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# Flintshire County Council



# REPORT

BY THE

## MEDICAL OFFICER

ON THE

## HEALTH

OF

## FLINTSHIRE

DURING THE YEAR

# 1954

Flintshire County Council



# REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

FLINTSHIRE

During the Year

1954

## FLINTSHIRE COUNTY COUNCIL.

COUNTY HEALTH OFFICES,  
LLWYNEGRIN,  
MOLD.

To the Chairman and Members  
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

During this, my first year as County Medical Officer, I have endeavoured to assess the effectiveness of the present services provided by the Health Department and to plan for the future. This has entailed meeting all the staff, the staff of hospitals, voluntary bodies and staff of various local authorities within the County.

Since 1939 the population of the County has increased by 20,870—from 124,930 to 145,800. The major increase has occurred in the industrial area of Deeside. In this area the services provided by the Health Department, particularly Home Nursing and Health Visiting, have lagged behind.

The advent of the National Health Service in 1948 resulted in great improvement in the medical services available to the public—particularly the curative services. Preventive medicine or public health has not received the same attention but there are signs that this will be remedied. The Minister of Health recently stated “that prevention now had the first priority and was becoming true not only of tuberculosis but of other aspects of the National Health Service as the shortages and difficulties of the hospital and treatment services in the early days were being overcome.”

I feel it is important for the health department to develop its services for the care of sick persons who are treated at home—Home Nursing, Domiciliary Midwifery, Health Visiting and Domestic Help.

I would like to refer to a few matters of special interest which are dealt with fully in this Report.

### **Deaths.**

The total number of deaths for the County was 1,727, and the death rate 11.84. The death rate for England and Wales was 11.3.

The two main causes were Diseases of the Heart and Circulation, and Respiratory Diseases. These two groups are found in the older groups of the population. Cancer of all forms caused 323 deaths, that is 18.7 % of the total. The number of cancer deaths shows an increase on 1953 and the most significant rise was in cancer of the stomach and digestive system.

There were no deaths from Diphtheria or Infantile Paralysis.

Deaths due to Pulmonary Tuberculosis fell from 32 in 1953 to 29 this year, and this represents 1.68 % of all deaths.

### **Infant Deaths.**

During the year 48 infants died before attaining the age of 12 months, 36 of these died in the first 4 weeks of life. This gives an Infant Mortality Rate of 21.67, which is the lowest ever recorded in Flintshire. The rate for England and Wales for 1954 was 25.5.

### Voluntary Effort.

It is pleasing to report the help received from Voluntary Services, both organised societies and individuals. It is not possible to refer to each organisation in this Report, but I would like to thank all voluntary workers for their valuable help and assistance.

### Home Nursing and Midwifery.

The demands on the Home Nursing Service have steadily grown since 1949 as the figures below show:—

	1949.	1954.
Patients nursed ... ..	3,305 ...	8,275
Patients visited ... ..	68,849 ...	116,102

In 1949 the County employed a total of 42 nurses and this has only been increased to 43 in 1954—although the number of patients nursed has more than doubled.

The development of the hospital and treatment services have increased the demands on home nursing as many patients receive treatment at home before admission to hospital and after discharge.

The increase in the home treatment of cases has also increased the work. Over 30 % of the cases attended to by the District Nurses are aged sick persons who would otherwise require hospital or institutional care.

Each District Nurse attends on an average 200 cases each year at a total cost of less than that of maintaining one hospital bed for the same period. It is essential that four additional District Nurses be employed to provide a satisfactory Home Nursing Service throughout the County.

District Midwives attended 523 home confinements in 1954. In addition they attended 442 mothers discharged from hospital before the 14th day after confinement and still requiring the services of a midwife.

It is the Council's policy to employ in future nursing staff who can undertake home nursing and midwifery duties in their area. This will ensure utilising nursing staff in the most economical way and simplify the arrangements for providing relief when a nurse is absent owing to sickness or holiday.

### Health Visiting.

Prior to 1948 the Health Visitor was mainly concerned with the problems of the child under 5 years and the child of school age.

Since 1948 the scope of her work has greatly increased and she is now concerned with the health of persons of all ages.

As well as visiting children, Health Visitors now do a great deal of excellent work for the welfare of the aged, with problem families, visiting all female mental defectives, after-care of patients discharged from hospital, and health education. General Practitioners are also calling upon their services more frequently to assist with the many socio-medical problems met in general practice.

To provide a satisfactory Health Visiting Service throughout the County additional Health Visitors are urgently required.

**Ambulance Service.**

A start was made this year to establish a County Ambulance Service. This will ensure greater efficiency and effect economy by reducing the number of cases carried in private sitting case cars. A feature of the new Service when established will be the provision of dual purpose ambulances which will carry stretcher and sitting cases.

**Domestic Help Service.**

This service has steadily grown since 1948 and this year 107 Domestic Helps were employed and they attended 443 cases. Over 70 % of the cases helped are the aged and chronic sick treated at home. Without the services of a domestic help many of these old people would require a hospital bed or residential accommodation. The Domestic Help Service meets a very real need in the community and is very much appreciated by both those requesting the service and those for whom help is provided.

**Staff.**

Dr. B. E. Davies left on the 31st October, 1954.

Dr. G. F. Devey commenced on the 1st October, 1954.

Mr. A. Fielding, Principal Dental Officer, commenced on the 4th October, 1954.

Nurse J. B. Edwards (Health Visitor/School Nurse) resigned on the 31st December, 1954.

Nurse Laura J. Williams (District Nurse/Midwife) commenced on the 1st February, 1954.

Nurse M. Y. Secker (District Nurse/Midwife) commenced on the 1st August, 1954.

I would like to thank the Chairman of the Health Committee for his support and encouragement, also the Chairmen of the Health Sub-Committees.

During the year much assistance and co-operation was received from other Chief Officers of the Council for which I am very grateful.

Much of the work in compiling this Report and in collating information has been most ably carried out by Mr. W. I. Roberts, the Chief Clerk of the Health Department, and my thanks are due to him. The medical, nursing, and other members of the Health Department Staff gave excellent service during the year and have all worked together as a loyal team.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

County Medical Officer.

## Section 1.

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**ADMINISTRATION.**


---

**A.—DEPARTMENTAL OFFICERS.****County Medical Officer :**

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H. (since 8/6/54).

**Deputy County Medical Officer :**

Vacancy.

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

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

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

Walter Ellis Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc.

Betsy E. Davies, M.B., Ch.B. (resigned 31/10/54).

G. F. Devey, M.B., Ch.B. (since 1/10/54).

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

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.

**Chest Physicians (part-time) :**

E. Clifford-Jones, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (London).

J. B. Morrison, M.D., M.B., Ch.B.

**Principal School Dental Officer (full-time) :**

A. Fielding, L.D.S., R.C.S. (since 4/10/54).

**Dental Officer (full-time) :**

Leslie Hanson, L.D.S.

**Dental Officers, Temporary, Part-time (Sessional) :**

W. B. Glyn Jones, L.D.S.

Nathaniel A. James, L.D.S., R.C.S.

John Stuart Selwyn, 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., Q.N., 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 A. Capper, Miss J. B. Edwards (resigned 31/12/54), Mrs. M. E. Hawkins, Miss M. J. Hughes, Miss G. Jenkins, Miss J. M. Jewell, Miss Ellen Jones, Miss G. Jones, Miss P. M. Matthews, Miss L. Oliver, Mrs. M. E. Pearse, Miss O. M. Pierce, Mrs. E. G. E. Rees, Mrs. J. Thomas, Mrs. D. Thompson, \*Mrs. A. E. Williams, S.R.N., S.R.F.N.

**Tuberculosis Visitors :**

Miss M. E. Owen, S.R.N.

Miss M. M. D. Evans, S.R.N., S.C.M., T.A.Cert.

**Chief Clerk :**

William Ithel Roberts.

**Departmental Senior Clerk :**

Arthur Whitley.

**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	...	...	...	...	7
District Nurse Midwives	...	...	...	...	26
District Nurses	...	...	...	...	10
					—
			Total	...	43
					—

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

Whole-time	...	...	...	...	3
Part-time	...	...	...	...	104
					—
			Total	...	107
					—



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

**A. For the purpose of:—**

- (1) The Lunacy Act, 1890 (certification of mental patients).
- (2) The Mental Treatment Act, 1930 (admission of temporary patients).
- (3) The Mental Deficiency Acts, 1913-1938 (welfare of mental defectives).
- (4) The National Assistance Act, 1948 (welfare of handicapped persons).

the County is divided into two parts—(a) East, and (b) West.

**(a) The Eastern half of the County comprises:—**

Hawarden Rural District.  
 Maelor Rural District.  
 Connah's Quay Urban District.  
 Buckley Urban District.  
 Flint Municipal Borough.  
 Mold Urban District.  
 Eastern part of the Holywell Rural District (Parishes of Nerquis, Mold Rural, Cilcain, Halkyn, Northop).

**Duly Authorised Officer—Mr. E. Arrowsmith.**

Office—40, High Street, Mold. Telephone No. Mold 111.

**(b) The Western half of the County comprises:—**

Rhyl Urban District.  
 Prestatyn Urban District.  
 St. Asaph Rural District.  
 Holywell Urban District.  
 Western part of Holywell Rural District (Parishes of Gwaenysgor, Newmarket, Llanasa, Whitford, Caerwys, Nannerch, Ysceifiog, Brynford).

**Duly Authorised Officer—Mr. Ernest Williams.**

**Asst. Duly Authorised Officer—Mr. J. Hawkins.**

Office—Old Emmanuel School, Vale Road, Rhyl.

Telephone No. (Office) Rhyl 2329; (Home) Rhyl 1333.

**B. For the purposes of Section 27 of the National Health Service Act (Ambulance and Sitting Case Car Service), the County is divided into three areas:—**

**Ambulance Calls.** (This includes calls for Stretcher and Sitting Cases).

9 a.m.—5 p.m. weekdays.

9 a.m.—12 noon Saturdays.

**Telephone.**

**Western Area** comprising:  
Rhyl Urban District,  
Prestatyn Urban District  
and St. Asaph Rural District.

Area Ambulance and Welfare Officer,  
Old Emmanuel School Vale Rd., Rhyl

2329

**Central Area** comprising:  
Flint Municipal Borough,  
Holywell Urban District, and  
the North Western part of  
Holywell Rural District.

Area Ambulance and Welfare Officer,  
County Welfare Offices, Holywell.

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**Eastern Area** comprising:  
Buckley Urban District,  
Connah's Quay Urban District,  
Hawarden Rural District,  
Maelor Rural District and  
the South Eastern part of  
Holywell Rural District.

Area Ambulance and Welfare Officer,  
40, High Street, Mold.

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**Night Calls** (5 p.m.—9 a.m.), and  
**Week-end Calls** for the whole County.

**Emergency Calls** day or night for the  
whole County.

Rhyl 1848

#### 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. J. Maddicks, B.Sc., A.M.I.C.E.

**County Architect:**

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

**County Treasurer:**

R. J. Jones.

**Administrative Assistant (Welfare Service):**

T. Wesley Hughes.

**Children's Officer:**

Mrs. L. Davies, B.A.

