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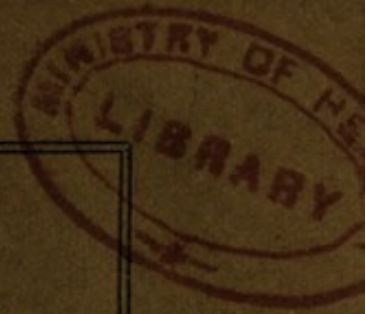
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# Flintshire County Council.



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# REPORT

BY THE

## MEDICAL OFFICER

ON THE

## HEALTH CONDITIONS

WHICH PREVAILED IN THE ADMINISTRATIVE

## COUNTY OF FLINT

DURING THE YEAR

# 1938.



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COUNTY OF FLINT.

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The Chairman and Members  
of the County Council.

Mr. Chairman, Ladies and Gentlemen,

I present to you, in the following pages—and in a manner accordant with the requirements of H. M. Government—my report on the health of the County of Flint in its relation to the calendar year 1938.

In so doing, I 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, November, 1939.

## ADMINISTRATION.

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### A.—MEMBERS OF COMMITTEES.

**PUBLIC HEALTH**—Aldermen Sir John E. Bankes, J. Roberts Jones, W. J. Rees, E. Roberts, W. H. Starkey, H. R. Thomas, T. Waterhouse, Roger Williams. Councillors J. Bell, J. Brookes, Mrs. M. Davies, R. Davies Davies, F. B. Edwards, G. P. Edwards, L. Edwards, E. G. Evans, J. Forber, W. A. Jones, Lady Kenyon, Lady Lewis, L. McKeon, Mrs. Oates, A. D. H. Pennant, G. Peters, W. S. Rathbone, A. Roberts, G. J. Roberts, W. Roberts (Leeswood), W. Roberts (Caergwrle) (dec'd.), A. Scholey, 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. Hamilton, Mrs. G. Humphreys, Mrs. Millar (dec'd.), Miss M. J. Parry, Mrs. G. O. Williams, Mrs. L. Humphry Williams.

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

BLIND WELFARE—Aldermen W. R. Evans, 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. Representing Chester Society :—Miss I. V. Burges (dec'd), Miss L. O. Burges. Representing North Wales Society :—Mrs. E. E. Davies.

MANCOT MATERNITY HOME—Aldermen S. Vickers, Mrs. H. L. Williams. Councillors L. McKeon, T. Williams, Mrs. Oates. Representing Trustees :—Mrs. M. M. Davies, Miss C. Gladstone, Mrs. T. Owen, Mr. W. B. Yates.

JOINT MEDICAL SERVICES—Aldermen Trevor Eyton (dec'd.), 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—Alderman Mrs. Hamilton. Councillors Mrs. M. Davies, 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, Lady Kenyon, 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 (dec'd.). 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. F. Craddock, W. Hockenhull, W. Huxley.

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

## B.—DEPARTMENTAL STAFF.

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

*Assistant Medical Officers*: Aneurin Evan Roberts, M.B., B.S. (Lond.); A. E. Gwladys Rowlands, M.B., B.S. (Lond.), 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.);  
R. H. Evans, L.D.S. (B'ham) (*Resigned 31st March, 1939*);  
W. Rees Owen, L.D.S.), (*Began 1st May, 1939*),

*Supervisor of Midwives*: Mrs. Catherine Kershaw, S.R.N., S.C.M.,  
Cert. R. San. Inst. (*Retired 9th July, 1939*); Miss Frances M.  
Smith, S.R.N., S.C.M., H.V. Cert., R. San. Inst. (*Began 5th  
June, 1939*).

*Matron of Maternity Home*: Miss Elizabeth Waring, S.C.M., &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., Tb. Cert.	Holywell—Miss L. Reynolds, S.R.N.
Caergwrle—Miss L. M. Eyes, T.N., S.C.M.	Maelor—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.	Mold—Mrs. M. Ll. Taylor, S.R.N.
Con Quay—Mrs. J. M. Hampson, S.R.N., C.M.B., H.V. Cert., Tb. 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., Tb. 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. ( <i>left 25/9/38</i> ); Miss A. M. Jones ( <i>began 10/10/38</i> ).

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

*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*).

*Senior Clerks*: William Ithel Roberts (*County Health*); Arthur  
Whitley (*School Medical*).

## 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, C.B.E. (*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.

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

- Public Assistance Officer* : Mr. Isaac Hughes,  
Public Assistance Offices, Holywell.
- Agricultural Organiser* : Mr. W. E. Lloyd, M.Sc.,  
County Education Offices, Mold.
- 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.
- Ophthalmic Consultant (Fee-paid)*—Dr. E. F. Wilson, Chester, and Dr. Shuttleworth, Colwyn Bay.
- 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. R. Dalling, Caergwrle; I. P. Nelis, Mold; O. W. Bateman, Flint; C. E. Morris, Holywell; J. Brown, Ffynnongroew; H. S. Bell, Prestatyn; E. O. Lakey, Rhyl; A. H. Holmes, St. Asaph; W. M. Casper, Overton; R. B. McColl, Hanmer; W. A. Hennessy, Marford and Hoseley.
- 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 Officers (Chester Royal Infirmary)*—Dr. A. B. Paul; Dr. W. Holgate.

## 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—1938.

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. I. Jones, M.S.I.A., M.R.S.I., Council Offices, Rhyl.
Hawarden Rural	Dr. J. Llewellyn-Jones, Hafod, Station Road, Hawarden	Mr. M. Emllyn Thomas, C.S.I.B., C.R.S.I., (M. & F.), Council Offices, Hawarden (For No. 1 District).
Holywell Rural	Dr. I. P. Nelis, The Manse, Mold	Mr. Watkin Williams, C.S.I.B., C.R.S.I., (M. & F.), Hawarden Road, Abermorddu (For No. 2 District).
Overton Rural	Dr. W. M. Casper, Overton Hall, Ellesmere	Mr. R. D. Jones, C.R.S.I., and M.I.M.C.E., Bryn Awelon, Mold.
St. Asaph Rural	Dr. Henry I. Lloyd, Garthwen, St. Asaph	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.
		Mr. E. O. Evans, F.S.I.A., C.R.S.I., Hafod Elwy, St. Asaph.

\* Part time.

† Full time.

## SECTION A.

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

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

POPULATION—The population of the County—estimated by the Registrar General as at mid-year of the year under review—is 121,020, of which 61,300 represents that of the Urban Districts in the aggregate, and 59,720 that of the Rural Districts. The population as ascertained by the Decennial Census in 1931 was 112,889.

RATEABLE VALUE—The produce of a penny rate estimated in respect of the year ended the 31st March, 1939, was £2428/10/0. The rateable value of the County in relation to the same financial year was £648,724.

Table 1.  
AREA AND POPULATION.

District.	Area in Statute Acres (Land & Inland Water).	Population.					Estimated Mid-Year, 1938
		By Census.					
		1901	1911	1921	1931		
Urban—							
Buckley ...	2646	5780	6333	6726	7167	7065	
Connah's Quay	4214	3396	4596	5060	5982	6442	
Flint (M.B.) ...	6243	4625	5472	6298	11516	13140	
Holywell ...	2532	2652	2549	3073	5599	6515	
Mold ...	1164	4263	4873	4659	5280	5716	
Prestatyn ...	3219	1261	2036	4415	5781	6742	
Rhyl ...	1700	8473	9005	13968	13489	15680	
Rural—							
Hawarden ...	31576	15821	20571	24036	26563	27690	
Holywell ...	58515	23999	25328	25933	20211	20450	
Overton ...	29749	5057	5176	5102	4761	4288	
St. Asaph ...	22149	6158	6766	7347	6500	7292	
Total Urban ...	21718	30450	34864	44199	54814	61300	
Total Rural ...	141989	51035	57841	62418	58035	59720	
Whole County ...	163707	81485	92705	106617	112849	121020	

SOCIAL CONDITIONS—Although agriculture is known to occupy the foremost place statistically, the County can fairly be described as largely of an industrial character. Coal mining is carried out on a substantial scale, though considerably less than formerly; and lead mining occupies a large number of men. Silicate and limestone quarrying is increasing in its proportions, and the manufacture of steel sheeting and that of artificial silk gives employment to some thousands. Relying on markets which vary with changing commercial conditions, however, it is needless to add that the County has suffered—and still suffers very considerably—from unemployment.

BIRTHS (LIVE)—The number of livebirths registered as pertaining to the County in respect of the year under review was 1,998 of which 1,928 were recorded as legitimate and 70 illegitimate. Of the legitimate 1,009 were males and 919 females, and of the illegitimate 32 were males and 38 females. The livebirth rate per thousand of the estimated resident population of the County was 16.51.

Table 2.

## LIVE BIRTHS IN THE SEVERAL DISTRICTS.

District.	Legitimate.		Illegitimate.		Totals.		Grand Total.
	Males.	Fem.	Males.	Fem.	Males.	Fem.	
Urban—							
Buckley	59	52	—	1	59	53	112
Connah's Quay	68	69	1	1	69	69	138
Flint (Mun. Boro.)	139	115	1	4	140	119	259
Holywell	76	70	3	3	79	73	152
Mold	60	57	2	2	62	59	121
Prestatyn	28	37	7	1	35	38	73
Rhyl	100	100	7	11	107	111	218
Rural—							
Hawarden	233	198	5	8	238	206	444
Holywell	166	146	2	5	168	151	319
Overton	34	25	1	1	35	26	61
St. Asaph	46	51	3	1	49	52	101
Total Urban	530	499	21	23	551	522	1073
Total Rural	479	420	11	15	490	435	925
Whole County	1009	919	32	38	1041	957	1998

**BIRTHS (STILL)**—The number of stillbirths registered was 110, representing a County rate of 52.18 per thousand total (i.e., live and still) births. Male children among these numbered 58 and females 52. The stillbirth rate per thousand livebirths was 55.06 and the rate per thousand total population 0.91.

Table 3.

## STILLBIRTHS IN THE SEVERAL DISTRICTS.

District.	Legitimate.		Illegitimate.		Totals.		Grand Total.
	Males.	Fem.	Males.	Fem.	Males.	Fem.	
<b>Urban—</b>							
Buckley	3	5	—	—	3	5	8
Connah's Quay	4	1	—	—	4	1	5
Flint (Mun. Boro.)	7	3	1	—	8	3	11
Holywell	2	5	—	—	2	5	7
Mold	7	4	1	1	8	5	13
Prestatyn	1	2	—	—	1	2	3
Rhyl	4	2	—	—	4	2	6
<b>Rural—</b>							
Hawarden	17	13	—	1	17	14	31
Holywell	6	11	—	1	6	12	18
Overton	3	1	—	—	3	1	4
St. Asaph	2	2	—	—	2	2	4
<b>Total Urban</b>	<b>28</b>	<b>22</b>	<b>2</b>	<b>1</b>	<b>30</b>	<b>23</b>	<b>53</b>
<b>Total Rural</b>	<b>28</b>	<b>27</b>	<b>—</b>	<b>2</b>	<b>28</b>	<b>29</b>	<b>57</b>
<b>Whole County</b>	<b>56</b>	<b>49</b>	<b>2</b>	<b>3</b>	<b>58</b>	<b>52</b>	<b>110</b>
Stillbirth Rate per 1,000 Live Births—Whole County							55.06
" " Total Births							52.18
" " Population							0.91

**DEATHS FROM ALL CAUSES**—Pertaining to the County of Flint in respect of the year under review, the deaths of 1,480 persons were recorded by the Registrar General. Of such deaths 751 were of male and 729 of female persons. The death rate per thousand of the estimated resident population was accordingly 12.23.

**DEATHS FROM PUERPERAL CAUSES**—Flintshire women who died during the year from causes associated with pregnancy or parturition numbered 6 of whom death was recorded as due to puerperal sepsis in 2 cases and to other puerperal causes in 4. The respective rates per thousand total (i.e., live and still) births were Sepsis, 0.95; Other Causes, 1.90. Total Puerperal Causes, 2.85.

**DEATHS OF INFANTS**—Liveborn infants who died prior to their attaining the age of twelve months numbered 110, which gives a rate of 55.06 per thousand live births. The death rate for legitimate infants per thousand legitimate live births was 54.46 and that for illegitimate infants per thousand illegitimate live births 71.43.

**DEATHS FROM CANCER**—Recorded as directly due to this disease there were 215 deaths of Flintshire persons, the rate per thousand total population thus being 1.78.

**DEATHS FROM MEASLES**—Comprising both children and adults the number of persons who died from Measles during the year was only 4, representing a rate of 0.03 per thousand total population.

**DEATHS FROM WHOOPING COUGH**—1 person only—a very young child—died from this cause during the period reviewed. The rate per thousand total population was therefore 0.01.

**DEATHS FROM DIARRHŒA**—Under this head children aged under two years only are usually comprised, the number of deaths during the year being 7, the rate being therefore 0.06 per thousand total resident population. Amongst adults, however, 4 deaths occurred.

**DEATHS FROM UNUSUAL CAUSES**—No unusual sickness or excessive mortality is recorded as having occurred during the year under review warranting special comment.

**OCCUPATIONAL DISEASES**—The incidence of sickness and invalidity known to be directly resultant upon certain occupations is very low in this County, despite the fact that so many men are engaged in work having a prejudicial effect on health when due precautions are lacking. There is reason to believe that the officers of our local authorities and of our quarries and other centres of employment are very careful and conscientious in their observance of these precautions.

**UNEMPLOYMENT AND HEALTH**—Enquiries are constantly being made but there is hitherto no evidence whatever that unemployment has exercised any significantly adverse influence on the health or physique of either our juvenile or our adult population.

Table 4.  
DEATHS IN THE SEVERAL DISTRICTS.  
All Ages—All Causes.

District.	Males.	Females.	Total
Urban—			
Buckley	39	36	75
Connah's Quay	30	32	62
Flint (Mun. Boro.)	68	60	128
Holywell	44	43	87
Mold	37	25	62
Prestatyn	47	50	97
Rhyl	117	109	226
Rural—			
Hawarden	150	130	280
Holywell	143	159	302
Overton	22	32	54
St. Asaph	54	53	107
Total Urban	382	355	737
Total Rural	369	374	743
Whole County	751	729	1480

Table 5.  
CHILDBIRTH DEATHS IN THE VARIOUS DISTRICTS.

District.	Puerperal Sepsis.	Other Causes.	Total Deaths.
Urban—			
Buckley	—	—	—
Connah's Quay	—	—	—
Flint (Mun. Boro.)	—	1	1
Holywell	—	—	—
Mold	—	—	—
Prestatyn	—	—	—
Rhyl	—	1	1
Rural—			
Hawarden	—	1	1
Holywell	2	1	3
Overton	—	—	—
St. Asaph	—	—	—
Total Urban	—	2	2
Total Rural	2	2	4
Whole County	2	4	6



Table 6.

## INFANTILE DEATHS—1938.

District.	Males.			Females.			Infants. Legit. & Illeg.
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	
Urban—							
Buckley	5	—	5	—	—	—	5
Connah's Quay	1	—	1	3	—	3	4
Flint (Mun. Boro.)	9	—	9	7	—	7	16
Holywell	8	—	8	3	—	3	11
Mold	7	—	7	2	—	2	9
Prestatyn	2	—	2	4	—	4	6
Rhyl	8	2	10	5	—	5	15
Rural—							
Hawarden	10	1	11	10	1	11	22
Holywell	9	—	9	5	—	5	14
Overton	2	—	2	1	1	2	4
St. Asaph	2	—	2	2	—	2	4
Total Urban	40	2	42	24	—	24	66
Total Rural	23	1	24	18	2	20	44
Whole County	63	3	66	42	2	44	110

Table 7.

ANALYSIS OF THE PRINCIPAL CAUSES  
OF INFANTILE DEATHS.

Cause of Death.	Urban.		Rural.		County. Total.	Rate.*
	Males.	Females.	Males.	Females.		
Congenital Debility, and Malformation, Premature Birth, etc.	23	11	10	13	57	28.5
Pneumonia	6	6	4	1	17	8.5
Diarrhœa	—	2	2	1	5	2.5
Digestive Diseases	2	—	1	—	3	1.5
Violence	1	1	1	—	3	1.5
Diphtheria	1	1	—	—	2	1.0
Bronchitis	1	—	—	1	2	1.0
Tuberculosis—Non-pulm	1	—	—	—	1	0.5
Whooping Cough	1	—	—	—	1	0.5
Cerebro-Spinal Fever	—	—	—	1	1	0.5
Cancer	—	—	1	—	1	0.5
Syphilis	—	—	1	—	1	0.5
Other defined causes †	6	3	4	3	16	8.0
Totals	42	24	24	20	110	55.1

\* Per 1,000 Live Births.

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

Table 8.

CAUSES OF DEATH AT THE DIFFERENT PERIODS OF LIFE IN THE  
ADMINISTRATIVE COUNTY OF FLINT DURING THE YEAR 1938.

