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**Flintshire County Council**



**REPORT**

BY THE

**MEDICAL OFFICER**

ON THE

**HEALTH**

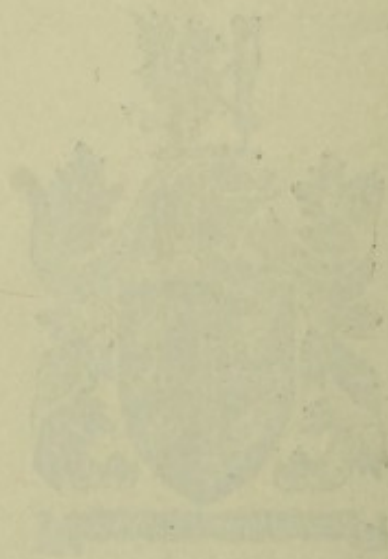
OF

**FLINTSHIRE**

DURING THE YEAR

**1951.**

Flintshire County Council



# REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

OF

FLINTSHIRE

FOR THE YEAR

1951.

## FLINTSHIRE COUNTY COUNCIL.

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County Health Offices,  
Llwynegrin,  
MOLD.

September, 1952.

To the Chairman and Members  
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my Report on the Health of the County of Flint during the year 1951.

While on the one hand the population of the County continues to increase, the death rate is also increasing, and the live birth-rate declining. With regard to the increased death rate, further reference is made in the body of the Report, particularly in respect of death from malignant disease and associated conditions, and the extensive enquiry which is now being carried out in Lancashire, Cheshire and North Wales, under the supervision of Dr. Percy Stocks, and which in its initial stages will throw a considerable amount of work upon the medical staff. This work, however, is gladly undertaken if the information collected can throw any light on the causative factors of these diseases.

In previous Reports, reference has been made to the need for the closest co-operation between staffs and co-ordination of the work, of the three parts of the National Health Service—the Hospitals and Consultant Services, the Executive Council Services, and the Local Health Authority Services. This need has now been emphasised by the Central Health Services Council, in a Report to the Minister of Health, and the suggestion was made for the setting up of special co-ordinating committees, composed of members of the three bodies. This suggestion, however, does not appear to have been favourably received by the County Councils Association, but it is difficult to conceive how the National Health Service can become truly a National Health Service without such close co-operation and co-ordination. As this Report goes to print, a Circular has been received from the Welsh Board of Health, requesting that a special survey be now made of the operation of the Local Health Authority's Services, and that a report be prepared, which will include particulars of nature and results of steps taken locally to link up these services with the other parts of the National Service. This report is to be included in the Annual Report of the Medical Officer of Health for the year 1952, but an advance typed copy is to be sent to the Welsh Board of Health by the 28th February.

May I express my gratitude for the great assistance which I have received from you, Mr. Chairman, from all Members of the County Council and of the Health Committee, from your Administrative Officers, from the County District Councils and their Officers, from the Officers of the associated Voluntary Organisations, and from a very loyal Departmental Staff.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. ROBERTS,

County Medical Officer.

## Section 1.

### ADMINISTRATION.

#### A.—DEPARTMENTAL OFFICERS.

##### County Medical Officer :

Aneurin Evan Roberts, M.B., B.S. (London), D.P.H. (Liverpool).

##### Deputy County Medical Officer (also Senior Medical Officer in charge Maternity and Child Welfare) :

A. E. Gwladys Rowlands, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Lond.).

##### Senior Medical Officer (in charge School Health Services) :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

##### Assistant Medical Officers (full-time) :

Corris Venables, M.B., Ch.B., C.P.H. (Liverp.), D.Obst.R.C.O.G.

Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G.

##### Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

T. W. Brindle, M.B., Ch.B. (Manch.), D.P.H. (Liverp.). (Resigned 28/9/51).

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

R. Rhydwen, M.B., B.S., D.P.H.

D. J. Fraser, M.B., Ch.B., D.P.H. (since 1/12/51).

##### Dental Officers :

W. B. Glynn Jones, L.D.S. (Resigned 12/12/51).

Leslie Hanson, L.D.S.

##### County Sanitary Inspector (also Food and Drugs Inspector) :

Elwyn Lewis, M.R.S.I., M.S.I.A.

##### County Nursing Officer :

Mrs. Frances M. Williams, S.R.N., S.C.M., H.V.Cert., R.San.Inst.Cert.

##### Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

##### Health Visitors (acting jointly as Health Visitors and School Nurses) : All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate (with one exception\*) or other qualification :—

Miss M. Ayrton (resigned 30/8/51), Miss L. M. Eyes, Mrs. M. E. Hawkins, Miss M. J. Hughes, Miss J. M. Jewell (since 18/10/51), Miss Elizabeth Jones (tem., left 7/4/51), Miss Ellen Jones, Miss G. Jones (since 9/4/51), Miss A. Molloy, Mrs. M. M. Nield, Miss L. Oliver, Mrs. M. E. Pearse, Miss O. M. Pierce, Mrs. J. Thomas, Mrs. M. P. Thomas, Mrs. D. Thompson, \*Mrs. A. E. Williams, S.R.N., S.R.F.N.

**Tuberculosis Visitors :**

Miss B. M. Brooks, S.R.N. (temp.). (Resigned 7/4/51).

Miss C. Hopwood, S.R.N., S.C.M., R.F.N., H.V.Cert., T.A.Cert. (since 2/4/51).

Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert. (Resigned 9/4/51).  
Transferred to Health Visiting and School Nursing Staff).

Miss M. E. Owen, S.R.N. (since 12/3/51).

Miss E. R. Parry, S.R.N., Tb.Cert. (Resigned 7/2/51).

**Domiciliary Midwives and Domiciliary General Nurses :**

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council :—

District Midwives	...	...	...	...	8
District Nurse Midwives	...	...	...	...	26
District Nurses	...	...	...	...	9
					<hr/>
				<b>Total</b>	<b>43</b>
					<hr/>

**Domestic Helpers (employed at the end of the year) :**

Whole-time	...	...	...	...	1
Part-time	...	...	...	...	79
					<hr/>
				<b>Total</b>	<b>80</b>
					<hr/>

**Welfare Officers (also "duly authorised officers" for the purposes of the Lunacy and Mental Treatment Acts) :**

Buckley and District—W. H. Iball, Richmond House, Brunswick Road, Buckley (Tel. Buckley 388).

Holywell and District—W. Davies, Welfare Office, Holywell (Tel. Holywell 242).

Mold and District—T. Wesley Hughes, Welfare Office, Wrexham Street, Mold (Tel. Mold 111).

Rhyl and District—E. Williams, Welfare Office, Old Emmanuel School, Vale Road, Rhyl (Tel. Rhyl 799).

Mr. Wesley Hughes is also "authorised officer" for the purposes of the Mental Deficiency Acts).

**Chief Clerk :**

William Ithel Roberts.

**Departmental Senior Clerk :**

Arthur Whitley.

## B.—ASSOCIATED OFFICERS.

**Clerk of the County Council :**

W. Hugh Jones.

**Secretary of the Education Committee :**

B. Haydn Williams, B.Sc., Ph.D.

**County Surveyor :**

P. H. Maddicks, B.Sc., A.M.I.C.E.

**County Architect :**

W. Griffiths, L.R.I.B.A.

**County Treasurer :**

R. J. Jones.

**Ophthalmic Consultants (Certification of Blind Persons) :**

E. F. Wilson, Esq., Chester.

A. C. Shuttleworth, Esq., Chester and Colwyn Bay.

**Administrative Officer (National Assistance) :**

Isaac Hughes.

**Children's Officer :**

Mrs. L. Davies, B.A.

**Health Officers of the Several Sanitary Districts.**  
(As on 31st December, 1951).

District.	Medical Officer.	Senior Sanitary Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. A. G. Watkin, U.D.C. Offices, Buckley.
Connah's Quay Urban	Dr. Allan Cathcart	Mr. W. A. Barker, U.D.C. Offices, Connah's Quay.
Flint Municipal Borough	{ Dr. T. W. Brindle* } Dr. D. J. Frasert	Mr. W. J. Avery, Town Hall, Flint.
Holywell Urban	{ Dr. T. W. Brindle* } Dr. D. J. Frasert	Mr. J. Topham, U.D.C. Offices, Holywell.
Mold Urban	{ Dr. T. W. Brindle* } Dr. D. J. Frasert	**Mr. George Horn, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. I. W. Jones, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. Ranyl Rhydwen	Mr. E. L. Ll. Jones, U.D.C. Offices, Rhyl.
Hawarden Rural (Dist. No. 1)	Dr. Allan Cathcart	Mr. M. Emllyn Thomas, R.D.C. Offices, Hawarden.
Hawarden Rural (Dist. No. 2)	Dr. Allan Cathcart	Mr. Watkin Williams, R.D.C. Offices, Hawarden.
Holywell Rural	{ Dr. T. W. Brindle* } Dr. D. J. Frasert	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
Overton Rural	Dr. Allan Cathcart	Mr. R. L. Higgins, Willow Street, Overton.
St. Asaph Rural	Dr. Ranyl Rhydwen	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph.

\*Resigned 28/9/51.  
+Since 1/12/51.

\*\*Resigned 30/10/51.



## Section A.

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**STATISTICS AND SOCIAL CONDITIONS OF  
THE COUNTY.**


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## 1. AREA.

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; the Maelor Hundred, 29,749; the Civil Parish of Marford and Hoseley, 650 acres.

## 2. POPULATION.

Prior to 1950, the Registrar-General when submitting his mid-year estimate of population, gave separate figures for (a) civilians, and (b) non-civilians (members of the armed forces stationed in the area). Since 1950, these figures have been combined under the title of "home population."

During the year 1951, a Census was taken, and the following tables show how the population of the County has increased since 1901. It will be noticed that the Registrar-General's **estimated** mid-year population was slightly in excess of the Census figures.

Table 1 (a) shows the areas and populations of the various County Districts prior to the adjustment of boundaries in April, 1934, and Table 1 (b) the areas and populations after 1934.

Table 1 (a).  
AREA, POPULATION, ETC.

District.	Area in		Population (By Census).			
	Statutory Acres.		1901	1911	1921	1931
<b>Urban—</b>						
Buckley	...	2034	5780	6333	6726	6899
Connah's Quay	...	4214	3396	4596	5060	5980
Flint (Mun. Boro.)	...	3435	4625	5472	6298	7655
Holywell	...	917	2652	2549	3073	3424
Mold	...	854	4263	4873	4659	5137
Prestatyn	...	1640	1261	2036	4415	4512
Rhyl	...	1700	8473	9005	3968	13485
<b>Rural—</b>						
Hawarden	...	31588	15821	20571	24036	26575
Holywell	...	64519	23999	25328	25933	26709
Overton	...	29749	5057	5176	5102	4761
St. Asaph	...	23057	6158	6766	7347	7752
<b>Total Urban</b>	...	<b>14794</b>	<b>30450</b>	<b>34864</b>	<b>44199</b>	<b>47092</b>
<b>Total Rural</b>	...	<b>148913</b>	<b>51035</b>	<b>57841</b>	<b>62418</b>	<b>65797</b>
<b>Whole County</b>	...	<b>163707</b>	<b>81485</b>	<b>92705</b>	<b>106617</b>	<b>112889</b>

Table 1 (b).

