		60	55	74	62	..	..	134	117
Chronic Sick (a)	..										
Children	..	..	..	..	..	..	8	3	8	3
Venereal	..	..	..	..	..	..	..	..	..	..
Tuberculosis	..	..	..	..	..	..	..	..	..	..
Isolation (b)	..	1	..	..	..	..	..	..	..	..
Maternity	..	..	..	..	..	..	..	..	..	..
Mental—											
Lunacy Act, 1890 :											
Short Stay (c)	..	..	..	..	..	..	..	..	..	..
Long Stay (d)	..	..	..	..	..	..	..	..	..	..
Mental Treatment Act, 1930 :											
Voluntary	..	..	..	..	..	..	..	..	..	..
Temporary	..	..	..	..	..	..	..	..	..	..
Mental Defectives	..	..	..	..	..	..	..	..	..	..
Other	..	..	..	..	..	..	..	..	..	..
Totals	..	9	60	55	74	62	8	3	142	120	

Table 61.

ST. ASAPH PUBLIC ASSISTANCE INSTITUTION.

Classification of Accommodation for, and Number of Beds occupied by,
Sick, Maternity and Mental Cases on the 31st December, 1937.

Classification of Wards	No. of Wards	Number of Beds							
		Men		Women		Children*		Total	
		Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied
Medical	19	51	47	54	52	10	9	115	108
Surgical .. ..	..	..	..	..	..	..	..	..	..
Chronic Sick (a) .. ..	..	..	..	..	..	..	..	..	..
Children .. ..	..	..	..	..	..	..	..	..	..
Venereal .. ..	..	..	..	..	..	..	..	..	..
Tuberculosis .. ..	..	..	..	..	..	..	..	..	..
Isolation (b) .. ..	..	..	..	..	..	..	..	..	..
Maternity	3	..	..	7	6	..	..	7	6
Mental—									
Lunacy Act, 1890:									
Short Stay (c) .. ..	..	..	..	..	..	..	..	..	..
Long Stay (d) .. ..	..	..	..	..	..	..	..	..	..
Mental Treatment Act, 1930:									
Voluntary .. ..	..	..	..	..	..	..	..	..	..
Temporary .. ..	..	..	..	..	..	..	..	..	..
Mental Defectives .. ..	..	..	..	..	..	..	..	..	..
Other .. ..	..	..	..	..	..	..	..	..	..
Totals	22	51	47	61	58	10	9	122	114

The following Table gives particulars concerning patients who were admitted to the Infirmaries of the various Institutions during the year.

It also indicates, in respect of each Institution, the number of births, deaths, etc. which occurred:—

Table 62.

PUBLIC ASSISTANCE INSTITUTIONS.

Statistics in respect of the year ended the 31st December, 1937.

(A)—IN-PATIENTS.

Description.	Holywell	St. Asaph.	Total.
Total number of admissions (including infants born in the Institution)	203	440	643
Number of women confined in the Institution	—	75	75
Number of live births	—	69	69
Number of stillbirths	—	9	9
Number of deaths among the newly-born (i.e. under 4 weeks of age) *	—	3	3
Number of deaths among children under 1 year (including the above)	—	5	5
Deaths among women confined in the Institution	—	3	3
Total number of deaths	46	68	114
Total number of discharges (including infants born in Institution)	133	356	489
Of the patients deceased or discharged, number whose stay in the Institution was:—			
Four weeks or less	84	216	300
Over 4 but under 13 weeks	50	144	194
Over 13 weeks	45	64	109
Beds occupied—average during the year ...	113	107	220
Surgical operations (excluding dental) under general anæsthetic	1	12	13
Number of abdominal sections	—	4	4

(B)—OUT-PATIENTS.

Number of persons seen in the Out-Patient Department	—	—	—
Attendances in the Out-Patient Department ...	—	—	—

* Children born in Institution only.

From the following summaries will be gathered the aggregate number of patients who were discharged from, or who died in, the two Institutions during the twelve months under review.

The diseases from which they suffered are duly classified in respect of children under and persons over the age of 16 years:—

Table 63.
PUBLIC ASSISTANCE INSTITUTIONS—MATERNITY CASES
DEALT WITH.

Particulars.	Holywell.	St. Asaph.	Totals.
Number of Maternity Beds (exclusive of Isolation and Labour Beds)	—	7	7
Of the above, beds allocated to, and reserved for, expectant mothers needing hospital treatment	—	4	4
Number of Maternity Cases admitted during the year	—	95	95
Of the expectant mothers above referred to, number treated	—	95	95
Average duration of stay—Days per patient ...	—	24	24
Number of Cases delivered by:—			
Midwives	—	—	—
Doctors	—	78	78
Cases in which medical aid was sought by Midwife in emergency	—	—	—
Number of Cases notified as:—			
Puerperal Fever	—	2	2
Puerperal Pyrexia	—	—	—
Number of Cases of Pemphigus Neonatorum ...	—	—	—
Infants not entirely breastfed while in the Institution	—	14	14
Number of cases Notified as Ophthalmia Neonatorum	—	—	—
Number of Maternal Deaths in the Institution	—	3	3*
Number of Infant Deaths—			
Stillborn	—	9	9
Within 10 days of birth	—	3	3†

* Causes—(1) *Influenza and Pneumonia, confined of twins, acute puerperal insanity*; (2) *Forceps delivery of a macerated child, anæmic collapse, prematurity and ante-partum hæmorrhage*; (3) *Puerperal eclampsia, eight months pregnancy, albuminuria.*

† Causes—(1) *Premature birth*; (2) *Atelectasis and premature birth*; (3) *Jaundice, Congenital Debility.*

Table 64—HOLYWELL PUBLIC ASSISTANCE INSTITUTION.
Classification of In-Patients discharged or died during year
ended 31st December, 1937.

Disease Groups.	Number of persons, aged			
	under 16 years		Over 16 years.	
	Dis- charged.	Died.	Dis- charged.	Died.
Acute infectious disease	4	—	4	1
Influenza	—	—	6	1
Tuberculosis—				
Pulmonary	—	—	1	—
Non-Pulmonary	—	—	—	—
Malignant Disease	—	—	2	7
Rheumatism—				
Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	1	—
Non-articular manifestations of so- called rheumatism (muscular rheu- matism, fibrositis, lumbago and sciatica)	—	—	1	—
Chronic Arthritis	—	—	—	—
Venereal disease	—	—	—	—
Puerperal Pyrexia	—	—	—	—
Puerperal Fever—				
Women confined in Institution	—	—	—	—
Women admitted from outside	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth	—	—	—	—
Mental Diseases—				
Senile Dementia	—	—	1	—
Other	—	—	4	3
Senile decay	—	—	7	1
Accidental injury and violence	2	—	—	—
<i>In respect of cases not included above :</i>				
Disease of the Nervous System and Sense Organs	1	—	8	1
Respiratory System	1	—	17	3
Circulatory System	1	—	14	25
Digestive System	—	—	9	1
Genito-urinary System	—	—	3	3
Skin	5	—	11	—
Other Diseases	8	—	22	—
Mothers and infants discharged from Maternity Wards and not included in the above figures—				
Mothers	—	—	—	—
Infants	—	—	—	—
Totals	22	—	111	46

Table 65—ST. ASAPH PUBLIC ASSISTANCE INSTITUTION.
 Classification of In-Patients discharged or died during year
 ended 31st December, 1937.

Disease Groups.	Number of persons, aged			
	Under 16 years.		Over 16 years.	
	Dis- charged.	Died.	Dis- charged.	Died.
Acute infectious disease	—	—	—	—
Influenza	3	1	4	3
Tuberculosis—				
Pulmonary	—	—	1	—
Non- Pulmonary	—	—	—	—
Malignant Disease	—	—	4	3
Rheumatism—				
Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	—	—
Non- articular manifestations of so- called rheumatism (muscular rheu- matism, fibrositis, lumbago and sciatica)	1	—	6	—
Chronic Arthritis	—	—	—	—
Venereal disease	—	—	—	—
Puerperal Pyrexia	—	—	—	—
Puerperal Fever—				
Women confined in the Institution	—	—	2	—
Women admitted from outside	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth	—	3	5	3
Mental diseases—				
Senile Dementia	—	—	2	1
Other	1	—	30	—
Senile decay	—	—	22	18
Accidental injury and violence	—	—	24	1
<i>In respect of cases not included above :</i>				
Disease of the Nervous System and Sense Organs	—	—	9	1
Respiratory System	—	1	27	24
Circulatory System	3	1	—	4
Digestive System	3	—	4	4
Genito-urinary System	—	—	2	—
Skin	10	—	11	—
Other diseases	26	—	3	—
Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	88	—
Infants	65	—	—	—
Totals	112	6	244	62

Section 13—VENEREAL DISEASES.

As previously reported the County Council have made provision for the treatment of persons suffering from venereal disease by entering into an agreement with the Authorities of the Royal Infirmary, Chester.

In consideration of the treatment of all cases from Flintshire who attend the Infirmary the Council contribute towards the total cost of the scheme an amount proportionate each year to the number of Flintshire cases there-under treated.

The Infirmary is a duly approved Treatment Centre within the meaning of Article III of the Public Health (Venereal Diseases) Regulations, 1916, and the treatment is obtainable by the patient under conditions of freedom from publicity and cost.

The arrangements provide for the in-patient and the out-patient treatment of persons suffering from venereal disease of any form other than that of Ophthalmia Neonatorum*.

Opening four times weekly, the following are the Centre arrangements in operation at the present time:—

Day.	Time.	Patients.	Medical Officer.
Monday	5—7 p.m.	Female	Mr. Holgate
Wednesday	5—7 p.m.	Male	Mr. Holgate
Thursday	5—7 p.m.	Female	Dr. Paul
Saturday	12n.—2 p.m.	Male	Dr. Paul

During the year under review, 98 new cases were dealt with as compared with 78 in 1936, 77 in 1935, 53 in 1934, 65 in 1933, 55 in 1932, 54 in 1931, 51 in 1930, 63 in 1929, 64 in 1928, 64 in 1927, 48 in 1926, 50 in 1925, 64 in 1924, 47 in 1923 and 35 in 1922.

The fluctuations do not necessarily imply increases or decreases in the incidence of venereal disease. They do indicate, however, that there is a continued appreciation of the importance of proper treatment.

The following Tables are numerical summaries of the cases dealt with at the Centre during the year. From them it will be gathered that 3,235 attendances were recorded in respect of the 98 cases concerned and that 35 cases were discharged during the year after completion of treatment:—

* Such cases can, of course, be dealt with at the Infirmary, but they are not provided for in this scheme

Table 66.

VENEREAL DISEASES.

Flintshire cases dealt with at the Treatment Centre (Chester Royal Infirmary) during the year 1937.

Description.	Syph- ilis		Soft Ch'cre.		Gonorr- hœa.		Grand Total	Cases not V.D.	
	M	F	M	F	M	F		M & F	M	F
1. Number of persons dealt with at or in connection with the Centre for the first time and found to be suffering from the conditions specified	17	12	—	—	54	15	98	6	7
2. Number of persons discharged from the Centre after completion of treatment and final tests of cure in respect of the venereal conditions specified	5	4	—	—	22	4	35	—	—
3. Number of persons discharged in respect of whom the condition, from which they suffered was non-venereal	—	—	—	—	—	—	—	2	1
4. Number of persons who ceased to attend the Centre before the completion of their treatment for the conditions specified	7	5	—	—	19	9	40	—	—
5. Total number of attendances at the Centre made by Flintshire patients	394	339	—	—	2147	355	3235	9	8
6. Aggregate number of "in-patient" days of treatment given to Flintshire patients	140	70	—	—	289	80	579	—	—
7. Number of doses of approved arsenobenzene compounds given to Flintshire patients at the Centre	—	—	—	—	—	—	519	—	—

Table 67.

VENEREAL DISEASES.

Patients discharged from the Treatment Centre during the year after the completion of their treatment for the conditions specified.

Description.	Syph- ilis		Soft Ch'cre.		Gonorr- hœa.		Grand Total M & F	Cases not V.D.	
	M	F	M	F	M	F		M	F
1. Number of persons who were discharged, as above ...	5	4	—	—	22	4	35	4	3
2. Total duration of treatment of such persons, in days ...	6726	3717	—	—	8526	1113	20082	56	42
3. Aggregate number of attendances of such persons at the Centre ...	340	232	—	—	530	39	1141	10	9
4. Number of such persons who were treated as in-patients ...	1	—	—	—	—	—	1	—	—
5. Aggregate number of "in-patient" days for such persons ...	12	—	—	—	—	—	12	—	—
6. Number of such persons treated with Arsenobenzene compounds ...	5	3	—	—	—	—	8	—	—
7. Number of doses given of such compounds ...	243	215	—	—	—	—	458	—	—

The examination of pathological material is carried out in the laboratory of the Chester Royal Infirmary, and during the year under review 345 such examinations were made—eighteen fewer than were carried out during the preceding year.

Particulars of those carried out in respect of persons resident in Flintshire are given in the Table which follows;—

Table 68.
PATHOLOGICAL EXAMINATIONS.
(Carried out at the Royal Infirmary, Chester).

Description.	Number of Tests.			
	For Treatment Centre.	For Hospital and other Insti- tutions.	For Private Medical Practition- ers.	Total carried out.
Microscopical Examinations—				
For Detection of Spirochetes	1	—	—	1
For Detection of Gonococci	170	—	1	171
For other Organisms	—	—	—	—
Serum Tests—				
For Wassermann Re-actions	132	36	1	169
Others (for Syphilis)	—	—	—	—
For Gonococcal Infection	—	—	—	—
Cerebro-spinal Fluid Examinations	1	1	—	2
Culture Tests	—	—	—	—
Other Tests—				
Urine	2	—	—	2
Other	—	—	—	—
Totals	306	37	2	345

Generally a few patients receive treatment at Centres other than that of Chester, but during the year reviewed, one new case only visited a Centre under these arrangements, viz;—

Table 69.
VENEREAL DISEASES,
Flintshire Cases treated at other Centres.

Treatment Centre	Number of New Cases				Number of Attend- ances
	Syph- ilis	Gonor- rhœa	Not V.D.	Total Cases	
Liverpool—					
Royal Infirmary	14
Wrexham—					
War Memorial Hospital	1	..	1	23
Totals	1	..	1	37

Section 14—THE MATERNITY SERVICES.

The many activities comprised under this head are briefly reviewed in the sub-sections which appear in the next few pages.

Set out in the following order, they include:—(A) the Ante-natal (and Post-natal) Services, (B) the Catherine Gladstone Maternity Home, (C) the Public Assistance Infirmaries, (D) the Private Maternity Homes, (E) the Medical Practitioners, (F) the Midwives. (G) the Auxiliary Services.