Cause of Death.	Sex	Deaths of Persons aged :—											Total Deaths.				
		0	1	2	5	15	25	35	45	55	65	75					
Typhoid and Paratyphoid Fevers	M																
	F							1			1						2
Measles	M								1								1
	F			2	1												3
Scarlet Fever	M																
	F			1													1
Whooping Cough	M	1															1
	F																
Diphtheria	M	1		1	5												7
	F	1		2	5	1											9
Influenza	M						1	3	2	2	3	2					13
	F					1		1	1	1			2				6
Encephalitis lethargica	M							2		1							3
	F							2									2
Cerebro-spinal Fever	M																
	F	1		1													2
Tuberculosis of respiratory system	M					8	2	10	6	8	3						37
	F					7	9	4	2	2	2						26
Other tuberculous disease	M	1	2		1	1	1		1	2	1						10
	F				1		2		2	1							6
Syphilis	M	1							2								3
	F					1											1
General Paralysis of the insane, tabes dorsalis	M								1								1
	F										1						1
Cancer, malignant disease	M	1					1	5	9	34	32	15					97
	F				1		1	6	16	34	32	28					118
Diabetes	M				1			1			4	1					7
	F						1			2	3	3					9
Cerebral hæmorrhage, etc.	M								3	5	24	13					45
	F								4	9	23	25					61
Heart Disease	M				1	2	2	5	8	36	54	49					157
	F					4	4	4	13	18	66	71					180
Aneurysm	M																
	F																
Other circulatory diseases	M						1		2	2	23	27					55
	F							2	2	3	19	25					51
Bronchitis	M	1							1	5	1	7					15
	F	1				1	1			1	2	5					11
Pneumonia (all forms)	M	10	7		1	4	2	7	4	9	4	6					54
	F	7	7	3		2		2	3	4	2	6					36

Table 8—continued.

CAUSES OF DEATH AT THE DIFFERENT PERIODS OF LIFE IN THE  
ADMINISTRATIVE COUNTY OF FLINT DURING THE YEAR 1938.

Cause of Death.	Sex	Deaths of Persons aged :—											Total Deaths.
		0	1	2	5	15	25	35	45	55	65	75	
Other respiratory diseases	M			2		1			2		2	2	9
	F				1			1		1	1	2	6
Peptic ulcer	M						1	3	3	4	1		12
	F									3	1		4
Diarrhœa, etc.	M	2									1		3
	F	3	2					1			1	3	10
Appendicitis	M			1		2		1	1			1	6
	F				1								1
Cirrhosis of Liver	M											1	1
	F										1		1
Other diseases of liver	M										1		1
	F							2	1	7	1		11
Other digestive diseases	M	3						2		2	3	1	11
	F			1	1	3		2			1	2	10
Acute and Chronic Nephritis	M						1	1	1	5	15	6	29
	F						1	1	1	3	5	5	16
Puerperal Sepsis	F						2						2
Other puerperal causes	F					2	2						4
Congenital debility, premature birth, malformations, etc.	M	33		1									34
	F	24											24
Senility	M										5	21	26
	F										3	34	37
Suicide	M						1		1	1	1	1	5
	F						2	1	1		1		5
Other violence	M	2	1	3	4	12	2	4	6	4	3	3	44
	F	1			2		2	1	3	5	5	3	22
Other defined diseases	M	10	2	1	1	2	3	6	4	7	11	8	55
	F	6	3		1	3	5	3	4	3	10	9	47
Causes ill-defined, or unknown	M							1	1	1	3	3	9
	F							1	2		1		4
<b>Total Deaths—</b>													
All Causes	M	66	12	9	14	32	18	51	59	128	195	167	751
<b>Total Deaths—</b>													
All Causes	F	44	12	10	14	25	32	33	56	91	188	224	729
<b>Grand Total Deaths—</b>													
All Causes		110	24	19	28	57	50	84	115	219	383	391	1480

**SECTION B.**  
**GENERAL PROVISION OF HEALTH SERVICES**  
**FOR THE AREA.**

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**OFFICERS**—A list of the officers engaged in the public health service of Flintshire appears in the early pages of this Report.

**LABORATORY FACILITIES**—There being no recognised laboratory in the County, the County Council and the Local Sanitary Authorities have to send all specimens for examination to outside institutions, the institutions most generally used being—(a) for Tuberculosis, the King Edward VII Welsh National Memorial's Laboratories at Cardiff; (b) for Venereal Diseases, the Pathological Department of the Royal Infirmary, Chester; (c) for Milk, the University of Wales, Bangor, the Royal Infirmary, Chester, and the Public Analyst, Chester; (d) for Water, the Universities of Liverpool and Wales; (e) for Food and Drugs, the Public Analyst, Chester; (f) for Diphtheria and other infectious diseases, the Royal Infirmary, Chester. Occasionally, however, other appropriate institutions are used.

**AMBULANCE FACILITIES**—At the close of the year reviewed there were 14 Motor Ambulances in Flintshire, and, stationed as below indicated, were for the most part privately owned:—(Buckley) Owned by the Buckley Urban District Council and stationed at U. D. Council's Yard, Buckley. Capacity, 2 stretcher and four sitting cases. (Ffynnongroew) Owned by the Point of Ayr Colliery Company Ltd. and stationed at the Colliery. 2 stretcher and 1 sitting cases. (Flint)\* Owned by Mr. Edward Jones, 74, Mount Street, and stationed at such address. Capacity, 1 stretcher and 3 sitting cases. (Prestatyn) Owned by the Prestatyn Ambulance Association and stationed at the County Garage, Prestatyn. Accommodates 1 stretcher and 2 sitting cases. (Rhyl) Owned by Messrs. Brookes Bros., Rhyl, and stationed at the White Rose Garage, East Parade, Rhyl. Accommodates 2 stretcher and 8 sitting cases. (Rhyl) Another, similarly owned and stationed. Accommodates 1 stretcher and 2 sitting cases. (Rhyl) Another, similarly owned and stationed. 1 stretcher and 2 sitting. (Rhyl) Another, similarly owned and stationed. 2 stretcher and 8 sitting. (Rhyl) Owned by Mr. Daniel Brookes, Morville Garage, East Parade, Rhyl, and situate at such address. Capacity, 1 stretcher and 4 sitting. (Rhyl) Owned by Mr. George Cartlidge, Abbey Street, Rhyl and stationed in garage at rear of South Avenue, Rhyl. Capacity, 2 stretcher and 6 sitting. (Sealand) Owned by Royal Air Force and stationed at R.A.F. Aerodrome, Sealand. Capacity, 2 stretcher and 2 sitting. (Sealand) Another, similarly owned and stationed. Accommodates 4 stretcher and 2 sitting. (Shotton) Owned by Messrs. John Summers and Sons, Ltd., and situate at Hawarden Bridge Steelworks, Shotton. Capacity, 2 stretcher and 1 sitting cases. (Shotton) Another, similarly owned and stationed. Accommodates 7 sitting cases. A full review of the situation of the County in regard to its ambulance facilities, together with the relevant observations of several District Medical Officers of Health, appeared in my last annual report, and in

the light of the fact that ample provision for casualties likely to result upon possible visitation of enemy aircraft should always exist, it is my opinion that the ambulance facilities of the County as they now stand warrant very careful consideration by the various Authorities concerned, not excluding the County Council.

**NURSING IN THE HOME**—This is mainly carried out in this area by the Flintshire County Nursing Association, a body of voluntary workers who, under the presidency of the Lady Gladstone of Hawarden, C.B.E., provide and maintain a service of District Nurses which operates practically throughout the whole County. This County Association incorporates no fewer than 32 local Nursing Associations, each with its local voluntary officers and salaried nurse or nurses, and during the year ended the 31st March, 1939, the Nurses so employed attended an aggregate of 3,211 general cases, involving no fewer than 57,226 visits to the homes. The home nursing of maternity patients is discussed in the subsequent paragraph which relates to midwifery.

**CENTRES (ANTE-NATAL)**—The following six Centres were engaged exclusively in the work of caring for our expectant mothers during the year under review :—

- Bagillt—Tabernacle C.M. Chapel Schoolrooms. Every Tuesday, 2 to 3 p.m.  
Medical Officer first and third Tuesdays of each month.
- Buckley—Welsh C.M. Chapel, Mold Road. Every Monday, 2 to 3 p.m.  
Medical Officer first and third Mondays.
- Holywell—Old Council School, Halkyn Street. Every Tuesday, 9-30 a.m. to 12 noon. Medical Officer second and fourth Tuesdays.
- Mold—Clinic Rooms, King Street. First and third Mondays, 9-30 a.m. to 12 noon. Medical Officer at each opening.
- Rhyl—Clinic Rooms, Old Emmanuel School, Vale Road. Second and fourth Wednesdays, 9-30 a.m. to 12 noon. Medical Officer at each opening.
- Shotton—St. Ethelwold's Church Hall. Every Thursday, 9-30 a.m. to 12 noon.  
Medical Officer at each opening.

**CENTRES (INFANT WELFARE)**—The following is a list of the Infant Welfare Centres which, conducted by the County Council with the assistance of voluntary workers, operated in Flintshire throughout 1938 in the interests of children of pre-school age :—

- Bagillt—Tabernacle C.M. Chapel Schoolrooms. Every Tuesday, 3 to 5 p.m.  
Medical Officer first and third Tuesdays of each month.
- Buckley—Welsh C.M. Chapel, Mold Road. Every Monday, 3 to 5 p.m.  
Medical Officer first and third Mondays.
- Caergwre—Wesleyan Methodist Chapel Schoolrooms. Every Tuesday, 2 to 5 p.m. Medical Officer second and fourth Tuesdays.
- Flint—Wesleyan Chapel, Chester Road. Every Monday, 2 to 5 p.m. Medical Officer second and fourth Mondays.
- Holywell—Old Council School, Halkyn Street. Every Tuesday, 2 to 5 p.m.  
Medical Officer second and fourth Tuesdays.
- Mold—Clinic Rooms, King Street. Every Wednesday, 2 to 5 p.m. Medical Officer first and third Wednesdays.

- Mostyn—The Robert Davies Memorial Hall. First and third Tuesdays of month, 9-30 to 11-30 a.m. Medical Officer third Tuesday.
- Prestatyn—English Presbyterian Schoolrooms. Every Friday, 2 to 5 p.m. Medical Officer second and fourth Fridays.
- Rhyl—Clinic Rooms, Old Emmanuel School, Vale Road. Every Wednesday, 2 to 5 p.m. Medical Officer second and fourth Wednesdays.
- Saltney—Primitive Methodist Church Schoolrooms. Every Friday, 2 to 5 p.m. Medical Officer first and third Fridays.
- Shotton—St. Ethelwold's Churchrooms. Every Thursday, 2 to 5 p.m. Medical Officer every opening.

CLINICS (TUBERCULOSIS)—Situating as shown below, these Clinics are conducted by Medical Officers of the King Edward VII Welsh National Memorial Association :—

- Holywell—Cottage Hospital. Every Tuesday, 10-30 a.m. to 3 p.m.
- Penyffordd—Meadowslea Hospital. Every Monday and Thursday, 2 p.m.
- Queensferry—Oaklands, near The Cross. Every Wednesday, 10 a.m.
- Rhyl—27, Water Street. Every Friday, 2 p.m.

The Queensferry Clinic above referred to for the time being serves the areas of Queensferry, Shotton, Connah's Quay, Sandycroft, Sealand, Hawarden, Buckley and Mold.

CLINICS (VENEREAL DISEASES)—The Chester Royal Infirmary has a Department which is an approved Treatment Centre within the meaning of Article III of the Public Health (Venereal Diseases) Regulations, 1916, and treatment is available to all Flintshire patients under an agreement made between the Board of Management of the said Infirmary and the Flintshire County Council. Opening four times weekly, the Centre's arrangements at the present time are as follows :—

- Male Patients—Every Wednesday, 5 to 7 p.m. Medical Officer Dr. Holgate ; and every Saturday, 12 noon to 2 p.m. Medical Officer Dr. Paul.
- Female Patients—Every Monday, 5 to 7 p.m. Medical Officer Dr. Holgate ; and every Thursday, 5 to 7 p.m. Medical Officer Dr. Paul.

CLINICS (MINOR AILMENTS)—Conducted by the County Council's Education Committee for the treatment of minor ailments in school children, the following five Clinics operated in Flintshire throughout the year under review as indicated :—

- Holywell—Old Council School, Halkyn Road. Every Friday, 9-30 a.m. to 12 noon. Medical Officer in attendance at every opening.
- Mold—Clinic Rooms, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Medical Officer every opening.
- Rhyl—Clinic Rooms, Old Emmanuel School. Every Monday, 1-30 to 4 p.m. Medical Officer every opening.
- Saltney—Primitive Methodist Church Schoolrooms. Every Friday 9-30 a.m. to 12 noon. Medical Officer every opening.
- Shotton—Council School. Every Monday and Thursday, 9-30 a.m. to 12 noon. Medical Officer every opening.

**CLINICS (ORTHOPÆDIC)**—The County Council own three Clinics at which the treatment of crippling conditions was available to children of both school and pre-school age throughout 1938. They were conducted by the Surgical and Nursing Staff of the Robert Jones and Agnes Hunt Orthopædic Hospital, Gobowen, Shropshire, and valuable administrative assistance was rendered by a voluntary body known as the Flintshire Orthopædic Voluntary Organisation, an organisation which has made itself responsible for the transport of all cases between home and hospital or clinic, and for the financial assistance of adults needing such treatment. The following are the Clinics to which reference is made :—

Holywell—Old Council School, Halkyn Road. Alternate Fridays, 2 to 5 p.m. Orthopædic Nurse attends every opening. Surgeon attends every four months.

Rhyl—Clinic Rooms, Old Emmanuel School. Fridays alternating with Holywell, 2 to 5 p.m. Orthopædic Nurse every opening. Surgeon every four months

Shotton—Council School. Every Friday, 9-30 a.m. to 12 noon. Orthopædic Nurse at every opening and Surgeon every two months.

**CLINICS (DENTAL)**—Two fully equipped portable outfits each in the charge of a qualified Dental Surgeon. These outfits can be assembled as treatment clinics in the recognised clinic rooms or in suitable rooms in schools. All the schools of the County are visited in rotation, and children of prescribed age-groups dealt with.

**CLINICS (VISUAL DEFECTS)**—Minor defects of vision in school children are dealt with by the Authority's 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.

**CLINICS (NOSE AND THROAT)**—Under arrangements made by the Education Committee with the respective Boards of Management, the treatment of school children suffering from chronic tonsillitis and/or adenoids is carried out at the Hospitals of Chester (Royal Infirmary), Ellesmere, Flint, Holywell, Mold, Rhyl (both the Royal Alexandra and the Prince Edward Memorial), and Wrexham (Wrexham and East Denbighshire). The treatment is free or at reduced charges to the parents according to their capacity to pay, and the sum of thirty shillings is paid by the Committee to the respective Hospitals in respect of each case treated on the School Medical Officer's reference.

#### HOSPITALS (PUBLIC ASSISTANCE).

*(Within the County).*

Holywell—Situates immediately outside Holywell Town. Staff comprises Medical Officer (part time), five Trained Nurses, nine Assistant Nurses and one Male Attendant.

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

*(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.

## HOSPITALS (ISOLATION).

*(Within the County).*

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

St. Asaph—Situate 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.

## HOSPITALS (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.

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.

## HOSPITALS (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.

## HOSPITALS (SMALL POX).

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



## HOSPITALS (GENERAL).

*(Within the County).*

Holywell Cottage Hospital—Situates 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.

Flint Cottage Hospital—Situates within the Flint Municipal Borough. Provides for the medical and surgical treatment of persons resident in Flint. Voluntarily established and controlled.

Mold Cottage Hospital—Situates in Mold. Provides medical and surgical treatment for persons resident in Mold and surrounding district. Has modern X-Ray apparatus. Voluntarily established and conducted.

Rhyl Prince Edward War Memorial Hospital—Situates in Rhyl. Provides for medical and surgical cases from Rhyl and environs. Voluntarily established and conducted.

Rhyl Royal Alexandra Hospital—Mainly for children. Situates 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. Caters for both residents and non-residents of Flintshire.

*(Outside the County).*

Chester Royal Infirmary—A large Voluntary Hospital, 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.

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

Denbighshire Infirmary—Accepts cases from the south-western section of Flintshire, but primarily caters for the needs of Denbighshire. Voluntarily established and controlled. Situates in Denbigh.

Wrexham and East Denbighshire Infirmary—Provides for the populous areas of East Denbighshire and admits a limited number of cases from the south-east of Flintshire. Situates in Wrexham. Possesses a Radium Department.

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

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

HOSPITALS (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. (Headquarters: St. Martin's Fields, Chester).

#### 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 a succeeding Section.

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—Situates 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.

Other Institutions—As accommodation becomes available, other Institutions in England and Wales are sometimes utilised for the reception of cases.