District.	Area in Statutory Acres.	Population (estimated mid-year).					Census 1951.
		1935	1939	1944	1949	1951	
<b>Urban—</b>							
Buckley ...	2646	7056	7345	6895	7622	7703	7699
Connah's Quay	4214	5950	6505	6420	7455	7316	7365
Flint M.B. ...	6243	12000	13020	11750	14160	14230	14257
Holywell ...	2532	5539	6918	7286	7870	8162	8196
Mold ...	1164	5495	5880	5700	6354	6509	6436
Prestatyn ...	3219	6100	7422	8089	8659	8720	8809
Rhyl ...	1700	14760	16510	18370	18710	18700	18745
<b>Rural—</b>							
Hawarden ...	31576	27010	28750	29760	32450*	34900	34659
Holywell ...	58515	20380	20730	20920	21920	22340	22324
Overton ...	29749	4492	4356	4599	6720	6480	6760
St. Asaph ...	22149	7218	7494	7471	8380*	10640	9858
Total Urban ...	21718	56900	63600	64510	70830	71340	71507
Total Rural ...	141989	59100	61330	62750	69470*	74360	73601
Total County ...	163707	116000	124930	127260	140300*	145700	145108

\* For the year 1949, the following figures representing non-civilian population should be added to those for the County Districts mentioned below :—

Hawarden Rural District	...	...	1950
St. Asaph Rural District	...	...	1990
Total Rural	...	...	3940
Whole County	...	...	3940

### 3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1951-52, was £3,323.

### 4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

## 5. BIRTHS.

During the year under review, 2,439 births were registered as pertaining to the County, that total being made up as follows:—

			Live-Births.		Still Births.		Total.
Legitimate	...	...	2287	...	56	...	2343
Illegitimate	...	...	94	...	2	...	96
			—		—		—
Total	...		2381		58		2439
			—		—		—

Compared with the previous year, 1950, these figures show a decrease of 108 live births, and 6 still births, a total decrease of 114 births.

Of the 2381 Live Births, 1230 were males and 1151 females.

Of the 58 Still Births, 35 were males and 23 females.

Further reference will be made to these figures when considering the Neo-natal and Infant Death Rates.

The Live birth rate per 1000 population in 1951 was 16.34, which is better than the rate for England and Wales, namely 15.5.

The Still birth rate per 1000 population was 0.40, which is worse than the rate for England and Wales as a whole, namely 0.36.

**Illegitimate Births**—The proportion of illegitimate births, which had risen very considerably during the War years, has since decreased. In 1947, the proportion per 1000 total births was 69.3, in 1948 it had fallen to 53.3, in 1949 it had again risen slightly to 57.3, but in 1950 it had again fallen to 43.87, and in 1951 to 39.36.

**Births in the various County Districts**—Table 2 (a) shows the births Live and Still, Legitimate and Illegitimate; whilst Table 2 (b) shows the birth rates in the County Districts.



Table 2 (b).  
**BIRTHS AND BIRTH RATES.**  
 (Live Births, Still Births and Total Births).

District	Number of Births.		Crude rate per 1000 Population.			* Adjusted rate per 1000 Population.			Stillbirth Rates per 1000 Total Births.	
	Live.	Still.	Total.	Live.	Still.	Total.	Live.	Still.		Total.
<b>Urban—</b>										
Buckley	113	1	114	14.67	.13	14.80	14.52	.13	14.65	8.77
Connah's Quay	129	2	131	17.63	.27	17.90	16.75	.26	17.01	15.27
Flint (Mun. Boro.)	246	6	252	17.29	.42	17.71	16.94	.41	17.35	23.81
Holywell	155	4	159	18.99	.49	19.48	18.80	.48	19.28	25.16
Mold	131	2	133	20.12	.31	20.43	20.52	.32	20.84	15.04
Prestatyn	91	2	93	10.44	.23	10.67	12.21	.27	12.48	21.51
Rhyl	301	10	311	16.10	.53	16.63	16.10	.53	16.63	32.15
<b>Rural—</b>										
Hawarden	597	19	616	17.11	.54	17.65	17.11	.54	17.65	30.84
Holywell	372	8	380	16.65	.36	17.01	18.48	.40	18.88	21.05
Overton	98	4	102	15.12	.62	15.74	14.82	.61	15.43	39.22
St Asaph	148	—	148	13.91	—	13.91	18.08	—	18.08	—
<b>TOTAL URBAN</b>	1166	27	1193	16.34	.38	16.72	16.50	.38	16.88	22.63
<b>TOTAL RURAL</b>	1215	31	1246	16.34	.42	16.76	17.48	.45	17.93	24.88
<b>WHOLE COUNTY</b>	2381	58	2439	16.34	.40	16.74	16.99	.42	17.41	23.78

\* Adjusted by the comparability factor for comparison with other areas.

**Premature Births**—All babies weighing  $5\frac{1}{2}$  lbs. or less at birth are classified as "premature," irrespective of the period of gestation. During the year under review 105 births were classified as premature, and of these, 39 were born alive at home, 8 were born alive in private Nursing Homes, and 58 in Hospitals or Maternity Homes administered by Hospital Management Committees.

The following table shows that (a) of the 39 born alive at home, 3 were transferred to hospital, while 36 were nursed entirely at home, and of these 31 survived the first 28 days of life; (b) of 8 born alive at private Nursing Homes, all survived the first 28 days of life.

Statistics as to survival of those born in hospital or transferred to hospital are forwarded direct to the Ministry by the hospital.

Table 3.

PREMATURITY, STILLBIRTHS AND ABORTIONS (see Note 1).

PREMATURE INFANTS (i.e.,  $5\frac{1}{2}$  lbs. or less at birth, irrespective of period of gestation).

Number of premature live infants born at home whose period of gestation was :—

- (a) 28 weeks and over—37.
- (b) Less than 28 weeks—2.

Number of premature live infants born in private nursing homes (see Note 2) whose period of gestation was :—

- (a) 28 weeks and over—8.
- (b) Less than 28 weeks—0.

STILLBIRTHS AND ABORTIONS.

Number of :—

- (a) Stillbirths at home :
  - Over  $5\frac{1}{2}$  lbs.—13.
  - $5\frac{1}{2}$  lbs. or less—3.
- (b) Abortions at home of 18-28 weeks gestation—0.

Number of :—

- (a) Stillbirths in private nursing homes (see Note 2) :—
  - Over  $5\frac{1}{2}$  lbs.—1.
  - $5\frac{1}{2}$  lbs. or less—0.
- (b) Abortions in private nursing homes (see Note 2) of 18-28 weeks gestation—0.

Table 3 (continued).

Weight in lbs., ozs., or grammes.	Stillbirths and abortions (of 18-28 weeks gestation only) where the foetus was 5½ lbs. or less.	Premature infants born alive at home					Premature infants born alive in private nursing homes (see Note 2)						
		Nursed entirely at home					Nursed entirely in private nursing home						
		Transferred to Hosp.	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	Transferred to Hosp.	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total
(Col. 1).	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2 lbs. 3 oz. or less (1,000 gms. or less)	..	..	1	..	..	..	1	..	..	..	..	..	..
Over 2 lbs. 3 oz. up to and including 3 lbs. 4 oz. (Over 1,000 gms. up to and including 1,500 gms.)	2	1	1	..	..	2	3	..	..	..	..	2	2
Over 3 lbs. 4 oz. up to and including 4 lbs. 6 oz. (Over 1,500 gms. up to and including 2,000 gms.)	..	1	..	..	..	2	2	..	..	..	..	..	..
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz. (Over 2,000 gms. up to and including 2,250 gms.)	1	..	1	1	..	4	6	..	..	..	..	1	1
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz. (Over 2,250 gms. up to and including 2,500 gms.)	..	1	..	1	..	23	24	..	..	..	..	5	5
<b>TOTALS</b>	3	3	3	2	..	31	36	..	..	..	..	8	8

## NOTES TO TABLE 3.

1. This form is complementary to one issued to hospitals covering premature infants treated in hospital. It should be noted that it covers only those infants treated throughout the first month of life either at home or in private nursing homes.
2. Throughout the return "private nursing home" includes maternity homes not in the National Health Service and any Mother and Baby Home where the women are confined in the Home.
3. The weight divisions in the first column of the table are those recommended on the advice of the Joint Standing Committee for Prematurity. They have been adopted here to render British statistics comparable with those being collected by other nations.



## 6. DEATHS.

During the year under review, a total of 1940 deaths were ascribed to the County, representing a death-rate per 1000 population of 13.32, which is above the rate for England and Wales as a whole, namely 12.5.

The various causes of death are set out in Table 4, and it will be seen that Diseases of the Heart and Circulation (Nos. 17, 18, 19, 20, 21) are responsible for 47.06 % of the total deaths. This is a slight decrease on the previous year when the percentage was 49.39.

Malignant disease and associated conditions (Nos. 10, 11, 12, 13, 14, 15) were responsible for 17.6 % of the total deaths, as compared with 15.4 % in the previous year. Influenza accounted for 79 deaths, a considerable increase over the previous year (14). It will be remembered that in the early part of 1951 there was an epidemic of Influenza throughout the country, but, fortunately, the County was not severely affected. Deaths from Respiratory Tuberculosis show a slight increase to 59 as compared with 54 in 1950.

Table 4.

## DEATHS (GENERAL) 1951.

## SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
1. Tuberculosis—respiratory	47	12	59	3.04
2. Tuberculosis—other	6	1	7	.36
3. Syphilitic Disease	5	1	6	.31
4. Diphtheria	—	—	—	—
5. Whooping Cough	1	—	1	.05
6. Meningococcal infections	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—
8. Measles	1	1	2	.10
9. Other infective and parasitic diseases	3	8	11	.57
10. Malignant Neoplasm—stomach	37	27	64	3.29
11. Malignant Neoplasm—lung, bronchus	45	4	49	2.52
12. Malignant Neoplasm—breast	—	31	31	1.60
13. Malignant Neoplasm—uterus	—	13	13	.67
14. Other malignant and lymphatic neoplasms	105	71	176	9.07
15. Leukaemia, aleukaemia	6	2	8	.41
16. Diabetes	5	6	11	.57
17. Vascular lesions of the nervous system	101	162	263	13.56
18. Coronary disease, angina	143	68	211	10.87
19. Hypertension with heart disease	27	31	58	2.99
20. Other heart disease	144	167	311	16.03
21. Other circulatory disease	32	38	70	3.61
22. Influenza	27	52	79	4.07
23. Pneumonia	26	36	62	3.20
24. Bronchitis	51	32	83	4.28
25. Other diseases of respiratory system	12	5	17	.88
26. Ulcer of stomach and duodenum	14	6	20	1.03
27. Gastritis, enteritis and diarrhoea	6	11	17	.88
28. Nephritis and nephrosis	17	13	30	1.55
29. Hyperplasia of prostate	20	—	20	1.03
30. Pregnancy, childbirth, abortion	—	1	1	.05
31. Congenital Malformations	11	7	18	.93

Table 4—continued.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
32. Other defined or ill-defined diseases	85	95	180	9.28
33. Motor vehicle accidents	11	6	17	.88
34. All other accidents	23	17	40	2.06
35. Suicide	2	3	5	.26
36. Homicide and operations of war	—	—	—	—
All causes	1013	927	1940	—

DEATHS FROM RESPIRATORY TUBERCULOSIS—Table 4 (a) shows the deaths from Respiratory Tuberculosis in the various County Districts.