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

E. F. Wilson, B.A., M.B., B.Ch., B.A.O.

A. C. Shuttleworth, M.B., Ch.B., D.O.M.S.

E. Lyons, M.B., Ch.B., D.O.M.S.

**Health Officers of the Several Sanitary Districts.  
As on 31st December, 1954).**

District.	Medical Officer.	Sanitary Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. A. G. Watkin, U.D.C. Offices, Buckley.
Connah's Quay Urban	Dr. Allan Cathcart	Mr. C. Stoddart, U.D.C. Offices, Connah's Quay, from 1/7/54.
Flint Municipal Borough	Dr. D. J. Fraser	Mr. D. I. Kennedy, Town Hall, Flint.
Holywell Urban	Dr. D. J. Fraser	Mr. A. Wynne, U.D.C. Offices, Holywell.
Mold Urban	Dr. D. J. Fraser	Mr. H. G. Barnes, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. I. W. Jones, U.D.C. Offices, Prestatyn, until 31/4/54. Mr. J. M. Edwards, U.D.C. Offices, Prestatyn, from 1/5/54.
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. Emlyn 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. D. J. Fraser	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
Maelor 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.

## Section A.

STATISTICS AND SOCIAL CONDITIONS OF  
THE COUNTY.

## 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."

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	13968	13485
<b>Rural—</b>						
Hawarden	...	31588	15821	20571	24036	26575
Holywell	...	64519	23999	25328	25933	26709
Maelor	...	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
		1939	1944	1949	1954	
<b>Urban—</b>						
Buckley ...	2646	7345	6895	7622	7670	7699
Con. Quay ...	4214	6505	6420	7455	7350	7365
Flint M.B. ...	6243	13020	11750	14160	14220	14257
Holywell ...	2532	6918	7286	7870	8210	8196
Mold ...	1164	5880	5700	6354	6600	6436
Prestatyn ...	3219	7422	8089	8659	8910	8809
Rhyl ...	1700	16510	18370	18710	19200	18745
<b>Rural—</b>						
Hawarden ...	31576	28750	29760	32450*	34980	34659
Holywell ...	58515	20730	20920	21920	22290	22324
Maelor ...	29749	4356	4599	6720	5850	6760
St. Asaph ...	22149	7494	7471	8380*	10520	9858
Total Urban ...	21718	63600	64510	70830	72160	71507
Total Rural ...	141989	61330	62750	69470*	73640	73601
Total County ...	163707	124930	127260	140300*	145800	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

In 1954 the population of the County was 145,800, compared with 124,930 in 1939 (increase of 26,870).

Of the Rural Authorities Hawarden shows the greatest increase—6,230, most of this additional population in the Hawarden Rural District being accounted for by increases in the industrial Deeside localities of Broughton, Saltney, Queensferry and Sandycroft.

Of the Urban Areas Rhyl shows the greatest increase since 1939—2,690. The Urban areas of Deeside all show a substantial increase in population since 1939 and the indications are that these increases will continue.

It is important to recognise these trends in population and to take steps now to meet the increased demands on the County Health Services in the areas concerned—namely the industrial Deeside centres of population.

## 3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1954-55, was £3,650.

## 4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

## 5. BIRTHS.

During the year under review, 2,266 births were registered as pertaining to the County, that total being made up as follows:—

		Live Births.		Still Births.		Total.
Legitimate	... ..	2100	...	48	...	2148
Illegitimate	... ..	115	...	3	...	118
		—		—		—
Total	... ..	2215		51		2266
		—		—		—

Compared with the previous year, 1953, these figures show a decrease of 74 live births, and a decrease of 6 still births, the total births thus showing a decrease of 80.

Of the 2,215 live births, 1,137 were males and 1,078 females.

Of the 51 still births, 28 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 1,000 population in 1954 was 15.19, which is lower than the rate for England and Wales, namely, 15.2, it is also lower than the County rate for 1953 which was 15.77.

The still birth rate per 1,000 total (live and still) births was 22.51, as compared with the corresponding rate for England and Wales which was 23.4.

**Illegitimate Births**—The proportion of illegitimate births, which had risen very considerably during the war years, has since decreased, but fluctuates from year to year. In 1947, the proportion per 1,000 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. It rose again in 1952 to 51.52, in 1953 to 52.85 and in 1954 it was 52.07.

**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 (a).  
BIRTHS, 1954.

District.	LIVE.			STILL.			TOTAL.		
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.
<b>Urban—</b>									
Buckley	92	4	96	1	—	1	93	4	97
Connah's Quay	125	5	130	2	—	2	127	5	132
Flint	257	12	269	4	—	4	261	12	273
Holywell	155	11	166	3	—	3	158	11	169
Mold	103	5	108	3	—	3	106	5	111
Prestatyn	88	10	98	3	1	4	91	11	102
Rhyl	271	14	285	4	1	5	275	15	290
<b>Rural—</b>									
Hawarden	514	30	544	11	—	11	525	30	555
Holywell	284	18	302	10	1	11	294	19	313
Maclor	88	1	89	6	—	6	94	1	95
St. Asaph	123	5	128	1	—	1	124	5	129
<b>URBAN</b>	1091	61	1152	20	2	22	1111	63	1174
<b>RURAL</b>	1009	54	1063	28	1	29	1037	55	1092
<b>WHOLE COUNTY</b>	2100	115	2215	48	3	51	2148	118	2266

Table 2 (b).  
 BIRTHS AND BIRTH RATES, 1954.  
 (LIVE BIRTHS, STILL BIRTHS AND TOTAL BIRTHS).

District.	Number of Births.		Crude rate per 1,000 Population.		* Adjusted rate per 1,000 Population.		Stillbirth rate per 1,000 total births.
	Live.	Still.	Total.	Live.	Still.	Total.	
<b>Urban—</b>							
Buckley	96	1	97	12.52	.13	12.65	10.31
Connah's Quay	130	2	132	17.69	.27	17.96	15.15
Flint (M.B.)	269	4	273	18.92	.28	19.20	14.65
Holywell	166	3	169	20.22	.36	20.58	17.75
Mold	108	3	111	16.36	.45	16.81	27.03
Prestatyn	98	4	102	11.00	.45	11.45	39.21
Rhyl	285	5	290	14.84	.26	15.10	17.24
<b>Rural—</b>							
Hawarden	544	11	555	15.55	.31	15.86	19.82
Holywell	302	11	313	13.55	.49	14.04	35.14
Maelor	89	6	95	15.21	1.03	16.24	63.16
St. Asaph	128	1	129	12.17	.09	12.26	7.75
Total Urban	1152	22	1174	15.96	.30	16.26	18.74
Total Rural	1063	29	1092	14.44	.39	14.83	26.56
Whole County	2215	51	2266	15.19	.35	15.54	22.51

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



**Premature Births**—All babies weighing 5½ lbs. or less at birth are classified as “premature” irrespective of the period of gestation. Out of a total of 156 premature births in 1954, 125 were born in hospitals or Maternity Homes within the National Health Service. Statistics as to the survival of these infants are forwarded to the Ministry of Health by the hospital or home at which the birth occurs. Of the remainder, 25 live births and 3 still births occurred at home, while 3 live births and no still births occurred at private maternity homes.

The following table shows (a) that of the 25 live births at home, 10 were transferred to hospital, 2 died within the first 24 hours, while 22 survived 28 days, (b) of the 3 born alive in private nursing homes, 1 died within the first 24 hours and 1 survived 28 days.

Table 3.

PREMATURITY.

All items in the following table refer to notified births after correction for transfers, so it is unnecessary for me to comment on the premature births as the information is fairly presented in the table.

(Table continued next page).

Table 3 (continued).

## PREMATURE BIRTHS (i.e., live births and still births of 5½ lbs. or less at birth).

1. Number of premature live births notified (as adjusted by transferred notifications) :—

(a) In hospital	112
(b) At home	25
(c) In private nursing homes	3
(see note 1)	—
Total	140

2. Number of premature still births notified (as adjusted by transferred notifications) :—

(a) In hospital	13
(b) At home	3
(c) In private nursing home	—
(see note 1)	—
Total	16

Weight at birth.	PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS		
	Born in Hospital. 2			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home * and nursed entirely there			Born in nursing home & transferred to hospital on or before 28th day			Born in hospital	Born in home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
3 lb. 4 oz. or less (1,500 gms. or less)	7	3	3	2	1	..	2	..	2	..	..	..	..	..	..	8	2	..
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	21	3	17	..	..	..	3	..	3	1	1	..	..	..	..	2	..	..
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	26	..	26	2	..	2	2	..	2	..	..	..	..	..	..	1	1	..
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	58	1	56	11	..	10	3	..	3	2	..	1	..	..	..	2	..	..
<b>TOTAL</b>	112	7	102	15	2	12	10	..	10	3	1	1	..	..	..	13	3	..

## NOTES :

- "Private nursing home" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.
- The group under this heading includes cases which may be born in one hospital and transferred to another hospital.
- Births in an ambulance or in the street are listed under the place to which the case is immediately transferred.

Table 3 (continued)

Number of premature deaths and stillbirths

Number of premature deaths and stillbirths (continued)

(a) In hospital  
(b) At home  
(c) In private nursing homes  
(see note 1)  
Total

Weight at birth	Total	In hospital	At home	In private nursing homes	Premature deaths		Stillbirths	
					No.	%	No.	%
Over 7 lb. 4 oz. or less (2,000 gms. or less)	1	1	0	0	0	0	0	
Over 5 lb. 4 oz. up to and including 7 lb. 0 oz. (1,500-2,000 gms.)	21	18	3	0	10	48	23	
Over 4 lb. 0 oz. up to and including 5 lb. 12 oz. (1,000-1,500 gms.)	28	25	3	0	15	54	20	
Over 4 lb. 12 oz. up to and including 5 lb. 6 oz. (1,250-1,500 gms.)	28	25	3	0	15	54	20	
TOTAL	78	70	6	2	40	52	20	

NOTES:

1. Premature deaths and stillbirths are defined as those occurring before the completion of the 37th week of gestation. The group under this heading includes stillbirths and premature deaths occurring in hospital, at home, or in private nursing homes.

6. DEATHS.

During the year under review, a total of 1,727 deaths were ascribed to the County, representing a death-rate per 1,000 population of 11.84, which is higher than the rate for England and Wales as a whole, namely 11.3.

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 51.42 % of the total deaths. This is an increase on the previous year when the percentage was 51.27. Deaths from Diseases of the Heart and Circulation occur chiefly among the more aged members of the community, and analysis of the Registrar General's returns shows that, of the total of 888 deaths from this cause, 248, or 27.93 %, were of persons aged between 65 and 75 years, and 447 or 50.34 % of persons who were aged 75 years or more.

Malignant disease and associated conditions (Nos. 10, 11, 12, 13, 14, 15) were responsible for 18.70 % of the total deaths as compared with 17.25 % in the previous year. Influenza accounted for 6 deaths, a decrease over the previous year (9). 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 decrease to 29 as compared with 32 in 1953.

Table 4.