#### INSTITUTIONS (MATERNITY).

The Catherine Gladstone Maternity Home—Situates at Mancot, near Queensferry, Flintshire. Conducted by a Joint Committee representative of the owners of the premises and the County Council. Further particulars in paragraph headed "Maternity (Maternity Homes) Services."

Public Assistance—Maternity beds are available when necessary, at the Holywell and St. Asaph Public Assistance Institutions already mentioned.

Private—Nineteen of the twenty-three institutions registered at present (Sept., 1939) under the Nursing Homes Registration Act admit maternity cases. These institutions, although privately owned, are supervised by the County Council.

#### INSTITUTIONS (NURSING).

Private—There are twenty-three institutions in the County which are registered under the Nursing Homes Registration Act. All are periodically visited and supervised.

#### INSTITUTIONS (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. No infectious case admitted.

The Men's Convalescent Institution—Situated in Bedford Street, Rhyl (Flintshire). Voluntarily established and controlled. Provides seaside convalescence for men up to a 100 at a time from 1st May to 1st November in each year.

#### INSTITUTIONS (BLINDNESS).

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

PUBLIC ASSISTANCE (INSTITUTIONAL MEDICAL SERVICES)—As previously indicated, there are two Public Assistance Hospitals in Flintshire, and at these in-patient medical treatment is available to all who are eligible for such relief. No change of importance has taken place during recent years in the administration of these institutions, except that on the first day of the year under review Dr. A. H. Holmes succeeded Dr. Henry Lloyd as Medical Officer of the St. Asaph Institution. The exceedingly valuable work rendered by Dr. Lloyd during a very lengthy association with this Institution is highly worthy of being placed on record. The Medical Officer of the Holywell Institution is of course, Dr. A. Owen Jones, as reported annually for some years.

PUBLIC ASSISTANCE (MEDICAL OUT-RELIEF)—For the purpose of administering this form of relief the County is divided into four Districts (Hawarden, Holywell, Overton and St. Asaph) each under its "Guardians Committee" and having its own medical staff (as listed in an early page of this report). Of these medical officers, none is, at present, engaged in such work in a whole-time capacity. The "open choice" system of medical relief has not yet been introduced anywhere within the County.

PUBLIC ASSISTANCE (MENTAL DEFICIENCY)—Provision is made for the reception of mental defectives at the St. Asaph Public Assistance Institution, the accommodation there being licensed for 12 males, and 12 females—all grades.

SCHOOLS AND SCHOOL CHILDREN—As previously stated, the supervision of the health of the children attending the Schools of our County forms the subject of a special report submitted by me both quarterly and annually to the Authority's Education Committee.

**MATERNITY (ANTE-NATAL) SERVICES**—Provision is made for supervising the welfare of expectant mothers through the medium of the Ante-Natal Centres owned by the Authority and described in a preceding page, and the Midwives to whom reference is made in a succeeding paragraph. Every effort is made to induce and encourage the Midwives to recognise the importance of ante-natally supervising their patients—both domiciliarily and by collaboration with the Centres—and it is pleasing to report that their response is very commendable indeed. Perhaps it should be mentioned, too, that the Authority's Health Visitors render very material assistance in this work, the total of their visits to expectant mothers during the year being 645. A report on the work of the Ante-natal Centres submitted by my Assistant, Dr. Gwladys Rowlands, in respect of the year under review appears in a subsequent Section.

**MATERNITY (MIDWIFERY) SERVICES**—The County was very well served by its Midwives, of whom the total of 72 could be said to be made up of Maternity Home Midwives 5, other Institutional Midwives 4, Domiciliary Midwives employed by the Flintshire and other Nursing Associations 34, Domiciliary Midwives directly employed by the County Council 4, Domiciliary Midwives practising independently 25 (The Midwives in private Nursing Homes numbering 19 in all, are of course included among these practising independently). Their supervision is in the hands of a duly appointed Supervisor of Midwives—a fully trained Nurse-Midwife acting under the personal direction of the County Medical Officer. The foregoing provisions fully comply with the requirements of the Midwives Act of 1936 in the matter of ensuring an adequate midwifery service for the County.

**MATERNITY (MATERNITY HOMES) SERVICES**—The Catherine Gladstone Maternity Home at Mancot continued its beneficent activities throughout the year under review, a total of 188 patients being dealt with very efficiently by an experienced and highly conscientious staff. Many patients again had to be refused admission owing to lack of accommodation, and it is very gratifying to be able to report, therefore, that the Council's proposals to extend the premises have at last materialised, and that the Home has been extended structurally, and additionally staffed and equipped; so that now it can be described no longer as a Home of 10 lying-in beds but one of 23 (plus 3 labour beds). It is equally gratifying to report that the Council have acquired appropriate property in Rhyl (Fronfraith, Russell Road) with a view to the early establishment of another Maternity Home to serve the north-western portion of the County. There are furthermore in the County—as will be gathered from a subsequent section—no fewer than 19 private nursing homes to which maternity patients can be admitted.

A report submitted at my request by the Matron of the Catherine Gladstone Maternity Home appears in a subsequent Section of this Report.

**MATERNITY (INSTITUTIONAL PROVISION) SERVICES**—Apart from the accommodation available at the Council's two Public Assistance Institutions, no special provision has hitherto been made in Flintshire under this head. Maternity home accommodation of course exists, and also clinical facilities, both of which provisions have been duly reported upon.

**MATERNITY (MEDICAL AID) SERVICES**—Under Section 14 of the Midwives Act of 1918 a practising midwife is required to summon to her aid a registered medical practitioner, and the fees of the practitioner responding to such call at once become a charge upon the Council in its capacity as Midwives Local Supervising Authority. This provision is, of course, a highly beneficent one, as will immediately be elicited from the fact that medical practitioners to the number of 786 were called in by the midwives of this County during the year under review.

**MATERNITY (SUPPLY OF MILK) SERVICES**—Milk in liquid form is supplied free of charge both to nursing and to expectant mothers whose financial circumstances preclude their purchasing it themselves.

**MATERNITY (HEALTH VISITING) SERVICES**—Particulars of the twelve trained and experienced Nurses who serve the Council as Health Visitors are given in an early page of this report. These nurses visit expectant mothers with the object of bringing them at the earliest moment possible into the care of a medical practitioner or a midwife, and nursing mothers with the object of advising and assisting them in the nurture and care of their infant children. Needless to say, such work is of inestimable value.

**MATERNITY (PUERPERAL FEVER TREATMENT)**—The provisions made by the Authority on behalf of women suffering from puerperal fever include the following :—Hospital Accommodation (at the St. Asaph Isolation Hospital), Specialistic Aid (the services of a Consultant), Home Nursing (by experienced Nurse) if considered necessary, and Bacteriological Examinations (services of Pathologist). The provisions made under these heads during the year under review were as follows :—Hospital, 16 cases ; Consultant, 8 cases ; Special Nurse, nil ; Bacteriological Examinations, nil.

**MATERNITY (OBSTETRIC TREATMENT)**—Arrangements similar to those outlined in the preceding section exist as provisions made under this head, the figures applicable in respect of the year under review being given in Table 53.

**MATERNITY (DENTAL TREATMENT) SERVICES**—A scheme has latterly been approved by the Council whereby expectant mothers may be treated by private dental practitioners. The arrangements have also been approved by the Welsh Board of Health under Section 204 of the Public Health Act, 1936.

**MATERNITY (ORTHOPÆDIC TREATMENT) SERVICES**—Clinical accommodation is provided by the Council in order to facilitate the orthopædic treatment of any adult person in the County who, suffering from a crippling defect, is in need of orthopædic treatment. The treatment, however, is made available to them—free of charge or at reduced fees according to their means—by the Flintshire Orthopædic Voluntary Organisation, an association of voluntary workers to whom reference has frequently been made in past annual reports.

**MATERNITY (MATERNAL MORTALITY)**—Whenever a maternal death occurs in this County full particulars of the circumstances thereof are obtained from both the medical practitioner and the nurse in attendance, and the information thus received is carefully examined and afterwards compiled in the form of a report which is afterwards confidentially submitted to the Maternal Mortality Committee of the Ministry of Health.

**INFANT WELFARE (CENTRE) SERVICES**—A report on the work of the Authority's Infant Welfare Centres, submitted at my request by Dr. Gwladys Rowlands, in respect of the year under review, appears in a subsequent Section of this Report.

**INFANT WELFARE (INSTITUTIONAL PROVISION) SERVICES**—Apart from the accommodation available at the Council's two Public Assistance Institutions, no special provision has hitherto been made in Flintshire under this head. Clinical facilities of course exist at the several Infant Welfare Centres which have already been reported upon.

**INFANT WELFARE (BIRTHS NOTIFICATION) SERVICES**—That most beneficent enactment known as the Notification of Births Act came into being in order to ensure, as far as possible, that local child welfare authorities should become promptly informed of the births occurring within the area of their administration, in order that the various provisions made on behalf of infants could without delay be made active. The extent to which the immediate requirements of the Act were observed in this County during the year under review is shown in an appropriate table at the end of this report.

**INFANT WELFARE (HEALTH VISITING) SERVICES**—Children aged under five years are regularly and systematically visited at their homes by the twelve trained and experienced Nurses who serve the Authority as Health Visitors and who are named in an early page of this report. The majority of such children are visited before they attain the age of one month and and practically all are visited and re-visited before they are one year of age. The supervision continues until the children, attaining the age of five years, come under the care of the same Nurses acting and known as School Nurses.

**INFANT WELFARE (SUPPLY OF MILK) SERVICES**—Milk in liquid form is supplied free of charge to Infants aged under three years whose parents cannot afford the purchase thereof. Statistics relating to this service appear in Table 62.

**INFANT WELFARE (DENTAL TREATMENT) SERVICES**—No special provision has yet been made in this County for the dental treatment of children of pre-school age. Children between the ages of six and ten years, however, are treated under arrangements made by the Education Committee.

**INFANT WELFARE (ORTHOPÆDIC TREATMENT) SERVICES**—Under a scheme which has frequently been described in past reports, provision exists in this County for the orthopædic treatment of infants aged under five years who are suffering from crippling defects. Similar arrangements, conducted by the Education Committee, exist on behalf of children of school age.

**INFANT WELFARE (OPHTHALMIA NEONATORUM) SERVICES**—Notification of this disease is compulsory on the part of medical practitioners and midwives, and it is pleasing to be able to report that this statutory duty is being carried out with thoroughness and promptitude. Every case notified is forthwith referred to the Authority's Supervisor of Midwives who immediately visits to ensure that efficient treatment is made available to the infant (see Table 54). When medical treatment is domiciliarily unavailable or inadequate, the child concerned is admitted to the Royal Infirmary, Chester, usually under voluntary arrangements, but at the expense of the County Council if the parents cannot privately secure the child's admission.

**INFANT WELFARE (CONVALESCENCE) SERVICES**—Provision is now made for a strictly limited number of debilitated infants under the age of five years to be sent to a seaside convalescent home for a period of a month or more, the Council having made a grant of twenty pounds towards the funds of a voluntary organisation having such work as its principal object. The particularly excellent work of this organisation, whose honorary secretary and organiser is Miss Gwendolen Davies-Cooke, J.P., is dealt with annually in the reports of the Authority's School Medical Officer.

**INFANT WELFARE (CHILD LIFE PROTECTION) SERVICES**—The Health Visitors referred to in the preceding paragraph have been appointed by the Council as Child Protection Visitors within the meaning of Section 209 of the Public Health Act of 1936, and during the year under review all the foster children statutorily registered as such were duly visited and supervised. In Table 63 of this Report particulars will be found of the number of children so dealt with and the number of foster parents registered.

**NURSING HOMES**—All the private Nursing Homes which have to be registered under the provisions of Section 187 of the Public Health Act of 1936 are supervised in Flintshire by the Authority's Supervisor of Midwives, acting under the direction of the County Medical Officer. At the close of the year the total number registered was found to be 23 of which 4 admitted nursing cases only, 8 maternity cases only, and 11 both nursing and maternity cases. The Officer referred to, being in duty bound to visit every midwife in the County with frequent regularity, is in an excellent position to inform herself of any unregistered home, and it is through her instrumentality, as well as through direct application on the part of persons concerned, that such homes are brought to the knowledge of the Council. The registered homes in this County have been frequently visited and are very well conducted. The number of visits paid by the Supervisor during the year was 180 and no action was necessary on the grounds of anything unsatisfactory. The Council have not delegated any part of their duties herein to any Local Authority.

### Section C.—SANITARY CIRCUMSTANCES.

**WATER**—The supervision of the water supplies of the various urban and rural districts of the County is a duty which devolves upon the Councils of the respective areas acting as the Local Sanitary Authorities, and I am pleased to be able to report that it is an obligation which at all times receives their serious attention. Samples are taken for examination at frequent intervals and the reports are generally very satisfactory. Neither under Section 57 of the Local Government Act of 1929, however, nor under Sections 307 or 320 of the 1936 Public Health Act was there any action necessary during the year under review.

**DRAINAGE AND SEWERAGE**—No action was taken by the Council during the year in pursuance of Section 57 of the Local Government Act of 1929, nor was it found necessary to bring into operation Section 307 or 320 of the Public Health Act of 1936.

**RIVERS AND STREAMS**—Every effort is being made by the Authorities concerned to guard against the pollution of the rivers and streams 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. Owing to these precautions, the possibility of pollution by sewage, trade effluent, etc., is an almost negligible one, but it is nevertheless kept constantly in mind.

**SANITATION (GENERAL)**—The supervision of closet accommodation, provision for refuse collection and disposal, cesspool cleansing, etc., the sanitary inspection of their respective areas, the inspection and supervision of shops, offices and camping sites, the abatement of nuisances, including any arising from smoke, the supervision of swimming baths and pools, the eradication of bed bugs—all these are included in the duties which devolve primarily upon Local Sanitary Authorities and upon which the respective District Medical Officers of Health are required to report annually and, when necessary, specifically.

**SCHOOLS**—The sanitary condition and water supply of the schools of this County are matters which are dealt with in the annual and other reports of the respective District Medical Officers of Health and also in the report which I myself submit annually as School Medical Officer to the County Council's Education Committee, which latter report also concerns the supervision of the health of the children who attend such schools.

### Section D.—HOUSING.

**HOUSING**—It is the duty of the Medical Officer of Health for each of the Districts to which reference has already been made to report annually to the Ministry of Health upon the housing conditions of his District, the work carried out by his Authority and their Officers, and generally upon the administration of the various Acts and Regulations which pertain to his District, and from a perusal of such reports I am pleased to be able to record that such work is being carried out in Flintshire with thoroughness and efficiency.



## Section E.

## INSPECTION AND SUPERVISION OF FOOD.

**MILK SUPPLY (GENERAL)**—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 administered by the Local Sanitary Authorities and one (Part IV) by the Ministry of Agriculture\*.

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 (1938)**—“Farms and dairies in the Area have had the annual inspection and there is nothing on which to report different from last year. Examination of milk for quality and bacterial content is under the direction of the County Council.”

**Flint Municipal Borough (1938)**—“All cowsheds, milkshops and dairies were visited in accordance with the requirements of the Milk and Dairies Order, 1926.”

\* *Part IV was administered by the County Council up to and including the 31st March, 1938.*

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.”

Mold Urban (1938)—“Seven samples of milk for bacteriological examination were taken during the year, including one repeat sample. Standard of cleanliness disclosed thereby was satisfactory. There are only two Accredited producers in the area. Routine visits to premises disclosed no serious defects.”

Prestatyn Urban (1938)—“Careful supervision has been carried out during the year of farms and dairies, and there is a continued improvement in the methods of both production and distribution by producers and retailers. All sampling for Bacteriological examination is done by the County Council.”

Rhyl Urban (1938)—“During the year, 75 samples of milk were taken from the purveyors of milk who retailed in the district, for the purpose of bacteriological examination, viz., 45 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 (1938)—“The milk supply on the whole is of fairly good quality. Considerable amount of work has been done during the past year with regard to the production of clean milk by way of sampling, structural improvements, and general supervision. During the year 30 samples were taken and one retail purveyor was removed from the register as Retail Purveyor of Milk in this area on account of his failure to attain the standard required by the Milk and Dairies Orders. Bacteriological analyses of milk as sold to the consumer show that a high standard of cleanliness has been attained. The total number of Purveyors of Milk in this area is 340. Visits to Dairies, Cowsheds and Milkshops—267.”

Holywell Rural (1938)—“The majority of cowsheds and dairies in the districts were inspected during the year. Milk production has shown considerable improvement recently, the majority of producers making efforts to give the consumers clean milk. Where any signs of laxity on the part of the dairyman or cowkeeper are seen, every effort is made to keep the offenders under observation. Structural improvements have been made to a number of cowsheds during the year, chiefly relating to lighting, ventilation and drainage systems. There are 99 producers of accredited milk and 4 producers of Tuberculin Tested Milk in the District. Twenty samples of milk were sent for bacteriological examination during the year. Four samples showed a rather high coliform content.”