The last mentioned include several services provided by the Authority, such as medical aid for midwives, specialistic aids in cases of puerperal fever, and so on.

A.—THE ANTE-NATAL SERVICES.

Medical Officers, private Medical Practitioners, Midwives and Health Visitors all in conjunction with our Maternity Homes, Ante-natal Centres, etc., are collaborators in these in the varying degrees and methods described in my 1934 Annual Report (pages 106 to 109).

For the moment, however, let us review the activities of the one which—more particularly, perhaps, than any other—represents the material expression of our present-day regard for the expectant mothers of our County—the Ante-natal Centre.

Listed as below, we in Flintshire have six such Centres:—

Table 70.

ANTE-NATAL CENTRES—FLINTSHIRE.

Name and Situation	Days open	Doctor's Attendances each month	Hours
Bagillt—Tabernacle School-rooms, C.M. Chapel	Every Tuesday	1st & 3rd Tuesdays	2—3 p m.
Buckley—Welsh C.M. Chapel, Mold Road	Every Monday	1st & 3rd Mondays	2—3 p m.
Holywell—Old Council School, Halkyn Street	Every Tuesday	2nd & 4th Tuesdays	9-30 a.m.—12 noon
Mold—Clinic Rooms, King Street	1st & 3rd Mondays	1st & 3rd Mondays	9-30 a.m.—12 noon
Rhyl—Old Emmanuel School, Vale Road	2nd & 4th Wednesdays	2nd & 4th Wednesdays	9-30 a.m.—12 noon
Shotton—Church Hall (St. Ethelwold's)	Every Thursday	Every Thursday	9-30 a.m.—12 noon

Reference to the summary which now follows will indicate that the number of expectant mothers who newly attended the recognised Ante-natal Centres during the year under review was smaller than that for the preceding year.

Another item of interest is that the 717 women shown in Table 72 to have attended the Centres as new cases numerically represent 35.7 per cent. of the total number whose confinements were notified, and 34.4 per cent. of those to whom births of children were statutorily registered, during the year under review.

By reading the figures laterally in the following Table we are enabled to review the progress of each Centre from its opening to the end of the year under notice, and also in some degree to measure the popularity, and therefore the general utility, of the Centres.

The particulars relating to those expectant mothers who consulted the Medical Officer at Infant Welfare Centres (as distinct from Ante-natal Centres) are not given in this table, for the reason that such consultations were for the most part merely interviews, and in no sense typical of the consultations available at the recognised Ante-natal Centre, where such examinations as are necessary form part of the procedure.

As shown in the heading thereof, and also in the first column, the table relates only to expectant mothers newly dealt with annually at the recognised Ante-natal Centres:—

Table 71

ANTE-NATAL CENTRES.

Expectant Mothers newly dealt with—1927-37 *

Centre.	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Bagillt ...	8	29	34	62	54	47	42	43	57	58	68
Buckley ...	7	26	59	68	44	26	34	37	48	60	49
Holywell ...	—	3	22	43	46	72	87	102	102	114	115
Mold ...	—	—	—	—	117	102	124	148	153	151	127
Rhyl ...	—	—	—	—	9	63	81	82	86	133	114
Shotton ...	75	213	251	304	231	244	270	295	316	324	244
Totals ...	90	271	366	477	501	554	638	707	762	840	717
Percentage of the Births notified	4.9	16.2	20.0	27.5	29.6	25.4	41.7	42.9	45.6	44.3	35.7

* Excluding those seen only at Infant Welfare Centres.

From the table which follows it will be gathered that no fewer than 774 women availed themselves during the year of the supervisory arrangements made by the Authority in their behalf, and that in so doing they voluntarily made, in the aggregate, 2,434 ante-natal attendances at the Centres—an average of 3.1 attendances per patient.

Figures such as these cannot fail to be a source of great encouragement to those interested in maternal welfare, for they evidence appreciation on the part of the women in whose interests the Centres are established:—

Table 72.

ANTE-NATAL ATTENDANCES OF WOMEN AT CENTRES.
(Year ended 31st December, 1937).

Centre.	Number of Sessions.	Patients dealt with. Old* Cases.	New Cases.	Total Cases.	Aggregate Attendances.	Average per Session.	Average per Patient.
Bagillt	... 21	4	68	72	151	7.2	2.1
Buckley	... 20	6	49	55	133	6.7	2.4
Holywell	... 22	3	115	118	313	14.2	2.7
Mold	... 22	21	127	148	398	18.1	2.7
Rhyl	... 22	20	114	134	386	17.5	2.9
Shotton	... 48	3	244	247	1053	21.9	4.3
Totals	... 155	57	717	774	2434	15.7	3.1

* *Patients whose names were on the books at the beginning of the year.*

It is gratifying to find that women are more and more showing their willingness to attend the Centres after their confinement.

This of course is very desirable, as it enables the Medical Officer to satisfy herself that the patient is suffering from no physical disability consequent upon parturition, or, alternatively, to advise the patient appropriately concerning the treatment of any existent disability.

As will be gathered from the following summary, 116 patients were seen at the Centres post-natally, and these made, in the aggregate, 165 attendances.

Table 73.

POST-NATAL ATTENDANCES OF WOMEN AT CENTRES.
(Year ended 31st December, 1937).

Centre.	Number of Sessions.	Patients dealt with. Old* Cases.	New Cases.	Total Cases.	Aggregate Attendances.	Average per Session.	Average per Patient.
Bagillt	... 21	0	11	11	11	0.5	1.0
Buckley	... 20	0	8	8	10	0.5	1.3
Holywell	... 22	2	17	19	24	1.1	1.3
Mold	... 22	3	6	9	12	0.5	1.3
Rhyl	... 22	2	20	22	29	1.3	1.3
Shotton	... 48	3	44	47	79	1.6	1.7
Totals	... 155	10	106	116	165	1.1	1.4

* *Patients whose names were on the books at the beginning of the year.*

The following classification is interesting because it indicates how many expectant mothers attended the Centres in respect of their first child, and how many in respect of children other than their first.

It will be observed that nearly half of the total were primigravida, and the remainder multipara, cases.

The former are shown in Column (2) of the table, and the latter in Columns (3) and (4), which two Columns indicate respectively the patients who had a normal history and those who had a history of some physical abnormality or other.

Table 74.

ANTE-NATAL PATIENTS—CLASSIFICATION.

Centre.	Primi-gravidæ	Multiparæ.		Total Patients.
		Normal History	Abnormal History.	
Bagillt	35	25	12	72
Buckley	24	22	9	55
Holywell	41	49	28	118
Mold	63	61	24	148
Rhyl	36	61	37	134
Shotton	106	83	58	247
Totals	305	301	168	774

The next summary is dissimilar from the last inasmuch as it classifies the women who attended the Centres post-natally—i.e., during the few weeks following the conclusion of their period of lying-in after confinement.

The method of classification resembles that of the preceding table, however, and accordingly distinguishes the women attending in respect of their first accouchement from those who had previously undergone confinement.

The large proportion of multipara cases is interesting herein, for the popularity of the Service amongst mothers of more mature experience appears thereby to be suggested.

Particulars of the abnormalities discovered among the patients are given in a subsequent table.

Table 75.

POST-NATAL PATIENTS—CLASSIFICATION.

Centre.	Primi-gravidæ.	Multiparæ.		Total Patients.
		Normal History.	Abnormal History.	
Bagillt	—	3	8	11
Buckley	2	3	3	8
Holywell	1	11	7	19
Mold	2	5	2	9
Rhyl	1	12	9	22
Shotton	6	19	22	47
Totals	12	53	51	116

The following table is an analysis of the pre-natal attendances made by the patients at both the Ante-natal and the Infant Welfare Centres.

From this it will be gathered that 533 of them attended more than once and that a large number made very commendable efforts to attend frequently and regularly.

It is hardly necessary to add that the utmost encouragement is given to those women who, financially or otherwise, unable to consult a private practitioner, are found to be in need of ante-natal supervision.

Table 76.

ANTE-NATAL ATTENDANCES OF WOMEN AT CENTRES.

(Ante-Natal, &c., Services).

Attendances made.	Bagillt.	Buckley.	Holywell.	Mold.	Rhyl.	Shotton.	Total Patients.	Total Attendances.	
1	43	19	37	47	48	47	241	241	
2	12	14	32	29	24	42	153	306	
3	7	12	23	30	21	33	126	378	
4	5	4	15	20	16	23	83	332	
5	2	4	7	13	6	21	53	265	
6	1	1	3	6	8	20	39	234	
7	1	1	1	2	7	19	31	217	
8	1	—	—	1	2	8	12	96	
9	—	—	—	—	2	14	16	144	
10	—	—	—	—	—	8	8	80	
11	—	—	—	—	—	6	6	66	
12	—	—	—	—	—	3	3	36	
13	—	—	—	—	—	3	3	39	
Totals	...	72	55	118	148	134	247	774	2434

Another analysis is now presented—that of the post-natal attendances of the women whose names were on the registers of the Authority's Centres.

Here we find that no fewer than 116 of our patients were so appreciative of the Authority's services that they voluntarily presented themselves at the Centres for examination by the Centre Medical Officer after having undergone their confinement.

Needless to say, these women were readily given the advice and guidance they needed and sought, and in a subsequent table particulars will be found of the physical disabilities which were found among them.

The post-natal attendances of these patients averaged 1.4 per person, despite the fact that such a high proportion happily found it necessary to attend once only.

Table 77.

POST-NATAL ATTENDANCES OF WOMEN AT CENTRES.

(Ante-Natal, &c., Services).

Attendances made.	Bagillt.	Buckley.	Holywell.	Mold.	Rhyl.	Shotton.	Total Patients.	Total Attendances.
1	11	6	15	6	16	32	86	86
2	—	2	3	3	5	9	22	44
3	—	—	1	—	1	2	4	12
4	—	—	—	—	—	2	2	8
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—
7	—	—	—	—	—	1	1	7
8	—	—	—	—	—	1	1	8
9	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
Totals	... 11	8	19	9	22	47	116	165

I now present a table which indicates the nature of the disabilities found amongst the patients who attended during pregnancy.

It is almost superfluous to say that a very pronounced need for expert guidance is hereby revealed:—

Table 78.

ANTE-NATAL PATIENTS—ABNORMALITIES FOUND.

Abnormality	Bagillt	Buckley	Holywell	Mold	Rhyl	Shotton	Total
Albuminuria	13	12	31	24	22	60	162
Anæmia	6	4	6	3	2	8	29
Asthma	—	—	1	—	—	—	1
Breast Trouble	3	1	—	3	3	4	14
Bronchitis	1	—	1	2	1	1	6
Caesarean Sec.	—	—	—	2	—	1	3
Debility	6	5	9	14	14	20	68
Diabetes	—	—	—	—	1	—	1
Eczema	—	1	—	—	—	—	1
Enteroptosis	—	1	—	1	—	—	2
Fibroid	—	—	—	1	—	1	2
Fœtal Death	—	—	—	—	3	3	6
Hæmorrhage	2	3	3	4	6	13	31
Heart Trouble	5	3	8	6	6	17	45
Hernia	—	—	—	1	1	2	4
Hydramnios	—	—	—	—	—	2	2
Induction	—	—	—	2	1	4	7
Malpresentation	1	1	4	4	4	12	26
Malproportion	—	2	1	—	2	4	9
Measurements	1	—	3	6	2	7	19
Menopause	—	—	—	—	—	1	1
Minor Ailments	12	13	29	32	40	63	189
Mult. Pregnancy	1	—	1	—	1	2	5
Nephritis	—	—	4	—	—	—	4
Phlebitis	—	—	—	—	—	7	7
Placenta Prævia	—	—	1	1	1	2	5
Prolapse	—	2	2	2	3	6	15
Retroversion	—	1	1	—	—	—	2
Rheumatism	—	1	—	—	—	1	2
Rupture—Prem.	—	—	—	—	1	—	1
Specific Disease	2	—	1	3	2	2	10
Teeth—Caries	23	12	33	31	45	43	187
Thrombosis	—	—	2	—	—	—	2
Thyroid—Enlgt.	—	—	—	1	2	2	5
Tubal Mole	—	—	—	—	—	1	1
Tuberc.—General	1	2	1	1	2	1	8
Tuberc.—Abdomen	1	—	—	—	—	—	1
Tuberc.—Glands	—	—	—	1	—	1	2
Total Abnorm.	78	64	142	145	165	291	885

As the last table showed the need for the expert supervision of the expectant mother, so also the following table indicates a similar need in respect of women who have recently undergone confinement.

It will of course be readily understood that the figures in this table do not all represent conditions which were directly the result of parturition. The fact remains, nevertheless, that many were due to such cause, and it is for reasons of the like this table reveals that post-natal supervision is so desirable.

Table 79.

POST-NATAL ABNORMALITIES FOUND.

Abnormality	Bagillt	Buckley	Holywell	Mold	Rhyl	Shotton	Total
Anæmia	—	—	2	—	—	—	2
Carcinoma—Cervix	—	—	1	—	—	—	1
Cervix Tear	—	—	—	—	—	2	2
Debility	—	—	3	—	2	3	8
Diabetes	—	—	—	—	—	1	1
Endometritis	—	—	—	—	—	1	1
Enteroptosis	—	—	1	—	2	1	4
Erosion—Cerv.	—	—	1	1	1	2	5
Fibroids	—	—	—	—	1	—	1
Fissure—Anal.	—	—	—	—	—	1	1
Heart Trouble	—	1	—	—	—	—	1
Hernia	1	1	1	—	1	2	6
Mastitis	—	—	1	—	2	2	5
Menopause	1	—	2	1	1	3	8
Minor Ailments	2	4	4	1	1	11	23
Nephritis	—	—	—	—	—	1	1
Orthopædic Case	—	—	1	—	—	—	1
Ovarian	—	—	—	—	—	1	1
Perineal Tear	—	1	1	—	1	—	3
Polypus—Cerv.	—	—	1	1	—	—	2
Prolapse	2	1	3	2	6	11	25
Retroversion	—	—	—	—	2	—	2
Rheumatism	—	1	—	1	—	2	4
Sterility	1	—	—	—	—	1	2
Veins—Varicose	1	1	—	—	—	1	3
Total Abnorm.	8	10	22	7	20	46	113

MATERNAL MORTALITY—Reference to this subject has been made in a previous section of this report (Section 5, Tables 14—16). An item of outstanding interest, however, comes to light when it is studied from the viewpoint of its relationship with the Authority's efforts on behalf of the expectant mother. This is, that of the total number of women whose confinement occurred in 1937, approximately half attended the Ante-natal Centres, while the remainder did not. I am very conscious of the fact that comparisons of this nature may be regarded as invidious, but nevertheless I feel that there is ample warranty for presenting the following figures, for they at least proclaim (1) the need for continued effort in enlightening the mothers and bringing them within the sphere of the Authority's beneficent activities, and (2) the need for extended and improved Centre facilities. In this connection I should perhaps remind the Authority and all concerned that the activities of the Centre are invariably conducted not in any sense against medical and midwifery agencies operating outside, but in the spirit of the most whole-hearted collaboration with Doctor and Midwife in the patient's best interest:—

Table 80.