## DEATHS (GENERAL) 1954.

## SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
1. Tuberculosis—respiratory	22	7	29	1.68
2. Tuberculosis—other	3	—	3	.17
3. Syphilitic Disease	1	—	1	.06
4. Diphtheria	—	—	—	—
5. Whooping Cough	1	—	1	.06
6. Meningococcal infections	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—
8. Measles	—	—	—	—
9. Other infective and parasitic diseases	1	4	5	.29
10. Malignant Neoplasm—stomach	38	26	64	3.71
11. Malignant Neoplasm—lung, bronchus	42	8	50	2.89
12. Malignant Neoplasm—breast	2	32	34	1.97
13. Malignant Neoplasm—uterus	—	11	11	.64
14. Other malignant and lymphatic neoplasms	88	70	158	9.15
15. Leukaemia, aleukaemia	3	3	6	.35
16. Diabetes	—	5	5	.29
17. Vascular lesions of the nervous system	133	149	282	16.33
18. Coronary disease, angina	152	81	233	13.49
19. Hypertension with heart disease	24	32	56	3.24
20. Other heart disease	109	143	252	14.59
21. Other circulatory disease	28	37	65	3.76
22. Influenza	1	5	6	.35
23. Pneumonia	19	25	44	2.55
24. Bronchitis	50	19	69	4.00
25. Other diseases of respiratory system	16	7	23	1.33
26. Ulcer of stomach and duodenum	9	7	16	.93
27. Gastritis, enteritis and diarrhoea	6	2	8	.46
28. Nephritis and nephrosis	18	10	28	1.62
29. Hyperplasia of prostate	23	—	23	1.33
30. Pregnancy, childbirth, abortion	—	3	3	.17
31. Congenital Malformations	6	9	15	.87
32. Other defined and ill-defined diseases	68	77	145	8.40

Table 4—continued.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
33. Motor vehicle accidents ...	25	5	30	1.74
34. All other accidents ...	16	16	32	1.85
35. Suicide ...	13	9	22	1.27
36. Homicide and operations of war ...	2	6	8	.46
All causes ...	919	808	1727	

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. ...	—	—	—
Connah's Quay U.D. ...	—	—	—
Flint M.B. ...	1	1	2
Holywell U.D. ...	2	1	3
Mold U.D. ...	—	—	—
Prestatyn U.D. ...	3	—	3
Rhyl U.D. ...	4	—	4
<b>Rural—</b>			
Hawarden R.D. ...	1	2	3
Holywell R.D. ...	1	—	1
Maelor R.D. ...	10	3	13
St. Asaph R.D. ...	—	—	—
Total Urban ...	10	2	12
Total Rural ...	12	5	17
Total Whole County ...	22	7	29

DEATHS FROM RESPIRATORY TUBERCULOSIS.

Attention must once again be directed to the number of deaths from Respiratory Tuberculosis in the Maelor Rural District. It represents 44.83 % of the total deaths from this disease in the County, and so far as can be ascertained from notifications received in this Department, all the 13 deaths in the Maelor Rural District (10 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.

DEATHS FROM MALIGNANT DISEASES.

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

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 DISEASES IN THE VARIOUS  
COUNTY DISTRICTS.

District and Population.	Sex.	Stomach.	Lung, Bronchus.	Breast.	Uterus.	Other.	Leukaemia.	Total.	Rate per 1,000 Population.	
Buckley U.D. 7670	M	2	2	—	—	5	—	9	18	2.35
	F	1	1	2	2	3	—	9		
Con. Quay U.D. 7350	M	2	2	—	—	1	1	6	14	1.90
	F	2	3	2	1	—	—	8		
Flint M.B. 14220	M	1	1	—	—	10	—	12	24	1.69
	F	3	—	2	1	6	—	12		
Holywell U.D. 8210	M	2	3	—	—	7	—	12	15	1.83
	F	1	—	—	1	1	—	3		
Mold U.D. 6600	M	2	—	—	—	4	—	6	14	2.12
	F	1	—	1	—	6	—	8		
Prestatyn U.D. 8910	M	5	2	2	—	5	—	14	24	2.69
	F	—	1	4	2	3	—	10		
Rhyl U.D. 19200	M	4	9	—	—	15	1	29	58	3.02
	F	5	2	7	1	13	1	29		
Hawarden R.D. 34980	M	7	10	—	—	16	1	34	70	2.00
	F	5	—	8	1	20	2	36		
Holywell R.D. 22290	M	6	5	—	—	12	—	23	44	1.97
	F	5	—	2	2	12	—	21		
Maelor R.D. 5850	M	—	5	—	—	4	—	9	12	2.05
	F	—	—	2	—	1	—	3		
St. Asaph R.D. 10520	M	7	3	—	—	9	—	19	30	2.85
	F	3	1	2	—	5	—	11		
Total Urban 72160	M	18	19	2	—	47	2	88	167	2.31
	F	13	7	18	8	32	1	79		
Total Rural 73640	M	20	23	—	—	41	1	85	156	2.12
	F	13	1	14	3	38	2	71		
Total County 145800	M	38	42	2	—	88	3	173	323	2.22
	F	26	8	32	11	70	3	150		



Table 5 (b).

## AGES OF DEATHS

from Tuberculosis, Malignant Disease and Heart and Circulatory Diseases.

Disease.	Sex.	AGE GROUPS.								Total.	
		0—	1—	5—	15—	25—	45—	65—	75—		
<b>Tuberculosis :—</b>											
Respiratory	M ...	—	1	—	1	9	5	5	1	...	22
"	F ...	—	—	—	—	4	1	1	1	...	7
Other	M ...	—	—	—	—	1	2	—	—	...	3
"	F ...	—	—	—	—	—	—	—	—	...	—
TOTAL		—	1	—	1	14	8	6	2		32
<b>Malignant Diseases :—</b>											
Stomach	M ...	—	—	—	—	2	11	14	11	...	38
"	F ...	—	—	—	—	—	4	9	13	...	26
Lung Bronchus	M ...	—	—	—	—	4	19	13	6	...	42
"	F ...	—	—	—	—	—	4	3	1	...	8
Breast	M ...	—	—	—	—	—	—	1	1	...	2
"	F ...	—	—	—	—	3	17	7	5	...	32
Uterus	M ...	—	—	—	—	—	—	—	—	...	—
"	F ...	—	—	—	1	—	6	2	2	...	11
Other	M ...	—	—	1	3	6	26	26	26	...	88
"	F ...	—	—	—	1	3	25	20	21	...	70
Leukaemia	M ...	—	1	—	—	2	—	—	—	...	3
"	F ...	—	—	—	1	1	—	1	—	...	3
TOTAL		—	1	1	6	21	112	96	86		323
<b>Heart and Circulation :—</b>											
Vascular lesions	} M ...	—	—	—	1	3	30	37	62	...	133
of nervous system		} F ...	—	—	—	—	3	21	44	81	...
Coronary disease,	} M ...	—	—	—	—	3	52	55	42	...	152
angina		} F ...	—	—	—	—	—	13	28	40	...
Hypertension	} M ...	—	—	—	—	—	6	7	11	...	24
with heart disease		} F ...	—	—	—	—	—	6	10	16	...
Other heart	M ...	—	—	—	—	5	18	21	65	...	109
"	F ...	—	—	—	—	—	19	26	98	...	143
Other circulatory	M ...	—	—	—	—	1	3	11	13	...	28
"	F ...	—	—	—	—	1	8	9	19	...	37
TOTAL		—	—	—	1	16	176	248	447		888

## DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1954, deaths attributable to Infectious Disease were as follows:—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	1
Meningococcal Infections	...	...	...	...	—
Acute Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	—
Other Infective and Parasitic Diseases	...	...	...	...	5
Influenza	...	...	...	...	6
Pneumonia	...	...	...	...	44
Bronchitis	...	...	...	...	69
Gastritis, Enteritis and Diarrhoea	...	...	...	...	8

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 48 infants died before attaining the age of twelve months, and of these 27 were males and 21 females, while 44 were legitimate and 4 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 21.67, which is lower than the rate for England and Wales, namely 25.5.

The Infant Mortality Rate (21.67) for 1954 is the lowest ever recorded in the County, this marked fall in the infant death rate is due to improved care of the expectant mother and higher standards of child care during the first 12 months of the infant's life. In these two fields the improved services provided by hospitals, general practitioners and the health department medical and nursing staff have played a very important part.

The following figures give some idea of the saving in infant life represented by the new rate:—

In 1954, 48 infants died before attaining age 12 months. Had the rate for 1953 prevailed, 72 infants would have died—the improved services referred to above have resulted in a saving of 26 infant lives in one year out of a total of 2,215 live births.

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 48 are 36 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, 1954.

(Under 1 year of age).

District.	MALES.			FEMALES.			Infants. Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
<b>Urban—</b>								
Buckley	2	—	2	1	—	1	3	
Connah's Quay	—	—	—	2	—	2	2	
Flint (M.B.)	2	—	2	5	—	5	7	
Holywell	2	1	3	—	—	—	3	
Mold	1	—	1	1	—	1	2	
Prestatyn	—	—	—	—	—	—	—	
Rhyl	5	1	6	2	—	2	8	
<b>Rural—</b>								
Hawarden	9	—	9	4	1	5	14	
Holywell	2	1	3	2	—	2	5	
Maelor	—	—	—	2	—	2	2	
St. Asaph	1	—	1	1	—	1	2	
Total Urban	12	2	14	11	—	11	25	
Total Rural	12	1	13	9	1	10	23	
Whole County	24	3	27	20	1	21	48	

The causes of death were :—

Whooping Cough	1
Pneumonia	4
Gastritis, Enteritis and Diarrhoea	1
Other defined and ill-defined diseases	26
Accidents (other than road accidents)	3
Congenital malformations	10
Bronchitis	1
Homicide and operations of war	1
Other infective and parasitic diseases	1
<b>Total</b>	<b>48</b>

Table 6 (b).

## INFANT MORTALITY, 1954.

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 ...	20.83	—	20.83	10.42	—	10.42	31.25
Connah's Quay ...	—	—	—	15.38	—	15.38	15.38
Flint (M.B.) ...	7.43	—	7.43	18.59	—	18.59	26.02
Holywell ...	12.05	6.02	18.07	—	—	—	18.07
Mold ...	9.26	—	9.26	9.26	—	9.26	18.52
Prestatyn ...	—	—	—	—	—	—	—
Rhyl ...	17.54	3.51	21.05	7.02	—	7.02	28.07
<b>Rural—</b>							
Hawarden ...	16.54	—	16.54	7.35	1.84	9.19	25.73
Holywell ...	6.62	3.31	9.93	6.62	—	6.62	16.55
Maelor ...	—	—	—	22.47	—	22.47	22.47
St. Asaph ...	7.81	—	7.81	7.81	—	7.81	15.62
Total Urban ...	10.42	1.74	12.15	9.55	—	9.55	21.70
Total Rural ...	11.29	.94	12.23	8.47	.94	9.41	21.64
Whole County ...	10.84	1.35	12.19	9.03	.45	9.48	21.67

Table 6 (c).

## NEO-NATAL DEATHS, 1954.

(Under 4 weeks of age).