Overton Rural (1938)—“Dairying being the chief branch of agriculture in the area there is an ample quantity of milk produced. The Police being the Authority under the Food and Drugs Act, the sampling of milk is left in their hands. Cases occasionally arise where cottagers find difficulty in getting a retail supply because they do not live near a retailer and neighbouring producers do not wish to be bothered with the “red tape” entailed in retailers’ licences.”

St. Asaph Rural (1938)—“The farms and dairies have been inspected, and pressure has been put on several cow-keepers to re-condition their cowsheds to comply with the Milk and Dairies Order, 1926, and the Milk Designations Orders, 1936 and 1938. While a higher standard of cleanliness prevails in the district, there is much to be done, both as to the buildings and as to cleanliness to produce milk free from bacteria and bacilli. Samples of milk are collected for analysis by the County Food Inspector, and details of other work done are:—New Dairies erected, 1; Cowsheds erected, 2; Dairies repaired, 1; Cowsheds repaired, 12; Persons registered, 92; Registered places in use and inspected, 92.”

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, endeavour to carry out their allotted portions of the Order. That portion, however, which devolved upon the County Council as a duty during the first quarter of the year under review 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 during the said period 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 year under review carried out all the work required to be performed not only under the 1925 Order mentioned, but also under the now revoked Part IV of the milk and Dairies Order of 1926.

These changes occurred in pursuance of the Milk and Dairies Amendment Order of 1938, which Order came into operation on the 1st April of the said 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 the new special designations for milk which I described in detail in my last annual report, and which can be briefly specified as—"Tuberculin Tested", "Accredited", and "Pasteurised".

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 are now issuable to Flintshire producers only by the County Council. Those in respect of the third designation, however, are issuable by the Local Sanitary Authorities.

For the sale of milk with the special designation "Tuberculin Tested," 18 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," 469 of the County's producers held the necessary licence—also issued by the Clerk of the County Council—when the year 1938 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 outlined in the following paragraphs.

**MILK (SPECIAL DESIGNATIONS) AMENDMENT ORDER, 1938**—The purpose of this Order is more particularly 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 Fisheries and by private veterinary surgeons respectively.

An addition has been made to Article 7 to provide that the examinations and tests required by the Third Schedule to the Order of 1936 for animals of a licensed herd will be carried out by the veterinary inspectors of the Ministry of Agriculture and Fisheries, unless the licensing authority agree to the examinations and tests being carried out by a private veterinary surgeon. In the latter case, and in the case of examinations and tests so far as made by private veterinary surgeons, under Article 6 (3) and (4) of the Order of 1936 as amended, before the granting of a licence, the licence or applicant, as the case may be, will be required by the Order of 1936, as amended, to furnish such certificates to the licensing authority. A similar requirement will apply in the case of an animal added to a licensed Tuberculin Tested herd, as regards the tuberculin test which is required in certain cases to be carried out within fourteen days before the animal is added to the herd.

Where examinations and tests are carried out by veterinary inspectors of the Ministry of Agriculture and Fisheries, arrangements will be made by that Department for the licensing authority to be informed of the results.

The opportunity has also been taken to make certain further amendments in the Order which experience has shown to be desirable.

The definition of "dealer" in Article 2 (1) of the Order of 1936 has been amended so as to include a person who uses milk for manufacturing purposes.

The conditions for a licence authorising the use of the designation "Pasteurised" contained in Part III of the Third Schedule of the Order of 1936 have been amended so as to include in paragraph 3, in place of the words "an indicating thermometer and a recording thermometer" the words "such indicating thermometers and recording thermometers as the licensing authority shall consider requisite." Where a licence in respect of a pasteurising establishment is in operation at the date of the amending Order, this amendment, by virtue of the proviso to Article 2 of the amending Order, will not come into force until the expiration of one month after the licensing authority have served a notice on the holder of a licence setting out what they consider requisite. In dealing with new applications for licences in respect of pasteurising establishments the licensing authority should secure compliance with their requirements before granting the licence.

**MILK SUPPLY (CO-OPERATION)**—Substantial help is afforded to the County Council in the fact that the Authorities of neighbouring Boroughs bacteriologically examine the milk, etc. arriving in their areas from farms within our County, and notify us immediately of the presence of tubercle bacilli or any other source of danger to health in a sample. Such information enables me immediately to notify the Veterinary Officer, and he without delay arranges to examine the cattle on the farm or farms thus denominated with a view to the subsequent elimination of all the animals found to be diseased.

During the year under review the following 9 notifications were received from such Authorities, as follows :—Liverpool 3, Wallasey 5, Hoylake (tuberculous veal) 1.

**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 food stuffs 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:—(Hawarden Rural District)—Carcases inspected: Cattle other than cows 410; Cows, 539; Calves, 180; Sheep and Lambs 1,838; Pigs, 1,157.. Percentage of carcasses or organs found affected with disease other than Tuberculosis and duly condemned: Cattle other than cows, 2.19; Cows, 2.41; Calves, nil; Sheep and Lambs, 1.46; Pigs, 0.43. Percentage of carcasses or organs found affected with Tuberculosis and duly condemned: Cattle other than cows, 6.09; Cows, 7.73; Calves, nil; Sheep and Lambs, nil; Pigs, 1.64.

**FOOD AND DRUGS (ADULTERATION) ACT, 1928**—The provisions of this Act have been outlined in previous reports, their purpose being 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 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 herein, 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 9.

## FOOD AND DRUGS—SAMPLES ANALYSED.

Article.	Number of Samples Analysed.					Whole Year.
	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.		
Beans (Tinned)	—	—	—	1	1	
Beef (Tinned)	—	—	—	2	2	
Bread	1	2	2	1	6	
Butter	3	3	3	2	11	
Cheese	1	—	1	—	2	
Coffee	—	1	—	1	2	
Corn Flakes	—	1	—	—	1	
Cough Mixture	—	1	—	—	1	
Cream	1	—	—	—	1	
Flour	—	1	—	—	1	
Fruit Salad	—	—	—	1	1	
Ginger (Ground)	1	—	—	—	1	
Jam	4	—	1	—	5	
Ketchup (Tomato)	—	1	—	—	1	
Lard	2	2	2	2	8	
Margarine	1	1	2	2	6	
Milk (Condensed)	—	1	1	—	2	
Milk	56	58	61	58	233	
Mincemeat	—	—	—	1	1	
Nerve Food	—	1	—	—	1	
Ointment (Nerve, etc.)	—	1	—	—	1	
Peas (Packet)	—	—	1	—	1	
Peas (Tinned)	—	—	—	1	1	
Pepper	1	1	1	1	4	
Raspberry Vinegar	—	—	—	1	1	
Rice (Ground)	—	—	—	1	1	
Rice	3	2	3	2	10	
Sago	—	—	—	1	1	
Sausage	2	1	—	1	4	
Tapioca	1	—	1	—	2	
Tartar (Cream of)	1	—	—	—	1	
Tomatoes (Tinned)	1	—	—	1	2	
Vinegar (Malt)	2	3	2	3	10	
Total Samples Analysed	81	81	81	83	326	

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

Table 10.

## ARTICLES ADULTERATED OR BELOW STANDARD.

Article	Samples Analysed	Below Standard.	
		Number	Percentage
Milk .. .. .	233	32	13·7
Sago .. .. .	1	1	..
Beef (Corned, Tinned) .. .. .	2	1	..
Totals .. .. .	236	34	14·4

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

Table 11.

## ARTICLES BELOW STANDARD—ANALYST'S FINDINGS.

Article	Adulteration or Deficiency	No. of Samples
Milk .. .. .	Fat Deficiency .. .. .	18
	Extraneous Water .. .. .	6
	Non-fat Solids Deficiency .. .. .	7
	Sediment .. .. .	1
Sago .. .. .	100 per cent. Tapioca .. .. .	1
Beef (Corned, Tinned)	Lead, 40 parts per million .. .. .	1



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

Table 12.  
ADMINISTRATIVE ACTION TAKEN.

Article	No. of Persons		No action taken	Results of Prosecution	
	Prose-cuted	Caut-ioned		Fine and/or Costs	Case Dismissed
Milk ..	14	17	—	12	2

FOOD AND DRUGS ACT, 1938—This Act was passed into law in July, 1938, and comes into operation on the 1st October, 1939.

Under it the law relating to food and drugs (including milk and dairies), slaughter-houses and local authorities' market undertakings is consolidated, amended and, in some respects, simplified; other miscellaneous provisions have been included, and a few powers which have been found to be advantageous but have hitherto only been obtained by individual authorities have been made general.

Amongst the many innovations introduced is one which requires the County Council—being the Food and Drugs Authority under the Act—to register for the purpose in question any and all premises in its area which are used or intended to be used (a) as a factory of margarine, margarine-cheese, or milk-blended butter; (b) for carrying on the business of a wholesale dealer in margarine, margarine-cheese, or milk-blended butter; or (c) as a butter factory, that is to say, a place at which by way of trade butter is blended, re-worked, or subjected to any other treatment, but not so as to cease to be butter.

Up to the time of writing three premises have been registered herein.

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."

One sample was analysed during the year under report, and this was 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. Two samples were analysed during the year under report and both were 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.

**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.

**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.

**SHELL-FISH (MOLLUSCAN)**—The duty of reporting upon shell-fish beds or layings is one which devolves upon the Medical Officers of Health for the Sanitary Districts in which such beds or layings exist.

## Section F.

## INFECTIOUS AND OTHER DISEASES.

HOSPITAL ACCOMMODATION—The Scheme formulated by the County Council under Section 185 of the Public Health Act of 1936—which Act placed upon the Council the duty of securing adequacy in the provision of appropriate hospital accommodation for the isolation and treatment of persons suffering from infectious disease—was approved by the Ministry of Health during the year under review as follows :—

## PUBLIC HEALTH ACT, 1936—SECTION 185.

Scheme for the provision of isolation hospital accommodation  
made by the Flintshire County Council.

## Part I.

## Infectious Disease other than Small-pox.

1. The Rhyl Urban District Council shall provide isolation hospital accommodation comprising not less than 16 beds which shall be available for cases of infectious disease other than small-pox occurring in the Urban District.

2. The Hawarden Rural District Council shall provide isolation hospital accommodation comprising not less than 16 beds which shall be available for cases of infectious disease other than small-pox occurring in the Rural District.

3. The St. Asaph Joint Hospital Board shall provide not less than 10 beds for cases of infectious disease other than small-pox occurring in the Urban District of Prestatyn and the Rural District of St. Asaph, which, together with the Borough of Denbigh, the Urban District of Abergele and the Rural District of Aled (except the parishes of Llansantffraid, Glan Conwy and Llanellian-yn-Rhos) in the County of Denbigh constitute the St. Asaph Joint Hospital District. Provided that this requirement shall be deemed to be satisfied if the St. Asaph Joint Hospital Board provide accommodation comprising not less than 32 beds for the Joint Hospital District as at present constituted.

4. The Councils of the County Districts named in the first column of the sub-joined table shall respectively provide a number of beds not less than that shown opposite the name of each county District in the second column of the table :—

District.	Minimum number of beds.
Borough of Flint	13
Urban District of Buckley	7
Urban District of Connah's Quay	6
Urban District of Holywell	6
Urban District of Mold	6
Rural District of Holywell	10

The accommodation in respect of the afore-mentioned Districts shall be provided at the hospital maintained by the St. Asaph Joint Hospital Board and the quantitative requirements of this Clause shall be deemed to be satisfied if that hospital is extended to provide accommodation comprising not less than 80 beds, subject to the proviso that either such accommodation is by agreement between the Hospital Board and the Councils of the County Districts mentioned in this Clause made equally available for patients from those Districts and from the St. Asaph Joint Hospital District or proceedings are initiated and carried through for altering the area of the St. Asaph Joint Hospital District pursuant to the provisions of Section 6 of the Public Health Act, 1936, so as to include the said County Districts.

5. The Overton Rural District Council shall provide isolation hospital accommodation comprising not less than 3 beds, which shall be available for cases of infectious disease other than small-pox occurring in the Rural District.

Provided that this requirement shall be deemed to be satisfied if accommodation comprising not less than 3 beds is provided at the Wrexham Rural District Isolation Hospital in addition to such number of beds as may be required by reason of provision being made under any Scheme made by the County Council of Denbigh for the reception into that Hospital of cases of infectious disease other than small-pox occurring in any County District or County Districts in the County of Denbigh.

6. Where authorities are required by this scheme to enter into agreements under Section 181 of the Public Health Act, 1936, the terms on which patients shall be received into a hospital provided by one of the authorities shall be such as may be agreed between the parties or in default of agreement upon such terms as may be determined by a single arbitrator subject to the provisions of the Arbitration Acts, 1889 to 1934, or any statutory re-enactment or modification of the same for the time being in force.

7. Every authority maintaining a Hospital in accordance with the provisions of this scheme shall, if in the opinion of the County Medical Officer of Health circumstances so require and accommodation is available, admit patients from districts within the County from which they are not under the foregoing provisions of this Scheme required to receive patients, the terms of admission to be such as may be agreed upon between the authorities concerned and approved by the County Council or in default of agreement, as may be determined by the County Council.

Provided that where the authority maintaining a hospital is the St. Asaph Joint Hospital Board the requirements of this clause shall only be effective after the County Medical Officer of Health has obtained the prior concurrence of the County Medical Officer of Health for Denbighshire.

## Part II.

### SMALL-POX.

8. The Council of the County of Flint in pursuance of the County of Flint (Prevention and Treatment of Small-pox) Regulations, 1923, have provided jointly with the Council of the County of Denbigh a Hospital of 12 beds for the proper isolation and treatment of persons in the Counties of Flint and Denbigh who are affected with Small-pox.

NOTIFICATION—The notification of cases of infectious disease is a subject which I reported upon at some length in the 1934 Annual Report, pages 62 to 65, where also appeared a full list of the diseases—more than thirty in all—which are statutorily notifiable.

I need now only add that the need for prompt notification is well appreciated by the medical practitioners of Flintshire.

LOCAL INCIDENCES—Indicating the various Districts to which they pertained, a Table at the end of this Report 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.

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, Polio-encephalitis (Acute), Relapsing Fever, Rheumatism (Acute), Small Pox, Typhus Fever, Yellow Fever.

Table 13.

## NOTIFIABLE DISEASES.

Cases notified during the year.

Notifiable Disease.	Urban Districts.						Rural Districts.					Administrative County.
	Buckley.	Connah's Quay.	Flint M. B.	Holywell.	Mold.	Prestatyn.	Rhyl.	Hawarden.	Holywell.	Overton.	St. Asaph.	
Diphtheria ...	40	26	25	16	49	17	9	52	24	2	8	268
Enteric Fever (Typhoid) ...				1				2				3
Erysipelas ...	2	2	3	2			2	9	4		3	27
Measles ...						3						3
Ophthalmia Neonatorum	1		1	3	1			1	1			8
Pneumonia (Acute) ...	17	18	15	33	7		20	40	26	2	5	183
Poliomyelitis (Acute) ...						1		1				2
Puerperal Pyrexia ...			7	3				2	4	1	3	20
Scarlet Fever ...	21	16	26	9	17	10	28	104	26	16	9	282
Tuberculosis (see Special Tables)												
Paratyphoid (included in "Enteric")				1				1				2
Total Diseases Notified ...	81	62	77	67	74	31	59	211	85	21	28	796

Useful information can be gleaned from the appropriate Table 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.

**LABORATORY WORK**—As, actually within the County, there is no laboratory available for pathological or bacteriological work, the arrangements detailed in Section B of this Report operated during the year in connection with the examination of material.

**SERA, SPECIAL TESTS, ETC.**—The question of the availability to the public of sera such as Diphtheria anti-toxin or anti-meningococcus serum is one which primarily concerns the Local Sanitary Authorities.

**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.

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

**CANCER**—The number of persons who died in consequence of this disease was 215, a figure greater by 8 than that recorded in respect of the preceding year.

This figure also indicates that this particular disease accounted for 14.5 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 14.  
CANCER DEATHS IN THE VARIOUS DISTRICTS.

District.	Males.	Females.	Persons.
Urban—			
Buckley ... ..	2	8	10
Connah's Quay ... ..	5	7	12
Flint (Mun. Boro.) ... ..	6	8	14
Holywell ... ..	4	5	9
Mold ... ..	4	3	7
Prestatyn ... ..	8	11	19
Rhyl ... ..	16	17	33
Rural—			
Hawarden ... ..	18	19	37
Holywell ... ..	21	27	48
Overton ... ..	4	6	10
St. Asaph ... ..	9	7	16
Total Urban ... ..	45	59	104
Total Rural ... ..	52	59	111
Whole County ... ..	97	118	215
County Rate per 1,000 population ... 1.78			

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

Table 15.  
CANCER DEATHS—FLINTSHIRE.  
By Age Groups—Year 1938.