Table 4 (a).

## DEATHS FROM RESPIRATORY TUBERCULOSIS.

County District.	Males.	Females.	Total.
<b>Urban—</b>			
Buckley U.D.	1	1	2
Connah's Quay U.D.	1	1	2
Flint M.B.	1	—	1
Holywell U.D.	—	1	1
Mold U.D.	2	1	3
Prestatyn U.D.	3	1	4
Rhyl U.D.	6	1	7
<b>Rural—</b>			
Hawarden R.D.	10	2	12
Holywell R.D.	3	—	3
Overton R.D.	20	3	23
St. Asaph R.D.	—	1	1
Total Urban	14	6	20
Total Rural	33	6	39
Total whole County	47	12	59

## DEATHS FROM RESPIRATORY TUBERCULOSIS.

Attention must once again be directed to the number of deaths from Respiratory Tuberculosis in the Overton Rural District. It represents 38.98 % of the total deaths from this disease in the County, and so far as can be ascertained from notifications received in this Department, of the 23 deaths in the Overton Rural District, 22 (19 males and 3 females) occurred in the Polish Hospitals located in the area, and were of patients who had been brought direct to those hospitals from abroad and who consequently had no domicile other than in the County of Flint. The result of this is that the County has a mortality rate for respiratory tuberculosis which is considerably higher than that of many other Welsh Counties, as will be seen from Table 4 (b) below. If, however, the population of the Polish Hospitals was deducted from the population of the County, and the deaths of Poles (22) were deducted from the total deaths from respiratory tuberculosis, it is estimated that the position of Flintshire in the Table would improve from No. 11 to No. 3.

Table 4 (b).

## RESPIRATORY TUBERCULOSIS.

## MORTALITY RATES IN WELSH COUNTIES.

County.	Mid 1951 Population.	1951—Deaths from Respiratory Tuberculosis.	Rate per 1000 Population.
1. Denbigh	170,400	36	0.211 (5)
2. Radnor	19,980	5	0.250 (2)
3. Monmouth	317,900	85	0.267 (7)
4. Anglesey	50,980	14	0.275 (3)
5. Pembroke	90,740	26	0.287 (6)
6. Brecon	55,700	18	0.323 (8)
7. Cardigan	54,210	18	0.332 (4)
8. Carmarthen	170,600	59	0.345 (10)
9. Montgomery	45,520	16	0.351 (1)
10. Glamorgan	732,100	280	0.382 (11)
11. Flint	145,700	59	0.405 (9)
12. Merioneth	41,170	18	0.437 (12)
13. Caernarvon	123,300	62	0.503 (13)

Figures in ( ) denote position in Table in 1950.

## DEATHS FROM MALIGNANT DISEASES.

Table 5 (a) shows the deaths from malignant diseases, and the corresponding mortality rates in the various County Districts.

Deaths from "malignant neoplasm of the lungs or bronchus" show a considerable increase over the previous year (49 in 1951 compared to 27 in 1950) and it will be noted that males are chiefly affected.

How much of this increase is due to vastly improved methods of diagnosis it is difficult to say, but the survey previously mentioned, and at present being conducted by Dr. Percy Stocks with the assistance of Medical Officers of Health in Lancashire, Cheshire and North Wales, may in due course throw some light on the matter. The survey calls for a large amount of information as to residence, occupation, diet, etc., etc., covering where possible a period up to 20 years before illness began.

Table 5 (b) is a comparative table showing the ages of deaths from Tuberculosis, Malignant Diseases, and Diseases of the Heart and Circulation.

Table 5 (a).

## DEATHS FROM MALIGNANT DISEASE IN VARIOUS COUNTY DISTRICTS.

District and Population.		Stomach.	Lung.	Breast.	Uterus.	Other.	Leukemia.	Total.	Rate per 1000 Population.
Buckley U. 7703	M	2	—	—	—	6	—	8 } 14	1.8
	F	2	—	2	1	1	—	6 }	
Con. Quay U. 7316	M	2	3	—	—	7	—	12 } 16	2.2
	F	—	—	2	1	1	—	4 }	
Holywell U. 8162	M	3	2	—	—	8	1	14 } 22	2.7
	F	—	—	2	2	4	—	8 }	
Mold U. 6509	M	—	—	—	—	6	—	6 } 11	1.7
	F	1	—	—	1	3	—	5 }	
Prestatyn U. 8720	M	1	5	—	—	6	—	12 } 27	3.1
	F	3	—	2	1	8	1	15 }	
Flint M.B. 14230	M	1	2	—	—	4	2	9 } 24	1.7
	F	3	—	2	—	10	—	15 }	
Rhyl U. 18700	M	5	11	—	—	16	1	33 } 66	3.5
	F	9	1	3	1	19	—	33 }	
Hawarden R. 34900	M	6	14	—	—	22	—	42 } 73	2.1
	F	4	—	8	5	13	1	31 }	
Holywell R. 22340	M	10	4	—	—	20	1	35 } 55	2.5
	F	3	1	8	1	7	—	20 }	
Overton R. 6480	M	4	4	—	—	6	1	15 } 18	2.8
	F	1	—	1	—	1	—	3 }	
St. Asaph R. 10640	M	3	—	—	—	4	—	7 } 15	1.4
	F	1	2	1	—	4	—	8 }	

Table 5 (b).  
AGES OF DEATHS

from Tuberculosis, Malignant Disease and Heart and Circulatory Diseases.

Disease.	AGE-GROUPS.									Total.		
	0—	1—	5—	15—	25—	45—	65—	75—				
<b>Tuberculosis :—</b>												
Respiratory	M ...	—	—	—	1	15	27	4	—	...	47	} 59
	F ...	—	1	—	1	5	4	1	—	...	12	
Other	M ...	—	2	—	2	1	1	—	—	...	6	} 7
	F ...	—	1	—	—	—	—	—	—	...	1	
TOTAL	...	—	4	—	4	21	32	5	—			66
<b>Malignant Disease :—</b>												
Stomach	M ...	—	—	—	—	1	13	13	10	...	37	} 64
	F ...	—	—	—	—	—	3	12	12	...	27	
Lung, Bronchus	M ...	—	—	—	—	1	25	16	3	...	45	} 49
	F ...	—	—	—	—	1	—	1	2	...	4	
Breast	M ...	—	—	—	—	—	—	—	—	...	—	} 31
	F ...	—	—	—	—	5	14	4	8	...	31	
Uterus	M ...	—	—	—	—	—	—	—	—	...	—	} 13
	F ...	—	—	—	—	1	7	4	1	...	13	
Other	M ...	—	—	2	—	7	33	34	29	...	105	} 176
	F ...	—	1	1	1	2	12	28	26	...	71	
Leukaemia	M ...	—	1	—	—	1	2	2	—	...	6	} 8
	F ...	—	—	1	—	1	—	—	—	...	2	
TOTAL	...	—	2	4	1	20	109	114	91			341
<b>Heart &amp; Circulation :</b>												
Vascular lesions of nervous system	M ...	—	—	—	—	1	24	39	37	...	101	} 263
	F ...	—	—	—	—	—	33	43	86	...	162	
Coronary disease angina	M ...	—	—	—	—	5	48	59	31	...	143	} 211
	F ...	—	—	—	—	2	14	26	26	...	68	
Hypertension with heart disease	M ...	—	—	—	—	—	7	6	14	...	27	} 58
	F ...	—	—	—	—	—	2	11	18	...	31	
Other heart	M ...	—	—	2	1	7	20	38	76	...	144	} 311
	F ...	—	—	—	2	2	16	36	111	...	167	
Other circulatory	M ...	—	—	—	—	—	6	10	16	...	32	} 70
	F ...	—	—	—	1	1	7	8	21	...	38	
TOTAL	...	—	—	2	4	18	177	276	436			913

## DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1951, deaths attributable to Infectious Disease were as follows :—

Whooping Cough	...	...	...	...	1
Pneumonia	...	...	...	...	62
Measles	...	...	...	...	2
Other Infective and Parasitic Diseases	...	...	...	...	11

There were no deaths attributable to Diphtheria, Acute Poliomyelitis, or Meningococcal infections, but 17 deaths were attributable to Gastritis, Enteritis and Diarrhoea, and 79 to Influenza.

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DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 78 infants died before attaining the age of twelve months and of these 50 were males and 28 females, while 74 were legitimate and 4 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 32.76 which is higher than the rate for England and Wales, namely 29.6.

Infant deaths in the various County Districts are shown in Table 6 (a) and the Infant Mortality Rates for each district in Table 6 (b).

Included in the above total of 78 are 48 deaths of infants who failed to survive the first **four weeks** of life, and the figures for the various County Districts are shown in Table 6 (c).

Table 6 (a).  
 INFANTILE DEATHS—1951.

(Under 1 year of age).										
District.	MALES.			FEMALES.			Infants			
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.		
<b>Urban—</b>										
Buckley	...	2	1	3	...	—	—	—	...	3
Connah's										
Quay	...	1	—	1	...	2	—	2	...	3
Flint (M.B.)	...	5	—	5	...	1	—	1	...	6
Holywell	...	3	—	3	...	2	—	2	...	5
Mold	...	1	—	1	...	—	—	—	...	1
Prestatyn	...	1	—	1	...	3	—	3	...	4
Rhyl	...	9	—	9	...	3	—	3	...	12
<b>Rural—</b>										
Hawarden	...	8	—	8	...	6	—	6	...	14
Holywell	...	8	1	9	...	5	—	5	...	14
Overton	...	6	—	6	...	2	—	2	...	8
St. Asaph	...	4	—	4	...	2	2	4	...	8
Total Urban	...	22	1	23	...	11	—	11	...	34
Total Rural	...	26	1	27	...	15	2	17	...	44
Whole County	...	48	2	50	...	26	2	28	...	78

The causes of death were :—

Measles	...	...	...	...	1
Influenza	...	...	...	...	2
Pneumonia	...	...	...	...	8
Bronchitis	...	...	...	...	2
Gastritis, Enteritis and Diarrhoea	...	...	...	...	4
Congenital Malformation	...	...	...	...	15
Other defined and ill defined	...	...	...	...	42
Accidents	...	...	...	...	4
Total	...	...	...	...	78



Table 6 (b).

## INFANT MORTALITY, 1951.

Children aged under 12 months.

Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants Legit. and Illeg.
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	
<b>Urban—</b>							
Buckley	17.70	8.85	26.55	—	—	—	26.55
Connah's Quay	7.75	—	7.75	15.50	—	15.50	23.25
Flint (M.B.)	20.33	—	20.33	4.06	—	4.06	24.39
Holywell	19.35	—	19.35	12.90	—	12.90	32.25
Mold	7.63	—	7.63	—	—	—	7.63
Prestatyn	10.99	—	10.99	32.97	—	32.97	43.96
Rhyl	29.90	—	29.90	9.97	—	9.97	39.87
<b>Rural—</b>							
Hawarden	13.40	—	13.40	10.05	—	10.05	23.45
Holywell	21.50	2.69	24.19	13.44	—	13.44	37.63
Overton	61.22	—	61.22	20.41	—	20.41	81.63
St. Asaph	27.03	—	27.03	13.51	13.51	27.02	54.05
Total Urban	18.87	.86	19.73	9.43	—	9.43	29.16
Total Rural	21.40	.82	22.22	12.35	1.64	13.99	36.21
Whole County	20.16	.84	21.00	10.92	.84	11.76	32.76

Table 6 (c).