District.	MALES.			FEMALES.			Infants.			
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.			
<b>Urban—</b>										
Buckley	...	—	—	...	—	—	...	—		
Connah's Quay	—	—	—	...	2	—	2	...	2	
Flint M.B.	...	2	—	2	...	4	—	4	...	6
Holywell	...	1	—	1	...	—	—	—	...	1
Mold	...	—	—	...	1	—	1	...	1	
Prestatyn	...	—	—	...	—	—	—	...	—	
Rhyl	...	4	—	4	...	2	—	2	...	6
<b>Rural—</b>										
Hawarden	...	6	—	6	...	4	1	5	...	11
Holywell	...	2	1	3	...	2	—	2	...	5
Maelor	...	—	—	...	2	—	2	...	2	
St. Asaph	...	1	—	1	...	1	—	1	...	2
Total Urban	...	7	—	7	...	9	—	9	...	16
Total Rural	...	9	1	10	...	9	1	10	...	20
Whole County	...	16	1	17	...	18	1	19	...	36

**MATERNAL MORTALITY**—Three deaths were attributed to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain a confidential report from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician giving complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

The whole object of this work is to try and improve the Midwifery Service provided in the County both in hospital and at the patient's home. Careful inquiries into the cause of maternal deaths give valuable information and enable steps to be taken to improve still further a service which has a very high standard,

There has been a steady fall over the years in maternal deaths in the County and the total of 3 for 1954 indicates a very satisfactory standard of hospital and domiciliary midwifery.

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 and adjusted Mortality Rates for those Districts.

Table 7.

## DEATHS IN THE SEVERAL DISTRICTS.

(All ages—all causes).

District.	Males.	Females.	Total.	Crude Rate per 1000 Population.	* Rate Adjusted per 1000 Population.
<b>Urban—</b>					
Buckley	55	44	99	12.91	13.30
Connah's Quay	34	39	73	9.93	12.61
Flint (M.B.)	75	60	135	9.49	11.67
Holywell	53	33	86	10.47	11.62
Mold	37	31	68	10.30	11.02
Prestatyn	64	70	134	15.04	9.47
Rhyl	145	141	286	14.89	11.61
<b>Rural—</b>					
Hawarden	178	171	349	9.98	11.68
Holywell	147	132	279	12.52	11.02
Maelor	64	29	93	15.90	17.49
St. Asaph	67	58	125	11.88	10.81
Total Urban	463	418	881	12.21	11.48
Total Rural	456	390	846	11.49	11.72
Whole County	919	808	1727	11.84	11.60

\* For purposes 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 ...	103	78	181
Deaths in age group 65 and over ...	309	311	620
	—	—	—
	412	389	801
	—	—	—

#### Rural Districts.

	Males.	Females.	Total.
Deaths in age group 45-64 ...	139	81	220
Deaths in age group 65 and over ...	255	271	526
	—	—	—
	394	352	746
	—	—	—

### Section B.

## HEALTH SERVICES PROVIDED IN THE COUNTY.

### ADMINISTRATION.

The County Medical Officer is responsible to the Health Committee for the control, supervision and co-ordination of all services provided under the National Health Service Acts, and is assisted by four full-time medical officers, and by three medical officers who are medical officers of health for grouped County Districts in addition to being Assistant County Medical Officers.

The Health Committee consists of :—

The Chairman and Vice-Chairman of the County Council		
	(ex-officio) ...	2
Members of the County Council	... ..	40
One member appointed by each County District Council	... ..	11
Two members appointed by the British Medical Association	... ..	2
One member appointed by the College of Midwives	... ..	1
One member appointed by the Clwyd and Deeside Hospital		
	Management Committee ...	1
One member appointed by the Denbighshire and Flintshire		
	Executive Council ...	1
Five co-opted members (persons having a knowledge of		
and interest in the Health Service)	... ..	5
		—
	Total ...	63
		—

**Area Care and Nursing Sub-Committee**—In October, 1952, the Area Care and After-Care Sub-Committees and Area Nursing Sub-Committees were amalgamated in each of the three areas of the County, to form Area Care and Nursing Sub-Committees, the members of the two Sub-Committees being appointed to serve on the newly formed Sub-Committees. Following the Annual Meeting of the County Council in 1953, the Area (Care and Nursing) Sub-Committees were re-constituted as follows:—

- (i) Western Care and Nursing Sub-Committee (comprising Rhyl U.D., Prestatyn U.D. and St. Asaph R.D.):—

Chairman and Vice-Chairman of the County Council and Chairman of Health Committee (ex-officio) ... ..	3
Members of County Council ... ..	17
One Member from each of the following District Councils:— Rhyl U.D.C., Prestatyn U.D.C., St. Asaph R.D.C. ... ..	3
Co-opted Members ... ..	6
<b>Total</b> ... ..	<b>29</b>

- (ii) Eastern Care and Nursing Sub-Committee (comprising Connah's Quay U.D., Buckley U.D., Hawarden R.D., and Maelor R.D.):—

Chairman and Vice-Chairman of County Council and Chair- man of Health Committee (ex-officio) ... ..	3
Members of County Council ... ..	13
One Member from each of the following District Councils:— Connah's Quay U.D.C., Buckley U.D.C., Hawarden R.D.C. and Maelor R.D.C. ... ..	4
Co-opted Members ... ..	6
<b>Total</b> ... ..	<b>26</b>

- (iii) Central Care and Nursing Sub-Committee (comprising Flint M.B., Holywell U.D., Mold U.D., and Holywell R.D.):—

Chairman and Vice-Chairman of County Council and Chair- man of Health Committee (ex-officio) ... ..	3
Members of County Council ... ..	15
One Member from each of the following District Councils:— Flint M.B.C., Holywell U.D.C., Mold U.D.C., and Holywell R.D.C. ... ..	4
Co-opted Members ... ..	7
<b>Total</b> ... ..	<b>29</b>



The Area Care and Nursing Sub-Committees consider matters arising under Section 23 (Home Nursing), Section 24 (Health Visiting), Section 25 (Midwifery), Section 28 (Prevention of Illness, Care and After-Care), Section 29 (Home Helps), and Section 51 (Mental Health) relating to their areas. In addition to the above functions, under the National Health Service Act, the Area Care and Nursing Sub-Committees have certain functions under the National Assistance Act, 1948. The Authority's duties and powers under the National Assistance Act were, with the approval of the Minister of Health, delegated to the Health Committee and all matters arising under Section 29 of the National Assistance Act (Welfare of the Blind, Deaf, Dumb, etc.) are considered and reported on by the Sub-Committees. The Group Rehabilitation Officer of the Ministry of Labour and National Service, the Organising Secretary of the Chester and District Blind Welfare Society and the Secretary of the Chester and North Wales Deaf and Dumb Society attend Meetings of the Area Sub-Committees.

**Ambulance Sub-Committee** considers all matters dealing with the Ambulance and Sitting Case Car Service. It consists of:—

Chairman and Vice-Chairman of County Council and Chairman of Health Committee (ex-officio) ... ..	3
Nine Members of the Health Committee ... ..	9
Three Members representing County District Councils ...	3
Four Members nominated (one each) by the Deeside Voluntary Ambulance Committee, the Women's Voluntary Service, the St. John's Ambulance Brigade and the British Red Cross Society ... ..	4
<b>Total</b> ...	<b>19</b>

#### THE VOLUNTARY ORGANISATIONS.

There is excellent co-operation between the Health Department and voluntary organisations such as the St. Asaph Diocesan Moral Welfare Association, the British Red Cross Society, the St. John's Ambulance Brigade, and the Women's Voluntary Services. In addition, although these services come under the National Assistance Act, it must be mentioned that the Chester and District Blind Welfare Society undertake, on behalf of the Authority, all welfare and home-teaching services for the blind, and the Chester and North Wales Deaf and Dumb Society, similar services for the deaf and the dumb. The St. John's Ambulance Brigade and the British Red Cross Society provide ambulance attendants at each ambulance station, while at Rhyl and Prestatyn the St. John's Ambulance Divisions also provide full-time drivers. Relations with the Women's Voluntary Services are excellent, and have enabled many patients entering hospital to be supplied with necessary clothing. While in 1948 the Women's Voluntary Services had a number of cars available as a Hospital Car Service, it is regretted that the number has dwindled very considerably, so that little use is now made of it.

During the course of the year many cases came to the notice of the department where help and assistance are required but are not available from any official source. In every case an approach is made to one of the many voluntary bodies or societies in the County and in every instance there has been a ready response.

The help given by voluntary bodies and by individuals is very much appreciated and greatly assists the work of the department.

I would again like to thank the voluntary workers who give the Council such valuable help on the various Welfare Centre Committees.

#### CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

**Expectant and Nursing Mothers**—Ante-natal and Post-natal Services are available at ten Clinics in the County—at Bagillt, Buckley, Caergwrle, Flint, Holywell, Mold, Prestatyn, Rhyl, Shotton and Saltney. The Clinics at Prestatyn, Flint, Shotton, Saltney and Mold are buildings specially built and well adapted for clinic purposes. At Rhyl, a former school has been converted for clinic purposes, and at Holywell a former war-time nursery. These premises cannot be regarded as quite so ideal for the purpose. While at Bagillt, Buckley and Caergwrle accommodation has had, of necessity, to be found in Chapel schoolrooms which are far from ideal. These Clinics are conducted by the Authority's medical officers at fortnightly intervals. At all there are facilities for full examinations, for blood testing and for the education of the expectant mother in preparation for her confinement. In spite of these facilities, the number of expectant mothers attending these Clinics has decreased very considerably since 5th July, 1948.

	Year :	1947	1949	1950	1951	1952	1953	1954
Expectant Mothers	...	999	797	641	473	325	369	292
Attendances	...	3743	2567	1822	1208	939	1193	696

Attendances for post-natal examination have always been a mere fraction of those at ante-natal clinics, and I understand that a similar state of affairs exists between the hospital ante-natal and post-natal clinics. All the midwives employed by the Authority, and those in private practice, are encouraged to attend the Clinics with their patients.

Table 8.  
ANTE-NATAL CENTRES.

	Baginbun	Buckley	Caerwreth	Flint	Holywell	Mold	Prestatyn	Rhyl	Saltney	Shotton	TOTALS
<b>A—Ante-Natal Cases.</b>											
1. Number of Sessions held (i.e., number of times Centre opened during the year) when :—											
(a) A Medical Officer was in attendance ...	23	24	23	23	23	22	25	24	22	24	233
(b) A Medical Officer was NOT in attendance ...	..	..	..	..	..	..	..	..	..	..	..
2. Number of women who attended the Centre during the year ...	22	40	4	27	25	57	5	9	33	70	292
3. Number of NEW cases included in (2) above (i.e., women who had NOT previously attended any clinic of the Local Health Authority during the current pregnancy) ...	21	37	2	15	24	51	3	8	26	67	254
4. Total number of attendances made by women, included in (2) above, during the year ...	61	113	7	55	67	140	8	37	84	124	696
<b>B—Post-Natal Cases.</b>											
5. Number of Post-Natal cases who attended the Centre during the year ...	2	..	..	2	2	..	..	..	..	3	9
6. Number of new cases, included in (5) above (i.e., women who had not previously attended any Post-Natal Clinic of the Local Health Authority after last confinement) ...	2	..	..	1	2	..	..	..	..	3	8
7. Total number of attendances, made by women in Section 5 above, during the year ...	2	..	..	2	2	..	..	..	..	3	9

There are no "Specialist Clinics" administered by the Authority as such, but cases are referred, when necessary, to the Clinics at St. Asaph, Holywell, and at the Maternity Home at Mancot, which are attended by the Consultant Obstetrician for the Clwyd and Deeside Hospital Management Committee, to the Clinic at the Chester City Hospital and to the "Specialist" Clinic at Wrexham.

Maternity outfits are provided on request to all expectant mothers having a domiciliary confinement. Stocks are held at all Clinics, and on the premises occupied by the district midwives. The number of such outfits provided in 1954 was 505.