Age Group.	Males.	Females.	Persons.
Aged under 1 year ... ..	1	—	1
Aged 1 to 2 years ... ..	—	—	—
Aged 2 to 5 years ... ..	—	—	—
Aged 5 to 15 years ... ..	—	1	1
Aged 15 to 25 years ... ..	—	—	—
Aged 25 to 35 years ... ..	1	1	2
Aged 35 to 45 years ... ..	5	6	11
Aged 45 to 55 years ... ..	9	16	25
Aged 55 to 65 years ... ..	34	34	68
Aged 65 to 75 years ... ..	32	32	64
Aged over 75 years ... ..	15	28	43
Totals ... ..	97	118	215



The Cancer Act, 1939, received the Royal Assent and came into operation on the 29th March of the year under review.

Its primary object is the establishment of a Service under which facilities for the diagnosis and treatment of cancer will be available to all who are, or are suspected to be suffering from the disease.

(The term "cancer" herein is interpreted as including all forms of malignant new growth irrespective of the site of origin, e.g., carcinoma, sarcoma, and rodent ulcer, as in the classification adopted by the Registrar General which is based upon the International List of Causes of Death).

Section 1 of the Act places on County Councils the duty of making arrangements to secure that such facilities are adequate, and of submitting such arrangements for the approval of the Minister of Health by not later than the 29th March, 1940.

At present little is done by County and other Local Authorities directly in the matter, cases being treated at the larger hospitals under arrangements almost entirely voluntary.

The following remarks relative to the two Public Assistance Hospitals of the County, therefore, will, it is hoped, be of some interest:—

Holywell Public Assistance Institution—Has no special facilities for in-patient or out-patient treatment. Cases are therefore referred either to the Royal Infirmary, Chester, or to the Cancer and Skin Hospital, Liverpool, the following being the relevant statistics relative to the year under review:—Patients admitted to the Authority's Hospital, nil. Admitted to the Institution after previous treatment at another hospital providing radiation as well as operative treatment—Lip, 2, other sites, 1. Admitted after previous advice or treatment at another hospital providing operative but not radiation treatment, and referred for advice and treatment to a hospital providing radiation treatment, 1 (Other sites). Patients admitted without previous advice or treatment at another hospital and (a) retained in Authority's hospital, Rectum, 1; Other sites, 4; (b) referred for advice and/or treatment to a hospital providing radiation as well as operative treatment, Uterus, 1; Breast, 1; Other sites, 1. Total dealt with at the Institution, 12.

St. Asaph Public Assistance Institution—Have some facilities for operative treatment only, and no out-patient department. Cases for treatment, however, are generally sent to the Royal Infirmary, Chester, the following being the statistics relative to the year under review:—Patients admitted to the Institution after previous treatment at another hospital providing radiation as well as operative treatment and treated at that Hospital, Bladder, 1; Other sites, 1; Tongue and mouth, 1. Patients admitted without previous advice or treatment at another hospital and retained in Authority's Institution, Tongue and Mouth, 1; Bladder, 2; Rectum, 2; Other sites, 1. Total admitted to the Institution, 9.

VENEREAL DISEASES—Particulars of the arrangements operating in respect of these diseases are given in Section B under the heading "Clinics (Venereal Diseases)" and statistical information will be found in the following Tables.

Table 16—VENEREAL DISEASES.

Flintshire cases dealt with at the Treatment Centre at  
Chester Royal Infirmary during 1938.

Description.	Total.
Number of cases dealt with for the first time during the year under report (excluding those known to have been elsewhere treated) suffering from:—	
Syphilis	29
Soft Chancre	—
Gonorrhœa	71
Non-venereal conditions	8
Total number of attendances of all patients residing in the area	3,956
Aggregate number of "In-patient days" of all patients residing in the area	664

Table 17.

VENEREAL DISEASES.

Flintshire cases treated at Centres other than at Chester.

Treatment Centre	Number of New Cases				Number of Attendances
	Syph- ilis	Gonor- rhœa	Not V.D.	Total Patients	
Wrexham—					
War Memorial Hospital ..	2	3	2	7	30
Other Approved Centres ..	..	..	..	..	..
Totals .. ..	2	3	2	7	30

Table 18.

## 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.		Gonor- rhœa.		Total Cases		Grand Total.
	M	F	M	F	M	F	M	F	M & F
1. Number of persons who were discharged, as above ...	3	3	—	—	22	1	25	4	29
2. Total duration of treat- ment of such persons, in days ...	842	3841	—	—	5288	178	6130	4019	10149
3. Aggregate number of attendances of such persons at the Centre ...	81	166	—	—	275	19	356	185	541
4. Number of such persons who were treated as in- patients ...	—	—	—	—	—	—	—	—	—
5. Aggregate number of "in-patient" days for such persons ...	—	—	—	—	—	—	—	—	—
6. Number of such persons treated with arsenobenzene compounds ...	2	3	—	—	—	—	2	3	5
7. Number of doses given of such compounds ...	70	128	—	—	—	—	70	128	198
8. Persons under treatment who ceased to attend before treatment was completed ...	6	2	—	—	11	6	17	8	25

Table 19.

## PATHOLOGICAL EXAMINATIONS.

(Carried out at the Royal Infirmary, Chester).

Description.	Number of Tests.				Total carried out.	
	For Treatment Centre	For Hospital and other Institutions.	For Private Medical Practitioners.			
<b>Microscopical Examinations—</b>						
For detection of Spirochetes	...	—	—	—	—	
For Detection of Gonococci	...	208	12	15	235	
For Other Organisms	...	—	—	—	—	
<b>Serum Tests—</b>						
For Wassermann Re-actions	...	112	21	19	152	
Other (for Syphilis)	...	—	—	—	—	
For Gonococcal Infection	...	—	—	—	—	
Cerebro-spinal Fluid Examinations	...	1	—	—	1	
Culture Tests	...	—	—	—	—	
<b>Other Tests—</b>						
Urino	...	...	—	—	—	
Other	...	...	—	—	—	
<b>Totals</b>	...	...	321	33	34	388

**BLINDNESS**—Section 176 of the Public Health Act of 1936 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 carea suffering from any disease of or injury to the eyes.

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.

687 successful primary vaccinations were effected during the year under review. Of this total 618 were primary vaccinations of infants aged under 1 year.

The latter figure represents a percentage of only 30.9 of the total of 1,998 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.

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

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

Table 20.

## SMALLPOX IMMUNITY—1938.

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 ...	733	713	287	286	436	421	10	6
Second Group—the aged 8	924	867	437	382	476	471	11	14
Third Group—the aged 12	804	782	404	397	393	368	7	17
Total (Elementary Schools)	2461	2362	1128	1065	1305	1260	28	37

OPHTHALMIA NEONATORUM—This subject is discussed in another Section of this Report and particulars as to the number of cases notified, the prevention and treatment measures employed, the results of these measures, etc. are indicated in a special table.

PUERPERAL FEVER AND PYREXIA—These conditions are dealt with in another Section, the relevant figures being found in the appropriate table.

TUBERCULOSIS (DEATHS)—Particulars of the Tuberculosis Deaths pertaining to this County are given in the succeeding Tables.

The first of these Tables (21) distinguishes the various Districts of the County and shows the deaths and death rates in respect of each.

The second Table (22) 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.

Table 21.  
DEATHS FROM TUBERCULOSIS IN THE SEVERAL  
DISTRICTS, 1938.

District.	Pulmonary.		Non-Pulmonary.		All Forms.		Grand Total.
	M*	F†	M*	F†	M*	F†	
Urban—							
Buckley	2	1	—	1	2	2	4
Connah's Quay	1	1	—	—	1	1	2
Flint (M. B.)	2	3	—	—	2	3	5
Holywell	6	1	1	—	7	1	8
Mold	2	—	—	—	2	—	2
Prestatyn	2	—	—	—	2	—	2
Rhyl	4	6	4	—	8	6	14
Rural—							
Hawarden	7	7	2	—	9	7	16
Holywell	10	3	2	4	12	7	19
Overton	1	—	—	—	1	—	1
St. Asaph	—	4	1	1	1	5	6
Urban Districts	19	12	5	1	24	13	37
Rural Districts	18	14	5	5	23	19	42
Whole County	37	26	10	6	47	32	79

\* Males. † Females.

Table 22.  
ANALYSIS OF DEATHS FROM TUBERCULOSIS—YEAR 1938.

Age Group.	Pulmonary.		Non-Pulmonary.		All Forms.		Grand Total.							
	M	F	M	F	M	F								
0—	...	—	...	1	...	—	...	1						
1—	...	—	...	2	...	—	...	2						
2—	...	—	...	—	...	—	...	—						
5—	...	—	...	1	...	1	...	2						
15—	...	8	...	7	...	1	...	16						
25—	...	2	...	9	...	1	...	14						
35—	...	10	...	4	...	—	...	14						
45—	...	6	...	2	...	1	...	11						
55—	...	8	...	2	...	2	...	13						
65—	...	3	...	2	...	1	...	6						
75—	...	—	...	—	...	—	...	—						
Totals	...	37	...	26	...	10	...	6	...	47	...	32	...	79

TUBERCULOSIS (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 23.

## FORMAL NOTIFICATION OF TUBERCULOSIS.

Summary of Notifications received by the County Medical Officer during the period 1st January to 31st December, 1938.

Description	Primary Notifications of New Cases											T'tl.	No- tifications
	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
Pulmonary—													
Males .. ..	..	..	3	1	5	8	14	14	9	4	2	60	117
Females .. ..	..	1	3	3	10	2	17	2	4	2	1	45	85
Non-Pulmonary													
Males .. ..	1	5	3	1	3	2	..	..	1	..	..	16	31
Females .. ..	..	1	3	1	3	1	3	2	2	2	..	18	33
All Forms—													
Males .. ..	1	5	6	2	8	10	14	14	10	4	2	76	148
Females .. ..	..	2	6	4	13	3	20	4	6	4	1	63	118
Totals .. ..	1	7	12	6	21	13	34	18	16	8	3	139	266

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 24.

## 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.	
<b>Urban—</b>										
Buckley	19	21	40	9	4	13	28	25	53	
Connah's Quay	18	20	38	2	1	3	20	21	41	
Flint (M. B.)	66	34	100	24	15	39	90	49	139	
Holywell	41	59	100	18	11	29	59	70	129	
Mold	21	13	34	6	13	19	27	26	53	
Prestatyn	38	18	56	6	6	12	44	24	68	
Rhyl	28	29	57	10	11	21	38	40	78	
<b>Rural—</b>										
Hawarden	111	73	184	17	23	40	128	96	224	
Holywell	123	89	212	45	45	90	168	134	302	
Overton	4	4	8	1	—	1	5	4	9	
St. Asaph	22	26	48	3	4	7	25	30	55	
Total Urban	231	194	425	75	61	136	306	255	561	
Total Rural	260	192	452	66	72	138	326	264	590	
Whole County	491	386	877	141	133	274	632	519	1151	
<b>Removed from the Registers during the year :—</b>										
Withdrawal of										
Notification	4	3	7	1	1	2	5	4	9	
Recovery from the										
disease	7	5	12	4	1	5	11	6	17	
Death of the										
patient	40	26	66	7	4	11	47	30	77	
Otherwise	11	8	19	1	—	1	12	8	20	
Total removed	62	42	104	13	6	19	75	48	123	

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 25.  
SUPPLEMENTARY CASES.  
(Not formally notified).

Description	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total	
Pulmonary—													
Males	..	..	..	..	..	..	..	..	..	..	2	2	
Females	..	..	..	..	..	..	1	..	..	1	1	3	
Non-Pulmonary—													
Males	..	..	1	..	..	1	..	..	..	1	1	4	
Females	..	..	..	..	..	..	..	1	1	..	..	2	
All Forms—													
Males	..	..	1	..	..	1	..	..	..	1	3	6	
Females	..	..	..	..	..	..	1	1	1	1	1	5	
Totals	..	..	1	..	..	1	..	1	1	1	2	4	11

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 26.  
SUPPLEMENTARY CASES.  
(Source of information).

Source of Information.	Number of Cases.		
	Pulmon-ary.	Non-Pulmon.	Total.
Death Returns—			
From Local Registrars	5	5	10
Transferable Deaths	—	1	1
Posthumous Notifications	—	—	—
Transfers from other areas (other than the above)	—	—	—
Other sources	—	—	—
Total Cases	5	6	11

It will be gathered from the foregoing that 11 cases were not brought to the Authority's notice until after the death of the respective patients.

**TUBERCULOSIS (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 E of this Report, while in Table 29 will be found a statement showing that the District Tuberculosis Physician, during the year, examined and advised no fewer than 62 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).

**TUBERCULOSIS (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 27.

## 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.
Denbigh	The Infirmary	2nd & 4th Wednesday, 2 p.m.
Glynceiriog	Dr. Beresford's Surgery	4th Friday, 2 p.m.
Holywell	Cottage Hospital	Every Tuesday, 10-30 a.m.
Penyffordd	Meadowslea Hospital	2nd & 4th Monday & Thurs., 2 p.m.
Queensferry*	"Oaklands," nr. Cross	Every Wednesday, 10 a.m.—12 noon.
Rhyl	27, Water Street	Every Friday, 2 p.m.
Wrexham	Tuberculosis Clinic	1st & 3rd Monday & Thurs., 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, Howarden, 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 28.

## TUBERCULOSIS.

## THE WORK OF THE FLINTSHIRE DISPENSARIES.

Year 1938.

---

1. Number of cases on the Dispensary register on the 1st January ...	578
2. Cases transferred from other areas, and cases returned after discharge under Head 3 in previous years ... ..	7
3. Cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	13
4. Number of cases written off during the year as "deceased" (regardless of the cause of death) ... ..	60
5. Attendances of patients at the Dispensaries (including those of patients registered only as contacts) ... ..	1373
6. Number of insured persons who were under domiciliary treatment on the 31st December ... ..	26
7. Number of personal consultations with medical practitioners ...	60
8. Number of other consultations with medical practitioners ...	623
9. Number of visits by the Tuberculosis Officers to the homes of patients (including personal consultations) ... ..	307
10. Number of visits by Tuberculosis Nurses to the homes of patients in connection with the work of the Dispensary ...	1191
11. Number of specimens of sputum examined in connection with the work of the Dispensary ... ..	424
12. Number of X-Ray examinations made in connection with the work of the Dispensary ... ..	1301
13. Number of "recovered" cases restored to the Dispensary register and included in A (a) and A (b) of the following table ...	9
14. Number of "T.B. plus" cases on the Register at the end of the year ... ..	152

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Table 29.  
TUBERCULOSIS—DISPENSARY ACTIVITIES,  
Flintshire—1938.

Description	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
<b>A—New Cases</b> examined during the year (excluding contacts):												
(a) Definitely tuberculous	39	26	1	3	2	9	4	5	41	35	5	8
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	12	13	6	7
(c) Non-tuberculous	..	..	..	..	..	..	..	..	116	129	53	33
<b>B—Contacts</b> examined during the year:												
(a) Definitely tuberculous	..	2	..	4	..	..	..	1	..	2	..	5
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	3	2	8	5
(c) Non-tuberculous	..	..	..	..	..	..	..	..	4	13	10	10
<b>C—Cases</b> written off the Dispensary Register as:—												
(a) Recovered	..	2	..	..	1	4	..	..	1	6	..	..
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	..	..	..	..	..	..	..	..	153	178	109	76
<b>D—Number of Cases</b> on the Dispensary Register on Dec. 31st:—												
(a) Definitely tuberculous	163	145	8	18	30	30	31	28	193	175	39	46
(b) Diagnosis not completed	..	..	..	..	..	..	..	..	15	15	14	12

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, 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 30.

PUBLIC ASSISTANCE INSTITUTIONS—TREATMENT OF TUBERCULOSIS.

The extent of Residential Treatment provided in the two 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 Pulmonary Tuberculosis admitted for Institutional treatment	Adult Males	..	3	2	1	..
	Adult Females	..	..	..	..	..
	Children	..	..	..	..	..
	Total Persons	..	3	2	1	..
Number of patients suffering from Non-pulmonary Tuberculosis admitted for Institutional treatment	Adult Males	..	..	..	..	..
	Adult Females	..	..	..	..	..
	Children	..	1	1	..	..
	Total Persons	..	1	1	..	..
Totals	.. .. ..	..	4	3	1	..

## Section G.—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 an early page of this Report, 14 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 36 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 31.

## PUBLIC ASSISTANCE INSTITUTIONS—BEDS PROVIDED.

Beds provided in the several Institutions (as at 31st December, 1938) for Sick, Maternity and Mental Cases.

Classification.	Holywell.	St. Asaph.	Totals.
Number of Beds provided :—			
For Men	60	51	111
For Women	76	61	137
For Children * (aged under 16 years)	7	10	17
Total Number of Beds provided	143	122	265

\* *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, 1938.

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 32.

HOLYWELL PUBLIC ASSISTANCE INSTITUTION.