## NEO-NATAL DEATHS—1951.

(Under 4 weeks of age).

District,	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.	
<b>Urban—</b>								
Buckley	1	1	2	—	—	—	2	
Connah's Quay	—	—	—	2	—	2	2	
Flint (M.B.)	3	—	3	—	—	—	3	
Holywell	2	—	2	2	—	2	4	
Mold	1	—	1	—	—	—	1	
Prestatyn	1	—	1	1	—	1	2	
Rhyl	8	—	8	1	—	1	9	
<b>Rural—</b>								
Hawarden	7	—	7	4	—	4	11	
Holywell	4	1	5	2	—	2	7	
Overton	4	—	4	—	—	—	4	
St. Asaph	3	—	3	—	—	—	3	
Total Urban	16	1	17	6	—	6	23	
Total Rural	18	1	19	6	—	6	25	
Whole County	34	2	36	12	—	12	48	

MATERNAL MORTALITY—One death was attributed to pregnancy, childbirth or abortion.

DEATHS IN THE VARIOUS COUNTY DISTRICTS—Table 7 shows the total number of deaths of males and females in the County Districts, and the crude <sup>AND</sup> adjusted Mortality Rates for those Districts.

Table 7.  
DEATHS IN THE SEVERAL DISTRICTS.  
(All ages—all causes).

District.	Males.	Females.	Total.	Crude Rate per per 1000 Population.	* Rate Adjusted per 1000 Population.
<b>Urban—</b>					
Buckley	53	51	104	13.50	13.77
Connah's Quay	42	43	85	11.62	14.41
Flint (M.B.)	70	73	143	10.05	12.26
Holywell	58	47	105	12.86	12.86
Mold	39	28	67	10.29	10.60
Prestatyn	65	108	173	19.84	12.90
Rhyl	152	165	317	16.95	14.41
<b>Rural—</b>					
Hawarden	213	181	394	11.29	12.87
Holywell	181	134	315	14.10	12.27
Overton	91	35	126	19.44	19.25
St. Asaph	49	62	111	10.43	10.12
Total Urban	479	515	994	13.93	13.23
Total Rural	534	412	946	12.72	12.85
Whole County	1013	927	1940	13.32	13.05

\* For purpose of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar General:—

**Urban Districts.**

	Males	Females.	Total.
Deaths in age group 45-64	127	85	212
Deaths in age group 65 and over	295	393	688
			900

**Rural Districts.**

	Males	Females.	Total.
Deaths in age group 45-64	143	77	220
Deaths in age group 65 and over	305	286	591
			811

**Section B.**  
**GENERAL PROVISION OF HEALTH SERVICES  
IN THE AREA.**

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**1. THE HOSPITAL, CONSULTANT, AND SPECIALIST  
SERVICES.**

The provision of these services is the function of the Regional Hospital Board and its Hospital Management Committees. With the exception of the Mold Hospital, and Meadowslea Sanatorium, all the Hospitals and Maternity Homes in the County come within the purview of the Clwyd and Deeside Hospital Management Committee, which also administers a number of hospitals and sanatoria in the neighbouring County of Denbigh. The Mold Hospital and Meadowslea Hospital are under the control of the Wrexham, Powys and Mawddach Hospital Management Committee. As the consultant service of the Clwyd and Deeside Hospital Management Committee is expanded, more patients from the **Western** portion of the County are being referred to the hospitals at Rhyl, but large numbers of patients from the Central, and South-Eastern parts of the County are referred to the hospitals at Wrexham, while patients from the Deeside and Eastern parts of the County continue to gravitate as formerly to the hospitals in Chester, Liverpool and to others controlled by the Liverpool Regional Hospital Board. A large number of orthopaedic cases and fracture cases continue to be referred to the Robert Jones and Agnes Hunt Orthopaedic Hospital at Gobowen.

In the introduction to this Report, reference was made to the recommendation of the Central Health Services Council, that Committees, either regional or local, should be set up to co-ordinate the services of the Hospital Management Committees, the Executive Council, and the Local Health Authority. Such a Committee was actually set up in 1951 and consists of representatives of the Clwyd and Deeside Hospital Management Committee of the Denbighshire Executive Council, and the Flintshire and Denbighshire County Councils. Meetings, however, have been few in number and held at lengthy intervals.

Reference has been made in previous Reports to the need for the establishment of a properly staffed and equipped "geriatric unit" to reduce the pressure on the beds for "long-stay" elderly patients, who, after a period of treatment and rehabilitation could be discharged to their own homes, but it must be admitted, with great regret, that in a large number of cases, discharge would be a matter of great difficulty, as the old people are no longer wanted by even their closest relatives. There is a pressing need, however, for accommodation—possibly in the form of annexes to general hospitals—for those patients who are suffering from incurable disease for whom only occasional medical care is needed, but who do ~~not~~ need constant nursing care, especially at night. Much is being done for these cases by the District Nurses and by the Home Help Service, but these services cannot possibly meet all their needs.

## 2. LABORATORY SERVICES.

The Public Health Laboratories at Conway and at Birkenhead, and the Pathological Laboratories at Rhyl, Wrexham, and Chester, have continued to provide most excellent services during the year.

## 3. HEALTH CENTRES.

Under Section 21 of the National Health Service Act, 1946, these fall to be provided, maintained, equipped and staffed by the Local Health Authority. They can only be provided after consultation with the Executive Council, and the General Medical and Dental Practitioners.

Health Centres are intended to provide facilities for:—

- (a) Specialist and other out-patient Services,
- (b) General Medical Services,
- (c) General Dental Services,
- (d) Pharmaceutical Services,
- (e) Local Health Authority Services,

and must not be confused with the Ante-Natal, Child Welfare and other Centres, which are at present provided by the Local Health Authority.

No Health Centres have been provided in the County, and no demands for their provision have been made by General Medical Practitioners. For various reasons, their provision must remain a thing of the distant future.

#### 4. CARE OF MOTHERS AND YOUNG CHILDREN.

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(a) **The Expectant Mother**—Facilities for the care and supervision of expectant mothers are provided at Ante-Natal Clinics at Bagillt, Buckley, Caergwrle, Flint, Holywell, Mold, Prestatyn, Rhyl, Saltney, and at Shotton. Unfortunately, since the operation of the National Health Service Act the number of expectant mothers attending these Clinics has decreased very considerably, and in 1951 only 473 (representing 19.4 % of the total births) attended, and made 1,208 attendances. This decline cannot be attributed to inexperience of the medical officers conducting these Clinics as they were well qualified for the work, holding the Diploma of the Royal College of Obstetricians and Gynaecologists. As will be seen later, there has been a similar decrease in the number of expectant mothers who engage the services of the domiciliary midwives as midwives. This is due to the increasing number of expectant mothers who seek institutional confinement in maternity hospitals and maternity homes, and to the fact that the services of the general medical practitioners are now obtainable without fee. It is a matter for surprise that the busy general medical practitioner does not make greater use of the facilities provided at the Authority's ante-natal clinics. According to Regulations, he need only examine his patient early in pregnancy and again about the 36th week, and by referring her to the Clinic in the interim, he could save much of his precious time. While attending the Clinic, the patient would not only be kept under constant supervision, but would also receive education in preparation for her confinement, have necessary blood-tests taken, and any abnormality or suspected abnormality would be reported immediately to the medical practitioner for necessary attention.

In view of the decreased attendance, the question has arisen as to whether some of these Clinics should not be closed, but the matter has been deferred for the time being in case there is a swing of the pendulum, if the proposed revision of the "attendance allowance" comes into operation.

(b) **Post-Natal Care**—Here again there has been a decrease in the number of mothers attending Clinics for post-natal examination, only 19 attending in 1951. There has always been great negligence on the part of women in presenting themselves for examination after the termination of pregnancy, and in past years the number of attendances was always a mere fraction of the attendances at the Ante-Natal Clinics.

(c) **Care of Nursing Mothers and Children under school-age**—In contrast to the Ante-Natal and Post-Natal Clinics, the Child Welfare Centres continue to be well patronised and greatly appreciated, as will be seen by reference to Table 8. In fact, the total attendances increased by 1,103 (from 27,394 to 28,491). The Centres at Bagillt, Bodelwyddan, Broughton, Buckley, Caergwrle, Connah's Quay, Caerwys, Holywell, Greenfield, Leeswood, Mold,

Mostyn, Penley, Prestatyn, Rhyl, Saltney, Shotton and St. Asaph continued to operate, and a new Centre was established for Mancot and Pentre. The Centres are staffed by assistant medical officers and health visitors, who receive most valuable assistance from the "Voluntary Committee" which is established at each Centre. The work of the ladies serving on these Voluntary Committees cannot be too highly praised. They devote much of their time to the work, and in addition to assisting the health visitors, they undertake the sale of such infant foods as are recommended by the medical officer, provide tea for mothers, and interest themselves generally in the welfare of mothers and children. The Government foods (National Dried Milk, Orange Juice, and Cod-liver Oil) are also available at these Centres. At some Centres, this work is also undertaken by the Voluntary Committee, at others the foods are distributed by persons appointed by the Local Authority.

(d) **Supply of Maternity Outfits**—In accordance with a memorandum of the Ministry of Health, all expectant mothers who decide to have their confinement at home are supplied, upon request, with a maternity outfit free of charge. These outfits contain certain sterilised dressings which are necessary for the confinement and are supplied through the Ante-Natal Clinics and the Authority's Midwives. The number of such outfits issued during the year was 770.

(e) **Dental Services**—Owing to the illness and resignation of Mr. Glynn Jones, L.D.S., the dental staff of the Authority was further depleted, and by the end of the year was reduced to one. Consequently it has been impossible for the Authority to provide any part of the above services, other than the reference to private dental practitioners of any expectant or nursing mothers or children found by the medical officers to be in need of treatment.

## 5. THE UNMARRIED MOTHER AND HER CHILD.

The premises acquired by a Joint Committee of the North Wales Authorities on the outskirts of Wrexham, for the purpose of establishing a "mother and baby" home for unmarried mothers, were still in a state of being adapted at the end of the year. Consequently such accommodation as was required had to be sought in voluntary homes in England, and during the year the Authority accepted financial responsibility for nine (9) such cases. This accommodation was found with the assistance of the Officers of the St. Asaph Diocesan Moral Welfare Association to whom a high tribute must be paid for their work in this and other respects.

Table 8.

## CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, ETC., 1951.

Description	Bagillt	Bodel- wyddan	Broughton	Buckley	Caerwre	Gonnah's Quay	Caerwys	Flint	Greenfield	Holywell	Leeswood	Mancot & Pentre *	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
(1) Number of Sessions held, i.e., number of times Centre opened during the year ..	51	23	49	49	49	50	22	48	49	50	47	35	49	23	21	50	49	49	49	43	855
(2) Number of individual children who attended the Centres during the year ..	121	58	110	164	179	242	45	193	172	207	81	180	413	97	143	272	476	225	470	125	3973
(3) Children who first attended the Centres during the year and who, on the date of THEIR FIRST ATTENDANCE were:																					
(a) Under 1 year of age	46	17	57	91	76	73	14	122	67	104	66	121	164	32	58	121	221	93	225	57	1825
(b) Over 1 year of age	7	6	25	24	28	18	6	71	51	6	15	59	16	12	41	15	23	76	31	68	598
(c) Total ..	53	23	82	115	104	91	20	193	118	110	81	180	180	44	99	136	244	169	256	125	2423

\* Opened 12/4/51.