Name of Clinic	Address	Number of Beds	Number of Midwives	Number of Outfits	Number of Deliveries
St. Asaph	St. Asaph	12	2	100	100
Holywell	Holywell	10	2	80	80
Mancot	Mancot	8	2	60	60
Chester City	Chester City	10	2	80	80
Wrexham	Wrexham	10	2	80	80
Total		50	10	400	400

MATERNITY AND INFANT HOMES (iv) Home at Mancot for domiciliary midwives and day hospital

Table 9.  
MOTHER AND BABY HOMES (i.e., Homes or hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel	Number of Beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in Col. (6) for which the authority was responsible.	Average length of stay	
	Total beds (excl. mat. and lab. and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots			Ante-natal	†Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority:— Bersham Hall—owned jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered on their behalf by the C.M.O., Denbighshire.	18	..	1	12	34 (i.e., Total admissions from all Constituent Authorities)	9	6 weeks	3 weeks
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec. 22 (1) or to which the Authority make payment under Sec. 22 (5).	..	..	..	..	..	..	..	..

(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis:—

(1) Expectant Mothers	...	...	5
(2) Post-Natal Cases	...	...	1

† Exclusive of the lying-in period.

**Child Welfare**—There are twenty Child Welfare Centres in the area of the Authority, and of these, ten are held in the premises already mentioned as ante-natal centres, but at different times. The other ten are held in village halls, church halls, chapel schoolrooms, etc., which, although serving a most useful purpose, cannot be regarded as satisfactory from many aspects. One such centre at Penley serves the whole of the Maelor Rural District (the detached portion of Flintshire), and as public transport services are not available, a special bus is chartered fortnightly to collect and convey mothers and children to and from the centre. This arrangement has worked most satisfactorily.

In contrast to the Ante-Natal Clinics, the attendance at Child Welfare Centres has steadily increased since 1948. Up to 1953 there had been a slight reduction in attendance of children under 1 year of age but the figure for 1954 shows an increase.

Table 10 (a).

	Year :	1947	1951	1952	1953	1954
Number of Registered Live Births	...	3483	2381	2303	2289	2215
Children who attended during the year and who, at the end of the year were :—						
(a) Under 1 year of age	...	1912	1481	1378	1411	1434
(b) Between 1-5 years	...	1788	2143	2262	2269	2318
		—	—	—	—	—
Total attendances	...	26828	28491	28846	29941	29181
		—	—	—	—	—

The Centres are staffed weekly by the Authority's Health Visitors, and are attended at fortnightly intervals by the Authority's Medical Officers.

Each Centre has its own Voluntary Committee, and as I have already mentioned, members of the Committee attend at each Clinic opening and give valuable assistance to the Medical and Nursing Staff.

The Health Visitors give individual instruction both at the Centres and in the home, and several are now giving group talks to mothers.

During the year films and film strips were shown at Clinics on problems relating to Child Care.

As the provision of suitable clinics by the Council will take several years, a survey of the thirteen clinics held in rented premises was carried out during the year. New clinic premises are urgently required at :—

St. Asaph.  
Buckley.  
Rhyl.  
Pentre and Mancot.  
Broughton.

Every effort is being made to improve the facilities at all rented premises, the most urgent problem at most centres is inadequate heating in the winter months. As mothers have to undress their babies for examination it is essential that all clinic premises should be warm. At some clinics, steps are being taken to improve the standard of cleanliness, toilet facilities, lighting, and accommodation for the Health Visitor.

As the owners of these premises carry out the improvements, the Council is being asked to pay higher rents. The only alternative to this course is for the Council to build or provide their own premises which, as a long term policy, would be much more satisfactory.

The following table gives details as to the number of children attending the various Centres :—

Table 10 (a)

Year	Number of Registered Live Births		Children who attended during the year and who at the end of the year were —	
	(a) Between 1-3 years	(b) 1 year of age	(a) Between 1-3 years	(b) 1 year of age
1947	1,042	1,181	1,012	1,141
1948	1,000	1,178	1,000	1,141
1949	980	1,141	980	1,141
1950	950	1,141	950	1,141
1951	920	1,141	920	1,141
1952	890	1,141	890	1,141
1953	860	1,141	860	1,141
1954	830	1,141	830	1,141
1955	800	1,141	800	1,141
1956	770	1,141	770	1,141
1957	740	1,141	740	1,141
1958	710	1,141	710	1,141
1959	680	1,141	680	1,141
1960	650	1,141	650	1,141
1961	620	1,141	620	1,141
1962	590	1,141	590	1,141
1963	560	1,141	560	1,141
1964	530	1,141	530	1,141
1965	500	1,141	500	1,141
1966	470	1,141	470	1,141
1967	440	1,141	440	1,141
1968	410	1,141	410	1,141
1969	380	1,141	380	1,141
1970	350	1,141	350	1,141
1971	320	1,141	320	1,141
1972	290	1,141	290	1,141
1973	260	1,141	260	1,141
1974	230	1,141	230	1,141
1975	200	1,141	200	1,141
1976	170	1,141	170	1,141
1977	140	1,141	140	1,141
1978	110	1,141	110	1,141
1979	80	1,141	80	1,141
1980	50	1,141	50	1,141
1981	20	1,141	20	1,141
1982	0	1,141	0	1,141
1983	0	1,141	0	1,141
1984	0	1,141	0	1,141
1985	0	1,141	0	1,141
1986	0	1,141	0	1,141
1987	0	1,141	0	1,141
1988	0	1,141	0	1,141
1989	0	1,141	0	1,141
1990	0	1,141	0	1,141
1991	0	1,141	0	1,141
1992	0	1,141	0	1,141
1993	0	1,141	0	1,141
1994	0	1,141	0	1,141
1995	0	1,141	0	1,141
1996	0	1,141	0	1,141
1997	0	1,141	0	1,141
1998	0	1,141	0	1,141
1999	0	1,141	0	1,141
2000	0	1,141	0	1,141
2001	0	1,141	0	1,141
2002	0	1,141	0	1,141
2003	0	1,141	0	1,141
2004	0	1,141	0	1,141
2005	0	1,141	0	1,141
2006	0	1,141	0	1,141
2007	0	1,141	0	1,141
2008	0	1,141	0	1,141
2009	0	1,141	0	1,141
2010	0	1,141	0	1,141
2011	0	1,141	0	1,141
2012	0	1,141	0	1,141
2013	0	1,141	0	1,141
2014	0	1,141	0	1,141
2015	0	1,141	0	1,141
2016	0	1,141	0	1,141
2017	0	1,141	0	1,141
2018	0	1,141	0	1,141
2019	0	1,141	0	1,141
2020	0	1,141	0	1,141
2021	0	1,141	0	1,141
2022	0	1,141	0	1,141
2023	0	1,141	0	1,141
2024	0	1,141	0	1,141
2025	0	1,141	0	1,141
2026	0	1,141	0	1,141
2027	0	1,141	0	1,141
2028	0	1,141	0	1,141
2029	0	1,141	0	1,141
2030	0	1,141	0	1,141

The figures are subject to verification by the Authority, Health Visitor and the Council at fortnightly intervals by the Authority's Medical Officers. The Council has its own Voluntary Committee and as I have already mentioned, members of the Committee attend at each Clinic meeting and give valuable assistance to the Medical and Nursing Staff. The Health Visitors give individual instructions both at the Clinics and in the home and several are now giving group talks to mothers. During the year 1961 and this year were shown at Clinics on problems relating to Child Care. If the proposal of suitable clinics by the Council will give several visits during the winter months to the various clinics held at rented premises, it is our hope that the new clinic premises are urgently required at...

St. Andrew's  
 Dundee  
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Table 10 (b).  
CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, 1954.

Description.	Baginbun	Bodelwyddan	Broughton	Buckley	Caerwre	Gaerwys	Connah's Quay	Flint	Greenfield	Holywell	Leeswood	Mancot & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
1. Number of Sessions ...	52	24	50	48	49	23	50	48	49	51	48	50	49	24	24	51	49	50	51	49	889
2. Number of children who first attended during the year and who at their first attendance were under 1 year of age ...	65	32	78	111	60	17	104	148	74	94	25	79	159	16	52	105	189	103	160	48	1714
3. Number of children who attended during the year and were born in :—																					
1954 ...	53	22	39	107	60	13	91	123	74	87	20	71	135	13	46	87	158	61	132	42	1434
1953 ...	36	27	43	69	48	8	75	78	49	65	15	64	104	18	39	82	114	50	127	17	1128
1952-1949 ...	31	38	71	55	25	11	90	36	59	45	7	73	185	14	49	94	108	44	112	43	1190
4. Total number of children who attended during the year	120	87	153	231	133	32	256	237	182	197	42	208	424	45	134	263	380	155	371	102	3752
5. Number of attendances during the year made by children who at date of attendance were :—																					
(a) Under 1 year ...	732	256	817	1579	897	98	1828	1820	1244	1066	322	1236	981	197	468	1377	1945	940	2241	348	20394
(b) 1 year but under 2 years	306	85	270	133	205	59	159	123	217	317	25	310	1182	43	107	483	314	417	206	171	5132
(c) 2 years but under 5 years	53	143	399	132	103	43	308	62	80	70	14	472	514	37	170	228	184	217	265	161	3655
6. Total attendances during the year	1091	484	1486	1844	1205	200	2295	2005	1541	1453	361	2020	2677	277	745	2088	2443	1574	2712	680	29181



There are no "Specialist" Child Welfare Centres in the area, which are the direct responsibility of the Authority. Children are referred when necessary to the Paediatric Clinics at the Royal Alexandra Hospital, Rhyl, the City Hospital, Chester, and the Emergency Hospital at Wrexham. As the Clwyd and Deeside Hospital Management Committee administers the majority of the hospitals in the County of Flint, and some hospitals in the adjoining County of Denbigh, it is unfortunate that, although a specialist paediatric clinic is held at the Royal Alexandra Hospital, no paediatric beds are available in those hospitals comprising the group, and consequently children seen at the specialist clinic, and considered to be needing hospitalisation, have had to be transported to Bangor, a distance of 30 miles or more.

**Care of Premature Infants**—During the year under review, the number of premature live births was 25, and the number of premature live births in private nursing homes was 3, a total of 28.

Of the 25 births at home, 15 were nursed entirely at home, and 10 were transferred to hospital. Of the 15 nursed at home, 12 survived 28 days and 2 died within 24 hours of birth. Of the 3 births in private nursing homes, all were nursed there and 1 survived 28 days and 1 died within 24 hours of birth. Of the 10 who were born at home and were transferred to hospital all survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, and St. Asaph General Hospital has always been good, and admission of cases readily obtained.

**Supply of Dried Milk, etc.**—At each Centre members of the Voluntary Committee arrange for the purchase and sale of certain proprietary dried milk and other foods. At some Centres members of the same committee also distribute the Welfare Foods supplied by the Ministry of Food.

**Distribution of Welfare Foods** (National Dried Milk, Orange Juice and Cod Liver Oil)—Early in 1954 the Ministry of Food who were responsible for the distribution of these Welfare Foods stated that this work would become the responsibility of County Councils and County Borough Councils in June, 1954. Arrangements were made to take over the distribution of these foods and this entailed a great deal of detailed planning as every effort was made to ensure that the availability of the foods was maintained under the new Scheme.