Classification of Accommodation for, and Number of Beds occupied by, Sick, Maternity and Mental Cases on the 31st December, 1938.

Classification of Wards	No. of Wards	Number of Beds							
		Men		Women		Children*		Total	
		Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied
Medical .. ..	8	58	54	76	52	..	..	134	106
Surgical .. ..		..	..	..	..	..	..	..	..
Chronic Sick (a) ..		..	..	..	..	..	..	..	..
Children .. ..	..	..	..	..	7	4	7	4	..
Isolation (b) .. ..	1	2	..	..	..	..	2	..	..
Other .. ..	..	..	..	..	..	..	..	..	..
Totals .. ..	9	60	54	76	52	7	4	143	110

Table 33.

## ST. ASAPH PUBLIC ASSISTANCE INSTITUTION.

Classification of Accommodation for, and Number of Beds occupied by,  
Sick, Maternity and Mental Cases on the 31st December, 1938.

Classification of Wards	No. of Wards	Number of Beds								
		Men		Women		Children*		Total		
		Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied	
Medical .. ..	}	19	51	42	54	43	10	10	115	95
Surgical! .. ..										
Chronic Sick (a) .. ..										
Isolation (b) .. ..	..	..	..	..	..	..	..	..	..	..
Maternity .. ..	..	3	..	..	7	7	..	..	7	7
Other .. ..	..	..	..	..	..	..	..	..	..	..
<b>Totals .. ..</b>	..	22	51	42	61	50	10	10	122	102

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 34.

## PUBLIC ASSISTANCE INSTITUTIONS.

Statistics in respect of the year ended the 31st December, 1938.

## (A)—IN-PATIENTS.

Description.	Holywell.	St. Asaph.	Total.
Total number of admissions (including infants born in Institution)	210	475	685
Number of women confined in the Institution	—	100	100
Number of live births	—	91	91
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	—	1	1
Total number of deaths	61	66	127
Total number of discharges (including infants born in Institution)	138	421	559
Of the patients deceased or discharged, number whose stay in the Institution was :—			
Four weeks or less	104	319	423
Over 4 but under 13 weeks	58	130	188
Over 13 weeks	37	38	75
Beds occupied—average during the year	114	112	226
Surgical operations (excluding dental) under general anæsthetic	3	70	73
Number of abdominal sections	—	25	25

## (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 35.

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 ... ..	—	138	138
Of the expectant mothers above referred to, number treated ... ..	—	92	92
Average duration of stay—Days per Patient ... ..	—	20	20
Number of cases delivered by—			
Midwives ... ..	—	—	—
Doctors ... ..	—	100	100
Cases in which medical aid was sought by Midwife in emergency ... ..	—	100	100
Number of Cases notified as—			
Puerperal Pyrexia ... ..	—	3	3
Number of cases of Pemphigus Neonatorum ... ..	—	—	—
Infants not entirely breastfed while in the Institution ... ..	—	26	26
Number of cases notified as Ophthalmia Neonatorum ... ..	—	—	—
Number of Maternal Deaths in the Institution ... ..	—	1*	1
Number of Infant Deaths—			
Stillborn ... ..	—	9	9
Within 10 days of birth ... ..	—	3†	3

\*Cause—Fatty degeneration of the heart. In labour. Child not born.

†Causes—(1) Cerebral Haemorrhage; (2) Prematurity; (3) Prematurity.

Table 36—HOLYWELL PUBLIC ASSISTANCE INSTITUTION.

Classification of In-Patients discharged or died during year  
ended 31st December, 1938.

Disease Groups.	Number of persons, aged			
	Under 16 years.		Over 16 years.	
	Dis- charged.	Died.	Dis- charged.	Died.
Acute infectious disease ... ..	6	2	7	1
Influenza ... ..	—	—	—	—
Tuberculosis—Pulmonary ... ..	—	—	1	1
Non-Pulmonary ... ..	—	—	—	—
Malignant Disease ... ..	—	—	3	9
Rheumatism—Acute and Sub-acute ...	—	—	2	—
Non-articular manifestations of so- called rheumatism ... ..	—	—	1	—
Chronic Arthritis ... ..	—	—	4	—
Venereal disease ... ..	—	—	—	—
Puerperal Pyrexia ... ..	—	—	—	—
Other disease and accidents connected with pregnancy and childbirth ...	1	—	—	—
Mental diseases—				
Senile Dementia ... ..	—	—	2	—
Other ... ..	—	—	10	—
Senile decay ... ..	—	—	2	6
Accidental injury and violence ...	2	—	11	1
<i>In respect of cases not included above:</i>				
Disease of the Nervous System and Sense				
Organs ... ..	—	—	3	4
Respiratory System ... ..	—	—	7	2
Circulatory System ... ..	3	—	19	29
Digestive System ... ..	—	—	6	—
Genito-urinary System ... ..	—	—	6	5
Skin ... ..	1	—	4	—
Other Diseases ... ..	5	—	32	1
Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers ... ..	—	—	—	—
Infants ... ..	—	—	—	—
Totals ... ..	18	2	120	59

Table 37—ST. ASAPH PUBLIC ASSISTANCE INSTITUTION.

Classification of In-Patients discharged or died during year  
ended 31st December, 1938.

Disease Groups.	Number of persons, aged			
	Under 16 years. Dis- charged.	Over 16 years. Dis- charged.	Died.	Died.
Acute infectious disease	—	—	—	—
Influenza	—	—	2	1
Tuberculosis—Pulmonary	—	—	—	1
Non-Pulmonary	1	—	—	—
Malignant Disease	—	—	—	1
Rheumatism—Acute and Sub-Acute	—	—	—	5
Non-articular manifestations of so- called rheumatism	—	—	—	—
Chronic Arthritis	—	—	—	1
Venereal disease	—	—	—	—
Puerperal Pyrexia—				
Women confined in the Institution	—	—	—	3
Women admitted from outside	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth	—	—	—	7
Mental diseases—				
Senile Dementia	—	—	—	3
Other	—	—	—	32
Senile decay	—	—	—	15
Accidental injury and violence	3	—	—	22
<i>In respect of cases not included above :</i>				
Disease of the Nervous System and Sense				
Organs	—	—	—	22
Respiratory System	3	—	—	21
Circulatory System	4	—	—	17
Digestive System	2	—	—	5
Genito-urinary System	—	—	—	6
Skin	1	—	—	5
Other Diseases	11	3	—	6
Mothers and infants discharged from Maternity Wards and not included in above figures :—				
Mothers	—	—	—	133
Infants	—	—	—	—
Other persons	92	—	—	—
Totals	117	5	304	61

## Section H.—THE MATERNITY SERVICES.

ANTE-NATAL (CENTRE) SERVICES—The six Ante-natal Centres at which is carried out the work of medically supervising the welfare of our expectant and nursing mothers are described in Section B of this Report.

A table is now presented which shows the ante-natal attendances of women at such Centres in respect of the year under review.

Table 38.

## ANTE-NATAL ATTENDANCES OF WOMEN AT CENTRES.

(Year ended 31st December, 1938).

Centre.	Number of Sessions.	Patients dealt with.			Aggregate Attend- ances.	Average per Session.	Average per Patient.
		Old*	New Cases.	Total Cases.			
Bagillt	21	4	75	79	181	8.62	2.29
Buckley	21	12	54	66	159	7.57	2.41
Holywell	22	24	135	159	539	24.50	3.39
Mold	22	20	135	155	422	19.18	2.72
Rhyl	22	25	109	134	402	18.27	3.00
Shotton	49	39	312	351	1443	29.45	4.11
Totals	157	124	820	944	3146	20.04	3.33

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

From the foregoing table it will be gathered that no fewer than 944 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, 3,146 ante-natal attendances at the Centres—an average of 3.3 attendances per patient.

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

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 39.

## ANTE-NATAL PATIENTS—CLASSIFICATION.

Centre.	Multiparæ.			Total Patients.
	Primi-gravidæ.	Normal History.	Abnormal History.	
Bagillt	38	25	16	79
Buckley	28	27	11	66
Holywell	75	52	32	159
Mold	64	66	25	155
Rhyl	41	57	36	134
Shotton	151	135	65	351
Totals	397	362	185	944

The table which follows 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 653 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 40

## ANTE-NATAL ATTENDANCES OF WOMEN AT CENTRES.

Attendances made.	Bagillt.	Buckley.	Holywell.	Mold.	Rhyl.	Shotton.	Total Patients.	Total Attendances.	
1	34	35	46	53	48	75	291	291	
2	23	10	34	35	24	62	188	376	
3	9	5	18	24	24	46	126	378	
4	6	2	23	21	11	36	99	396	
5	1	8	14	10	6	34	73	365	
6	2	1	4	3	6	31	47	282	
7	1	5	3	4	4	15	32	224	
8	1	—	7	1	6	17	32	256	
9	2	—	3	2	3	10	20	180	
10	—	—	—	1	1	11	13	130	
11	—	—	4	1	1	7	13	143	
12	—	—	2	—	—	3	5	60	
13	—	—	1	—	—	4	5	65	
Totals	...	79	66	159	155	134	351	944	3146

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 41.

## ANTE-NATAL PATIENTS—ABNORMALITIES FOUND.

Abnormality	Ante-Natal Centres.						Total
	Bagillt	Buckley	Holywell	Mold	Rhyl	Shotton	
Albuminuria	16	11	45	34	23	82	211
Anæmia	1	1	5	4	5	10	26
Anal fissure	—	—	—	—	—	1	1
Arthritis	1	—	1	—	1	—	3
Breast Trouble	—	—	—	4	2	11	17
Bronchitis	—	1	2	1	2	2	8
Caesarean Sec.	—	—	1	—	—	2	3
Debility	9	2	8	11	11	21	62
Deformed pelvis	—	—	—	—	1	4	5
Enteroptosis	—	—	1	—	—	1	2
Fibroids	—	—	—	—	1	—	1
Fœtal Death	—	—	2	3	1	2	8
Hæmorrhage	2	1	5	10	6	20	44
Heart Trouble	6	6	6	7	8	18	51
Hernia	—	—	2	2	1	2	7
Hydramnios	—	1	1	—	2	2	6
Induction	1	—	1	2	1	8	13
Malpresentation	1	3	5	6	5	12	32
Malproportion	—	—	3	—	1	8	12
Measurements	3	—	5	4	3	10	25
Mental Changes	—	—	2	—	—	—	2
Minor Ailments	17	14	29	36	43	95	234
Miscellaneous	1	—	3	3	1	3	11
Mult. Pregnancy	—	1	1	1	—	3	6
Nephritis	—	—	2	—	—	—	2
Ovarian cyst.	—	—	—	—	—	1	1
Phlebitis	—	—	1	—	—	4	5
Placenta Prævia	—	—	1	—	—	2	3
Prolapse	3	1	3	6	3	7	23
Rupture—Prem.	—	1	1	1	1	1	5
Specific Disease	1	—	2	2	1	3	9
Skin Disease	—	—	3	5	6	9	23
Teeth—Caries	20	23	48	54	49	75	269
Thyroid—Enlgt.	—	—	2	4	2	4	12
Tuberc.—General	—	1	—	1	1	2	5
Tuberc.—Glands	—	—	—	1	—	—	1
Uterus Retroverted	—	1	—	—	—	1	2
Vag. Malformn.	—	1	—	—	—	1	2
Vomiting Excess	—	—	—	—	1	—	1
Total Abnorm.	82	69	191	202	182	427	1153

POST-NATAL (CENTRE) SERVICES—It is highly 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, 132 patients were seen at the Centres post-natally, and these made, in the aggregate, 234 attendances.

Table 42.

## POST-NATAL ATTENDANCES OF WOMEN AT CENTRES.

(Year ended 31st December, 1938).

Centre	Number of Sessions.	Patients dealt with.			Aggregate Attendances	Average per Session.	Average per Patient
		Old* Cases.	New Cases.	Total Cases.			
Bagillt	21	—	12	12	18	0.86	1.5
Buckley	21	1	3	4	7	0.33	1.75
Holywell	22	2	16	18	32	1.45	1.78
Mold	22	2	13	15	21	0.95	1.40
Rhyl	22	3	20	23	36	1.64	1.57
Shotton	49	11	49	60	120	2.45	2.00
<b>Totals</b>	157	19	113	132	234	1.49	1.77

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

The next summary is dissimilar from that of Table 39 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 said 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 43.  
POST-NATAL PATIENTS—CLASSIFICATION.

Centre.	Multiparæ.			Total Patients.
	Primi-gravidæ.	Normal History.	Abnormal History.	
Bagillt	4	3	5	12
Buckley	1	2	1	4
Holywell	1	11	6	18
Mold	—	6	9	15
Rhyl	—	14	9	23
Shotton	9	37	14	60
<b>Totals</b>	15	73	44	132

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 132 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 1.8 per person, despite the fact that such a high proportion happily found it necessary to attend once only.

Table 44.  
POST-NATAL ATTENDANCES OF WOMEN AT CENTRES.

Attendances made.	Bagillt.	Buckley.	Holywell.	Mold.	Rhyl.	Shotton.	Total Patients.	Total Attendances.
1	10	3	12	11	13	25	74	74
2	—	—	2	2	7	21	32	64
3	1	—	2	2	3	8	16	48
4	—	1	—	—	—	3	4	16
5	1	—	2	—	—	2	5	25
6	—	—	—	—	—	—	—	—
7	—	—	—	—	—	1	1	7
<b>Totals</b>	12	4	18	15	23	60	132	234

As a previous 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 summary 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 45.

## POST-NATAL ABNORMALITIES FOUND.

Abnormality	Ante-Natal Centres						Total
	Bagillt	Buckley	Holywell	Mold	Rhyl	Shotton	
Anæmia	—	1	—	—	—	2	3
Anal fissure	—	—	—	1	—	—	1
Appendicitis	—	—	—	—	—	1	1
Cervix Tear	1	—	1	1	1	—	4
Debility	1	—	3	2	5	6	17
Endometritis	—	—	2	—	1	2	5
Enteroptosis	—	—	1	—	3	2	6
Epilepsy	—	—	—	—	—	1	1
Erosion—Cerv.	1	—	1	—	—	—	2
Heart Trouble	—	—	—	—	—	3	3
Mastitis	—	—	1	—	—	1	2
Menopause	—	—	—	1	2	3	6
Minor Ailments	4	—	2	3	4	18	31
Nephritis	1	—	—	1	—	1	3
Ovarian	—	—	1	—	1	2	4
Perineal Tear	—	—	—	5	1	1	7
Phlebitis	—	—	—	—	1	—	1
Prolapse	—	1	5	3	6	6	21
Retroversion	—	—	—	1	—	1	2
Specific Disease	—	—	—	—	—	2	2
Sterility	3	1	1	—	1	2	8
Thyroid Enlgmt.	—	1	—	—	—	4	5
Tuberc.—Pulm.	—	—	—	—	—	1	1
Total Abnorm.	11	4	18	18	26	59	136

The following report, submitted at my request by Dr. A. E. Gwladys Rowlands, the Medical Officer of the Centres, is a record of splendid achievement in the important work of supervising the health of our expectant and nursing mothers :—

“ During the year under review, 1,076 women were examined at the Centres. Of these, 944 were ante-natal patients and 132 post natal patients. The total attendance for the year amounted to 3,380, an increase of 781 on the corresponding figure for 1937.

“ On the whole, the mothers attended very regularly. Normal cases were examined monthly during the early part of their pregnancy, and every two weeks during the latter part. I find that the mothers are becoming increasingly anxious to undergo examination. In no case during the whole year has any mother shown any reluctance to be thoroughly examined. Of the 944 patients that attended, 397 were primigravidæ, i.e., first pregnancy cases. A large percentage of the mothers attended on their own initiative, before they had consulted either a doctor or a nurse. These patients were advised to book a midwife early or to arrange for a bed in a hospital or nursing home. On the whole I found that the mothers were very anxious to carry out any advice that was given to them ; though there were, of course, a few who were too careless to pay attention to the advice given. Most of the mothers are very much happier while they are under the care of the Centres. It helps them to develop confidence and this especially applies to mothers who have no relatives resident near them.

“ The table headed ‘ Abnormalities found ’ gives some indication of the work of the Centres. 211 cases showed symptoms of albuminuria, and these received either treatment at the Centres or—the severe cases—at hospital or under their own doctor. During the year there was one case of death from albuminuria, and this was due to the refusal of the patient to undertake hospital treatment in time.

“ 88 mothers showed signs of anæmia and debility. Many of these cases were helped by grants of free milk from the Authority or by assistance from the voluntary welfare committees and the public assistance committees. Some of the more severe cases were sent to hospital for rest and treatment some weeks before labour.

“ Dental trouble was found to be fairly common. 269 patients showed dental caries and gum trouble. I find more reluctance on the part of patients to undergo dental treatment than any other kind of treatment. I hope that the new dental scheme of the Authority will help to remedy this. Under the new scheme, ante-natal patients will be able to obtain financial help for dental treatment and will be able to undergo this treatment at the hands of their own dental surgeon. I am quite sure that financial causes have been at the root of this reluctance in the past.