Continued—page 32.



CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, ETC., 1951 (continued).

Description	Baginbun	Bodelwyddan	Broughton	Buckley	Caergwile	Connah's Quay	Caerwys	Flint	Greenfield	Holywell	Leeswood	Mancot & Pentre*	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
(4) Children who were in attendance at the end of the year, and who, at the end of the year were:																					
(a) Under 1 year of age	49	13	28	44	75	73	10	122	57	96	65	71	160	30	33	97	184	64	164	46	1481
(b) Between 1 year and 5 years of age	67	37	69	7	26	169	10	68	105	89	15	109	233	62	99	169	265	145	298	101	2143
(c) Total ..	116	50	97	51	101	242	20	190	162	185	80	180	393	92	132	266	449	209	462	147	3624
(5) Total number of attendances made during the year by children in Section (2) who were:																					
(a) Under 1 year of age	674	125	649	1062	1343	1298	89	836	1045	591	497	1169	2156	228	243	1695	3447	1323	2278	825	21573
(b) Over 1 year of age	171	241	430	70	251	463	152	421	264	437	120	366	577	127	332	433	706	831	352	174	6918
(c) Total attendances	845	366	1079	1132	1594	1761	241	1257	1309	1028	617	1535	2733	355	575	2128	4153	2154	2630	999	28491
(6) Number of Centre children who died during the year while:																					
(a) Aged under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	1	..	..	4
(b) Aged 1—5 years	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
(c) Total ..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	2	1	..	..	6

## 6. NOTIFICATION OF BIRTHS.

During the year 2,382 births (2,326 live births and 56 still-births) were notified to the Authority. It will be noted, by reference to page 10, that this figure is 57 (55 live births and 2 still-births) less than the totals of live and still-births received in the returns from the Registrar-General. This figure is considerably greater than that for the previous year, and the reason for non-notification needs further investigation. It must be remembered that "notification" of births is in addition to, and not in substitution for, the requirements of any Act relating to "registration" of births, and that Section 203 of the Public Health Act, 1936, imposes upon the father of the child in certain circumstances, **and** upon any person in attendance upon the mother at the time of, or within six hours after birth, the duty of notifying the Medical Officer of Health of the Welfare Authority **for the area in which the birth takes place**. Failure to notify may incur penalties.

## 7. MIDWIFERY.

Section 23, National Health Service Act, 1946.

## (a) Duty as Local Supervising Authority.

It is the duty of the Local Health Authority to supervise the work of all midwives who have notified their intention to practise in the area, irrespective of whether they are employed as domiciliary midwives by the Authority, or by Hospital Management Committees, or are engaged in private practice.

Table 9 shows the number of midwives who were in practice in the area on 31st December, 1951, while Table 10 shows the number of supervisory visits paid to those midwives during the year by the County Nursing Officer, who also acts as Non-medical Inspector of Midwives.

Table 9.

## MIDWIVES IN PRACTICE ON 31st DECEMBER, 1951.

		Domiciliary.	Institutional.	Total.
Midwives employed by the Authority	...	34	...	34
Midwives employed by Voluntary Organisations	... ..	—	...	—
Midwives employed by Hospital Management Committees	...	—	22	22
Midwives in Private Practice (including Midwives employed in Nursing Homes)	... ..	10	3	13
		—	—	—
<b>Total</b>	...	<b>44</b>	<b>25</b>	<b>69</b>
		—	—	—

Table 10.  
SUPERVISION OF MIDWIVES.

Employment.	Number of Inspections.			
	Routine.	Special.	Total.	
National Health Service Hospitals and Maternity Homes	...	3	14	17
Private Nursing Homes	...	71	11	82
County Domiciliary Midwives	...	151	295	446
Private Domiciliary Midwives	...	29	16	45
		254	336	590*

\* The Midwife was inspected while actually at work in 291 of these inspections.

Among the reasons for Special Inspections were :—

Maternal death investigations 2, Infant death investigations 2, Still-birth 2, Puerperal Pyrexia 39, Ophthalmia Neonatorum 2, Other emergencies 199, Non-emergency 90.

130 notifications of various kinds were received from midwives of which 44 were in respect of calling in medical aid.

As a consequence of having been in contact with infection, it was found necessary to suspend the Midwife from practice in three (3) cases.

(b) **Adequacy of number of Midwives to meet the needs of the Area.**

It is the duty of the Local Health Authority to ensure that the number of midwives available for attendance on women, **in their own homes**, as midwives or as maternity nurses, is adequate to meet the needs of the area. It will be seen from Table 9 that 44 such midwives (34 employed by the Authority and 10 in private practice) are available and the following Table indicates the number of cases attended, and the number of visits paid to those cases, by the domiciliary midwives employed by the Authority.

Table 11.

	Cases.	VISITS.			
		Ante-natal.	Parturi-tional.	Post-natal.	Total Visits.
Midwife acting as Midwife	365	3310	365	11921	18433
Midwife acting as Maternity Nurse	355	2482	355		
Total	720	5792	720	11921	18433

In addition, 8 domiciliary confinements were attended by midwives in private practice and 112 by midwives in private nursing homes.

It will be seen from the above that the average number of cases per midwife employed by the Authority is just a fraction over 21, and that therefore the provision made is rather more than adequate to meet the needs of the area, but it must be remembered that of the 34 midwives employed by the Authority, only eight (8) are employed **full-time** as midwives, the remaining 26 being district nurse/midwives who undertake **general nursing** duties as well as midwifery, and as will be seen later, the demands made upon their services for general nursing continue to increase from year to year. It cannot be denied, however, that the full-time midwives are not being employed as fully as they might be, and that the services of district nurse/midwives as midwives are not being utilised to the same extent as they were prior to 5th July, 1948. This is due to the fact that many more expectant mothers are seeking institutional confinement. Such has been the demand for beds in maternity hospitals and maternity homes that the Ministry of Health issued instructions that cases should be admitted on a "selective" basis, and that priority of admission should be given:—

- (a) on medical grounds ;
- (b) on social grounds, i.e., unsatisfactory home conditions ;
- (c) for some, but not all, **first** pregnancies ;
- (d) for fourth or more pregnancies.

Selection of cases for admission on this basis is of necessity being practised in some of the Maternity Hospitals and Homes, and requests for information as to home conditions are received from those institutions by the Health Department. In many of these cases, no adequate reason can be found as to why the confinement should not take place at home. Other maternity hospitals and homes, however, appear to admit anyone and everyone who applies for admission. The Ministry of Health is naturally perturbed about the demands for admission, as the cost of institutional confinement is considerably greater than the cost of domiciliary confinement, and, as, if funds are to be made available for additional beds in hospital, those beds are more urgently needed for cases other than maternity.

#### **Gas and Air Analgesia.**

Of the 34 midwives employed by the Authority, 33 are qualified to administer Gas and Air Analgesia, and are supplied with the necessary apparatus. The one midwife not so qualified is employed under Regulation 33 of Defence Regulations, 1939, and her employment will cease in the near future. During the year, Gas and Air Analgesia was administered by the Authority's midwives in 275 cases. In addition, Pethedine was administered in 150 cases.

## 8. HEALTH VISITING.

The Authority employs one Superintendent Health Visitor (who is also Organiser of the Home Help Service), 15 Health Visitor/School Nurses, and 2 Tuberculosis Visitors.

**Health Visitor/School Nurses.**

The establishment provides for the employment of 16 nurses to hold the combined appointment of Health Visitor and School Nurse, and consequently there has been one vacancy, which it has been found difficult to fill as it is in a completely rural area. In my Report on the School Health Services, reference was made to the need to consider increasing the number of Health Visitor/School Nurses as their "case load" was far too great, and their necessary attendance at various Clinics considerably reduced the time available for that very important part of their work—domiciliary visiting. The following figures indicate the extent to which they are carrying out their duties in respect of visits to expectant mothers and children under school age. The 7,646 "other visits" include supervision of home helps, visits to mental defectives under statutory and voluntary supervision, enquiries into home conditions at the request of hospitals, etc., etc. :—

Visits to expectant mothers	...	...	...	...	1,183
Visits to children under one year of age	...	...	...	...	19,665
Visits to children between one and five years	...	...	...	...	20,691
Visits to children—Child Life Protection Cases	...	...	...	...	15
Other visits	...	...	...	...	7,646

When to these figures are added 51,549 examinations of school children, and 5,672 visits to homes of school children found to be suffering from defects, their unwieldy "case load" can be more fully appreciated.

The modern Health Visitor should be a social welfare worker in the full sense of the word. In addition to the work she is already doing, she should have time to do much educational work at Child Welfare Centres by giving short talks to small groups of mothers. She should be able to visit the aged and infirm and advise them on their many problems, her services should be available to general medical practitioners in many ways, and she should follow up all patients discharged from hospital.

**Tuberculosis Visitors.**

The visiting of persons suffering from tuberculosis is a controversial question at the present time. Some medical officers of health maintain that this work should be carried out by "all purpose" health visitors, so as to reduce the multiplicity of officials who might visit the home. Others maintain that this work can only be carried out by a health visitor who has a sound knowledge of tuberculosis nursing, and of the need for the "specialised" approach necessary to such cases. I entirely agree with the latter

view which is strongly supported by the Chest Physician for the area. The Tuberculosis Visitors employed by the Authority attend the Chest Clinics, visit all cases of tuberculosis as soon as notified, and report on home conditions. The Chest Physician and his Assistants have greatly appreciated the assistance and the valuable information given to them by these Tuberculosis Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been rehoused and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Tuberculosis Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 3,126 visits to patients in their homes, and of these 130 were first visits to newly notified cases.

#### 9. HOME NURSING.

(Section 25, National Health Service Act).

During the year the Authority employed for the attendance upon persons who required nursing in their homes, 9 Nurses whose duties were wholly confined to general nursing, and 26 Nurses whose duties included a certain amount of midwifery as well as general nursing.

The total number of patients attended by them was 7,299, and of these 4,552 were surgical cases, 2,715 medical cases and 32 cases of tuberculosis. To these patients they paid 108,982 visits, and an indication as to how the demands upon their services have increased can be obtained from the following figures:—

	1949.	1950.	1951.
Patients Nursed	3305	5459	7299
Visits Paid	68848	96443	108982

These Nurses often work under great difficulties, especially as for some the only means of transport is a bicycle, and unlike midwives, they are not allowed "priority of delivery" of motor-cars.

**SUPERVISION OF HOME NURSES**—During the year the County Nursing Superintendent, in addition to her inspections as Inspector of Midwives, made the following visits to Home Nurses:—

Routine Inspections	...	...	...	162
Special Visits	...	...	...	185
Emergency Visits	...	...	...	199
Non-emergency Visits	...	...	...	75
Other Interviews	...	...	...	54
Inspection of Nursing Agency	...	...	...	1
				676*

\* During these visits Nurses were inspected whilst actually at work at 314 Medical Cases and 241 Surgical Cases.