MATERNAL MORTALITY.

Table showing Deaths of Mothers attending Ante-natal Centres in comparison with those of Mothers not attending such Centres.

Year.	Classification.	Number of		Rate per 1,000.	
		Confine-ments	Maternal Deaths.	Live Births	Total Births.
1930	Mothers attending Centres	524	2	3.88	3.81
	Mothers not attending Centres	1455	10	7.21	6.87
	Total Parturient Mothers	1979	12	6.31	6.06
1931	Mothers attending Centres	520	1	1.97	1.92
	Mothers not attending Centres	1398	8	6.11	5.72
	Total Parturient Mothers	1918	9	4.96	4.69
1932	Mothers attending Centres	585	0	0.00	0.00
	Mothers not attending Centres	1194	10	9.05	8.38
	Total Parturient Mothers	1779	10	5.95	5.62
1933	Mothers attending Centres	650	1	1.59	1.54
	Mothers not attending Centres	1075	6	6.02	5.58
	Total Parturient Mothers	1725	7	4.31	4.06
1934	Mothers attending Centres	689	1	1.47	1.45
	Mothers not attending Centres	1109	5	4.84	4.50
	Total Parturient Mothers	1798	6	3.50	3.34
1935	Mothers attending Centres	824	2	2.44	2.43
	Mothers not attending Centres	1107	8	8.07	7.23
	Total Parturient Mothers	1931	10	5.52	5.18
1936	Mothers attending Centres	943	3	3.24	3.18
	Mothers not attending Centres	1014	8	8.78	7.89
	Total Parturient Mothers	1957	11	5.99	5.62
1937	Mothers attending Centres	774	2	2.64	2.58
	Mothers not attending Centres	1313	7	5.69	5.33
	Total Parturient Mothers	2087	9	4.52	4.31

I now present a report which the Centre Medical Officer, Dr. Gwladys Rowlands, has at my request submitted in connection with the Ante-natal Services:—

Attendances—“The number of women who attended the Authority's Ante-natal Centres during the year amounted to 890. Of these, 774 were ante-natal cases and 116 were post-natal cases. The total attendances for the year amounted to 2,599.”

Methods—“The Centres have been conducted on practically the same lines as in previous years. Of the 774 ante-natal cases who attended, 305 were primigravidae, i.e., first pregnancies. It is very satisfactory to note that such a large percentage of mothers attend during their first pregnancy, as this pregnancy is usually the most difficult one, and the one at which most complications arise. I also observe that if they attend during their first pregnancy, they usually return to the Centres during their subsequent pregnancies. One criticism which is sometimes heard in connection with ante-natal work is that it leads to increased nervousness on the part of the prospective mothers. I have not found this to be true. On the contrary, I feel sure that regular routine examinations during pregnancy increases the mother's confidence and that she faces the time of her labour in a happier frame of mind. In the Ante-natal Centres the mothers are usually examined every month during the early part of their pregnancy and every fortnight during the latter part. In some cases more frequent examinations are necessary.

Accommodation—“The conduct of ante-natal work in the present premises at all the Centres has been very difficult. The Nurses and I are looking forward to the erection of new premises in the near future. Some of the present buildings are not even provided with a water supply. It will be a great pleasure to start work at the new Centre in Mold, and we all hope that new buildings will soon follow in other parts of the County.

Post-natal Consultations—“The post-natal work is carried out at the Ante-natal Centres. 116 cases attended, with a total attendance of 165. Amongst these, 113 ailments were found requiring treatment.

Cases of Debility—“Of the 890 ante-natal and post-natal cases, 76 were found to be suffering from definite debility. These cases, where necessary, were supplied with free milk by the Authority and by help in the way of nourishment by the Voluntary Committee of the local Welfare Centre. Some of the most serious cases were admitted to the Catherine Gladstone Maternity Home and some to the St. Asaph P. A. Hospital for ante-natal treatment and care. I find that most of them received great benefit in this way.”

Dental Conditions—"Of the 774 ante-natal cases, 187 were suffering from dental trouble. These figures indicate an improvement on the figures for dental trouble during 1936. On examining the records of dental defects during the last few years, I find that there has been some improvement each year. More patients are now willing to attend their own private Dental Surgeon during their pregnancy, and I feel that this is bound to improve the general standard of health of the mother.

Tuberculosis—"The question of tuberculosis and the expectant mother has recently received a great deal of attention in Wales. Eight cases of Phthisis were found, two cases of T. B. glands, and one case of T. B. abdomen. I feel sure that most of these were old standing cases and that the condition was latent before they became pregnant. They all passed through their pregnancy safely, and were sent to or were already under the care of the Tuberculosis Officer.

Heart Disease—"A certain amount of heart trouble was found in 45 cases. Some of these were found to be suffering from severe valvular disease of the heart. The cases requiring it were sent to Hospital for pre-natal care.

Collaboration—"The Matron and Staff of the Catherine Gladstone Maternity Home have continued to render valuable help to the ante-natal service. The increase in the number of beds at the Home during the coming year will make it possible to send more patients in for pre-natal care, and this will make the ante-natal work more effective in every way. My thanks are also due to the Matron and Staff of the St. Asaph P. A. Infirmary. Most of the ante-natal patients from the Rhyl and Prestatyn areas were sent in to this hospital during the year under review. The Inspectress of Midwives, the District Health Visitors and the practising Midwives have also loyally collaborated in the work, and I take this opportunity of thanking them for their willing help."

B—THE CATHERINE GLADSTONE MATERNITY HOME.

Situate at Mancot, near Queensferry, this Maternity Home was controlled during the period under review by a Joint Committee consisting of representatives of the Trustees of the premises and, in the majority, representatives of the County Council, and its activities were conducted on the lines I have described in previous reports.

The Staff comprises Matron (Miss Elizabeth Waring), one Sister, three Nurses, one Cook, one Laundrymaid, two Housemaids and one Porter-Gardener. All the Nurses are fully qualified. The County Medical Officer, who is the administrative Medical Officer and adviser to the Committee, visits the home as frequently as possible and is authorised to engage additional nursing assistance as and when required.

Dr. J. Gardiner Wigley, M.A., B.Ch. (Cantab.), F.R.C.S. (Eng.), the Honorary Gynæcologist to the Royal Infirmary, Chester, acted throughout the year as Consultant to the Home, and in that capacity rendered valuable service to the Patients, the Staff and the Authority. The marked proficiency which he displayed, and the promptitude of his response to the numerous calls he received, are matters which warrant the highest appreciation.

During the year under review the accommodation consisted of the following beds—lying-in, 10, labour, 1, observation, 1. There was, however, much need for extra accommodation, the County being inadequately served in the matter of institutional provision for ante-natal patients who required treatment.

The regulations approved by the Committee and reproduced in my report for 1929 are still in operation and are working well. They govern the admission, welfare and behaviour of the patients and also the general conduct of the Home.

Some measure of the popularity—and therefore the utility—of the Institution will be gleaned from the following table:—

Table 81.

CATHERINE GLADSTONE MATERNITY HOME.

(a) Patients dealt with—years 1924 to 1930.

Year.	1924	1925	1926	1927	1928	1929	1930
No. of Patients admitted	8	40	44	81	129	162	161

(b) Patients dealt with—years 1931 to 1937.

Year.	1931	1932	1933	1934	1935	1936	1937
No. of Patients admitted	157	175	201	232	240	220	185

The following details are now presented in connection with a very successful year's work:—

Cases dealt with—Patients in the Home at the beginning of the year, 5; number admitted during the year, 185; total dealt with, 190.

Patients' stay—Average stay of those admitted during the year, 17.27 days; average of the total dealt with, 16.98 days.

Deliveries—Delivered by the Midwives of the Home, 155; by the Medical Attendants engaged or called in, 17. Total actually delivered in the Home during the year, 172. Of the remaining eighteen, 9 were admitted for supervision and treatment but were delivered elsewhere, 1 died undelivered, 3 were in the Home undelivered at the end of the year, and 5 were those who, in on 1st January, 1937, had been delivered during 1936.

Medical Assistance—Medical aid was summoned by the Matron in emergency circumstances on 54 occasions.

Infectious Disease—No case of Puerperal Fever, Puerperal Pyrexia or Pemphigus occurred, but there was 1 of Ophthalmia Neonatorum which made a complete recovery.

Infant Feeding—All the babies born, with the exception of 9 only, were entirely breast-fed while in the Institution.

Mortality, Maternal—1 death only occurred, although many of the patients dealt with were admitted as emergency cases. The cause was certified as Pneumonia, with Albuminuria and Eclampsia, the patient dying sixteen hours after admission.

Mortality, Infantile—4 infants died within ten days of their birth, the causes being Prematurity due to toxæmia, 1; Neo-natal shock, 1; Breech birth, 1; Heart trouble (mother eclamptic), 1. Of these, all four were aged under one day, and in no case was there any necessity for post-mortem examination.

Stillbirth—13 cases occurred.

Co-operation with Ante-natal Centres—The Centre Medical Officer reports:—

“The Matron and Staff of the Catherine Gladstone Maternity Home have continued to render valuable help to the Ante-natal Service. The increase in the number of beds at the Home during the coming year will make it possible to send more patients in for pre-natal care and this will make the ante-natal work more effective in every way.”

Matron's General Observations—“Dr. Wigley has been consulted on several occasions and rendered valuable service.

“The mothers during the past year have, on their discharge, expressed their appreciation to me of the kindness and attention shown to them by the nurses—more so, even, than in previous years—and I feel very fortunate in having such a staff under my charge.

“The new extension will remove the necessity of extra beds being put up. I am hoping it will be well occupied and that all who need to come in can do so, as I have on so many occasions had to refuse, or postpone, the admission of patients requiring ante-natal treatment which would have been beneficial to them.

“The Medical Officer is quickly on the scene when needed and patiently considers any suggestion I make.

“The majority of the mothers continue to attend the Centres before and after the baby is born and appear to appreciate the advice given them by Dr. Rowlands, who invariably sends me particulars of any complications anticipated—so that I may get the patient in time. I am very grateful to her for her invaluable help in this manner.

“The General Medical Practitioners continue to send patients and respond immediately when called to attend, and I am pleased to say we work together very harmoniously.”

C.—PROPOSED NEW MATERNITY HOME.

Although, strictly speaking, the subject does not pertain to this particular Report, it is pleasing to be able to record that by purchase the County Council completed on the 29th July, 1938, the acquisition of a property at Rhyl (known as Fronfraith and situate in Russell Road) which is intended to be used as a second Maternity Home for Flintshire patients.

This, when in operation, will serve a long-felt need, as it will then be possible to cater more adequately for women resident in the north-west portion of the County.

D—THE PUBLIC ASSISTANCE INFIRMARIES.

Particulars of the maternity work carried out at the Infirmarys of your two Public Assistance Institutions—those of Holywell and St. Asaph—appeared in Table 63 of this Report.

From this it will have been gathered that 95 women in all were admitted during the year—all to the latter Institution and none to the former.

E—THE PRIVATE MATERNITY HOMES.

Of the twenty-five institutions registered by the County Council under the provisions of the Nursing Homes Registration Act, 23 were allowed to admit maternity cases.

Though privately established and conducted, these institutions are registered, inspected and supervised by the County Council, whose Inspector of Midwives, during the year under review, paid an aggregate of 126 visits (routine 111; special 15) in the course of her supervision on the Council's behalf.

F—THE MEDICAL PRACTITIONERS.

As I have frequently stated in previous reports, the sense of responsibility is strong among the medical practitioners of Flintshire in connection with their maternity work. In the records in my possession relating to the numerous calls which they receive from Midwives there is ample evidence of whole-hearted response and attention.

G—THE MIDWIFE.

Next to the conscientious Medical Practitioner, the trained and experienced Midwife is by far the most active and important of the agencies operating on behalf of our expectant and parturient mother, and it is pleasing to be able to record that we in Flintshire possess a complement of Midwives who collectively and individually appreciate their responsibilities and apply themselves wholeheartedly to their self-chosen duties.

Within the meaning of the law the County Council is the Local Supervising Authority in this connection, and under the respective heads reference is made in the following paragraphs to the work carried out in Flintshire not only by the Council, but also by the Nursing Associations and by the Midwives themselves:—

MIDWIVES PRACTISING—In Table 82 of this report particulars will be found concerning the midwives who notified their intention of practising in the area during the year under review and also those who were actually in practice at the end of the year.

COUNTY DOMICILIARY MIDWIVES—From the Table above mentioned it will be gathered that 4 of such midwives serve the Authority directly as full-time Domiciliary Midwives under the Midwives Act, 1936.

THE VOLUNTARY ORGANISATIONS—It will also be gathered that 32 of the Midwives were placed in their respective districts by voluntary bodies, mainly the Flintshire County Nursing Association.

CASES ATTENDED BY MIDWIVES—In attending a confinement case a Midwife is acting as a Maternity Nurse "when a doctor has been engaged to deliver the patient and she has sent for him on the onset of labour and he arrives before she leaves the house, and continues to be in charge of and responsible for the case throughout the lying-in period, but unless these conditions are all fulfilled she is acting as a Midwife." During the year under review the Midwives attended an aggregate of 1,934 cases—1,352 as Midwives and 582 as Maternity Nurses. (As will have been gathered from an earlier paragraph, however, patients to the additional number of 762 received medical aid).

STATUTORY NOTIFICATIONS—The notifications which the Midwives are statutorily required to send without delay to the Local Supervising Authority on the occurrence, in the course of their practice, of any of the emergencies specified in the Central Midwives Board Rules are described in Table 83 and in the paragraphs which immediately precede it.

MEDICAL AID TO MIDWIVES—Particulars as to the extent to which Midwives carried out the requirements of Section 14 of the Midwives Act of 1918 are supplied in Table 86.

SUPERVISION OF MIDWIVES—The County Council's work as Local Supervising Authority is described in a subsequent paragraph and also in the relevant table.

CONTROL OF INFECTION—With the object of preventing the spread of disease amongst patients, Midwives are temporarily suspended from practising (and required to disinfect their person, clothing, equipment and appliances) whenever, on account of their having themselves contracted, or having been in contact with, infectious disease, there is reason to believe that they have become liable to be a source of infection. Such action was necessary during the year in respect of 18 Midwives, as follows:—Puerperal Fever or Pyrexia, 7; Scarlet Fever, 5; Diphtheria, 3; Septic Finger, etc., 2; Typhoid Fever, 1.