I would like to thank Voluntary Organisations, particularly the W.V.S. and the Welfare Centre Voluntary Committees, for their valuable assistance in this work. A report on the working of this Scheme up to the end of the year is given below.

**"DISTRIBUTION CENTRES**—45 Welfare Food centres operating through Clinics, Shops, and Voluntary Organisations were taken over from the Ministry of Food on the 28th June, 1954. On the 6th July, 1954, a Welfare Foods Clerk was appointed to administer the scheme throughout the County. On the 17th July, 1954, the Ministry of Food and other Govern-

ment departments ended their distribution scheme and transferred their remaining stocks to this Authority. Simultaneously six new centres were opened, all manned by voluntary workers, at Holywell, Buckley, St. Asaph, Hawarden, Queensferry and Prestatyn, whilst the days of opening at Flint, Rhyl, Connah's Quay and Mold Clinics were increased to compensate for the closure of the Government Food Offices, thus continuing facilities for the public as convenient as those previously existing. More recently requests were received from other areas as for similar facilities and additional centres have since been opened at Flint and Brynford, whilst one of the Greenfield centres has been closed.

The total number of centres operating at the end of 1954 were 52, and can be classified as follows:—

- 18 Clinics.
- 24 Shops.
- 3 Private Households.
- 6 W.V.S.
- 1 Hospital.

**STORAGE DEPOTS AND ADMINISTRATIVE CENTRE**—Storage depots have been established at Fronfraith, Rhyl, and at 40, High Street, Mold, and the day to day administration is done by the Welfare Foods Clerk from the latter address.

**SUPPLIES**—Supplies are ordered and deliveries undertaken direct from the Ministry of Food Depots to the following:—

			M.O.F. Liverpool.		M.O.F. Llandudno.		M.O.F. Welshpool.
Clinics	...	...	2	...	—	...	—
Shops	...	...	5	...	15	...	2
Private Households	...	...	2	...	—	...	1
W.V.S. Centres	...	...	1	...	—	...	—
Hospitals	...	...	—	...	—	...	1
			10		15		4
			—		—		—

The remaining centres are supplied from the Authority's storage depots, thus:—

			Rhyl Depot.		Mold Depot.
Clinics	...	...	7	...	9
Shops	...	...	—	...	2
W.V.S.	...	...	2	...	3
			9		14
			—		—

TRANSPORT—Deliveries are undertaken from the Rhyl and Mold depots by hired transport, whilst the Welfare Foods Clerk delivers any emergency supplies by means of his private car.

FOODS DISTRIBUTED—The quantities of Welfare Foods issued to beneficiaries, and losses through breakages, etc., from the commencement of the scheme to the 1st January, 1955, are outlined below.

	National Dried Milk & Half Cream.	Cod Liver Oil.	Vitamins.	Orange Juice.
Issued against coupons	37444	6676	1610	27361
do. but coupons missing	25	—	—	—
Hospitals and Institutions	136	84	—	134
Losses through breakages, etc.	2	78	37	166
Out of date and returned to Ministry of Food	41	—	—	—
Issued at 4/- a tin	12	—	—	—
Sent for analysis	4	—	—	—
<b>Total Issues</b>	<b>37664</b>	<b>6838</b>	<b>1647</b>	<b>27661</b>

#### SUMMARY OF COUPONS AND STAMPS.

	Issues.	Charge.	Due.	Received.
		s. d.	£ s. d.	£ s. d.
<b>1. National Dried Milk (tins):</b>				
(a) By stamps	37140	10½	1624 17 6	1624 17 6
(b) By cash	—	—	— — —	— — —
(c) Free	304	free	— — —	— — —
(d) Missing coupons	25	10½	1 1 10½	— — —
<b>Total coupons</b>	<b>37469</b>			
Issues at 4/-	—	4 0	2 8 0	2 8 0
<b>2. Cod Liver Oil (bottles):</b>				
	6676	—	— — —	— — —
<b>3. Vitamin A. &amp; D. Tablets:</b>				
	1610	—	— — —	— — —

	Issues.		Charge.		Due.			Received.		
			s.	d.	£	s.	d.	£	s.	d.
<b>4. Orange Juice (bottles) :</b>										
(a) by stamps	...	27096	...	5	...	564	10	0	...	564 10 0
(b) by cash	...	—	...	—	...	—	—	—	...	— — —
(c) Free	...	265	...	—	...	—	—	—	...	— — —
Total coupons	...	27361								
						£2,192 17 4½		£2,191 15 6"		

Apart from certain difficulties at the time of changeover in June, the Scheme has worked smoothly. As stated every effort has been made to meet the needs of mothers. As distribution is now done at 18 Clinics it means that the nursing staff are able to see and advise more mothers who though only coming to the Clinic for Welfare Foods can avail themselves of all the Services provided at a Child Welfare Centre.

**Dental Care**—The County Council has a duty to provide dental treatment for expectant mothers and children under 5 years of age—as these two groups are “priority groups.”

Unfortunately, it has not been possible to offer dental treatment to these groups owing to the shortage of dental staff. Although there has been an increase in dental staff this year there is so much work to do with school children that expectant mothers and the majority of children under five years have to be referred to private dental practitioners for treatment.

A start was made late in 1954 in treating children under five years, and at the end of the year 120 children had received treatment.

At the end of the year one Principal Dental Officer, one full-time Dental Officer and three part-time Dental Officers were employed.

#### DOMICILIARY MIDWIFERY.

The Authority employs seven (7) District Midwives and twenty-six (26) District Nurse/Midwives. Twelve (12) Midwives are engaged in private practice, including private maternity homes, and twenty-two (22) are employed by Hospital Management Committees in the area. All midwives are supervised by the County Nursing Officer, who acts as non-medical supervisor and who, during the year, paid six hundred and seventy (670) visits, of which twenty-nine (29) were to hospitals and maternity homes under the control of the Hospital Management Committee, eighty-five (85) to inde-

pendent midwives, sixty-eight (68) to private nursing homes, and five hundred and eight (508) to midwives employed by the Authority. At two hundred and twenty-nine (229) of these visits the midwife was seen actually at work.

Although there has been a decrease in the number of domiciliary confinements since 1948, there is still a considerable amount of work done by the midwives employed by this Authority as the following table shows. The "lying-in" period during which a mother is visited by a midwife is 14 days. It will be noted that 442 mothers confined in hospital were discharged before the 14th day and had to be visited during the remainder of the lying-in period by midwives employed by this Authority. It would be better in my opinion to limit admission to maternity hospitals and homes and retain the mothers for the full lying-in period or longer depending on the mother's medical condition.

DOMICILIARY MIDWIFERY.

The Authority employs seven (7) District Midwives and twenty-six (26) District Nurse-Midwives. Twelve (12) Midwives are engaged in private practice including private nursing homes and twenty-two (22) are employed by Hospital Management Committees in the area. All midwives are supervised by the County Nursing Officer, who acts as non-medical supervisor and who during the year paid six hundred and seventy (670) visits of which twenty-nine (29) were to hospitals and maternity homes under the control of the Hospital Management Committee, eighty-five (85) to inde-

**DELIVERIES ATTENDED BY MIDWIVES.**

Number of Deliveries attended by Midwives in the Area during the year 1954.

	Domiciliary Cases.						Cases in Institutions
	Doctor not booked.		Doctor booked		Totals		
	Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Doctor or another) (4)	Doctor not present at time of delivery of child (5)			
(1)							
(a) Midwives employed by the Authority	20	138	164	201	(6)	(7)	..
(b) Midwives employed by Voluntary Organisations:—	..	..	..	..	..	..	..
(i) Under arrangements with the Local Health Authority in pursuance of Sec. 23 of the National Health Service Act, 1946	..	..	..	..	..	..	..
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	..	..	..	..	..	..	..
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	..	..	..	..	..	..	1358
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	..	..	1	2	3	61	..
Totals	20	138	165	203	526	1419	..

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day ... 442

(f) Breast Feeding—Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day ... 388

Thirty-two (32) of the Authority's midwives are qualified to administer gas and air analgesia and are equipped with the necessary apparatus. It was hoped that the one midwife who was not qualified at the end of 1953 would be able to take a course of instruction early in 1954. This, however, could not be arranged but arrangements were made for this midwife to take the course early in 1955. Fifteen midwives employed in Homes and Hospitals in the National Health Service were qualified to administer Gas and Air Analgesia and one midwife employed in a Private Nursing Home was also so qualified.

TABLE 12.  
ADMINISTRATION OF GAS AID AIR ANALGESIA  
(Domiciliary Midwives).

(1)	(2)	(3)	No. of cases in which gas and air was administered by midwives in domiciliary practice during the year :		No. of cases in which pethidine was administered by midwives in domiciliary practice during the year :	
			When doctor was present at time of delivery of child (4)	When doctor was not present at time of delivery of child (5)	When doctor was present at time of delivery of child (6)	When doctor was not present at time of delivery of child (7)
(a) Domiciliary Midwives employed directly by Local Health Authority ...	32	32	83	227	114	166
(b) Domiciliary Midwives employed under Sec. 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—
(c) Domiciliary Midwives employed under Sec. 23 by hospital authorities as agents of Local Health Authority ...	—	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority ...	2	—	—	—	1	2
<b>Totals</b> ...	<b>34</b>	<b>32</b>	<b>83</b>	<b>227</b>	<b>115</b>	<b>168</b>



Co-operation between General Practitioners and Midwives is good and every effort is made to give General Practitioners full information about patients who are seen by a midwife or who attend an Ante-Natal Clinic run by the Authority.

I am still of the opinion that it would be very desirable to limit admissions to Maternity Hospitals. In this way fewer patients would have institutional confinements but would be kept in hospital for a longer period which would be to the advantage of the mother and baby. A nursing mother requires the services of a midwife for at least fourteen days after confinement (lying-in period), and it is obviously desirable that, during this period, the mother should be under the care of the same midwife. As already pointed out, out of 1358 mothers confined in institutions, 442 were discharged before the 14th day—before the completion of the "lying-in" period.

The Nursing Staff of the Authority could assist the hospital staff in selecting cases for confinement in hospital when social conditions may be the reason for seeking hospital confinement. This is one of the several matters which need to be discussed with the consultant obstetrician for the Clwyd and Deeside Hospital Management Committee.

One thing is quite clear, namely, that the facilities available to mothers in the County, both ante-natal and midwifery services have greatly improved since 1948. The remaining problems are possibly details but nevertheless ones that will still further improve the service offered in hospital and at home.

Arrangements are made for three midwives to attend each year the refresher courses under the auspices of the College of Midwives. There is an active branch of the College in the area of the Authority which meets monthly, and at these meetings lectures and demonstrations are given by obstetricians in and outside the area.

There are no arrangements for training pupil midwives at present.

**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 13 shows the number of midwives who were in practice in the area on 31st December, 1954, while Table 14 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 13.

## MIDWIVES IN PRACTICE ON 31st DECEMBER, 1954.

	Domiciliary Midwives.	Midwives in Institutions.	Total.
(a) Midwives employed by the Authority	33	—	33
(b) Midwives employed by Voluntary Organisations :—			
(i) Under arrangements with the Local Health Authority in pur- suance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise	—	22	22
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	11	1	12
<b>Total</b>	<b>44</b>	<b>23</b>	<b>67</b>

Table 14.