## 10. VACCINATION AND IMMUNISATION.

(Section 26, National Health Service Act).

(a) VACCINATION—In the Report for the year 1949, reference was made to the considerable decrease in the number of primary <sup>VACCINATIONS</sup> ~~notifications~~ received since vaccination ceased to be compulsory. The following figures show, however, that propaganda by health visitors and district nurses is bringing parents to a better realisation of their responsibility in this respect :

	Year ...	1948.	1949.	1950.	1951.
Primary Vaccinations	... ..	808	345	660	796

In addition, 219 persons were re-vaccinated. The position, however, remains most unsatisfactory, as the number of vaccinations for the year 1951 represents only 33.4 % of the number of live births in the previous year. The present-day population at risk is great, and were it not for the vigilance of the Port Health Authorities, in these days of rapid air transport, outbreaks such as occurred at Glasgow and Brighton would become much more frequent.

(b) IMMUNISATION AGAINST DIPHTHERIA—During the year, 1,911 children received primary immunisation, and 1,272 children received reinforcing doses. Immunisation is carried out at Clinics by the Authority's Medical Officers, and also by general medical practitioners in their own surgeries. General medical practitioners are paid a fee of 5/- for each completed Record Card forwarded to the Health Department, such fee having been prescribed by the Minister of Health.

A similar amount is paid for each completed Record Card of Vaccination. Lymph for Vaccination and Anti-Diphtheria sera are supplied free of charge from Government Laboratories.

Of the value of immunisation against diphtheria there can be not the slightest doubt. In the first ten years of this century, the number of cases notified and the death rate were high. In 1911, there were 282 cases with 17 deaths. During the first World War, the number of cases and deaths rose alarmingly, but later declined, and in the interval between the first and second World Wars, the number of cases fluctuated between approximately 200 and 250. In 1941, however, there was a further sharp rise in the number of cases, and it was about this time that the campaign for immunisation gained impetus. A glance at the Table below indicates the success of that campaign, and the extent to which children have been protected against this dread disease :—

Year	Diphtheria Notification.	Deaths.
1936	208	11
1937	221	13
1938	268	16
1939	200	12
1940	202	6
1941	342	15
1942	255	5
1943	208	8
1944	316	10
1945	108	5
1946	33	1
1947	15	1
1948	5	—
1949	8	1
1950	3	—
1951	1	—

## 11. AMBULANCE SERVICES.

(Section 27, National Health Service Act).

**AMBULANCES**—The main portion of the County is covered by ambulances stationed at Rhyl, Prestatyn, Holywell, Flint, Queensferry and Mold. In addition, ambulances operated by the Chester City Council and the Denbighshire County Council are available when required. The Overton Rural District is covered by ambulances operated by the Denbighshire and Shropshire County Councils.

The various Divisions of the St. John Ambulance Brigade in the County have given most valuable assistance in the service by providing relief drivers and ambulance attendants as required.

**SITTING-CASE CARS**—This service is operated mainly through a large number of private hire car proprietors scattered throughout the County, and to a minor degree through the Hospital Car Service operated by members of the Women's Voluntary Service. These services are only available on production of a medical certificate stating that patients are unable to travel by public transport for medical reasons, and yet, in spite of frequent appeals to hospitals and general medical practitioners to assist in reducing the cost of this service, the demands made upon it continue to increase. No person would travel to hospital in an ambulance **from choice**, and it cannot be said that the ambulance service is abused, but it cannot be denied that the sitting-case car service is open to abuse, and the problem of how to reduce the demands upon and the cost of this service is an extremely difficult one. Consideration has been given to the possibility of the Authority providing its own cars with full-time staff, but while this might reduce the demand, it is extremely doubtful as to whether it would reduce



the cost. Judging by returns made by some authorities who do provide their own service, in all probability the cost would be considerably increased. Other possible ways of solving the problem have been considered but have had to be rejected as they would involve the setting up of complicated administrative machinery and amendment of the National Health Service Acts.

The following Tables indicate how the demands are increasing :—

	Year ended 31/3/51.		Year ended 31/3/52.	
	Ambulance.	Cars.	Ambulance.	Cars.
Journeys ...	4120	11983	4512	13344
Patients ...	4707	16278	5509	21138
Mileage ...	122350	326911	126119	326705

## 12. PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

(National Health Service Act, Section 28).

This Section of the National Health Service Act gave the Authority permissive powers, with the approval of the Minister, to make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, and the after-care of such persons. No payment of money, however, could be made to such persons, except as remuneration for suitable work.

The Minister reserved the right to direct that these permissive powers should become statutory duties, and did so direct with regard to the care and after-care of persons suffering from tuberculosis.

Although the Authority had no powers to make "money payments" to persons in need, such powers having been transferred to the Assistance Board, it could continue to supplement the allowances paid by the Assistance Board by making "grants in kind" in the form of additional nourishment, such as milk, ovaltine, etc. In addition, the Authority could supply various articles such as beds, bedding, water-beds, bed pans, air-rings, etc., etc.—in fact all articles required for the nursing of cases of illness in their own homes. The Authority was also empowered to recover charges for the loan of these articles, according to the means of the patients. Domiciliary Nurses have small "loan cupboards" from which certain articles can be loaned in an emergency and the "Loan Depots" established by the St. John Ambulance Brigade and the British Red Cross Society have given valuable assistance in this respect.

The responsibility of the Authority under this Section are discharged through three Area Care and After-Care Sub-Committees of the Health Committee—those responsibilities being not only with regard to Tuberculosis, but all other forms of illness, physical and mental, including mental deficiency. In addition, these three Care and After-Care Committees are responsible for discharging the welfare duties of the County Council under Section 29 of the National Assistance Act (for the blind, the deaf, etc.), as the powers of the Council under this Act were delegated, with the approval of the Minister, to the Health Committee.

During the year under review, 129 applicants suffering from Tuberculosis received assistance in kind.

In addition, 10 registered mentally defective persons received assistance in kind.

Five garden shelters were provided for the use of patients living under overcrowded conditions, and many letters were written to the County District Councils supporting applications for better housing accommodation for tubercular persons living under unsatisfactory conditions. It is a great pleasure to report that the response of the County District Councils has been most satisfactory.

### 13. DOMESTIC HELP.

(Section 29, National Health Service Act).

This Section of the Act gave the Authority permissive powers for providing domestic help for households where such help was required owing to the presence of any person who was ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age.

Power was also given for the recovery of charges for such service.

Much credit is due to Miss Gray, who acts jointly as Superintendent Health Visitor and Domestic Help Organiser, for the capable way in which she has organised this Service.

By 31st December, 1951, the number of Domestic Helps available for duty was 80 (1 whole-time and 79 part-time). The number of cases in which Domestic Help was provided was 282 (Maternity 44, Tuberculosis 16, Other illnesses 222).

The following Table gives some indication of the work of the Domestic Help Organiser during the year :—

Interviews with prospective Domestic Helps	...	...	66
Investigation of new applications for services of Domestic Helps	...	...	326
Visits to Domestic Helps during employment	...	...	643
Visits to Persons Helped	...	...	803
Other Interviews	...	...	87

The demands made upon this service, like those upon the Home Nursing Service, and for the same reason, are increasing very considerably. Unfortunately, relatives of elderly persons needing care and attention are tending to disclaim any responsibility for providing such care and attention

and some have gone so far as to state that they see no reason why they should assist in any way unless they are paid for their services by the Authority. Were it not for the fact that the Authority has the power to recover charges for this service, the demands made upon it would soar to considerable heights, and it would be as open to abuse as other "free" services under the National Health Service Act.

Part of the amount recovered was in small sums, contributed by aged persons who were most insistent that they did not wish to be entirely dependent on "charity." The service has been a great boon to many elderly people who prefer to remain in their own homes rather than enter "Homes for the Aged," and the expenditure upon the service is small, compared with that of maintaining such persons in Homes for the Aged.

#### 14. DUTIES UNDER LUNACY AND MENTAL TREATMENT ACTS AND MENTAL DEFICIENCY ACTS.

(Section 51, National Health Service Act).

The duties of the Local Health Authority under the above Acts are discharged through the three Area Sub-Committees of the Health Committee. Each Area Sub-Committee consists of 12 Members of the Health Committee, with one representative of each District Council in the Area, and a number of co-opted members who are specially interested in social welfare.

The County Medical Officer is responsible to the Health Committee for the administration of the Mental Health Services, and is assisted by:—

- (a) For the purposes of the Mental Deficiency Acts, the Deputy Medical Officer of Health (female), and one Assistant Medical Officer (male) and by one Welfare Officer (also a duly authorised officer for the purposes of the Lunacy and Mental Treatment Acts).
- (b) A Chief Administrative Officer and four duly authorised Officers for the purposes of the Lunacy and Mental Treatment Acts.

The work is closely co-ordinated with that of the Regional Hospital Board in that the services of the Psychiatrists and Psychiatric Social Workers from the North Wales Hospital for Mental and Nervous Disorders are always available. A team consisting of psychiatrist, psychologist, and psychiatric social workers conducts a Child Guidance Clinic at Rhyl on behalf of the Authority.

An adult Psychiatric Clinic is held weekly at the Royal Alexandra Hospital, Rhyl, by a Psychiatrist from the North Wales Mental Hospital.

The supervision of patients on licence from mental hospitals is undertaken by the staff of the hospital, while the supervision of mental defectives on licence is undertaken by the medical and the health visiting staff and the welfare officers of the County Council.

The following statistics show the number of persons dealt with under the above Acts during 1951:—

Table 12.

A.—LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients—73.  
Temporary Patients—3.

In addition, 184 persons were admitted to the Mental Hospital as "voluntary patients."

B.—MENTAL DEFICIENCY ACTS, 1913-1938.

	During 1951.				Total as at 1st January, 1952.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
1. Particulars of cases reported during 1951.								
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—								
(i) Under Section 57 (3) ... ..	6	1	...	—	...	—	...	—
(ii) Under Section 57 (5):—								
On leaving special schools ... ..	—	—	...	—	...	—	...	—
On leaving ordinary schools ... ..	2	—	...	2	1	—	...	—
(b) Cases referred by the Police or by the Courts under Section 8 (1) (a) (or as a result of other action by the Courts) ... ..	—	—	...	—	...	—	...	—
(c) Other defectives reported during 1951:—								
(i) Found "subject to be dealt with" ... ..	1	—	...	1	3	—	...	—
(ii) Not at present "subject to be dealt with" ... ..	—	—	...	—	...	—	...	—
Total number of cases reported during the year ... ..	9	1	3	4	—	—	—	—

Continued.

Table 12 (B) continued.