ANTE-NATAL WORK BY MIDWIVES—The special book prescribed by the Central Midwives Board for the recording by Midwives of their ante-natal work is consistently used by all the Midwives in Flintshire, and on the basis of the numerous examinations made by the Inspectress there is no lack of evidence that the importance of this work is generally and thoroughly appreciated.

MONETARY PAYMENTS TO MIDWIVES—Monetary payments are made by the Authority to independent Midwives in the following circumstances, viz:—(1) when the Midwife, not being herself in default, sustains the loss of a fee in consequence of her being suspended from practice by the Local Supervising Authority (see earlier paragraph) and (2) when the Midwife incurs the loss of a fee by the fact that her patient is admitted on medical advice to a maternity home or hospital. Under the first of these provisions payment was made to Midwives in respect of 5 cases, and under the second in respect of 11 patients.

THE COUNTY MIDWIVES ASSOCIATION—Most of the Midwives of this County voluntarily belong to the local organisation of this name which, formed some years ago, aims at the promotion of the Midwife's interests professionally, educationally and socially. Several meetings are held in the course of each year, and these are usually addressed by prominent medical officers and general practitioners, to the great enlightenment of the Midwives as to modern advances in the science of midwifery.

TRANSGRESSIONS OF MIDWIVES—However slight the transgression, official notice is taken of every infringement of the Central Midwives Board Rules, and every Midwife in default is immediately called upon to supply an explanation. The result of this strict supervision, applied with the view of maintaining the service at a high standard of proficiency in the best interests of the patients and the public in general, is noticeable in the commendably low incidence, and the comparatively insignificant character, of the offences brought to light, the which, in respect of the year under review, comprised only—(a) Delay in transmitting statutory notification form, 16; (b) Incorrect completion of notification form, 10; (c) Failure to notify infection, 2; Miscellaneous minor offences, 1.

MIDWIVES PRACTISING—107 women in all notified their intention of practising as Midwives within the County area during the year under review. By so doing, however, they did not signify any intention of pursuing their calling permanently in the area, but merely complied with Section 10 of the Midwives Act of 1902, which imposes such notification upon them as a duty. As a matter of fact some of the women who so notified were Midwives who resided outside our County borders, while others practised temporarily for varying short periods, merely acting for permanent Midwives in times of holiday or sickness. Actually there were 95 Midwives in practice in the area at the end of the year as can be ascertained from the following table, in which they are duly classified:—

Table 82.
MIDWIVES IN PRACTICE.

Classification.	Trained and Cer- tified.	Certifi- cated only.	Uncer- tified.	Total.
Employed by County Council—				
Mancot Maternity Home ...	2	3	—	5
Holywell P. A. Institution ...	1	—	—	1
St. Asaph P. A. Institution ...	2	1	—	3
Domiciliary ...	1	3	—	4
Employed by Voluntary Associations—				
Flintshire Nursing Association...	6	26	—	32
Other (Local) Associations ...	3	3	—	6
Independently Employed—				
In Private Nursing Homes ...	5	8	—	13
In General Practice ...	7	24	—	31
As Unregistered Women ...	—	—	—	—
Total in practice at end of year ...	27	68	—	95

STATUTORY NOTIFICATIONS—Under the Rules of the Central Midwives Board, the Governmental Department responsible to the State for the registration and supervision of midwives, it is the duty of every midwife to send to the Local Supervising Authority, without delay and in a duly prescribed form, intimation of the occurrence of any of the following emergencies or events in the course of her midwifery practice:—

Medical Help—whenever the assistance of a registered medical practitioner has been sought by her;

Death—In the event of the death of her patient or such patient's child;

Stillbirth—In every case of stillbirth in which a registered medical practitioner is not in attendance at the time of the delivery;

Liability to be Infective—Whenever a Midwife has been as a Midwife, as a Nurse, or otherwise, in attendance upon or in contact with a patient or any other person suffering from any condition supposed to be infectious, or is herself suffering from any such condition, or otherwise liable to be a source of infection;

Laying out the Dead—In the event of her having prepared, or assisted to prepare a dead body for burial;

Artificial Feeding—Whenever it is proposed to substitute artificial feeding for breast feeding;

Change of Name or Address—Whenever the Midwife changes her name as the result of marriage or otherwise, or removes from one place of residence to another.

Having regard to the onerous nature of their work, and its attendant anxieties, it will, I think, be readily admitted that the following figures afford ample evidence that the Midwives of Flintshire have a very sound appreciation of the importance of keeping the Authority informed of all difficulties and emergencies that arise, especially when it is remembered that the foregoing are a charge upon the Midwives in addition to the notification duties which fall upon her in connection with births (vide Table 92):

Table 83.

NOTIFICATIONS RECEIVED FROM MIDWIVES.
(Excluding those relating to Births, for which see Table 92).

Description.	Number,
Medical Aid sought	762
Intention to Practise	107
Stillbirth	79
Artificial Feeding	63
Change of Name	2
Change of Address	17
Laying out Dead Body	12
Liability to be Infective	17
Death of Infant	22
Death of Patient	1
Total	1082

SUPERVISION OF MIDWIVES—Under Section 8 of the Midwives Act of 1902, the County Council is the Local Supervising Authority in connection with everything pertaining to the practice of midwifery, and is responsible, on behalf of the public, for the provision and operation of the machinery necessary to ensure the strict observance by Midwives of all the rules laid down for their professional conduct by His Majesty's Government. A full-time Inspectress of Midwives, Nurse Catherine Kershaw, S.R.N., S.C.M., C.R.S.I., acts on behalf of the Authority in this regard, and under the direction of the County Medical Officer carried out, during the year under review, a total of no fewer than 1,296 inspections, the number being made up as follows:—

Table 84.
SUPERVISION OF MIDWIVES.

Classification.	Number of Inspections.		
	Routine.	Special.	Total.
Employed by County Council—			
At the Mancot Maternity Home	...	—	—
At the Holywell P. A. Institution	...	—	—
At the St. Asaph P. A. Institution	...	—	—
Domiciliary	...	13	26
Employed by Voluntary Associations—			
Flintshire Nursing Association	...	268	430
Other (Local) Associations	...	17	24
Independently Employed—			
In Private Nursing Homes	...	111	126
In General Practice	...	431	668
As Unregistered Women	...	17	22
Total Inspections	...	857	1296*

* *The Midwife was inspected while conducting a confinement (patient actually in labour) in 8 cases, and was accompanied by the Inspectress on ante-natal visits in 13, during puerperium in 28, and on post-natal visits in 26 cases.*

The special visits referred to in the foregoing Table were paid mainly for the reasons specified below:—

Table 85.
SPECIAL VISITS TO MIDWIVES.

Reason for Special Visitation.	No. of Visits.
Maternal Death Investigation	15
Infant Death Investigation	19*
Stillbirth Investigation	94
Puerperal Pyrexia Supervision	105
Ophthalmia Neonatorum Supervision	142
Other Emergencies	33
Non-emergency Special Visits	31
Total Special Visits	439

* *Others were investigated by Health Visitors.*

G—THE AUXILIARY SERVICES.

In the following few pages will be found a brief review of the activities to which, as auxiliary services, reference has been made in the opening lines of the current Section.

MEDICAL AID TO MIDWIVES—In any emergency that arises in the course of her attendance upon a patient, a Midwife is required, under Section 14 of the Midwives Act of 1918, to summon to her aid a registered Medical Practitioner; and experience has already shown that this beneficent measure has been the means of preventing morbidity, if not mortality, in innumerable cases.

The conditions which brought about the summoning of medical aid during the year under review are shown in the following table:—

Table 86.
MEDICAL AID TO MIDWIVES.

Nature of Emergency.	Mother.	Child.	Total.
Abdominal Conditions	4	—	4
Abortion, Miscarriage, etc.	32	—	32
Albuminuria, Eclampsia, etc.	43	—	43
Asphyxiation	—	1	1
Breast Conditions	3	—	3
Cardiac Conditions	5	3	8
Collapse	2	—	2
Convulsions	—	2	2
Debility	21	22	43
Deformity	—	5	5
Digestive Conditions	1	—	1
Eye Conditions	—	45	45
Hæmorrhage	40	—	40
Hydramnios	2	—	2
Inertia (Uterine), Obstruction, etc.	185	—	185
Lung Conditions	8	—	8
Multiple Births	4	—	4
Nervous Conditions	4	—	4
Pelvic Conditions	20	—	20
Perineal Conditions	134	—	134
Placenta Difficulties	15	—	15
Prematurity	15	—	15
Presentation Abnormalities	64	—	64
Prolapse (Cord, Uterus, etc.)	2	2	4
Pyretic Conditions	25	—	25
Rectal Conditions	1	—	1
Skin Conditions	2	—	2
Stillbirth	—	4	4
Urethral and Vaginal Conditions	5	4	9
Venous Conditions	12	—	12
Miscellaneous Conditions	23	2	25
Totals	672	90	762

PUERPERAL FEVER AND PUERPERAL PYREXIA—Whenever a Midwife observes in her patient the pyretic symptoms which may be indicative of the presence of sepsis, i.e., when the patient's temperature rises to 100.4 deg. Fahrenheit and remains so for, or rises again within, twenty-four hours, or when a rise to above 99.4 occurs on three successive days, or when the pulse rate is observed to be steadily rising, she must immediately call in a Doctor (acting thereafter under his directions) and without undue delay (but in any case within twenty-four hours) notify the Local Supervising Authority that she has done so in order that the Authority's auxiliary services may be promptly brought into action. The arrangements made by the Authority in this connection include the following provisions:—Hospital Accommodation (at St. Asaph), Specialistic Aid (services of Consultant), Home Nursing (by experienced Nurse), and Bacteriological Examination (services of Pathologist), and with the exception of the two last mentioned, all these services were applied during the year, as the following table indicates:—

Table 87.
PUERPERAL FEVER AND PUERPERAL PYREXIA.

Particulars.	Puerperal Fever.	Puerperal Pyrexia.	Total. Cases.
Cases as primarily notified—			
By Medical Practitioners	3	25	—
By Midwives	—	14	—
By Others	—	1	—
Cases as finally diagnosed	8	35	43
Cases treated at residence—			
By General Practitioner only	2	21	23
By Practitioner and Specialist	—	1	1
Cases treated at Hospital—			
By Medical Staff only	6	10	16
By Staff and Specialist	—	3	3
Cases nursed at residence—			
By Midwife (trained) in attendance	2	22	24
By Midwife (untrained)	—	—	—
By Trained Nurse supplied	—	—	—
Cases nursed in Hospital—			
By Nursing Staff	6	13	19
Bacteriological Examinations—			
Of Lochia	—	—	—
Of Blood	—	—	—
Examinations unnecessary—			
Of Lochia or Blood	8	35	43
Cases who recovered—			
Under domiciliary treatment	1	22	23
Under Hospital treatment	3	13	16
Cases who died—			
At residence	1	—	1
In Hospital	3	—	3

OBSTETRIC EMERGENCY—The services of the Authority's Consultant are also available to Medical Practitioners on the occurrence of any serious illness or obstetric difficulty during a maternity patient's pregnancy or parturition, provided that in every case the Medical Practitioner must secure the Authority's sanction (through their Medical Officer) to such consultation in advance. It is realised of course that in certain exceptional circumstances such prior sanction cannot be obtained, but in these rare cases it is essential that the Practitioner should report his having called in the Consultant, stating the cause and the circumstances thereof, as soon as possible afterwards. During the year under review these arrangements were brought into action in respect of 24 patients (including four suffering from Puerperal Fever), the respective causes being:—

Table 88.
OBSTETRIC EMERGENCIES.

Nature of Emergency.	Patients.	Consultations.
Pyelitis of pregnancy. Four months cystitis. Pain right loin	1	1
Acute Pyelitis of pregnancy	1	1
Contracted pelvis. Bad obstetric history. Forceps	1	1
Transverse lie. (Rectification)	1	1
Pre-eclamptic. Six weeks history of œdema and albuminuria	1	1
Breech with extended legs. External version under anæsthesia	1	1
Hyperemesis Gravidarum. 6 days continuously. Dehydrated	1	1
Delayed labour. Uterine inertia	1	1
Prolapsed cord. Internal version and extraction	1	1
Placenta Prævia	1	1
Pregnancy and cardiac failure	1	1
Recto-vaginal fistulas	1	1
External version	1	1
Pregnancy with bronchitis and stenosis. 8th pregnancy	1	1
Obstructed labour	1	1
Disproportion. Primipara. High head. Examination under anæsthetic	1	1
Twin delivery. Post-partum hæmorrhage	1	1
Retained placenta. Manual removal of placenta	1	1
Delayed labour. No advance despite contractions	1	1
Ante-partum hæmorrhage	1	1
Acute mastitis (Puerperal). Abscess incised	1	1
Puerperal pyrexia. Mass in L.I.F.	1	1
Puerperal Fever. Retained placenta. Manual removal	1	1
Puerperal Fever. Thrombo-phlebitis both legs...	1	1
Total	24	24

OPHTHALMIA NEONATORUM—One of the conditions in respect of which the Midwife is required to call in a Doctor, and to notify the Authority that she has done so, this disease is also one which, like Puerperal Fever, is notifiable by the Medical Practitioner in charge of the case. Such notification is obligatory under the Public Health (Ophthalmia Neonatorum) Regulations of 1926 and 1928, and the extent to which this requirement was observed during the year under report is revealed in the following table. As a prophylactic measure the Midwives of Flintshire habitually use a drug (issued by the Local Supervising Authority) in the treatment of the eyes of the new-born infant (see pages 96—99 of 1932 Report), and there can hardly be any doubt that this procedure is beneficial in preventing the onset of this serious disease. Twenty-one were confirmed as Ophthalmia Neonatorum out of the fifty-three cases brought to the Authority's notice as cases of "Discharging Eyes, however slight."

Table 89.

NEO-NATAL DISCHARGING EYES.

Particulars.	Discharging Eyes.	Ophthalmia Neonatorum.	Total Cases.
Cases as primarily notified—			
By Medical Practitioners ...	—	21	—
By Midwives or Nurses ...	32	—	—
By other persons ...	—	—	—
Cases as finally diagnosed ...	32	21	53
Cases treated—			
At Patient's Home—			
By Doctor ...	32	14	46
By Midwife or Nurse only ...	—	—	—
At Hospital—			
By Hospital Staff ...	—	7	7
Cases untreated ...	—	—	—
Results of Disease—			
Recovery of Infant ...	32	20	52
Visual Impairment—			
One Eye ...	—	—	—
Both Eyes ...	—	—	—
Death of Infant ...	—	1	1

STILLBIRTHS—The general statistics relating to this subject have already been supplied (vide Tables 7 and 8) and its relationship with the main purpose of this section is all that we need consider now.