## SUPERVISION OF MIDWIVES.

	Number of Inspections.		
	Routine.	Special.	Total.
National Health Service Hospitals and Maternity Homes	5	4	9
Private Nursing Homes	59	9	68
County Domiciliary Midwives	138	370	508
Private Domiciliary Midwives	32	53	85
Total	234	436	*670

\* The Midwife was inspected while actually at work in 229 cases of these inspections.

Among the reasons for Special Inspections were:—

Maternal death investigations 2, Infant death investigations 2, Stillbirth investigations 4, Puerperal Pyrexia 15, Ophthalmia Neonatorum and Discharging Eyes 15, Supervision of Disinfection 9, Premature infants 4, other emergencies 269.

Non-emergencies 116.

Owing to shortage of staff many visits were paid for arrangement of relief duties.

126 notifications of various kinds were received from midwives of which 9 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 cases.

During the year five relief Nurse/Midwives were employed for emergency duty including sickness, holidays, etc. Such Midwives were employed for 64 weeks (i.e., 18 weeks as full-time Midwives and 46 weeks devoted to Midwifery and General Nursing).

During the year the County Nursing Officer had great difficulty in providing a full Midwifery Service throughout the County owing to shortage of staff. This matter is closely linked with the Home Nursing Service as the majority of Nurses undertake Midwifery and Home Nursing duties and is dealt with in this Report under the section Home Nursing.

From 17th to 20th August, 1954, Miss Morris, Nursing Officer of the Welsh Board of Health, paid a visit of inspection. Records were seen and 16 Nurses and Midwives were visited.

## NOTIFICATION OF BIRTHS.

The actual number of births notified in the County during the year under Section 203 of the Public Health Act, 1936, and the number as adjusted by transferred notifications, were as follows :—

Table 15.

	Live Births.		Stillbirths.		Totals.	
	Actual.	Adjusted.	Actual.	Adjusted.	Actual.	Adjusted.
Domiciliary ...	521	530	8	8	529	538
Institutional ...	1392	1582	25	41	1417	1623
<b>Totals</b> ...	<b>1913</b>	<b>2112</b>	<b>33</b>	<b>49</b>	<b>1946</b>	<b>2161</b>

It will be noted, by reference to page 13, that the adjusted figures show that this is 103 live births and 2 stillbirths less than the totals of live and stillbirths received in the returns from the Registrar-General.

## NURSING HOMES.

All Nursing Homes in the County have to be registered by the Council. This entails inspection and a detailed report before registration is granted. Once registered all Nursing Homes (which term includes Maternity Homes) are inspected several times annually by the County Nursing Superintendent and when necessary by one of the Medical Staff of the Department.

The purpose of registration and inspection is to ensure that the public who enter Nursing Homes for treatment are assured of reasonable standards of comfort and care. The standard of the Nursing Homes in the County is high, and recommendations made during inspections have been implemented at all the Homes.

The position concerning Nursing Homes in the County is given below :—

**Return of work done by the Authority under Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).**

	Number of Homes.		Number of beds provided for :		Totals.
			Maternity.	Others.	
Homes first registered during year	...	—	...	—	...
Homes on the register at end of year	...	6	...	6	33

## HEALTH VISITING.

The Authority employs sixteen Health Visitors in the combined capacity of Health Visitor/School Nurse, two Tuberculosis Visitors, and one Superintendent Health Visitor who is also responsible for the organisation of the

Domestic Help Service. Each Health Visitor/School Nurse attends the Antenatal Clinics, Child Welfare Centres and School Clinics in her area, and at the larger Child Welfare Centres two will be in attendance, so that one can give group talks, and individual advice to the mothers attending. She follows up children of pre-school age in their homes, conducts examinations for cleanliness in the school, follows up children found to be suffering from defects at routine school medical inspections, visits and reports on mental defectives (chiefly those under 16 years of age and adult females), visits on request persons in need of domestic help, and performs many other duties. It must be frankly confessed that their case-load is considerably greater than it should be, and that there is a great need to increase the number employed. The position has been brought to the notice of the Authority in the Annual Reports of the Medical Officer of Health and the School Medical Officer.

The position is now critical as no additional Health Visitors have been engaged and the population of the County has increased and also the "case-load" of each Health Visitor. In addition to this, the industrial development of the County presents many problems which fall to the Health Visitor to deal with. Employing four additional Health Visitors and the re-allocation of all the districts covered by present Health Visitors would be a sound investment in preventive medicine.

The Tuberculosis Visitors visit and report upon the home conditions of all notified cases of Tuberculosis. They attend the Chest Clinics, arrange for the examination of contacts, for vaccination with B.C.G., and co-operate whole-heartedly with the Chest Physicians and their staffs. Each year arrangements are made for four Health Visitors and Tuberculosis Visitors to attend refresher courses arranged by the Royal College of Nursing, the Women's Public Health Officers' Association, and the Central Council for Health Education.

The total number of visits paid in 1954 by Health Visitors to expectant mothers was 838, to children under one year of age 14,285, to children aged one and under two years 10,178, to children aged two years and under five years 12,994, other visits 8,444. When to these figures are added 66,805 examinations of school children, and 3,062 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 group 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.

Table 16.

HEALTH VISITING AND TUBERCULOSIS VISITING.

A. Visiting :

	HEALTH VISITORS										TUBER- CULOSIS VISITORS	
	Number of Children under 5 years of age visited dur- ing year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuber- culous house- holds	Other cases	Total No of families or households visited by Health Visitors		Total visits paid to tuberculous households
		First visits (3)	Total visits (4)	First visits (5)	Total visits (6)	Total visits (7)	Total visits (8)	Total visits (9)	Total visits (10)	(11)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
(a) L.H.A.	3256	531	838	2557	14285	10178	12994	200	8244	8110	2985	
(b) Vol. Org.	..	..	..	..	..	..	..	..	..	..	..	

B. Clinics :

- (a) Total number of attendances made by health visitors at local health authority clinic sessions during the year ... 1629
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year ... 252

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 Physicians and their 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 re-housed 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 2,985 visits to patients in their homes, and of these 164 were first visits to newly notified cases.

#### HOME NURSING.

The Authority employs ten whole-time District Nurses and twenty-six District Nurse/Midwives who are under the supervision of the County Nursing Officer.

During the year nine relief Nurses were employed, five of these were Nurse/Midwives who devoted 46 weeks to Nursing and Midwifery and the remaining four Nurses devoted 25 weeks to general nursing only.

The agreed policy of the Authority is to employ Nursing Staff who are qualified to undertake Home Nursing and Midwifery duties. This is more economical of Nursing Staff and provides a better service to the public. Full-time Midwives will have to be employed in a few urban areas when the number of home confinements is high.

The number of cases attended to by Home Nurses, and their visits, have increased annually since 1948 and approximately 30 % of their visits are to patients over 65 years of age.

The development of the hospital service in recent years has increased the demand for home nursing as both services are complementary. In many instances the home nurse attends patients awaiting a hospital bed and also completes the nursing care of patients discharged from hospitals. Her greatest service is to the General Practitioners when treating his patients at home.

Greater emphasis has been placed on home treatment in the past year, partly owing to the shortage of hospital beds, greater economy, and possibly most important of all that many patients prefer and only require home care.

If the Authority is to meet the demand made on the home nursing service it will require an additional four District Nurse/Midwives. The maintenance of an efficient Home Nursing Service depends on an adequate number of full-time nurses and the present practice of engaging a number of part-time relief nurses to meet the increased demand is uneconomical and results in a lower standard of nursing care for the patients.

The following table illustrates how the work of the district nurses has increased since July, 1948 :—

	1949	1950	1951	1952	1953	1954
Patients nursed ...	3305	5459	7299	7914	7801	8275
Visits paid ...	68848	96443	108982	104361	111848	116102

TABLE 17.

## HOME NURSING.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of cases attended by Home Nurses during the year :— (a) L.H.A.	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal Compli- cations	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
	5298	2801	..	113	27	27	8275	1866	482	895
(b) Vol. Org. under arrangements with the Authority	..	..	..	..	..	..	..	..	..	..
No. of visits paid by Home Nurses during the year :— (c) L.H.A.	73260	40382	..	2042	305	113	116102	33248	3340	55835
(d) Vol. Org. under arrangements with the Authority	..	..	..	..	..	..	..	..	..	..



Arrangements are made for attendance each year of three nurses at refresher courses. There are no arrangements for district nurse training, and there is no night service.

**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	...	...	...	157*
Special Visits	...	...	...	256
Emergency Visits	...	...	...	112
Non-emergency Visits	...	...	...	47
Other Interviews	...	...	...	107
Inspection of Nursing Agency	...	...	...	1
				—
			<b>Total</b>	...
				680
				—

\* During these visits Nurses were inspected while actually at work at 430 Medical Cases and 344 Surgical Cases.

**NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE  
AUTHORITY AND BY VOLUNTARY ORGANISATIONS AND  
HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY  
FOR SERVICES UNDER PART III OF THE N.H.S. ACT.**

NOTES—Where a nurse is engaged in more than one service (e.g., a superintendent nursing officer or a home nurse/midwife) she is shown as part-time in each of the services in which she is engaged, and is given the whole-time equivalent of her work in each of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties is shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate, are not included anywhere in this return.

TABLE 18.

## 1. HEALTH VISITING, TUBERCULOSIS VISITING, CLINIC DUTIES, CARE AND AFTER-CARE

	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)		Health Visitors except those in Cols. (8)-(10)		Tuberculosis Visitors†			Other Nurses		
	Whole-time (2)	Part-time (3)	Whole-time* (5)	Part-time* (6)	Whole-time* (8)	Part-time* (9)	Whole-time (11)	Part-time (12)	Whole-time (13)	Equiv. Whole-time of (12) (13)
(1)										
(a) Local Health Authority ...	—	‡1	—	16 (1)	2 (—)	— (—)	—	—	—	—
(b) Voluntary Organisation ...	—	—	—	—	—	—	—	—	—	—

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\* Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualification of Health Visitors and Tuberculosis Visitors) Regulations, 1948, are included and also shown separately in the brackets.

† This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

‡ Superintendent Health Visitor is also Superintendent School Nurse and Domestic Help Organiser.

Table 18—continued.

## 2. DOMICILIARY MIDWIFERY.

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time*	Part-time*	Equiv. Whole-time of (3)	Whole-time†	Part-time†	Equiv. Whole-time of (6)
	(2)	(3)	(4)	(5)	(6)	(7)
(a) Local Health Authority ...	— (—)	1 (1)	½	7 (—)	26 (—)	13
(b) Voluntary Organisations ...	—	—	—	—	—	—
(c) H.M.C. or B.G. ...	—	—	—	—	—	—

\* Non-Medical Supervisors of Midwives are included and also shown separately in the brackets.

† Midwives approved as teachers are included and also shown separately in the brackets.

## PUPIL MIDWIVES.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery Course taken:—

- (i) Wholly on the district ... .. NIL  
(ii) Partly on the district ... .. NIL

Table 18—continued.

## 3. HOME NURSING.

	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time	Part-time	Equiv. Whole-time of (3) (4)	Whole-time	Part-time	Equiv. Whole-time of (6) (7)	Whole-time	Part-time	Equiv. Whole-time of (9) (10)	Whole-time	Part-time	Equiv. Whole-time of (12) (13)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(a) L.H.A. ...	—	1	½	10	8	4	—	18	9	—	—	—
(b) Voluntary Organisations ...	—	—	—	—	—	—	—	—	—	—	—	—

There are no Male Nurses.