	During 1951.				Total as at 1st January, 1952.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
...	9	1	3	4	23	14	67	36
(1) Placed under Statutory Supervision	...	...	...	...	1	...	4	...
(ii) Placed under Guardianship*	...	...	...	...	...	...	...	...
(iii) Taken to "Places of Safety"	...	...	...	...	4	3	31	54
(iv) Admitted to Institutions	...	...	...	...	...	...	...	...
(v) Died or removed from area	...	...	...	...	...	...	...	...
(vi) Action not yet taken	...	...	...	...	...	...	...	...
(b) Those not at present "subject to be dealt with":—	...	...	...	...	...	...	...	...
(i) Placed under Voluntary Supervision	...	...	...	...	...	...	...	...
(ii) Later found not to be defective	...	...	...	...	...	...	...	...
(iii) Died or removed from area	...	...	...	...	...	...	...	...
(iv) Action unnecessary	...	...	...	...	...	...	...	...
(v) Action not yet taken	...	...	...	...	...	...	...	...
Total of item 2	9	1	3	4	28	17	102	90

3. Classification of defectives in the Community on 1/1/52.

(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care:—

(1) In urgent need of institutional care:—

- (i) Cot and chair cases
- (ii) Ambulant low grade cases
- (iii) Medium grade cases
- (iv) High grade cases

...	...	...	...	...	...	...	...	...
...	...	...	...	...	1	...	...	...
...	...	...	...	...	6	1	...	1
...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...

Continued.

Table 12 (B) continued.

	During 1951.				Total as at 1st January, 1952.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
3. Classification of defectives in the Community on 1/1/52 (continued).								
(2) Not in urgent need of institutional care:—								
(i) Cot and chair cases	...	...	...	...	...	...	...	...
(ii) Ambulant low grade cases	...	...	...	...	2	...	2	1
(iii) Medium grade cases	...	...	...	...	...	1	...	1
(iv) high grade cases	...	...	...	...	...	...	...	...
Total of item 3 (a)	...	...	...	...	7	4	4	1
* Number of the defectives under Guardianship on 1st January, 1952, who were dealt with under the provisions of Section 8 or 9, M.2, F.O.								
(b) Of the cases included in item 3 (a), number in need of institutional care only because of poor environment:—								
(i) Medium grade cases	...	...	...	...	...	...	...	...
(ii) High grade cases	...	...	...	...	...	...	...	...
Total of item 3 (b)	...	...	...	...	...	...	...	...
(c) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i), number considered suitable for:—								
(i) Occupation centre	...	...	...	...	9	4	...	9
(ii) Industrial centre	...	...	...	...	...	...	...	5
(iii) Home training	...	...	...	...	1	...	...	...
Total of item 3 (c)	...	...	...	...	10	4	14	8

Continued.

Table 12 (B) continued.

	Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.
3. Classification of defectives in the Community on 1/1/52 (continued).				
(d) Number of cases receiving training on 1/1/52 :—				
(i) In occupation centre ... ..	—	—	—	—
(ii) In industrial centre ... ..	—	—	—	—
(iii) At home ... ..	—	—	—	—
Total of item 3 (d) ... ..	—	—	—	—

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951 :—

	M.	F.	T.
(a) Ceased to be under care ... ..	—	—	—
(b) Died, removed from area, or lost sight of	1	3	4
Total ... ..	1	3	4

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care :

(a) Number who have given birth to children while unmarried during 1951 ... 2.

(b) Number who have married during 1951—Males, Nil; Females, 1.

## Section C.

## 1. INFECTIOUS AND OTHER COMMUNICABLE DISEASES.

Prior to the appointed day under the National Health Service Act, 1946, the control of the spread of infectious disease was a duty devolving chiefly upon the County District Councils, whose Medical Officers of Health forwarded weekly to the County Medical Officer a numerical report of the cases notified in each district. The National Health Service Act also conferred powers upon the County Council in this respect and it became the duty of the Medical Officer of Health of the County District Council to forward to the County Medical Officer, within 12 hours, a copy of each notification of notifiable disease received by him. The period of 12 hours was amended by the National Health Service (Amendment) Act, 1949, to read "if possible within 12 hours, but in any case within 48 hours."

Where copies of notifications are forwarded and fees for the notification have been paid by the County District Councils, such Councils can claim reimbursement of the fees from the County Council as the Local Health Authority. By this means, greater co-ordination was achieved in the preventive work and there is greater scope for the study of the epidemiology of diseases.

There was no large-scale outbreak of infectious disease in the County, and the number of notifications received from the Medical Officers of Health of County District Councils during the year were as follows:—

Cerebro-Spinal Fever	...	...	...	1
Diphtheria	...	...	...	1
Dysentery	...	...	...	11
Enteric Fever (Typhoid)	...	...	...	—
Erysipelas	...	...	...	10
Food Poisoning	...	...	...	12
Measles	...	...	...	1736
Meningococcal infections	...	...	...	4
Ophthalmia Neonatorum	...	...	...	—
Paratyphoid	...	...	...	5
Polio-encephalitis—Infective	...	...	...	—
"    Post-infectious	...	...	...	—
Poliomyelitis—Paralytic	...	...	...	10
"    Non-paralytic	...	...	...	—
Pneumonia	...	...	...	197
Puerperal Pyrexia	...	...	...	12
Scarlet Fever	...	...	...	216
Whooping Cough	...	...	...	425
				—
				Total ... 2640
				—

It will be noted that notifications of measles form 65.76 %, and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia, forms 97.5 % of the total notifications.



### Whooping Cough.

During the year, 425 cases of Whooping Cough were notified, and of these, one died—child aged under 5 years.

While few deaths can be attributed directly to the disease, it unfortunately is apt to have distressing sequelae, which lead to chronic ill-health in later life. Earlier in this Report, reference was made to the wonderful results obtained by immunisation against diphtheria. Immunisation against whooping-cough is now also possible, and can be carried out at the same time as immunisation against diphtheria by means of a combined serum. Immunisation against whooping-cough has not up to the present been offered in the Authority's Clinics, as until recently there had been considerable doubt as to its efficacy. Recent research, however, by the Medical Research Council has shown that a considerable degree of protection against the disease is obtainable in a large percentage of cases, and it is now strongly recommended that the combined serum for diphtheria and whooping-cough should be made available in the Authority's Clinics.

### Measles.

Of the 1,736 cases notified, only two died, one aged under 12 months and the other aged under 5 years.

### Diphtheria.

The one case notified recovered.

### Tuberculosis.

Reference has been made earlier in this Report to the number of deaths in the County, particularly in the Overton Rural District. Statistics showing the number of notifications are as follows:—

(a) Ascertained by formal primary notifications:—			
Respiratory—Males 57, Females 49	...	...	Total 106
Non-Respiratory—Males 13, Females 7	...	...	Total 20
(b) Ascertained otherwise than by formal notifications:—			
Respiratory—Males 3, Females 7	...	...	Total 10
Non-Respiratory—Males Nil, Females Nil	...	...	Total —
Total Notifications (a) and (b)			136

The following Table shows the total deaths from tuberculosis, distinguishing between males and females, and respiratory and non-respiratory tuberculosis:—

Table 13.  
DEATHS FROM TUBERCULOSIS, 1951.

	Males.	Females.	Total.
Respiratory Tuberculosis	47	12	59
Non-Respiratory Tuberculosis	6	1	7
All Forms	53	13	66

The crude mortality rate from tuberculosis (all forms) in the County of Flint had declined very considerably from the beginning of the present century up to 1946, followed by an upward trend in the years 1947, 1948, and 1949, and this is shown in the following table. In 1950, however, there was a very considerable fall in the mortality rate to 0.40 per 1000 population, and the rate for 1951 is 0.45 per 1000 population.

Year.	Population.	Mortality Rate per 1000 Population.
Census Years :—		
1911	92705	1.45
1921	106617	0.97
1931	112889	0.84
5 Year Period :—		
1935	116000	0.68
1936	117770	0.55
1937	119540	0.58
1938	121020	0.65
1939	121900	0.46
5 Year Period :—		
1945	125670	0.56
1946	131870	0.45
1947	134480	0.62
1948	138308	0.61
1949	140300	0.73
1950	145080	0.40
1951	145700	0.45

The figures for the 5 year period (1940-1944) are not included as they are not considered comparable, in view of the large influx of evacuees into the County during that period.

The question that naturally arises is as to whether the incidence of Tuberculosis is also declining. There is only a very small difference between the number of notifications received (expressed as rates per 1000 population) in the pre-war years 1935-1939, and the post-war years 1945-1950.

Pre-War Years.			Post-War Years.		
1935	...	1.03	...	1945	... 1.38
1936	...	1.13	...	1946	... 1.57
1937	...	1.40	...	1947	... 1.21
1938	...	1.15	...	1948	... 1.36
1939	...	1.28	...	1949	... 1.13
				1950	... 1.14
				1951	... .93

Towards the end of the year, the position with regard to bed-accommodation in Tuberculosis Hospitals, owing to shortage of nursing staff, was improving, and consequently the long-waiting list was being reduced. Unfortunately, some beds were being blocked because certain chronic cases for whom little further could be done could not be discharged, owing to lack of housing accommodation. The Housing Committees of the various District Councils have given special consideration to re-housing persons suffering from Tuberculosis, but here again a vicious circle may be set up, as in order to pay the present high rents patients often deprive themselves of things essential to their recovery.

Fortunately, there is very close co-operation between the Health Department and the Chest Physician for the area, and his assistants, who are keenly interested in the "preventive" as well as in the "curative" aspect of the disease. This co-operation and co-ordination of the work is an illustration of what can be achieved between the officers of the Regional Hospital Board and the Local Health Authority.

The Chest Physician has employed B.C.G. vaccination in respect of 35 children, and many more could have been immunised in this way, were it not for the difficulties in obtaining adequate segregation during the period of immunisation. During the year the Mass Radiography Unit of the Regional Hospital Board visited certain parts of the County, and the results are shown in the following table.

No survey of school-children was undertaken by the Mass Radiography Unit, but arrangements are being made for this to be done in 1952.

Table 14.

## DETAILS OF MASS RADIOGRAPHY SURVEYS CARRIED OUT IN FLINTSHIRE DURING 1951.

Survey	Total No. Examined		Total found to be abnormal		Definite P.T.		Needing further observation for P.T.		Other Abnormalities of the chest						
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total			
General Population, Holywell ..	117	157	274	6	8	14	..	..	1	1	2	5	7	12	
General Population, Rhyl ..	506	646	1152	17	17	34	1	..	1	5	6	15	12	27	
General Population, Prestatyn ..	353	617	970	13	11	24	..	..	1	3	4	12	8	20	
General Population, Connah's Quay ..	147	377	524	6	14	20	..	2	1	1	2	5	11	16	
Courtaulds Ltd., Aber Works, Flintshire ..	478	255	733	9	7	16	..	..	3	2	5	6	5	11	
Mostyn Iron Works, Mostyn, Flintshire ..	140	10	150	4	..	4	..	..	2	..	2	2	..	2	
Ministry of Supply, Llanerchymor ..	39	..	39	3	..	3	..	..	..	..	..	3	..	3	
Totals ..	1780	2062	3842	58	57	115	1	2	3	9	12	21	48	43	91

## VENEREAL DISEASE.

The number of cases treated at the Centres at St. Asaph, Chester, Liverpool, Salford and Wrexham during the year was:—

Syphilis	...	...	...	13
Gonorrhoea	...	...	...	15
Other conditions	...	...	...	80

### Section D.

## NATIONAL ASSISTANCE ACT, 1948.

Section 21 of this Act empowered the County Council to provide residential accommodation for persons who by reason of age, infirmity or any other condition were in need of care and attention which was not otherwise available to them.

Section 29 of the Act empowered the County Council to provide welfare services for the blind, the deaf, the dumb, etc.

In view of the impossibility of drawing any line of demarcation between the Council's powers under Section 29 of this Act and their powers with regard to "care and after-care" under the National Health Service Act, it was decided, with the approval of the Minister of Health, to delegate the powers under this Act to the Health Committee.