"Six cases of Tuberculosis were found. In five of these cases the lungs were affected and the other case suffered from tubercular glands. On the whole I consider that the incidence of tuberculosis among ante-natal patients in this County is fairly low.

"On the other hand heart disease was found to be fairly common. 51 ante-natal patients suffered from some form of heart trouble. Many of these cases gave a history of rheumatism during childhood and some were undoubtedly due to their hard and strenuous lives and to too frequent child bearing.

"110 still births were reported in the County during the year. Of these cases seventeen had attended ante-natal centres and 93 had not attended the centres.

"The conduct of ante-natal work in the premises at five of the centres has been very difficult. I have already referred to the new building at Mold in my Welfare Centre report. At the Mold centre, the work of the Medical Officer and Nurse has been simplified and the mothers are now able to await their turn in more comfort. I hope that new buildings will soon follow in other parts of the County.

"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 size of the hospital has made it possible to send in more patients for ante-natal care and observation. My thanks are also due to the Matron and Staff of the St. Asaph P. A. Infirmary, as a large number of patients from the west side of the county now go to St. Asaph for their labour.

"The Ante-natal Centres have also received valuable support from the Inspectress of Midwives, from the practising Midwives and from the Health Visitors. I wish to take this opportunity of thanking them all for their support.

"The Voluntary Committees of the Welfare Centres have also rendered valuable service by gifts of free milk, etc. to cases suffering from debility. In this connection I would like to refer to the late Mrs. Miller of Shotton, who passed away during the early part of 1939. Her death has been a great loss to the Shotton Welfare Centre. She worked at this Centre for over 20 years and is greatly missed by the mothers and by all who worked at this Centre."

MIDWIFERY SERVICES—Under their respective heads the various branches of the County's midwifery services are discussed in the several paragraphs which follow :—

The Catherine Gladstone Maternity Home—Reference has already been made (in Section B) to the Catherine Gladstone Maternity Home and I now submit a report which the Matron, at my request, has submitted in respect of the working of the Home during the year under review.

Needless to say, I heartily endorse her remarks concerning the immeasurably valuable services of Dr. Wigley :—

“ During the year reviewed, 188 patients were admitted, all of which made a satisfactory recovery. There were no maternal deaths, four infants died within a few days of their birth, but in each case they were either prematurely born or malformed.

“ The nursing staff consists of Matron, Sister, and three nurses all certificated. The home is under the supervision of Dr. A. E. Williams, Medical Officer of the County of Flintshire, and governed by the House Committee responsible to the Flintshire County Council. The local General Practitioners of the County, continue to work in harmony with the authorities. Dr. Rowlands, who conducts the ante-natal clinics, gives admirable advice to the expectant mothers before they enter the home, and many of the patients that have attended the clinic would undoubtedly have been seriously ill during their confinements had it not been for the advice and supervision she has given.

“ Mr. Wigley, the consulting obstetrician, visits the home as required and his attention has been invaluable. On many occasions during 1938 additional beds have had to be erected to accommodate the number of patients admitted, and it was decided to extend the premises. The extension was commenced and almost completed during the year 1938. During the mother's stay in the home they are instructed how to care for themselves and babies on their return to their own homes. They have appreciated this tuition and invariably attend the welfare centre after their discharge. Dr. A. E. Williams pays frequent visits and continues to give instructions as regards the nursing and treatment, and tackles other problems that crop up from time to time.

“ I consider myself fortunate in having under my control a loyal and well trained nursing staff.”

Private Maternity Homes—As previously mentioned, nineteen of the twenty-three institutions registered under the Nursing Homes Registration Act are allowed to admit maternity cases. These institutions, though privately owned and conducted, are periodically inspected by the County Supervisor of Midwives on the Council's behalf.



Table 46.

## PRIVATE NURSING HOMES.

Description.	No. of Homes.	Number of Patients provided for		
		Maternity.	Other	Total.
Homes first registered during the year	... 2	4	5	9
Homes on register at end of year	... 23	42	68	110
Applications refused under Section 187 (3) *			... ..	—
Appeals by aggrieved persons			... ..	—
Registrations cancelled under Section 188 *			... ..	—
Cases in which fines were imposed			... ..	—
Number of Inspections			... ..	180
Homes not inspected			... ..	2

*Public Health Act, 1936.*

Proposed New Maternity Home—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.

Public Assistance Midwifery—Particulars of the maternity work carried out at the Infirmaries of your two Public Assistance Institutions—those of Holywell and St. Asaph—appeared in Table 36 of this Report.

From this it will have been gathered that 100 women in all were admitted during the year—all to the latter Institution and none to the former.

County Domiciliary Midwives—From Table 48 it will be gathered that 4 midwives serve the Authority as full-time District Domiciliary Midwives under the Midwives Act of 1936.

**The Voluntary Organisations**—From the Table above referred to it will also be gathered that 34 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 1,991 cases—1,407 as Midwives and 584 as Maternity Nurses.

**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 21 Midwives, as follows:—Puerperal Pyrexia, 17; Scarlet Fever, 1; Diphtheria, 1; Measles, 1; Pemphigus, 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 4 cases, and under the second in respect of 12 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 medical officers and general practitioners, to the substantial 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.

Midwives Practising—86 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 72 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 47.

## 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 ...	5	26	—	31
Other (Local) Associations ...	—	3	—	3
Independently Employed—				
In General Practice ...	8	17	—	25
Total in practice at end of year ...	19	53	—	72

Statutory Notification—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 57) :

Table 48.

NOTIFICATIONS RECEIVED FROM MIDWIVES.

(Excluding those relating to Births, for which see Table 57).

Description.	Number.
Medical Aid sought	786
Intention to practise	86
Stillbirth	105
Artificial Feeding	68
Change of Name	1
Change of Address	16
Laying out Dead Body	4
Liability to be Infective	16
Death of Infant	60
Death of Patient	16
Total	1158

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 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 1,188 inspections, the number being made up as follows :—

Table 49.

## 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	... ..	24	22
Employed by Voluntary Associations—			
Flintshire Nursing Association	...	259	187
Other (Local) Associations	...	2	1
Independently Employed—			
In Private Nursing Homes	...	83	61
In General Practice	...	346	203
As Unregistered Women	...	—	—
Total Inspections	... ..	714	474
			1188*

\* The Midwife was inspected while conducting a confinement (patient actually in labour) in 15 cases, and was accompanied by the Inspectress on ante-natal visits in 25, during puerperium in 34, and on post-natal visits in 30 cases.

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

Table 50.

## SPECIAL VISITS TO MIDWIVES.

Reason for Special Visitation.	No. of Visits.
Maternal Death Investigation ... ..	7
Infant Death Investigation ... ..	33*
Stillbirth Investigation ... ..	86
Puerperal Pyrexia Supervision ... ..	172
Ophthalmia Neonatorum Supervision ... ..	122
Other Emergencies ... ..	29
Non-emergency Special Visits ... ..	25
<b>Total Special Visits ... ..</b>	<b>474</b>

\* *Others were investigated by Health Visitors.*

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.

During the year under review medical aid was sought by the midwives under these arrangements on 786 occasions.

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 51.

## PUERPERAL FEVER AND PUERPERAL PYREXIA.

Particulars.	Puerperal Fever.	Puerperal Pyrexia.	Total Cases.
Cases as primarily notified—			
By Medical Practitioners ... ..	6	16	—
By Midwives ... ..	1	19	—
By Others ... ..	1	2	—
Cases as finally diagnosed ... ..	9	36	45
Cases treated at residence—			
By General Practitioner only ... ..	2	22	24
By Practitioner and Specialist ... ..	2	3	5
Cases treated at Hospital—			
By Medical Staff only ... ..	3	10	13
By Staff and Specialist ... ..	2	1	3
Cases nursed at residence—			
By Midwife (trained) in attendance ... ..	4	25	29
By Midwife (untrained) ... ..	—	—	—
By Trained Nurse supplied ... ..	—	—	—
Cases nursed in Hospital—			
By Nursing Staff ... ..	5	11	16
Bacteriological Examinations—			
Of Lochia ... ..	—	—	—
Of Blood ... ..	—	—	—
Examinations unnecessary—			
Of Lochia or Blood ... ..	—	—	—
Cases who recovered—			
Under domiciliary treatment ... ..	4	25	29
Under Hospital Treatment ... ..	4	10	14
Cases who died—			
At residence ... ..	—	—	—
In Hospital ... ..	1	1	2

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 23 patients, the respective causes being :—

Table 52.

## OBSTETRIC EMERGENCIES—1938.

Nature of Emergency.	Patients.	Consultations.
Retained placenta, hæmorrhage ... ..	1	1
Ante-partum hæmorrhage. Marginal placenta. Prævia. Admitted to Hospital ... ..	2	2
Twins. Face presentation. Uterine inertia ...	1	1
Obstructed Labour. Persistent occipito posterior. Manual rotation. Forceps extraction ...	2	2
Ante-partum hæmorrhage. Admitted Hospital ...	1	1
Unrotated head. Forceps delivery ... ..	1	1
Ante-partum hæmorrhage, severe. Lateral placenta prævia ... ..	1	2
Shoulder presentation. Admitted Mancot. Internal version and extraction ... ..	1	1
Pre-eclampsia. Albuminuria plus. Oedema plus. Breech presentation. Admitted to Hospital	1	1
Vomiting. Gross anæmia and wasting. Admitted to Hospital ... ..	1	1
Disproportion. Post Maturity ... ..	1	1
Failed forceps. Sedatives given. Admitted Mancot ... ..	1	1
Acute appendicitis and 5 months pregnancy. Appendectomy ... ..	1	1
Toxic vomiting. Removed to Hospital ... ..	1	1
Ante-partum hæmorrhage. 6 months pregnancy. Repeated bleedings. Admitted to Hospital	1	1
Breech with extended legs. Admitted to Hospital	1	1
Ante-natal examination ... ..	1	1
Ante-partum hæmorrhage. 6½ months pregnant. No placenta palpable ... ..	1	1
Toxæmia of pregnancy. Albuminuria. Blood pressure not raised. Old cystitis ...	1	1
Placenta prævia. Ante-partum hæmorrhage. Twin pregnancy. Admitted to Hospital. Blood transfusion. Caesarean section ...	1	1
Obstructed labour. Forceps delivery ...	1	1
<b>Total</b> ... ..	<b>23</b>	<b>24</b>



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. Eight were confirmed as Ophthalmia Neonatorum out of the thirty cases brought to the Authority's notice as cases of "Discharging Eyes, however slight."

Table 53.

## NEO-NATAL DISCHARGING EYES.

Particulars.		Discharging Eyes.	Ophthalmia Neonatorum.	Total Cases.
Cases as primarily notified—				
By Medical Practitioners	...	—	8	—
By Midwives or Nurses	...	22	—	—
By other persons	... ..	—	—	—
Cases as finally diagnosed	...	22	8	30
Cases treated—				
At Patient's Home—				
By Doctor	... ..	22	8	30
By Midwife or Nurse only	...	—	—	—
At Hospital—				
By Hospital Staff	...	—	—	—
Cases untreated	... ..	—	—	—
Results of Disease—				
Recovery of Infant	...	22	8	30
Visual Impairment—				
One Eye	... ..	—	—	—
Both Eyes	... ..	—	—	—
Death of Infant	... ..	—	—	—

Stillbirths—The general statistics relating to this subject have already been supplied, 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 54.

STILLBIRTHS—INCIDENCE COMPARISON.

(As between Centre and Non-Centre Mothers).

Stillbirths amongst	Number of		Rate per 1,000	
	Infants born,	Stillbirths.	Live Births	Total Births.
Mothers attending Centres ...	944	17	18.34	18.01
Mothers not attending Centres ...	1164	93	86.83	79.90
Totals ... ..	2108	110	55.06	52.18

Reverting to the general subject of stillbirths, of which 110 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 55.

## STILLBIRTHS—PROBABLE CAUSES.

Probable Cause.	Number of Cases.		
	Full Term.	Pre-mature.	Total.
Accident, Shock, etc. ... ..	1	2	3
Albuminuria, Toxæmia, etc. ... ..	2	7	9
Born before Midwife's arrival ... ..	2	3	5
Breech Complications ... ..	5	—	5
Caesarean Section ... ..	1	—	1
Child abnormality ... ..	7	4	11
Cord Prolapse ... ..	5	1	6
Drugs (Suspected) ... ..	1	3	4
Hæmorrhage—Ante-Partum ... ..	—	6	6
Hydramnious ... ..	—	1	1
Ill-health of Mother ... ..	3	3	6
Labour Difficulties (general) ... ..	9	—	9
Labour Precipitate ... ..	1	2	3
Overwork, Domestic Trouble, etc. (Mother) ... ..	1	3	4
Placenta Prævia ... ..	1	3	4
Plural Births (Multiple) ... ..	2	—	2
Postmaturity ... ..	2	—	2
Presentation Abnormal ... ..	3	1	4
Specific (suspected) ... ..	—	4	4
Causes unknown—			
Primipara ... ..	3	5	8
Previous history of Stillbirth ... ..	1	4	5
Total investigated ... ..	50	52	102
Number not investigated ... ..			8
Total number of Stillbirths registered ... ..			110

Maternal Mortality—Reference to this subject has been made in a previous section of this report. 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 1938, 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 56.

## MATERNAL DEATHS—INCIDENCE COMPARISON.

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

Classification.	Number of		Rate per 1,000.	
	Confine-ments.	Maternal Deaths.	Live Births.	Total Births.
Mothers attending Centres ...	944	2	2.16	2.12
Mothers not attending Centres ...	1164	4	3.73	3.44
<b>Total Confined Mothers</b> ...	<b>2108</b>	<b>6</b>	<b>3.00</b>	<b>2.85</b>

## Section I—THE INFANT WELFARE SERVICES.

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:—

**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 57.

### BIRTH NOTIFICATION.

Births notified during the year.

By whom notified.	Number.		
	Live.	Still.	Total.
Midwives (including Maternity Nurses) ...	1753	87	1840
Medical Practitioners (including Medical Officers) ...	265	14	279
Parents (or Relatives) ... ..	11	—	11
Totals ... ..	2029	101	2130

**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 Visitor's work.

Table 58.

## 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)				1886	345	2231
Aged 1 to 12 months	do.	do.	do.	57	7948	8005
Aged 1 to 5 years	do.	do.	do.	7	9312	9319
Total aged under 5	do.	do.	do.	1950	17605	19555

## CONDITIONS FOUND ON FIRST VISITS.

Births—Number un-notified (A) ; Number premature (B)				185	34	—
Feeding—Breast only (A) ; Breast and other (B) ;						
Other Foods only (C)	...	...	...	1457	165	298
Bottle—Boat Type (A) ; Other Types (B) ; Total used (C)	...	...	...	366	48	414
Home—(Indoors)—Uncleanliness (A) ; Accom. Inade. (B)...				22	24	—
Home—(Outdoors)—Drains Insan. (A) ; Privy Insan. (B) ;						
Refuse Disp. Insan. (C)	...	...	...	7	6	2
Parents—Neglectful (A) ; Excessively ignorant (B) ;						
Ailing (Infec.) (C)	...	...	...	4	8	2

INFECTIOUS DISEASES—CASES VISITED, ETC.  
(Note—This Section relates to infants aged under 5 only).