For some years a comparison has been made as between the number of stillbirths occurring among mothers attending the Authority's Centres and those not attending, and it is interesting to find that the figures relating to the former group are consistently lower than those relating to the latter.

Whether such comparison is of substantial value to us or not it is difficult to say. The fact remains, nevertheless, that the figures appear to add still another proof—to the many others—of the justification of the existence and the work of the Centres.

I need hardly remind the Authority that the number of stillbirths occurring annually in the County is tending to increase, and that this is likewise true of England and Wales as a whole.

Table 90.

STILLBIRTHS.

Incidence among Mothers attending Centres and those not attending.
Years 1929 to 1937.

Classification.	Number of		Rate per 1,000.	
	Infants born.	Still births.	Live Births.	Total Births.
1929 Mothers attending Centres	398	6	15.31	15.08
1929 Mothers not attending Centres	1586	80	53.12	50.44
1929 All Mothers	1984	86	45.31	43.35
1930 Mothers attending Centres	524	9	17.47	17.17
1930 Mothers not attending Centres	1455	69	49.78	47.42
1930 All Mothers	1979	78	41.03	39.41
1931 Mothers attending Centres	520	13	25.64	25.00
1931 Mothers not attending Centres	1398	89	67.99	63.66
1931 All Mothers	1918	102	56.17	53.18
1932 Mothers attending Centres	585	9	15.63	15.38
1932 Mothers not attending Centres	1194	89	80.54	74.54
1932 All Mothers	1779	98	58.30	55.09
1933 Mothers attending Centres	650	21	33.39	32.31
1933 Mothers not attending Centres	1075	79	79.32	73.49
1933 All Mothers	1725	100	61.54	57.97
1934 Mothers attending Centres	689	11	16.22	15.97
1934 Mothers not attending Centres	1109	75	72.53	67.63
1934 All Mothers	1798	86	50.23	47.83
1935 Mothers attending Centres	824	4	4.88	4.85
1935 Mothers not attending Centres	1107	116	117.05	104.79
1935 All Mothers	1931	120	66.26	62.14
1936 Mothers attending Centres	943	18	19.45	19.09
1936 Mothers not attending Centres	1014	103	113.06	101.58
1936 All Mothers	1957	121	65.90	61.83
1937 Mothers attending Centres	774	16	21.11	20.67
1937 Mothers not attending Centres	1313	82	66.61	62.45
1937 All Mothers	2087	98	49.27	46.96

Reverting to the general subject of stillbirths, of which 98 were registered in respect of the year under report, it may be of interest to review the results of an examination, made on my behalf by Dr. Rowlands, of the records made during the enquiries which, when possible, follow the notification of stillbirth, in order that some idea may be obtained respecting the influences which affected mother and child in this connection.

The following table supplies the information which emanated from this procedure:—

Table 91.

STILLBIRTHS—PROBABLE CAUSES.

Probable Cause.	Number of Cases.		
	Full Term.	Pre-mature.	Total.
Accident, Shock, etc.	1	4	5
Albuminuria, Toxæmia, etc.	3	9	12
Born before Midwife's arrival	—	—	—
Breech Complications	8	—	8
Cervix Rigid	1	—	1
Child abnormality	1	6	7
Cord Prolapse	3	—	3
Hæmorrhage—Ante-Partum	2	4	6
Hydramnios	1	1	2
Hydrocephalus	2	1	3
Ill-health of Mother	4	6	10
Labour Difficulties (general)	10	—	10
Overwork, Domestic Trouble, etc. (Mother)	—	2	2
Placenta Prævia	—	2	2
Plural Births (Multiple)	—	3	3
Presentation Abnormal	2	0	2
Specific (suspected)	—	5	5
Vomiting (excessive)	—	—	—
Causes unknown—			
Illegitimate child	1	—	1
Primipara	3	3	6
Previous history of Stillbirth	—	—	—
Report not available	—	—	—
Total investigated	42	46	88
Number not investigated	—	—	10
Total number of Stillbirths registered	—	—	98

Section 15—INFANT WELFARE.

The following paragraphs briefly review the activities of the various municipal and voluntary agencies which operate in the interests of the children of our County who are of pre-school age:—

A—BIRTH NOTIFICATION.

The object of the Notification of Births Act is to ensure that the local Child Welfare Authority—i.e., as far as Flintshire is concerned, the County Council—is enabled to become promptly informed of all the births which occur in its area, in order that the social machinery existing in their behalf may be set in motion.

The extent to which the requirements of the Act were observed in this area during the period under review is shown in the following summary, which also shows that the great majority of the notifications which arrived were received from the Midwives, who, of course, are supplied by the Authority, with the stationery necessary to enable them to do so.

Table 92.

BIRTH NOTIFICATION.

Births notified during the year.

By whom notified.	Number.		
	Live.	Still.	Total.
Midwives (including Maternity Nurses) ...	1704	79	1783
Medical Practitioners (including Medical Officers)	208	15	223
Parents (or Relatives)	—	—	—
Totals	1912	94	2006

B—HOME VISITATION.

This, of course, is one of the most important of the many duties of a Maternity and Child Welfare Authority, for it represents the most direct, economic and effective means of opportunely imparting to the greatest number of mothers accessible the information and expert guidance they need in connection with the nurture and general care of their younger children.

As most people are now aware, it is operated through the medium of a staff of trained and experienced Nurses who, known for this purpose as Health Visitors, call as frequently as may be necessary and interview the mothers at their homes.

More perhaps than in any other, the figures in the following statistical table represent activities that are not only varied in their character, but important in their significance. It is not inappropriate to add, even, that a careful perusal of this table is essential to a proper understanding and appreciation of the value and scope of the Health Visitors' work.

Table 93.

THE WORK OF THE COUNTY HEALTH VISITORS.

NOTE—(1) Except in relation to adult persons, the words "First Visits" throughout this table mean first visits literally, the infants referred to never having been visited in this County at any time before.
(2) The work of the Inspectress of Midwives is excluded.

GENERAL VISITS AND RE-VISITS TO INFANTS.

	A.	B.	C.
Aged under 1 mth—First Visits (A); Re-vis. (B); Total (C)	1761	662	2423
Aged 1 to 12 months do. do. do. ...	112	8474	8586
Aged 1 to 5 years do. do. do. ...	73	9845	9918
Total aged under 5 do. do. do. ...	1946	18981	20927

CONDITIONS FOUND ON FIRST VISITS.

Feeding—Breast only (A); Breast and other (B); Other foods only (C)	1345	182	335
Bottle—Boat type (A); Other types (B); Total used (C) ...	380	7	387
Home (Indoors)—Uncleanliness (A); Accom. Inade. (B)...	13	12	--
Home (Outdoors)—Drains Insan. (A); Privy Insan. (B); Refuse Disp. Insan. (C)	3	2	4
Other Insanitary conditions	4	—	—
Parents—Neglectful (A); Excessively ignorant (B); Ailing (Infec.) (C)	1	3	--

(Continued).

Table 93 (continued).

INFECTIOUS DISEASES—CASES VISITED, ETC.

(Note—This section must be taken as relating to infants aged under 5 only).

Measles & Ger. Meas.—First Visits (A); Re-vis. (B);				Total (C) ...	97	107	204
Whooping Cough	do.	do.	do. ...	74	100	174	
Scarlet Fever	do.	do.	do. ...	8	8	16	
Diphtheria	do.	do.	do. ...	3	4	7	
Mumps	do.	do.	do. ...	1	1	2	
Chicken Pox	do.	do.	do. ...	12	8	20	
Epid. Diarrhœa	do.	do.	do. ...	11	11	22	
Ophthalmia Neo.*	do.	do.	do. ...	6	4	10	
Pemphigus Neo.*	do.	do.	do. ...	—	—	—	
Poliomyelitis	do.	do.	do. ...	—	—	—	
Influenza	do.	do.	do. ...	18	13	31	
Pneumonia	do.	do.	do. ...	6	13	19	
Other	do.	do.	do. ...	3	2	5	

OTHER ROUTINE VISITS.

Expectant Mothers—First Visits (A); Re-vis. (B); Total (C)				280	432	712
Stillbirths*	do.	do.	do. ...	14	1	15
Deaths (under 1 mth.)	do.	do.	do. ...	35	1	36
do. (Aged 1—12 mths.)	do.	do.	do. ...	18	4	22
do. (Aged 1—5 years)	do.	do.	do. ...	11	7	18
do. (Maternal)	do.	do.	do. ...	—	—	—
Puerperal Fever*	do.	do.	do. ...	1	—	1
Puerperal Pyrexia*	do.	do.	do. ...	—	—	—

SPECIAL ENQUIRIES, INVESTIGATIONS, &c.

Milk Applications—First Visits (A); Re-vis. (B); Total (C)				476	178	654
Doctors' Fees	do.	do.	do. ...	578	100	678
Mater. Home Cases	do.	do.	do. ...	106	21	127
Blind Persons	do.	do.	do. ...	6	4	10
Mental Defectives	do.	do.	do. ...	6	2	8
Deaf Persons	do.	do.	do. ...	1	—	1
Orthopædic Cases	do.	do.	do. ...	23	9	32
Infant Life Protection	do.	do.	do. ...	12	167	179
Rhyl Cases (under 5)	do.	do.	do. ...	4	—	4
Other Enquiries, etc.	do.	do.	do. ...	—	—	—

WELFARE CENTRES.

Ante-Natal—Number of Openings (A);				Attendances by Nurse (B)		
				155	155	—
Infant Welfare	do.		do. ...	459	459	—
Orthopædic	do.		do. ...	100	100	—

MISCELLANEOUS DUTIES.

Other duties—First Visits (A); Re-vis. (B); Total (C) ...				—	—	—
---	--	--	--	---	---	---

(*) Normally visited by Inspectress of Midwives.

C—THE INFANT WELFARE CENTRES.

These comparatively small but highly important institutions, of which we now have ten in Flintshire, continued their beneficent activities throughout the year under review.

Described frequently as the concrete expression of the social campaign against infant mortality and morbidity, they render service of inestimable value to the community—at a cost so low that it is almost negligible—in the pursuance of their objects.

Such objects are, briefly stated—(1) to safeguard and promote the health and welfare of infants while preventing, as far as possible, the occurrence amongst them of illness and defect, especially those which arise from parental ignorance or indifference; (2) to advise and assist in the restoration and maintenance of the mother's health, and (3) to enlighten, instruct and guide mothers in the feeding, clothing and general nurture of their children.

Known, as they are, to the Authority, to the general public, and particularly to the thousands of mothers and infants who have derived untold benefit from their activities, they need no words of mine to commend them beyond those I used in my 1934 Annual Report (pages 141—2). I therefore content myself with simply presenting the following statement of their situations and their opening days and hours:—

Table 94.
WELFARE CENTRES—SITUATIONS, OPENINGS, ETC.

	Name and Situation.	Days open.	Doctor's Attendances each month.	Hours.
Bagillt	Tabernacle Schoolroom, C.M. Chapel	Every Tuesday	1st and 3rd Tuesdays	2—5 p.m.
Buckley	Welsh C.M. Chapel, Mold Road	Every Monday	1st and 3rd Mondays	2—5 p.m.
Flint	Wesleyan Chapel, Chester Road	Every Monday	2nd and 4th Mondays	2—5 p.m.
Holywell	Old Council School, Halkyn Street	Every Tuesday	2nd and 4th Tuesdays	2—5 p.m.
Mold	Clinic Rooms, King Street	Every Wednesday	1st and 3rd Wednesdays	2—5 p.m.
Mostyn	Robert Davies Memorial Hall	1st and 3rd Tuesdays	3rd Tuesday	9-30—11-30 a.m.
Prestatyn	English Presbyterian Schoolrooms	Every Friday	2nd and 4th Fridays	2—5 p.m.
Rhyl	Old Emmanuel School, Vale Road	Every Wednesday	2nd and 4th Wednesdays	2—5 p.m.
Saltney	Primitive Methodist Ch. Schoolroom	Every Friday	1st and 3rd Fridays	2—5 p.m.
Shotton	Church Rooms (St. Ethelwold's)	Every Thursday	Every Thursday	2—5 p.m.

The Medical Officer in charge of the Centres—Dr. A. E. Gwladys Rowlands—has, at my request, submitted thereon a report of which the following is a copy:—

Statistics—“Ten Welfare Centres have been established by the Authority to supervise the health of the children under five years of age. These are so situated that it is comparatively easy for mothers from all parts of the County to attend. I am glad to report that a large number of mothers have availed themselves of this opportunity. The figures in the table will show that 2832 babies and infants under the age of five years attended the Centres; 1103 of these were under twelve months old, and 1729 between 1 and 5 years old. The total attendance of infants at all the centres amounted to 20,968. In some parts of England and Wales, great difficulty is experienced in securing the attendance of infants over twelve months old, but in Flintshire I am able to state that 1,729 children of this age attended. It is very pleasing to report therefore that the Centres are to some extent able to supervise the health of the children of pre-school age.

Administrative Arrangements—“I have no alterations to report in the administrative arrangements for the conduct of the Centres. They have been conducted on the same lines as in previous years, keeping in mind that their main objects include the supervision of the general health of the children and the instruction of the mothers in the care of their own health. A large number of the mothers have been taught something about infant care at the Ante-natal Centres, so that they are not quite ignorant of mothercraft when their babies come.

Infant Feeding—“Great stress is laid on correct feeding of infants. Whenever possible, the mother is encouraged to breast-feed her baby. If this fails, correct methods of artificial feeding are taught to the mother, and every stage of feeding up to the age of five years is supervised by the Medical Officer and the Health Visitors. I am glad to report that the mothers take a keen and intelligent interest in this branch of the work. I feel sure that this explains the rare occurrence of rickets in this County.

Health of the Infants—“During 1937 the general health of the infants was good, and the standard of nutrition fairly high. I should like to point out that the Voluntary Committees gave free milks and other nourishment to a very large number of cases. I cannot remember a single instance when help of this kind was refused in a needy case. Some of the infants, of course, suffered from infectious diseases such as scarlet fever, measles, diphtheria and whooping cough. Many of these cases returned to the Centre suffering from the after effects of these diseases.

Infant Mortality—"Eight infants died, during the year, of causes other than congenital abnormality and prematurity. Four died of pneumonia, two of convulsions, one following operation and one from marasmus. The total number of live births in the County during 1937 was 1,989, so that the infantile mortality per thousand live births of Centre infants amounted to 40.22.