### Section 21.

The residential accommodation provided under this Section is as follows :

Cartrefle Hospital, St. Asaph	...	53	(Males 31, Females 22).
Lluesty Hospital, Holywell	...	44	(Males 22, Females 22.)
Park House, Prestatyn	...	20	(Females 20).
Men's Convalescent Home, Rhyl	..	12	(Males 12).
The Lawn, Russell Road, Rhyl	...	28	(Males 28).
		<hr/>	
Total	...	157	(Males 93, Females 64).

The Lawn, Rhyl, was opened on 1st September, 1951.

In addition, premises known as Carr Holm, Prestatyn, were acquired and were being adapted for the accommodation of 28 females. Permission was also received from the Welsh Board of Health to build an entirely new Home at Shotton, which will provide accommodation for 36 persons, who will be of both sexes. It is hoped that both Carr Holm at Prestatyn and the new Home at Shotton will be opened during 1952.

### Section 29.

The Minister of Health directed that the welfare of the blind should be a statutory duty of the Authority. The responsibility for making "monetary" allowances to unemployable blind persons passed from the County Council to the Assistance Board, but the Council remained responsible for the augmentation of the earnings of employable blind persons,

The Welfare Services which had been provided for many years by the voluntary organisations—the North Wales Society for the Blind, and the Chester and District Blind Welfare Society—were continued up to 30th June, 1950. From 1st July, 1950, however, the Chester and North Wales Society provided the services for the whole of the County.

The total number of blind persons on the register at the 31st December, 1951, was 281.

Five children from the County were in Residential Schools for the Blind. One girl was in training as a "machine knitter" with a view to employment later in the workshops of the Society.

Nine blind persons from Flintshire were employed in the Chester Workshops of the Society and three were employed as "home workers." Six blind persons are employed in "open employment" and five others are "self employed."

Welfare services for the deaf and dumb are provided through the Chester and North Wales Deaf and Dumb Society.

### Section E.

## FOOD AND DRUGS ACT, 1938, ETC.

The statutory duties of the Authority under the above Act and other legislation such as the Fertilisers and Feeding Stuffs Act, the Pharmacy and Poisons Act, etc., have been most ably performed by Mr. E. Lewis, M.R.S.I., M.S.I.A., the County Sanitary Inspector, and I append his Report on the work carried out during the year. I must also acknowledge most gratefully the able assistance and guidance given by the Deputy Clerk, Mr. Haydn Rees, in all cases where proceedings have been initiated.

### REPORT OF THE COUNTY SANITARY INSPECTOR.

#### "FOOD AND DRUGS ADMINISTRATION.

581 samples of foods and drugs were taken for analysis during the year ending 1951. They were taken at places where food was prepared, stored or exposed for sale, e.g., canteens, bakehouses, mobile canteens, restaurant kitchens, shops, public houses, etc.

128 milk samples and 21 samples of foods and drugs were found to be either adulterated or below standard. These are very high figures and reference to the second table will show that poor quality milk was the greatest offender. Of the 128 milk samples, 41 were adulterated, and 87 below standard.

There should be no need to emphasise the importance of a wholesome milk supply rich in fat and solids. It is a necessity in every home and is an expensive item. Therefore, the housewife ought to be able to feel confident in her purchase that she has bought a wholesome and nutritious article of food. Unfortunately, this is not always so.

It should be emphasised that the solids not fat in milk are just as important if not more important than the fat content, and that it is a fallacy to judge milk by the cream line only.

The legislation controlling milk production is voluminous. Milk producers have been given every encouragement to increase their milk yield with the result that quality has been forgotten. The producer incurs no legal penalties if it is proved that he sold the milk as it came from the cow, even if the milk is practically devoid of fat and very low in solids.

The production of poor quality milk is widespread and unfortunately it is not confined to non-designated herds alone. Tuberculin Tested and Accredited herds have given milk supplies abnormally low in solids and fats.

The production of poor quality milk is a national problem, and the Ministry of Food, the County Councils Association, and various other organisations are reviewing the position. A Working Party on Quality Milk Production has now been set up to see if any changes can be suggested which would lead to the improvement in the compositional quality of the milk supply. It is to be hoped that it will be able to initiate steps whereby the public will be more effectively protected. The following is a brief summary of the samples of food and drugs taken :—

Article.	Number Taken.	Genuine.	Not Genuine.
Milk	351	223	128
Dairy Produce	7	6	1
Ice Cream	34	28	6
Confectionery and Cakes	25	24	1
Alcoholic Drinks	10	10	—
Patent Medicines	25	23	2
Cooked Meats and Sausages	54	52	2
Fish and Meat Pastes	5	5	—
Cooking Fats and Oils	8	5	3
Spices and Condiments	7	7	—
Miscellaneous Groceries	55	49	6
	581	432	149

In the table below the total number of samples of food and drugs analysed is compared with the numbers taken during the past four years:—

All Foods.

Year.	No. taken.	Adulterated or below standard.		Percentage.
1947	392	68	...	17.3
1948	483	74	...	15.3
1949	597	75	...	12.5
1950	568	73	...	12.8
1951	581	149	...	25.6

This year's figures show a marked increase in the number of samples found adulterated or below standard.

**Milk.**

351 samples were taken for chemical analysis from roundsmen, dairies, farms, schools and restaurants. The milk was tested for colouring matter, added water, fat deficiency, solids not fat, dirt and preservatives. 128 samples were found to be adulterated or below standard. In the table below the samples are compared with those taken during the past 4 years:—

Year.	No. taken.	Adulterated or below standard.	Percentage adulterated or below standard.	Nature of irregularity.		
				Low in fat content.	Low in S.N.F. content.	Added water.
1947	296	64	21.6	27	27	10
1948	347	69	19.8	33	26	10
1949	297	62	20.8	33	23	6
1950	268	55	20.5	23	22	10
1951	351	128	36.4	33	54	41

41 samples were found to contain added water and successful legal proceedings were instituted in 22 cases. The amount of added water present in the other 19 samples was small and a warning letter was sent in each case. No legal action was taken with any of the samples found to be low in fats or solids.

**Pasteurised Milk**—There are 4 pasteurising plants in the county. These are inspected weekly, attention being paid to the structural conditions of the buildings, efficiency of the pasteurising operations, and the cleanliness of the operators. Weekly samples of pasteurised milk are taken and submitted to the Public Health Laboratory for bacteriological examination. Washed milk bottles are also taken from the bottle washers and submitted for bacteriological examination. In the few instances where samples have failed to pass the tests, the attention of the operators is immediately drawn to the fact.



**School Milk**—All milk supplied under the children's School Milk Scheme is pasteurised. Samples are taken each week for bacteriological and chemical examination. All samples taken were satisfactory.

**Biological Milk Sampling**—20 milk samples were taken from milk roundsmen and tested for the presence of the tubercle bacillus. One sample was found to be positive and the producer was reported to the Divisional Veterinary Officer for the Ministry of Agriculture and Fisheries. When the herd was examined one cow was found to be infected and it was slaughtered under the Tuberculosis Order.

The following information has been given by J. W. Simpson, Esq., B.Sc., M.R.C.V.S., the Divisional Veterinary Officer for the Ministry of Agriculture and Fisheries.

The number of Tuberculin Tested Herds, etc., for the year 1951 :—

	Attested.	Non-Attested.	Total.
T.T. or Certified Herds ...	252	44	296
Accredited Herds ...	15	505	520
Non-Designated Herds ...	68	829	883
<b>Total</b> ...	<b>335</b>	<b>1,378</b>	<b>1,699</b>

T.T. Herds not Attested :—

Number of Cattle	...	...	...	...	830
Number of Herds Tests	...	...	...	...	55
Number of Cattle Tested	...	...	...	...	2,447
Number of Reactors	...	...	...	...	74
Total Cattle population for the County	...	...	...	...	61,370
Number of Cows dealt with by the Tuberculosis Order	...	...	...	...	62

**Other Foods**—230 samples were taken and 21 were found to be adulterated or below standard. Legal proceedings were taken in respect of 4. The deficiencies in the other 17 samples were all of a minor character and warning letters were sent to the vendors or manufacturers.

**Public Health Propaganda**—31 lectures and film shows dealing with the various aspects of public health were given to various local organisations during the year.

## SUMMARY OF LEGAL PROCEEDINGS.

Article.	Adulteration.	Result.	Total fines and costs.		
			£	s.	d.
Milk	8 % added water	Convicted	5	0	0
"	7 %	"	5	0	0
"	8 %	"	16	0	0
"	7 %	"	10	19	0
"	10 %	"	10	19	0
"	18 %	"	11	0	0
"	5 %	"	14	13	0
"	6 %	Withdrawn on payment of costs	7	15	0
"	5 %	Convicted	6	2	0
"	4 %	"	6	2	0
"	12 %	"	6	2	0
"	7 %	"	6	2	0
"	4 %	"	6	2	0
"	7 %	"	6	2	0
"	6 %	"	6	2	0
"	11 %	"	7	7	0
"	7 %	"	7	4	0
"	5 %	"	12	7	0
"	12 %	"	7	0	0
"	3 %	"	7	0	0
"	2 %	"	7	0	0
"	6 %	"	10	5	0
Ice Cream	30 % Deficiency	"	11	6	0
"	22 %	"	12	7	0
"	46 %	"	12	7	0
Meat Pies	1.1 % mineral oil	"	12	7	0
Total			£230	10	0

**Fertilisers and Feeding Stuffs Act**—29 samples were taken during the year and all were satisfactory.

**Pharmacy and Poisons Act**—The duties devolving upon the County Council under the Act are :—

- (a) the names of all shopkeepers, other than registered pharmacists, who sell Part II poisons, are to be entered on the Council's lists :
- (b) to see that any deputy appointed under Rule 14 is a responsible person ;

- (c) to see that the substances which contain Part II poison which appear in the first schedule of the Poisons Rule are being sold by the listed seller or by a responsible deputy ;
- (d) that a Poisons Book is kept in the prescribed form and manner and that all entries therein are in order ;
- (e) that the storage arrangements for certain poisons are adequate ;
- (f) that the requirements as to labels and type of containers are complied with.

There are 257 listed sellers of poisons in the County and these are subject to periodic inspection.

One sample did not comply with the labelling requirements and a warning letter was sent to the manufacturers.

E. LEWIS."

### Section F.

#### SANITARY CIRCUMSTANCES.

The supervision of closet accommodation, provision for refuse collection and disposal, cesspool cleaning, 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, disinfection and disinfestation—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.

Samples of water are forwarded for bacteriological analysis to the Public Health Laboratory at Conway and at Birkenhead by all the county district councils at frequent intervals. Generally speaking, the samples from piped supplies have been satisfactory, although the many samples of water from wells in the County leave much to be desired.

There is nothing of special interest to report with regard to river pollution.

All Schools in the County are inspected for sanitary defects at each routine medical inspection, and all defects found are reported to the Local Education Authority.

### Section G.

#### HOUSING.

All the County District Councils have made such progress with their housing schemes as has been possible, having regard to the shortages of materials, man-power, etc. All have given special consideration to the re-housing of families which have, for various reasons, been reported to them by the County Health Department as being in need of re-housing, and more particularly to those families in which there are persons suffering from Tuberculosis.