Measles (and Ger. Meas.)—First Visits (A) ; Re-vis. (B) ;						
			Total (C) ...	70	43	113
Whooping Cough	do.	do.	do. ...	89	103	192
Scarlet Fever	do.	do.	do. ...	8	2	10
Diphtheria	do.	do.	do. ...	5	1	6
Mumps	do.	do.	do. ...	6	1	7
Chicken Pox	do.	do.	do. ...	8	2	10
Epid. Diarrhœa	do.	do.	do. ...	5	7	12
Ophthalmia Neo.	do.	do.	do. ...	4	1	5
Pemphigus Neo.	do.	do.	do. ...	—	—	—
Poliomyelitis	do.	do.	do. ...	—	—	—
Influenza	do.	do.	do. ...	3	3	6
Pneumonia	do.	do.	do. ...	4	12	16
Other (specify)	do.	do.	do. ...	—	—	—
Cases removed to Hospital—						
	Measles (A) ; Whoop. Cough (B) ; Scarlet Fev. (C)			2	3	6
	Diphth. (A) Ep. Diarrhœa (B) ; Ophthalm. Neo. (C)			4	—	2
	Pemphigus (A) ; Poliomyelitis (B) ; Other (C)			—	—	—
OTHER ROUTINE VISITS.						
Expectant Mothers—First Visits (A) ; Re-vis. (B) ; Total (C)				282	363	645
Stillbirths	do.	do.	do. ...	3	—	3
Deaths (Under 1 mth.)	do.	do.	do. ...	24	—	24
do. (Aged 1—12 mths.)	do.	do.	do. ...	25	2	27
do. (Aged 1—5 years)	do.	do.	do. ...	4	—	4
do. (Maternal)	do.	do.	do. ...	—	—	—
Puerperal Pyrexia*	do.	do.	do. ...	2	22	24
Removed to Hosp.—Puerp. Fev. (A) ; Puerp. Pyr. (B) ; Total (C)				—	—	—
SPECIAL ENQUIRIES, INVESTIGATIONS, ETC.						
Milk Applications—First Visits (A) ; Re-vis. (B) ; Total (C)				947	204	1151
Doctors' Fees	do.	do.	do. ...	575	171	746
Mater. Home Cases	do.	do.	do. ...	151	21	172
Blind Persons	do.	do.	do. ...	5	—	5
Mental Defectives	do.	do.	do. ...	8	—	8
Deaf Persons	do.	do.	do. ...	—	—	—
Orthopædic Cases	do.	do.	do. ...	28	33	61
Infant Life Protection	do.	do.	do. ...	52	171	223
Rhyl Cases (under 5)	do.	do.	do. ...	11	18	29
Other	do.	do.	do. ...	1	—	1
WELFARE CENTRES.						
Ante-Natal—Number of Openings (A) ;						
			Attendances by Nurse (B) ...	152	162	—
Infant Welfare	do.	do.	do. ...	350	594	—
Orthopædic	do.	do.	do. ...	97	94	—
MISCELLANEOUS DUTIES.						
Reported to N.S.P.C.C.—Cases under 5 (A) ; Reports (B) ...				2	2	—
Other duties—First Visits (A) ; Re-visits (B) ; Total (C) ...				2	—	2
Other	do.	do.	do. ...	—	—	—

\* Normally visited by Inspectress of Midwives.

**THE INFANT WELFARE CENTRES**—These comparatively small but highly important institutions, of which we now have eleven 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 mentioning that a statement of their situations and their opening days and hours appears in Section B of this Report, and that a report submitted at my request by Dr. A. E. Glwadys Rowlands, the Medical Officer in charge, now follows:—

“The number of Welfare Centres in the County increased from ten to eleven during 1938. Some years ago, a Centre conducted by a Voluntary Committee was opened at Caergwrlle. This Centre was taken over by the Authority during 1938, and a Health Visitor attends there every Tuesday afternoon, and a Medical Officer twice each month.

“The Centres have been conducted on the same lines as in previous years, the babies being weighed weekly by the Nurse and examined at frequent intervals by the Medical Officer. Valuable help is given at each Centre by voluntary workers, who arrange the sale of infant foods and also prepare teas for the mothers.

“The Infant Welfare Centres have been established by the Authority to supervise the health of the children under five years of age. 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 3077 babies and infants under the age of five years attended the centres; 1206 of these were under twelve months and 1871 between one and five years old. The total attendance of infants at all the centres amounted to 25,314, which represents an increase of 4,346 over the corresponding figure for 1937. It is very pleasing to report that most of the pre-school children in the County are therefore under the supervision of the Welfare Centres.



"It is observed that mothers who have attended the ante-natal clinics almost invariably bring their infants to the Welfare Centre at the earliest opportunity, being naturally eager to show their baby to the Doctor and the Nurses. This also applies to the mothers whose babies were born at the Maternity Homes. The Matrons and Nurses at the Homes nearly always ask the mothers to attend the Welfare Centres. This early attendance at the Welfare Centre is most valuable as it enables the Medical Officer to obtain the history of the birth, to enquire into the state of the mother's health after the birth, and to deal with any difficulties that the mother might encounter during the early weeks of the baby's life. Advice given to the mother at this early stage often makes the difference between a happy, care free motherhood and motherhood in which the mother has been reduced to a nervous wreck.

"Very little difficulty is encountered in persuading the mothers to breast feed their babies, if they come to the Centres before the baby is four weeks old. If they come for the first time, after the first four to six weeks, it is frequently found that they have taken the baby off the breast on the advise of some relative or friend, and then it may be too late to resume breast feeding. Great attention is given to infant feeding at the Centres, and also to the diet of the older children. The Nurses and I usually find that the mothers experience greater difficulty in feeding the older children than they do the young infants. Advice is also given on food values and on planning meals for the home.

"Mothers still show a tendency to over-clothe their children, although there has been much improvement in this connection during the last few years. It is still difficult to make them believe that chest colds can be better avoided by correct diet, fresh air, and exercise than by putting on a large number of heavy clothes.

"The general health of the infants and children was good during 1938. There were very few cases of rickets and marasmus. The cases of rickets which were found were very slight and were quickly remedied. Some children over two were found suffering from tonsils and adenoids, and when possible, these conditions were removed. Every effort is made at the Centres to prevent the mothers from giving their babies comforters, but both the Medical Officer and the Nurses find this very difficult to prevent. I feel sure that several cases of adenoids and tonsils could be prevented if the advice given at the Centres on this bad habit was carried out. Some of the toddlers and children over one year suffered from slight mal-nutrition. I am glad to report that members of the Voluntary Committees have helped in providing free milk, cod liver oil and other preparations rich in vitamins for these cases.

"A few cases of tubercular glands were found and sent for suitable treatment. Tuberculosis in other forms was rarely found.

"The Welfare Centres sent several cases to the Orthopædic Clinics during the year. Amongst these were several children suffering from defects of hands and feet (congenital cases). Some had slight torticollis and some congenital defects of the spine. Older children were sent with curved bones of the legs or with flat feet.

"Excluding those prematurely born, the number of deaths among children under twelve months was eleven.

"In my reports during the last thirteen years I have drawn attention to the lack of accommodation at the Welfare Centres. The year 1938 will be a landmark in the history of Child Welfare work in Flintshire. The first modern clinic building was opened in Mold in the autumn of this year. This building is intensely appreciated by the Voluntary Committees, the Mothers, and by the Officials who work there. I hope that new clinic buildings will be opened in other towns in the County in the near future.

The Voluntary Workers have continued to give their loyal support to the Centres, and the work of the year has been carried out in a very happy spirit. I am sincerely grateful to them all. The Midwives, District Nurses and Health Visitors have also contributed materially to the work of the Welfare 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 59.  
INFANT WELFARE CENTRES.

Summary of Attendances, etc.

Description	Bagillt	Buckley	Caergwrle	Flint	Holywell	Mold	Mostyn*	Prestatyn	Rhyl	Saltney	Shotton	Total
Number of Sessions held, i.e., number of times Centre opened during the year .. ..	47	48	11	48	48	48	22	49	49	49	49	468
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 ..	52	184	42	131	143	153	51	92	195	58	293	1394
Aged 1 to 5 years ..	21	91	34	32	38	11	8	11	16	21	12	295
Total .. ..	73	275	76	163	181	164	59	103	211	79	305	1689
Children who attended the Centre during the year and who, at the end of the year, were—												
Aged under 1 year ..	44	116	42	107	119	123	71	134	160	49	241	1206
Aged 1 to 5 years ..	120	159	34	314	180	211	45	105	228	115	360	1871
Total .. ..	164	275	76	421	299	334	116	239	388	164	601	3077
Attendances made at the Centre during the year by children—												
Aged under 1 year ..	304	1902	192	1391	822	2205	457	1810	2352	539	2412	14386
Aged 1 to 5 years ..	615	520	143	1678	853	796	154	1029	814	1046	3280	10928
Total .. ..	919	2422	335	3069	1675	3001	611	2839	3166	1585	5692	25314
Average attendance per Session—												
Aged under 1 year ..	6.5	39.6	17.5	29.0	17.1	45.9	20.8	36.9	48.0	11.0	49.2	30.7
Aged 1 to 5 years ..	13.1	10.8	13.0	35.0	17.8	16.6	7.0	21.0	16.6	21.3	66.9	23.4
Total .. ..	19.6	50.5	30.5	63.9	34.9	62.5	27.8	57.9	64.6	32.3	116.2	54.1
Average attendance per Infant—												
Aged under 1 year ..	6.9	16.4	4.6	13.0	6.9	17.9	6.4	13.5	14.7	11.0	10.0	11.9
Aged 1 to 5 years ..	5.1	3.3	4.2	5.3	4.7	3.8	3.4	9.8	3.6	9.1	9.1	5.8
Total .. ..	5.6	8.8	4.4	7.3	5.6	9.0	5.2	11.9	8.16	9.6	9.5	8.2

\*Opened fortnightly only.

INFANT MORTALITY—Figures relating to this subject have already been presented, 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.

Table 60.

## INFANT DEATHS—INCIDENCE COMPARISON.

(Infants aged under 1 year).

Classification.	Number of Live Births.	Number of Deaths.	Percentage of Deaths.
Infants attending Centres	... 927	11	1.19
Infants not attending Centres*	... 1011	39	3.86
Totals*	... .. 1938	50	2.58

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

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 61.

## SUPPLY OF MILK.

(To Expectant and Nursing Mothers and to Children aged under five years).

Pints daily.	No. of weeks.	No of grants.
1	2	1
1	4	963
2	4	134
Total Grants of Milk		1098
Total Individuals supplied		712
Total Applications refused		18

INFANT LIFE PROTECTION—As has already been stated, the Children and Young Persons Act of 1932—and, later, the Public Health Act of 1936—have 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.



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 during the year under review.

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 years 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 605 cases were dealt with.

Table 63.

ORTHOPÆDIC TREATMENT.  
Cases treated during the year 1938.

Disability.	Aged 0—5	Aged 5—16	Adult Cases	Total Cases
Arthritis	1	10	41	52
Congenital Deformities	35	40	8	83
Claw Foot	—	5	13	18
Erb's Palsy	1	1	1	3
Flat Foot	21	36	38	95
Flat Foot (Spasmodic)	—	2	1	3
Hallux Rigidus	—	—	2	2
Hallux Valgus	1	2	14	17
Injuries	1	13	29	43
Knock Knees	12	23	—	35
Osteo-chondritis	—	1	3	4
Osteomyelitis	—	4	6	10
Perths' Disease	—	1	—	1
Poliomyelitis	1	26	12	39
Postural Defects	—	12	3	15
Rickets	29	8	—	37
Scoliosis	2	3	8	13
Spastic Diplegia	—	—	—	—
Spastic Hemiplegia	2	10	6	18
Spastic Monoplegia	—	2	1	3
Spastic Paraplegia	3	5	3	11
Torticollis	16	8	—	24
Other Disabilities	14	30	35	79
Total Cases dealt with	139	242	224	605

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 64.

ORTHOPÆDIC CASES DISCHARGED.

Ultimate Result.	Aged 0—5	Aged 5—16	Aged over 16	All ages.
Discharged "Cured"	3	6	4	13
Discharged "Improved"	7	11	26	44
Discontinued Attendance	31	33	31	95
Left District	2	3	8	13
Treated elsewhere	2	3	1	6
No improvement	—	—	—	—
Died during the year	1	—	1	2
Total Discharged	46	56	71	173



## Section J—BLIND PERSONS.

The number of blind persons' names which appeared on the Register at the close of the year ended 31st March, 1939, was 263.

These are classified in the following table :—

Table 65.

## BLIND PERSONS REGISTERED.

(Year ended 31st March, 1939).

Description.	0—	1—	5—	16—	21—	40—	50—	65—	70—	?	Total
Number of registered Blind persons of the ages specified	—	2	11	11	29	30	63	29	87	1	263

The following classifies, in groups, the ages at which blindness occurred in respect of these cases :—

Table 66.

## 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	...	45	5	4	5	19	14	31	46	44	31	19

I now quote figures giving particulars with regard to the training, employment, etc., of these blind persons, excepting those aged under 16 years :—

Table 67.

## EMPLOYMENT, ETC. OF BLIND ADULTS.

(Those aged 16 years and over—as on 31st March, 1939).

Classification.	Number of persons.
Employed—	
By Blind Organisations—	
In Workshops	9
As Home Workers	15
Otherwise than above	15
Undergoing Training—	
Industrial	3
Secondary	1
Professional or University	—
Trained but unemployed	—
No training but trainable	3
Unemployable—	
Aged under 70 years	117
Aged over 70 years	87
Totals	250

The following table enumerates those of the unemployable who are in Institutions :—

Table 68.

## BLIND PERSONS UNEMPLOYABLE.

Number resident in places specified as on the 31st March, 1939.

Where accommodated.	Number.
In Homes for the Blind	3
In Mental Hospitals	3
In Public Institutions	4
Total	10

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 69.  
 TRAINING, ETC. OF BLIND JUVENILES.  
 (The aged 5—16 years).  
 Position on 31st March, 1939.

Classification.	Number.
Normal—	
In Schools for the Blind ... ..	6
In other Schools ... ..	2
At no School ... ..	1
Mentally Defective—	
In Schools for the Blind ... ..	—
In other Schools ... ..	—
At no School ... ..	2
Physically Defective—	
In Schools for the Blind ... ..	—
In other Schools ... ..	—
At no School ... ..	—
Total aged from 5 to 16 years ... ..	11

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 70.  
 BLIND PERSONS OTHERWISE DEFECTIVE.  
 (As on 31st March, 1939).

Classification.	Number.
Mental Deficiency ... ..	12
Physical Incapacity ... ..	14
Deafness ... ..	11
Deaf-Mutism ... ..	3
Mental and Physical Deficiency ... ..	1
Mental Deficiency and Deafness ... ..	1
Physical Incapacity and Deafness ... ..	—
Mental and Physical Deficiency with Deafness ... ..	—
Total—individual persons ... ..	42

## Section K—MENTAL DEFICIENCY.

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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, 62 patients were accommodated during the year, 43 at Broughton and 19 at St. Asaph. At the close of the year under review the County Register contained the names of 224 mentally defective persons concerning whom statistical particulars are furnished in the following copy of a return submitted to the Board of Control :—

Table 71.

## FLINTSHIRE MENTAL DEFECTIVES.

Position on 31st December, 1938.

Classification.	Aged		Aged 16		Total.
	under 16	M. F.	and over	M. F.	
Number of cases "subject to be dealt with"—					
Under "Order"—					
In Institutions (excluding those on Licence) ... ..	11	6	10	43	70
On Licence from Institutions ... ..	—	—	3	2	5
Under Guardianship (excluding cases on Licence) ... ..	—	—	3	—	3
On Licence from Guardianship ... ..	—	—	—	—	—
In "Places of Safety" ... ..	—	—	—	—	—
		Males.	Females.		Total
Under Statutory Supervision—					
Awaiting removal to an Institution ... ..	—		1		1
Not awaiting such removal ... ..	84		61		145
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 ... ..	—		—		—
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 ... ..	3		2		5
From Guardianship ... ..	—		—		—
Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship—					
To Institutions ... ..	—		—		—
To Guardianship ... ..	—		—		—
Cases notified by Local Education Authorities ... ..	5		1		6
Of the total number of mental defectives known to the Authority—					
Number who have given birth to children ... ..	—		—		—
Number who have married during 1938 ... ..	—		—		—

The following is a copy of a report upon the Broughton Institution submitted by me to the Board of Control in June, 1939 :—

“ I hereby report upon the above Institution in respect of the year 1938, as follows :—

“ All classifiable as low or medium grade defectives, there were 43 patients in the Institution during the year under report. Of these, 8 (including 6 boys) were aged under 16 years.

“ Useful work such as laundry, kitchen duties, sewing and general house-work forms the main occupation of about half of the females, but most of the patients receive instruction in one or more of the following subjects, namely, 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, plasticine moulding, paper folding, modelling and organised games are taught and practised.

“ During favourable weather, picnics and country walks are arranged, and the patients are also allowed to skip and to play other outdoor games in the field adjoining the Institution. In winter, dancing and singing are arranged indoors, and, in addition, the patients are allowed to listen to appropriate programmes from a wireless set which has been installed in their dining room and school since the date of my last report. Nine of the girls are members of the Broughton troop of Girl Guides, and the Captain and Lieutenant from Hawarden continue to attend the Institution once a week to give them appropriate instruction.

“ The patients attend religious service regularly at Broughton Parish Church on Sunday mornings. The average attendance throughout the year was 22.

“ The general health of the patients was highly satisfactory.”

A report submitted upon the St. Asaph Institution on the same date is also here reproduced :—

“ I hereby report upon the above Institution in respect of the year 1938 :—

“ There were 19 patients at the Institution during the year under report. 11 of these were males (three of whom were on licence), and 8 females (of whom two were on licence). With the exception of one patient who was a moral defective and another who was an imbecile, all the patients were classified as “ feeble-minded.”

“ During the year one male and one female of the foregoing were discharged and one other male was transferred to the Rampton State Institution.

"The patients were employed in laundry work, general domestic work and gardening.

"Walks, games, picnics and concerts were organised and patients were allowed to listen to suitable programmes on the wireless. Female patients do some knitting and crochet work. A new wireless set has been installed at a cost of £107.

"Two religious services and two Sunday School Classes were held in the Chapel every Sunday and the majority of patients attended regularly.

"The general health of the patients throughout the year was good and no cases of infectious disease occurred."