Accommodation—"In previous reports I have drawn attention to the growing difficulties under which the work of the Welfare Centres is being carried out. Every year the Centres are becoming more and more crowded, and this causes great discomfort to the patients in attendance. It makes the work of the Voluntary Workers, the Medical Officer and the Health Visitors very difficult. The members of the Mold Welfare Committee are looking forward with great pleasure to the opening of the new premises in Mold. When the Centre moves into the new building, it will be possible, I hope, to increase the activities of the Welfare Centre in other directions. There will be accommodation for giving lectures for Mothers on Mothercraft, and for sewing classes. I sincerely trust that more suitable provision will be made in other districts in the near future.

Co-operation—"I should like to take this opportunity of thanking all the members of the Voluntary Committees for their valuable help during the year. Their kind services are greatly appreciated by the Mothers, by the Nurses and by myself. I should also like to thank the Health Visitors for their loyal help and for the work that they have done both by home visitation and in the Centres."

I now submit a table which summarises the work carried out at the various Centres during the year under review.

The merest glance at this would serve to dispel any doubts hitherto entertained concerning the value of these institutions. A careful study, however, will reveal that they have now become established as something wholly necessary in our social services:—

Table 95.

INFANT WELFARE CENTRES.

Summary of Attendances, etc.

Description	Bagillt	Buckley	Flint	Holywell	Mold	Mostyn*	Prestatyn	Rhyl	Saltney	Shotton	Total
Number of Sessions held, i.e., number of times Centre opened during the year ..	46	48	48	48	47	26	49	49	49	49	459
Children who attended the Centre during the year for the first time and who, on the date of their first attendance, were—											
Aged under 1 year ..	38	134	161	159	157	42	85	123	45	293	1237
Aged 1 to 5 years ..	45	23	33	27	4	13	22	11	11	28	217
Total ..	83	157	194	186	161	55	107	134	56	321	1454
Children who attended the Centre during the year and who, at the end of the year, were—											
Aged under 1 year ..	25	70	153	107	138	30	97	208	38	237	1103
Aged 1 to 5 years ..	95	185	266	155	165	92	144	169	74	384	1729
Total ..	120	255	419	262	303	122	241	377	112	621	2832
Attendances made at the Centre during the year by Children—											
Aged under 1 year ..	304	1233	2214	721	1820	369	1620	2054	666	1810	12811
Aged 1 to 5 years ..	163	627	634	849	653	220	943	799	314	2955	8157
Total ..	467	1860	2848	1570	2473	589	2563	2853	980	4765	20968
Average attendance per Session—											
Aged under 1 year ..	6.6	25.7	46.1	15.0	38.7	14.2	33.1	41.9	13.6	36.9	27.9
Aged 1 to 5 years ..	3.5	13.1	13.2	17.7	13.9	8.5	19.2	16.3	6.4	60.3	17.8
Total ..	10.1	38.8	59.3	32.7	52.6	22.7	52.3	58.2	20.0	97.2	45.7
Average attendance per Infant—											
Aged under 1 year ..	12.2	17.6	14.5	6.7	13.2	12.3	16.7	9.9	17.5	7.6	11.6
Aged 1 to 5 years ..	1.7	3.4	2.4	5.5	4.0	2.4	6.5	4.7	4.2	7.7	4.7
Total ..	3.9	7.3	6.8	6.0	8.2	4.8	10.6	7.6	8.7	7.7	7.4

* Opens fortnightly only.

A summary is now submitted which portrays the growing popularity of the Centres, proves beyond all doubt their title to more appreciative regard, and proclaims the urgency of the need for their accommodation in premises worthy of their beneficent purpose.

At present seven of the Centres are held in the schoolrooms of various places of worship, one in a recreational institute, and two in old elementary schools.

I outlined the case for the erection of permanent clinical buildings on page 164 of my 1934 Annual Report, and am now pleased to be able to record that the Authority have already taken initial steps in the required direction. The new Mold Centre will, it is hoped, be ready in the coming autumn.

Table 96.

ATTENDANCES OF INFANTS AT CENTRES.

Years 1919 to 1937.

Year.	Bagillt.	Buckley.	Flint.	Holywell.	Mold.	Mostyn.	Prestatyn.	Rhyl.	Saltney.	Shotton.	Totals.
1919	—	—	—	—	—	—	—	—	—	880	880
1920	—	—	—	—	890	—	—	963	—	1728	3703
1921	—	—	—	—	1176	—	—	1142	—	2928	5337
1922	—	—	594	—	1043	—	—	1436	—	2327	5469
1923	—	—	532	—	1265	—	—	1088	—	3069	6034
1924	517	—	661	—	1134	—	—	1601	—	3266	7217
1925	751	—	855	—	1212	—	—	1351	—	3139	7364
1926	850	—	1323	—	1574	—	—	1594	—	3637	9008
1927	1219	679	1384	364	1387	—	—	1155	—	4008	10246
1928	1284	1379	1386	553	1205	—	—	1415	—	4266	11488
1929	1209	1651	1651	955	1551	—	—	1537	—	4830	13384
1930	1236	1261	1755	969	1817	—	—	1976	274	4795	14083
1931	1006	1422	1964	1451	2192	—	—	1780	806	5086	15707
1932	1102	1682	1851	1568	2328	—	—	2809	914	4581	16835
1933	1413	1927	2010	1549	1977	—	778	2335	956	5189	18134
1934	1421	1678	2184	1043	1814	550	1590	2650	1018	4786	18734
1935	1105	1670	2515	1140	2143	672	1669	2900	854	5895	20563
1936	1152	1487	3115	1489	2257	718	2476	3032	1033	4615	21374
1937	467	1860	2848	1570	2473	589	2563	2853	980	4765	20968

D—INFANT MORTALITY.

Figures relating to this subject have already been presented (vide Tables 10 to 13 of this Report) and it is very gratifying to find that, year by year—due, no doubt to the continued enlightenment of the mothers and the sustained efforts of Maternity and Child Welfare Authorities—the number of deaths occurring among children under the age of twelve months is steadily diminishing.

Little, if anything, has been said, however, concerning the subject in its relation to the work of the Infant Welfare Centres—those unassuming but highly potential institutions to which reference has been made in the last few preceding paragraphs—and because the purpose of these Centres is known to be that of instructing the mothers in the best means of caring for their young children, it occurs to me that some consideration of the matter in this connection is again justified.

I therefore submit a table which numerically distinguishes the deaths of infants who attended the Centres from those who did not attend, and from these figures I feel sure that the deduction can rightly be made that the prospect of a child's healthy survivance is enhanced by his or her being taken regularly to the nearest Welfare Centre.

During the year under report, as the table shows, 8 Centre infants died prior to their attaining the age of one year, the causes being as stated in the Centre Medical Officer's Report already quoted. Amongst non-Centre children, however (after deducting from the total all those which were the result of congenital conditions and violence) the number was a figure which, in my opinion, reflects favourably upon the work of the Centres.

Table 97.
INFANT DEATHS—INCIDENCE COMPARISON.
(Infants aged under 1 year).

Year.	Classification.	Number of Live Births.	Number of Deaths.	Percentage of Deaths.
1933	Infants attending Centres	793	15	1.89
	Infants not attending Centres*	792	21	2.65
	All Infants*	1585	36	2.27
1934	Infants attending Centres	804	10	1.24
	Infants not attending Centres*	847	34	4.01
	All Infants*	1651	44	2.66
1935	Infants attending Centres	955	12	1.26
	Infants not attending Centres*	788	23	2.92
	All Infants*	1743	35	2.01
1936	Infants attending Centres	1265	10	0.79
	Infants not attending Centres*	502	33	6.57
	All Infants*	1767	43	2.43
1937	Infants attending Centres	1237	8	0.65
	Infants not attending Centres*	671	40	5.96
	All Infants*	1908	48	2.52

* After deduction of cases of congenital debility, malformation, premature birth and violence.

E—PROVISION OF MILK.

Fresh milk is supplied by the Authority to expectant and nursing mothers and to infants aged under five years under a scheme which I have frequently described in past reports.

Though application forms are available to anyone desirous of applying for a grant of milk, they are in the ordinary course issued only to the District Health Visitors, for in the Authority's view it is they who, above all other employees of the Council, are in the best position to assure the Committee concerned of the applicant's bona fide need of milk as a food for herself or her infant child.

The Health Visitor having completed the form on behalf of the applicant—or at any rate verified the statements appearing thereon—the form is sent to the County Medical Officer, and he in turn submits it to the next meeting of a Committee which meets as frequently as is necessary, but never less often than once per month. Obviously urgent cases are, of course, sanctioned without delay by the Medical Officer, the Committee usually approving at their next meeting.

In respect of the majority of the applications received, a grant is made of one pint of milk daily for a period of four weeks. Occasionally, however, the amount granted is two pints for the same period.

Such grant of course can be, and is, extended, month by month, in the case of applicants whose circumstances are such as warrant the continuance of the supply on health grounds, and the only applications rejected are those of persons whose weekly income is above the figure laid down in the scale adopted for the purpose by the Council, and those who are otherwise provided for—by Public Assistance, for example.

Set out with the utmost brevity, the following is a statement of the Committee's activities in this connection during the year under review.

Table 98.

SUPPLY OF MILK.

Pints daily.	No. of weeks.	No. of grants.
1	2	1
1	4	637
2	4	47
Total Grants of Milk		685
Total Individuals supplied		460
Total Applications refused		16

F—INFANT LIFE PROTECTION.

As has already been stated, the Children and Young Persons Act of 1932 placed upon the Council all the duties associated with the registration, visitation and general supervision of infants aged under nine years who, apart from their parents or having no parents, are nursed and maintained by any person or persons for reward.

The officers engaged to carry out the executive part of these duties were the Council's twelve Health Visitors, each of whom, in respect of her own District, was duly appointed as Infant Protection Visitor by special resolution.

Since the 1st April, 1930, and up to the time of writing, 164 infants have been registered in all. Some, however, have been transferred to the care of the mother or approved relative, others have attained the age of nine years, others have been wholly adopted, while others have left the County the appropriate Authority being duly notified.

The following shows the position at the end of the year under review in connection with the administration of the Act in Flintshire:—

Table 99.

INFANT LIFE PROTECTION.

Number of persons holding appointments as Infant Protection Visitors:—					
Health Visitors	...	...	...	...	12
Others	...	...	...	...	—
Number of persons registered as having the care of a child or children for reward					
	...	...	...	...	49
Number of children registered as being in the care of foster parents within the meaning of the Act					
	...	...	...	...	60
Number of registered children who died in the course of the year—					
Inquest held	...	...	...	...	—
No Inquest necessary	...	...	...	...	—
Number of cases in which legal proceedings were taken under the provisions of the Act during the year					
	—
Number of cases in which the Authority gave a sanction under Section 3 of the Act					
	—
Number of Orders obtained during the year under Section 5 (1)—					
From a Justice	...	...	...	...	—
From a Local Authority	...	...	...	...	—
Number of visits paid to children during the year by the Infant Protection Visitors					
	...	...	...	...	179

G—OPHTHALMIA NEONATORUM.

I have in a previous Section described the arrangements which exist in the interests of the newly born child in connection with the prevention and treatment of this disease, a disease which, when neglected, so disastrously affects the child's vision. Midwives and Health Visitors are required to be particularly alert in the matter of discovering and attending to such cases, and it is gratifying to add that the efforts made in this direction resulted in the complete recovery of all the cases of discharging eyes which were brought to the Authority's notice—excluding the case of the one child who died—during the year under review.

H—ORTHOPÆDIC TREATMENT.

Under the arrangements I have so frequently described in the past, orthopædic treatment is available to Flintshire patients of all ages at the Robert Jones and Agnes Hunt Orthopædic Hospital (formerly known as the Shropshire Orthopædic Hospital) and also at the Orthopædic Clinics of Shotton, Holywell and Rhyl.

Opening as follows:—Shotton, every Friday morning, hours, 9-30 to 12; Holywell and Rhyl, in alternation, on Friday afternoon, hours, 2 to 5—the Centres are attended by specially trained Orthopædic Nurses at every opening, and by the Orthopædic Surgeon: (Shotton) every two months; (Holywell and Rhyl) every four months.

The arrangements provide for the treatment of—

Infants aged under 5 years—by the County Council under its Child Welfare Scheme;

Children aged over 5 but under 16 years—by the County Council's Education Committee; and

Adults (persons aged over 16 years)—by the Flintshire Orthopædic Voluntary Organisation.

During the year under review, as will be gathered from the following table, no fewer than 578 cases were dealt with, 199 of whom were new patients:—

Table 100.

CRIPPLING DEFECTS TREATED.

Description.	Aged 0—5	Aged 5—16	Aged over 16	All ages.
Number on Books at beginning of year	75	182	122	379
Cases admitted during the year ...	58	69	72	199
Total dealt with during the year ...	133	251	194	578(a)
Cases discharged during the year ...	60	72(b)	37(c)	169(d)
Number on Books at end of year ...	73	179(b)	157(c)	409(d)

(a) 6 others were examined—"Orthopædic Treatment Unnecessary."

(b) 5 of these under "Appliance Supervision" only.

(c) 29 of these under "Appliance Supervision" only.

(d) 34 of these under "Appliance Supervision," only.

The aggregate attendances made at the Clinics by the cases forming these groups were, respectively:—Infants, 537; Aged 5 to 16 years, 1,078; Adults, 587—a total of 2,202, and an average of 5.4 per patient.

Table 101.

CRIPPLES TREATED IN HOSPITAL DURING 1937.

Description.	Aged 0—5	Aged 5—16	Aged over 16	All ages.
In Hospital at beginning of year ...	—	1	5	6
Patients admitted during the year ...	3	17	15	35
Total treated during the year ...	3	18	20	41
Patients discharged during the year ...	3	17	19	39
In Hospital at end of year ...	—	1	1	2

A general idea of the periods which these patients spent in hospital may be gleaned from the following figures:—

Table 102.

HOSPITAL TREATMENT—DURATION.

Periods of Patients' Stay in Hospital during 1937.

Duration in Weeks.	Number of Patients.			
	Aged 0—5	Aged 5—16	Aged over 16	All ages.
1 week or under ...	—	5	4	9
Over 1 week but under 2 weeks ...	—	4	7	11
„ 2 weeks „ 4 „ ...	—	3	4	7
„ 4 weeks „ 13 „ ...	3	4	—	7
„ 13 „ „ 26 „ ...	—	1	—	1
„ 26 „ „ 52 „ ...	—	1	5	6
52 weeks (i.e., whole year) ...	—	—	—	—
Total number of Patients ...	3	18	20	41
Aggregate In-patient Days (1937) ...	226	685	1145	2056
Average Stay—Days per Patient ...	75.3	38.1	57.3	50.0

I now present a table which indicates the nature of the disabilities which brought these patients of all ages into the treatment scheme:—

Table 103.
DISABILITIES TREATED, 1937.

Disability.	Number of Patients Treated.			
	Aged 0—5	Aged 5—16	Aged over 16	Total Cases.
Arthritis	—	5	32	37
Congenital Deformities	28	39	8	75
Claw Foot	—	7	11	18
Erb's Palsy	1	1	1	3
Flat Foot	14	44	37	95
Hallux Rigidus	—	—	2	2
Hallux Valgus	1	2	7	10
Hammer Toe	1	—	1	2
Injuries	1	14	25	40
Knock Knees	11	31	—	42
Osteomyelitis	—	5	3	8
Poliomyelitis	—	29	10	39
Postural Defects	—	6	4	10
Rickets	34	4	—	38
Scoliosis	1	7	5	13
Spasmodic Flat Foot	—	2	1	3
Spastic Diplegia	—	—	2	2
Spastic Hemiplegia	3	9	5	17
Spastic Monoplegia	—	3	1	4
Spastic Paraplegia	1	5	—	6
Torticollis	18	5	—	23
Other Disabilities	19	33	39	91
Total Patients Treated	133	251	194	578

The cases whose names were removed from the Registers during the year are now classified in relation to the causes which governed their discharge:—

Table 104.
ORTHOPÆDIC CASES DISCHARGED.

Ultimate Result.	Aged			
	0—5	5—16	over 16	All ages.
Discharged "Cured"	3	2	2	7
Discharged "Improved"	2	14	10	26
Refused Treatment	34	32	16	82
Left District	2	8	5	15
Treated elsewhere	—	—	1	1
No Improvement	—	—	1	1
Died during the year	1	—	2	3
Total Discharged	42	56	37	135

From the following table we gather that the popularity, and therefore the utility of the Orthopædic Treatment Scheme is steadily increasing:—

Table 105.
CRIPPLES HITHERTO TREATED.
Years 1926—1937.

Year.	Number of Cases under Treatment.			Total Patients under Treatment†
	While aged under 5.	While aged 5—16 years.	When aged over 16.	
1926	24	68	7	99
1927	52	70	14	136
1928	50	76	34	160
1929	47	105	40	192
1930	37	132	58	227
1931	48	148	65	261
1932	69	147	84	300
1933	66	153	84	303
1934	85	182	108	375
1935	95	210	139	444
1936	126	237	175	538
1937	133	251	194	578

† Not necessarily new cases.

By means of the next—and final—summary we are enabled to form an estimate of the nett results of the work during a period of twelve years:—

Table 106.
CRIPPLING CONDITIONS AMELIORATED.
Years 1926—1937.

Year	Cured while aged			Total Cured.	Improved while aged			Total Im-proved.	Grand Total.
	Under 5.	5—16.	Over 16*		Under 5.	5—16.	Over 16.		
1926	—	—	—	—	—	1	—	1	1
1927	2	3	—	5	1	5	3	9	14
1928	—	2	—	2	2	2	1	5	7
1929	—	8	—	8	1	2	5	8	16
1930	2	4	2	8	—	4	2	6	14
1931	3	9	1	13	1	2	5	8	21
1932	8	12	10	30	—	8	12	20	50
1933	4	5	3	12	2	5	7	14	26
1934	5	10	4	19	6	4	17	27	46
1935	7	5	3	15	2	6	10	18	33
1936	4	6	6	16	5	9	20	34	50
1937	3	2	2	7	2	14	10	26	33

Section 16—BLIND PERSONS.

The duty of supervising the general welfare of the blind persons of Flintshire is one which devolves upon the County Council under Section 2 (1) of the Blind Persons Act of 1920.

In compliance with the requirements of the said Act (and with the provisions of the Local Government Act of 1929 which transferred to the Council the functions of the various Boards of Guardians in this connection) the Council have a scheme which provides for (1) the education and training of blind children; (2) the relief of unemployable blind, and (3) the visitation and home teaching of adult blind persons.

This scheme is operated under the administrative direction of the Council's Welfare of the Blind Committee for whom the County Medical Officer acts advisably and executively as Medical Officer.

The education and training of blind children (a definition of which, as well as that of blind adults, appeared in my 1931 Annual Report), is carried out by the Council's Education Committee in whom the requisite powers are vested under Section 52 of the Education Act of 1921.

The relief of the unemployable and other necessitous blind persons is administered under a scheme adopted by the Council which, after receiving the approval of the Ministry of Health, came into operation on the 1st April 1936.

The visitation and home teaching of the blind are duties which the County Council have delegated to two approved voluntary societies—the North Wales Society for the Blind and the Chester and District Blind Welfare Society. Representatives of both these organisations periodically visit the blind persons of their respective districts and report quarterly to the Council's Committee.

The duty of supervising the work of these two societies with the view of satisfying the Authority that it is efficiently carried out falls upon the County Medical Officer. This is being done consistently with the help of his two Assistants, and I am pleased to say that the Societies' work is being carried out in a highly satisfactory manner.

As an example of the service rendered by the Societies I quote the report submitted by one of the Home Teachers for one quarter of the year under review:—

“ Cases on register at end of previous quarter, Males, 28, Females, 28; Total 56. New cases registered, Males, 3, Females, 1. Deaths during quarter, Males, 1, Females, nil. Cases transferred to other Counties, nil. Number of visits paid to blind persons, Ordinary, 319; Special, 16. Material assistance rendered—General: Grants to sick and bedridden cases. Equipment: Cane for new learner for chair caning. Applications for Old Age Pension, 1. Examination by Ophthalmic Specialist, 1; cases sent for hospital treatment, nil. Supplied with Spectacles, 2. Number of Workers: Registered, 3; Pastime, 6; Learners, 5. Several new and re-conditioned wireless sets have been distributed this quarter, and have given great pleasure. Flag day at Rhyl realised £31/11/6.”

The number of blind persons' names which appeared on the Register at the close of the year ended 31st March, 1938, was 222.

These are classified in the following table:—

Table 107.

BLIND PERSONS REGISTERED.

(Year ended 31st March, 1938).

Description.	0—	1—	5—	16—	21—	40—	50—	65—	70—	?	Total
Number of registered Blind persons of the ages specified	—	2	8	7	27	18	56	25	76	3	222

The following classifies, in groups, the ages at which blindness occurred in respect of these cases:—

Table 108.

AGES AT WHICH BLINDNESS OCCURRED.

Description.	0—	1—	5—	10—	20—	30—	40—	50—	60—	70—	Un- known	
Persons who became blind at the ages specified	...	37	4	6	8	12	15	28	39	44	26	3

I now quote figures giving particulars with regard to the training, employment, etc., of these blind persons, excepting those aged under 16 years:—

Table 109.

EMPLOYMENT, ETC. OF BLIND ADULTS.

(Those aged 16 years and over—as on 31st March, 1938).

Classification	Number of persons.
Employed—	
By Blind Organisations—	
In Workshops	10
As Home Workers	12
Otherwise than above	8
Undergoing Training—	
Industrial	5
Secondary	1
Professional or University	—
Trained but unemployed	1
No training but trainable	1
Unemployable—	
Aged under 70 years	99
Aged over 70 years	75
Totals	212

The following table enumerates those of the unemployable who are in Institutions:—

Table 110.

BLIND PERSONS UNEMPLOYABLE.

Number resident in places specified as on the 31st March, 1938.

Where accommodated.	Number.
In Homes for the Blind	5
In Mental Hospitals	2
In Public Institutions	6
Total	13

The blind persons who are in approved occupations (other than those undergoing training), are severally employed as basket workers, boot repairers, brush makers, dealers or agents, domestic servants, hawkers, hand-knitters, machine-knitters, massage workers, mat makers, musicians, etc.

I now present a table which indicates what is being done in the matter of the training of juvenile blind persons:—

Table 111.

TRAINING, ETC. OF BLIND JUVENILES.

(The aged 5—16 years).

Position on 31st March, 1938.

Classification.	Number.
Normal—	
In Schools for the Blind	5
In other Schools	2
At no School	—
Mentally Defective—	
In Schools for the Blind	—
In other Schools	—
At no School	1
Physically Defective—	
In Schools for the Blind	—
In other Schools	—
At no School	—
Total aged from 5 to 16 years	8

Some of the persons whose names are on the County Register have afflictions additional to that of blindness, and particular attention is paid to these:—

Table 112.
BLIND PERSONS OTHERWISE DEFECTIVE.
(As on 31st March, 1938).

Classification.	Number.
Mental Deficiency	11
Physical Incapacity	31
Deafness	11
Deaf-Mutism	2
Mental and Physical Deficiency	—
Mental Deficiency and Deafness	1
Physical Incapacity and Deafness	2
Mental and Physical Deficiency with Deafness	—
Total—individual persons	58

A few extracts from the annual reports of the various Associations for the Blind will be of more than passing interest to all whose sympathies are extended to those suffering from blindness:—

NORTH-WESTERN COUNTIES ASSOCIATION FOR THE BLIND—“ During the year, a request for affiliation with the Association was received from the North-Western District Council of the National League for the Blind, and was acceded to.

“ The Third Fixed Grant Period under the Local Government Act, 1929, began on the 1st April, 1937. No alteration was made in the amount payable to this Association by any of the Local Authorities in the area.

“ One change in Administration was made in the area. At the request of the Denbighshire County Council, the North Wales Society for the Blind became responsible for the Welfare Work for the Blind in the whole of that County.

“ Five Meetings of the Committee have been held during the year and also a Conference with representatives of the Local Authorities of North Wales.

“ The Amended Blind Persons Bill passed both Houses of Parliament and received the Royal Assent before the end of March so the Act comes into force on the 1st April, 1938. The chief changes are that Blind Persons are eligible for the Old Age Pension at 40 instead of 50. Blind Persons and their dependants are removed altogether from the Public Assistance Committee and are to be the concern of the Blind Persons' Act Committee. “ Ordinary Residence ” is dealt with by a series of ‘ Five Year Periods.’

" The Association sent a Resolution to the Ministry of Health asking if it would be possible for Ophthalmic Benefit, under the National Health Insurance, to be made a statutory benefit instead of an occasional one. A reply was received to the effect that the change is not feasible at present but that the suggestion would be kept in mind.

" In connection with the Scheme of the Joint Blind Welfare Committee for the formation of one Regional Body for Wales and Monmouthshire, a Conference was held in Cardiff on the 30th September, 1937. Representatives of Local Authorities and Voluntary Agencies for the Blind in Wales and Monmouthshire were invited to attend the Conference which was presided over by the Lord Mayor of Cardiff. The principle of " One Regional Body for Wales and Monmouthshire " was adopted. Several delegates from North Wales refrained from voting as they had no mandates from their Councils. A Sub-Committee was appointed, consisting of six Local Authority representatives, three Voluntary Agency representatives and three representatives of the Blind, to draw up a Constitution. A second Conference was held in Shrewsbury to consider this constitution, which had previously been considered by the Joint Blind Welfare Committee and the Welsh Board of Health. The Constitution was adopted, with the majority of their amendments. It was arranged that the Wales and Monmouthshire Regional Council for the Blind should come into force on the 1st July, 1938, and that the first Meeting should be held in July. Each Local Authority and each Voluntary Agency for the Blind operating in Wales and Monmouthshire has been invited to appoint two members of the General Committee of the Council and one of these will act on the Executive Committee.

" On December 14th a Conference was held in the Town Hall, Chester, between representatives of the Local Authorities of North Wales and the Committee of this Association. After some discussion, it was decided that this Association should function until the Regional Council for Wales and Monmouthshire came into being and that " due and proper notice " would be given to this Association as to its termination.

" In last year's Report it was stated that this Association had arranged to pay one-third of the cost of any Hearing-Aid recommended by Dr. and Mrs. Ewing of Manchester for any registered blind person in this area and that the Local Authorities had asked if they would help in the provision of Hearing-Aids for blind persons in the relative districts. We are glad to report that every Local Authority gave a favourable reply to this request. One Authority (Caernarvonshire C.C.) promised to pay two-thirds of the cost of such instruments, others promised one-third and others promised to give each case sympathetic consideration.

" This Association received its share of the proceeds of the Wireless Maintenance Fund Appeal. This was divided amongst the constituent Agencies on the basis of the blind population in each district.

" The Medical Referee Service is still in operation but has not been made use of during the year under review."

THE CHESTER AND DISTRICT BLIND WELFARE SOCIETY—

“The work of this Society has increased steadily during the year under review.

“We have now 866 blind persons on our register, to whom the Staff has paid 17,545 visits; while over £12,800 has been distributed in grants on behalf of the Local Authorities to 535 of these people. The number of Registered Workers has increased, our workroom accommodation is practically full, and a special Sub-Committee has been engaged in seeking additional premises.

“Our 10 Socials met regularly all the year round; each enjoyed an ‘outing’ during the summer.

“Our ‘Penny in the Pound’ Group (Deeside Hospitals Fund) has grown steadily during the year, several members have proved its usefulness.

“Financially we have reduced our deficit slightly; sales are ‘up’ but work has grown so much in other directions that any benefit has been counterbalanced by other expenses.

“In October we inaugurated a Superannuation Scheme for the Staff; the older members will benefit to some degree, and all the younger personnel and any new appointments should find it a great advantage.”

NORTH WALES SOCIETY FOR THE BLIND—“The year under review can be regarded as an important period in many respects in the history of the Society.

“234 additional Registered Blind Persons have been placed on our Register, due to the decision of the Denbighshire County Council to transfer to this Society the blind in East Denbighshire area, thus bringing our total to nearly 1,100 persons.

“This also involved the transference of two Home Teachers and the new appointment of a Probationer. Our Home Teachers now number 10.

“Some of the Workers in this area, working in the Chester workshop, have been retained in the Establishment by special arrangement with Chester Society for the Welfare of the Blind.

“The new arrangement of areas is regarded by the blind persons concerned as giving entire satisfaction and they say they are quite happy.

“Very enjoyable Teas, Social Meetings, Rambles, etc., have been held in various parts of the area, which now comprises the whole of North Wales except East Flintshire.

“The Necessitous Grants Sub-Committee which meets weekly has dealt with 500 applications for clothing, bed-clothing, sick and need Grants, etc., including Examination by Ophthalmic Surgeons and the provision of Spectacles and Hospital Maintenance when required.

" A Fund has been created for Wireless Maintenance, and Batteries, etc. are now provided at half cost price. A Wireless Technician is employed part time at Headquarters. Many sets have been re-conditioned and re-issued, the parts for these sets having been granted as a free issue by the B.W.B.F. Upwards of 500 sets are " in circulation " and a deep debt of gratitude is due to the Wireless Fund especially for its new policy of providing All Main Sets and two valve and three valve Sets, all with Loud Speakers.

" The Society administers on behalf of four North Wales County Councils schemes for weekly Grants to Unemployable and other necessitous blind persons, having just completed its first full year in this respect. During the year £6,500 has been paid in weekly or fortnightly grants, usually by means of Postal Orders from the Headquarter Office. Since the commencement of the scheme, 638 applications have been considered.

" Scores of willing sympathisers, mostly ladies, have rendered invaluable assistance and earned our sincere thanks. Our Home Teachers continue to render services which are giving much joy, comfort and assistance to those under their care.

" Our Hon. Ophthalmic Surgeons, of whom we have five, have given unstinted attention and care to scores of cases submitted to them, and they readily deserve our deep gratitude.

" During the year, the Society suffered a great loss through the resignation through ill-health of the Chairman, Sir William Vincent, K.C.S.I., G.C.I.E., D. Litt.

" As a result of a report by a Joint Committee representing County and Municipal Councils, arrangements have been practically completed for the formation of a Regional Council for the Blind for the whole of Wales and Monmouthshire. This will mean the extinction of the North Western Counties for the Blind, of which this Society has been a member for so many years.

" It is pleasant to be able to record that nothing but the most complete harmony and co-operation has prevailed between us at all times, and it is with a deep sense of gratitude that we acknowledge the kind action of the Association in making a substantial Annual Grant to this Society whereby we were able to pay pensions to some of our most needy cases."

Section 17—MENTAL DEFICIENCY.

Under the provisions of the Act of 1913 which bears this title it is the duty of the County Council as far as Flintshire is concerned, to ascertain the defectives of this area, to provide suitable supervision, guardianship or accommodation for such persons and generally to sustain the responsibility of attending to their protection, care and control.

The persons who are subject to the provisions of this Act are those who are categorisable as Idiots, Imbeciles, Feeble-minded persons and Moral Defectives, provided that they are known to have displayed, before their attainment of the age of eighteen years, the mental characteristics which render them so classifiable.

In compliance with the requirements of the Act this duty is carried out in Flintshire by the Council's Mental Deficiency Committee, a body which consists of members of the County Council in the majority, and "other persons, some of whom 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 of the Committee.

The defectives are visited and reported upon by the Medical Officer and duly appointed supervisors (members of the Committee for the most part) and the Committee meets quarterly to consider the reports and issue instructions as to the care and supervision of the cases.

The two Mental Deficiency Institutions in the County are those of Broughton and St. Asaph, both of which are "certified" within the meaning of the Mental Deficiency Acts of 1913—1927. A third such Institution in the County—that of Coed Du, Rhydymwyn—belongs to the Denbighshire County Council.

At the two first mentioned Institutions, 56 patients were accommodated during the year, 40 at Broughton and 16 at St. Asaph. At the close of the year under review the County Register contained the names of 241 mentally defective persons concerning whom statistical particulars are furnished in the following copy of a return submitted to the Board of Control:—

Table 113.
FLINTSHIRE MENTAL DEFECTIVES.

Position on 31st December, 1937.

Classification.	Aged		Aged		Total.
	under 16	over 16	under 16	over 16	
	M.	F.	M.	F.	
Number of cases "subject to be dealt with"—					
Under "Order"—					
In Institutions (excluding those on Licence)	9	5	7	42	63
On Licence from Institutions	—	—	4	3	7
Under Guardianship (excluding cases on Licence)	1	—	3	—	4
On Licence from Guardianship	—	—	—	—	—
In "Places of Safety"	—	—	—	—	—
	Males.		Females.		Total.
Under Statutory Supervision—					
Awaiting removal to an Institution	—	—	—	—	—
Not awaiting such removal	82	—	66	—	148
Action not yet taken under any one of above headings—					
Notified by Local Education Authorities	—	—	—	—	—
Cases in receipt of Public Assistance—					
In P. A. Institutions not approved	13	—	6	—	19
In Certified Institutions	—	—	—	—	—
Domiciliary	—	—	—	—	—
Otherwise "ascertained"	—	—	—	—	—
Number of cases who may become "subject to be dealt with"					
Number of cases on the Registers of Occupation and Industrial Centres					
Number of instances in which Licence was granted—					
From Institutions	4	—	3	—	7
From Guardianship	—	—	—	—	—
Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship—					
To Institutions	—	—	1	—	1
To Guardianship	—	—	—	—	—
Cases notified by Local Education Authorities	2	—	1	—	3
Of the total number of mental defectives known to the Authority—					
Number who have given birth to children	—	—	—	—	—
Number who have married during 1937	—	—	1	—	1

The following is a copy of a Report received from a Commissioner of the Board of Control (J. C. Rawlinson, Esq.), following a visit by him in April (1938) to the Broughton Institution:—

“ Since the last visit on behalf of my Board, a year ago, there have been five admissions (three children, two women), one patient has been transferred to a mental hospital and one patient has died, the cause being septicæmia. There are therefore on the books the names of 41 patients of whom five male and four female patients are under 16 years of age.

“ At my visit I had the advantage of meeting both Dr. Williams and the assistant superintendent, Dr. Roberts. Miss Fletcher, the matron superintendent was away on holiday.

“ The patients, with the exception of one who might benefit from more advanced training elsewhere, are from low to medium grade; there is one cot and chair case. All were in residence and appeared as happy and contented as their mental status would allow. One woman, however, complained to me that she was not getting along too well and that she would like a transfer to another institution preferably a district near Banbury where her parents live. I discussed with Dr. Williams the question relating to the first above mentioned patient and he agreed she was of a much higher grade than the others, and as regards to the last mentioned patient he said perhaps a transfer elsewhere in her case might be advisable. She is a patient on contract here from another Authority.

“ In addition to the supervisors in the laundry, kitchen and sewing room there are usually two to three nurses available for day duty and one for night. About twenty of the patients are able under supervision to do some house-work and receive instruction in the three departments just referred to. The school is in charge of one of the nurses and these older patients who are of the lowest grade here, together with the children comprise the class.

“ I was informed that among the patients there are five epileptics prone to frequent fits and fifteen wet and dirty patients of whom seven were so daily.

“ Dr. Hughes, the visiting medical officer, is called in whenever necessary to attend to an individual patient's needs. The medical diary contains records of his visits. Dr. Williams informed me that he or Dr. Roberts were responsible for the health of the patients and that he examined them physically once or twice a year. Except for whooping cough the general health was described as very satisfactory.

“ The patients, weather permitting, are taken for walks daily and the suitable ones several times a year are taken to the cinema and to the pantomime, etc.

" A great deal of redecoration has been and is being carried out here, windows are being inserted in some rooms and will greatly add to the brightness of this building. On the top floor there are two dormitories sleeping 15 of the bigger girls, it has a room containing a bath and one hot and cold washing basin. I discussed with Dr. Williams the advantages, perhaps, of keying the taps and adding more washing basins.

" I feel the patients are in receipt of kindly care and sympathetic training and are in nearly every way given comfort and individual consideration. The provision of wireless would, however, be an asset as up to now they have depended upon that of Miss Fletcher's.

" At my visit to the laundry I was informed that the necessary guards to the calendar were in the course of construction. The hydro extractor lid can be raised while the cage is revolving (though not under power) and needs a further device. The belt driving the hydro extractor also needs protecting. Dr. Williams assured me no patient would work at or near the latter till this had been complied with.

" I have to thank Dr. Williams for every assistance during my visit."

I now reproduce a Report upon the Broughton Institution which was submitted by me to the Board of Control in June (1938):—

" I hereby report upon the above Institution in respect of the year 1937 as follows:—

" During the year under report there were 40 patients in the Institution all classified as low or medium grade. 8 of these were under 16 years of age (including 5 boys).

" About half of the female patients are occupied in useful work such as laundry, kitchen duties, sewing and general housework. Most of them receive instruction in one or more of the following subjects, viz: knitting, sewing, rug-making and crochet work. In the School, simple dances, songs, sponge painting, winding and threading, the making of woollen balls, building with blocks and plasticine, paper-folding and modelling, and organised games are taught.

" Picnics and country walks are arranged during favourable weather, and the patients are also allowed to play at skipping and other outdoor games in the field adjoining the Institution. During the winter months, dancing and singing is permitted indoors, and, when programmes are suitable, the Matron allows the patients to listen to the wireless in her own room.

" There were 9 of the girls who were members of the Broughton troupe of Girl Guides. The Captain and Lieutenant from Hawarden continue to attend the Institution once a week for the purpose of giving appropriate instruction to these girls.

“The average attendance at Sunday morning Services (at Broughton Parish Church) was 22.

“There was an outbreak of influenza at the Institution during the early part of the year amongst the patients and staff. All made good recovery. With this exception the general health of the patients was good.”

A Report submitted on the St. Asaph Institution on the same date is also here reproduced:—

“I hereby report upon the above Institution in respect of the year 1937:—

“There were 16 patients at the Institution during the year under report. 8 of these were males (4 of whom were on licence) and 8 females (of whom 2 were on licence). With the exception of one patient who was classified as a moral defective and one as an imbecile, all the patients were classified as feeble-minded.

“The patients were employed in laundry work, general domestic work and gardening.

“Walks, games, picnics and concerts are organised and patients are allowed to listen to suitable programmes on the wireless. The female patients do some knitting and crochet work.

“Two services as well as a Sunday School session are held in the Chapel every Sunday, and the majority of patients attend regularly.

“The general health of the patients throughout the year was good, and no case of infectious disease occurred.”

Section 18—SCHOOLS AND SCHOOL CHILDREN.

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

A general survey of the existing conditions is given in my 1937 Report on the School Medical Services. In this it will be seen that many substantial improvements were carried out by the Committee during the year, particularly as regards Playgrounds, Lighting, Ventilation, Warming, Furniture, Privies, Cloakrooms, and the provision of pure Drinking Water.

The disinfection of premises after infectious disease is efficiently carried out, when required, under the supervision of the District Medical Officer 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 and treatment of children immediately before, or at the time of, or as soon as possible after their admission to an elementary school, and on such occasions as the Board of Education direct, and the Education Act of 1918 gave the education authorities similar powers in connection with the pupils of secondary schools. The local education authority in this area is the County Council, its Education Committee consisting of members of the Council and 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 this Sub-Committee and annually to the Education Committee.

Full particulars of the work of the Service are given in the Report above mentioned. From this it will be gathered that the number of inspections of elementary school children carried out during the year amounted to 11,861. Excluding conditions of uncleanness and dental disease 2,209 (i.e., 47.8 per cent.) of the 4,621 individual children examined under the routine arrangements were found to be in need of some form of treatment, the majority of whom, directly or indirectly in consequence of the Committee's arrangements, received the treatment they required.

The Report referred to also shows that 878 examinations of secondary school children were carried out and that 225 of the 487 individual children examined required treatment of some form or other.

Pupils of our Continuation Schools were examined and the parents duly advised.

Dental Inspection and Treatment—A full-time School Dental Service operated in the County throughout the year, and dealt with both elementary and secondary school children. The Staff comprises two qualified dental surgeons and the Report above referred to includes the following figures:—Children dentally examined, Elementary 3,468, Secondary 263; Children found to require treatment, Elementary 3,056, Secondary 230; Children actually treated, Elementary 2,190, Secondary 123.

School Clinics—Primarily concerned with the treatment of minor ailments and defects in school children, more particularly those whose parents cannot afford treatment at the hands of the private medical practitioner, five School Clinics operated in the County during the year. Situated respectively at Holywell, Mold, Rhyl, Saltney and Shotton, treatment was

carried out at all five as well as examinations and consultations. Involving a total of 6,682 attendances on their part, 3,743 school children were dealt with during the year.

In addition to the foregoing provisions for the treatment of minor ailments, the Committee had arrangements in operation for (1) Orthopædic treatment of cripples, (2) 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 (3) securing operative treatment at local hospitals for enlarged tonsils, adenoids, etc. Full details of these arrangements appear in the School Medical Services Report already referred to.

School Nursing—This work is carried out by twelve 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, as will be gathered from two of the paragraphs which follow.

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 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 51,687 examinations of children by school nurses, involving a proportionate number of consultations with the parents.

In addition 5,999 ailing children were specially referred to the nurses for following up at the homes, and 8,399 visits to the homes were paid in connection therewith.

Infectious Disease 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 also one of the duties of the School Medical

Officer and his Staff. To measure the results of a strict supervision under this head is of course impracticable. The nature of infectious disease is such that it is only by the absence of cases that the preventive influence 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, isolation and treatment of every case that occurs.

During the year under review, for various reasons connected with health, 1,045 children were temporarily excluded from school. A high proportion were excluded on account of infectious disease. These cases were followed up at the homes by the School Nurses with a 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 95 school departments were closed for varying terms as a measure calculated to assist in controlling and checking epidemics. The causes in these cases were mainly Influenza, Measles, Whooping Cough, Scarlet Fever and Chicken Pox. In addition 116 Low Attendance Certificates were issued in respect of 56 Schools.

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:—

SCARLET FEVER.

Symptoms—Vomiting; pains in back and limbs; headache; sore throat; raised temperature; tongue coated with thick white fur. Rash on first or second day, first on chest and rapidly spreading. Pallor round the mouth. Diffuse red blush with pin-point red spots. Later, peeling of skin.

Incubation Period—From 1 to 8 days.

How Communicable—By breath, by saliva and by peeling of skin.

Period of Exclusion—Patient: Two weeks after return from hospital, or, in the case of a patient treated at home, two weeks after release from isolation. Contacts: One week after removal of patient to hospital, or, in the case of patient being treated at home, one week after release from isolation. No case is to be readmitted having any discharge from nose or ears, or before his house has been disinfected.

General Notes—Most infectious at onset of eruption. Cases usually remain in hospital or isolation for six weeks, but longer if discharges continue from ear, nose or throat. The disease usually spreads slowly from child to child—but not in the rapid manner characteristic of measles—and diligent search for "slight" cases and careful supervision of contacts should therefore be made by Teachers.

Verminous Conditions—The arrangements providing for the control of these conditions have been outlined in the preceding paragraph headed "School Nursing." Speaking of pronouncedly 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 1,381 children found to be affected with verminous conditions. 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 their 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 wherein parental ignorance, indifference or negligence figure largely, it is not too much to hope that these conditions, as well as diseases such as ringworm, scabies and impetigo, will eventually become things of the past.

conditions. The average growth for the entire 25
 years has been 1.5% in the average growth based
 on the average of the two conditions. The
 growth of the head and neck is extremely low at
 the present time, although the growth has been low for
 a few years. During the 25 years there were 1,251 children
 found to be affected with various conditions. In the very high
 standard upon which the estimate of the number is based in the County
 report is to be taken into account that it is considered that the
 number of cases of low, very low, and the children who
 are included in various conditions, many of which are in their
 early years, in which the presence of such is detected, shows
 that the number is based on the fact that the data is not
 limited when the absence of this in a child's head will be exceptional.
 In addition, by attention to the preceding cause which is not
 included in the statistics from 1905, it is not too much to hope
 that these children, as well as those who are affected with
 various conditions, will eventually become things of the past.