Table 18—continued.

## 4. NURSES ENGAGED ON COMBINED DUTIES.

- (a) Number of nurses engaged in health visiting and school nursing—16 (excluding Superintendent Health Visitor and School Nurse).  
 (b) Number of nurses engaged in home nursing and midwifery—26 (excluding County Nursing Officer).  
 (c) Number of nurses engaged in health visiting, home nursing and midwifery—NIL.  
 (d) Others—NIL.

## 5. ADMINISTRATIVE NURSING STAFF (EXCLUDING HEALTH VISITOR TUTORS).

Actual number of nurses who are occupied in administrative or supervisory duties in the services in 1, 2 and 3 :—

(a) Whole-time	...	...	...	1
(b) Part-time	...	...	...	1

## 6. TOTAL STAFF.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but **excluding** students and pupils, who are **employed** :—

(a) Whole-time	...	...	...	46
(b) Part-time	...	...	...	17

## 7. NURSERY STAFF: DAY NURSERIES.

There are no day nurseries in the County.

## 8. VACANCIES.

Number of vacancies for nursing staff at the end of the year (i.e., additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(a) Health Visitors	...	...	...	—
(b) Tuberculosis Visitors	...	...	...	—
(c) Domiciliary Midwives	...	...	...	0.5
(d) Home Nurses	...	...	...	0.5
(e) Day Nursery Staff (specify grades)	...	...	...	—

## VACCINATION AND IMMUNISATION.

**Vaccination**—Midwives, District Nurses, Health Visitors and Medical Officers are continually stressing to mothers the importance of vaccination against smallpox, but in spite of this the annual number of primary vaccinations is disappointing, and in marked contrast to the number of children immunised against diphtheria. Since vaccination ceased to be compulsory, the number of primary vaccinations of children under one year of age has fallen considerably. In 1947, the number was 841, but in 1952 the total number of primary vaccinations was 663, and of these only 350 were under one year of age. In 1953 the total number of primary vaccinations was 664, and of these only 451 were aged under 1 year.

The following table shows the number of vaccinations and re-vaccinations carried out during the year 1954 :—

TABLE 19.  
VACCINATION.  
NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)  
DURING THE YEAR 1954.

	Age at date of Vaccination.					Total.
	Under 1.	1.	2 to 4.	5 to 14.	15 or over.	
Number Vaccinated ...	481	26	27	42	60	636
Number Re-vaccinated ...	—	1	2	23	109	135

No vaccination sessions are held at the Authority's Clinics, all children being referred to general medical practitioners. A more intensive effort is needed to reduce the population at risk.

**Immunisation against Diphtheria**—Monthly immunisation sessions are held at all the Authority's Clinics and Centres, and immunisation is also performed by general practitioners in their own surgeries.

TABLE 20.  
DIPHTHERIA IMMUNISATION, 1954.

	AGE							Total
	at date of final injection (as regards A), or of reinforcing injection (as regards B)							
	Under 1	1	2	3	4	5 to 9	10 to 14	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) ...	666	652	88	64	43	136	13	1662
B. Number of children who received a Secondary (Reinforcing) Injection (i.e., subsequently to primary immunisation at an earlier age) ...	—	—	2	13	120	912	160	1207

“Boosting” injections are given not only in the Clinics but also in the more remote rural schools.

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 to 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:—

TABLE 21.

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD  
POPULATION.

Number of children at 31st December, 1954, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1940).

Age at 31/12/54 i.e., Born in Year :	Under 1 1954	1-4 1953-1950	5-9 1949-1945	10-14 1944-1940	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1950-1954	... 148	... 5241	... 5629	... 2983	... 14001
B. 1949 or earlier	... —	... —	... 5583	... 8749	... 14332
C. Estimated mid-year child population	... 2240	... 9160	... 22100	...	... 33500
Immunity Index 100A/C	... 6.607 %	... 57.216 %	... 38.968 %	...	... 41.794 %

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	—
1952	2	—
1953	3	—
1954	3	—

**Immunisation against Whooping Cough**—The Authority has not introduced any scheme for immunisation against whooping cough, parents requesting such immunisation being referred to general practitioners.

**B.C.G. Vaccination against Tuberculosis**—Up to the present time, B.C.G. Vaccination has only been available to certain groups of people—nurses, medical students, and the contacts of known cases of tuberculosis who are “tuberculin negative.” Vaccination is carried out by the Chest Physicians, and during the year under review the number of Flintshire contacts vaccinated was 147. A certain amount of progress has been made with the Scheme to offer B.C.G. to all school children who have attained the age of 13 years. This work will have to be done by the Medical Staff of the Authority, working in close co-operation with the Chest Physicians and the Mass X-Ray Units.

#### AMBULANCE SERVICE.

**Ambulances**—The main portion of the County is covered by ambulances stationed at Rhyl, Prestatyn, Holywell, Flint, Queensferry and Mold and, by arrangement, the ambulances operated by the Chester City Council and Denbighshire County Council are also available. The detached portion of the County (the Hundred of Maelor) is covered by ambulances operated by the Denbighshire County Council stationed at Wrexham, and those operated by the Salop County Council stationed at Whitchurch.



**Sitting-case Cars**—This service is operated in the main through a large number of private hire car proprietors scattered throughout the County, and in a very minor degree through the Hospital Car Service of the Women's Voluntary Service. As will be seen from the following statistics, the trend since the inception of this service is for the demands upon it to increase year by year.

TABLE 22.

	1951.		1952.		1953.		1954.	
	Ambulances.	Cars.	Ambulances.	Cars.	Ambulances.	Cars.	Ambulances.	Cars.
Journeys	4429	12504	5148	15244	5374	14779	5077	14553
Patients	5244	17400	6590	33641	6974	34633	7841	36923
Mileage	124726	329550	121171	359992	122652	348907	119418	347455

It will be noted that in 1952 the number of patients conveyed by sitting-case cars was almost double that for 1951. The explanation is that 1952 was the first full year in which the Ministry's definition of "patient," according to the Costing Return, was in operation. It will also be noted that, although there were 719 more "ambulance" journeys in 1952 than in 1951, the mileage was 3,555 less. This is due to the development of the "Consultant" facilities in the Rhyl hospitals, resulting in a reduced number of patients from the western portion of the County having to travel to hospitals in Chester and Liverpool for consultation and hospitalisation.

It was felt that certain changes had to be made in the Ambulance Service and a Report on the re-organisation of the Service was submitted to the Ambulance Sub-Committee on the 6th September, 1954.

A summary of this Report is given below, also the recommendations for establishing a County Ambulance Service.

The present Ambulance Service is operated in accordance with the amended proposals made and approved under Section 27 of the National Health Service Act, 1946.

#### County Council Ambulances :

**Mold**—2 Ambulances, 2 Drivers, Ambulance Station.

**Flint**—1 Ambulance, 1 Driver, Private Rented Garage.

**Queensferry**—1 Ambulance, 1 Driver, Private Rented Garage.

**Holywell**—1 Ambulance, Part-time Driver, Private Garage.

(1 Reserve Ambulance at present undergoing extensive repairs).

#### Brookes Brothers, Rhyl :

2 Ambulances, 2 Drivers, Private Garage.

**St. John Ambulance Brigade :**

Rhyl—1 Ambulance, 1 Driver, Private Garage.

Prestatyn—1 Ambulance, 1 Driver, Private Garage.

**Arrangements with other Authorities for the Conveyance of Ambulance Cases :**

**Chester City Council**—There is an agreement with the Chester City Council to deal with cases in Flintshire within a radius of 15 miles from the Cross at Chester. This area covers the eastern half of the County as far as a line drawn from Mold to Flint.

**Denbighshire County Council**—Deal with cases in the Maelor area adjoining Denbighshire and in the parts of Flintshire adjoining Denbighshire.

**Salop County Council**—Take cases for Flintshire in the Maelor area adjoining Shropshire.

It is proposed that the existing arrangements with these three Authorities continue. These three Authorities charge this County for any Flintshire cases carried in their ambulances.

**Sitting-case Car Service.**

At present very few sitting cases are carried in County Council Ambulances, the majority are carried by private taxis. A few sitting cases are conveyed by the W.V.S. Hospital Car Service and it may be possible to encourage the W.V.S. to increase the number carried by their car service in the future.

Requests for sitting-case cars go to the Area Welfare and Ambulance Officers who call on the nearest taxi to undertake the work.

**Ambulances.**

During the day-time between 9 a.m. and 5 p.m., calls other than emergency calls go to one of the three Area Officers at Mold, Rhyl and Holywell. Emergency calls and night calls are at present directed to the Area Officers or direct to Ambulance Drivers.

**Comments and Observations on the Present Service.**

I have spent a considerable time on the present Ambulance Service and the Sitting-case Car Service since I commenced duties in June, 1954. I have visited all the Ambulance Stations operated by the County Council and other bodies ; discussed the main problems of the Service with the Area Officers ; and analysed the returns submitted to this department.

1. An Ambulance Service has to meet two main needs :

- (a) removal of patients to and from hospitals and other places ;
- (b) have available at all times ambulances to deal with emergencies, e.g., accidents, sudden illnesses, etc.

The present Service in the County is only able to deal with (a) the removal of routine cases. At times this demand is not met and several ambulance cases have had to be conveyed in sitting-case cars.

It is obvious, therefore, that at present no cover is available in the County for meeting emergencies and several instances of delay in the arrival of an ambulance for an emergency case have been reported.

The provision of ambulances to meet emergencies is an essential requirement of any Ambulance Service, but with the present Service this can not be done.

There is an urgent need for emergency cover not only for medical and surgical cases, but also because of the many industries and the heavy road traffic with the resultant increased risks of accidents.

2. The present Ambulance Service is operated by three separate bodies and this division of the Service greatly reduces its **efficiency**.

Vehicles and personnel are not interchangeable from station to station and at times emergency cover can only be provided by arranging for a vehicle from one station to stand by at another station and provide cover for the area.

3. Ambulances which are liable to be called out at any time must be well maintained and mechanically sound.

Because of this I considered it essential for all County Ambulances to be inspected. The Chief Constable very kindly agreed to a member of his Transport Section inspecting and reporting on the ambulances. The reports indicated that all vehicles required urgent attention and work to render the vehicles road-worthy has been done.

To maintain ambulances mechanically sound needs regular inspection and supervision, and this is one of the reasons why I am recommending the provision of a County-operated Ambulance Service and the appointment of an Ambulance Officer.

4. As well as efficiency, economy is important. To obtain efficiency and economy in running an Ambulance Service requires day-to-day supervision of the whole Service. As County Medical Officer I am not able to give the time to this work as I have many other urgent problems to deal with.

I would strongly recommend the appointment of an Ambulance Officer to ensure the efficiency of the Service and to deal with the day-to-day supervision which is essential for economy.

5. At present no training of the Civil Defence Ambulance Section has been undertaken in this County. Also the Regional Hospital Board is anxious for the co-operation of the Ambulance Service to deal with any major disaster in the County. This work can not be undertaken at present and in my opinion could only be done with a County operated Ambulance Service.

6. I am convinced that the only way to provide an efficient Ambulance Service in the County is by providing our own ambulances and staff, this will entail additional initial expenditure, but in time will result in economy as more sitting cases can be conveyed in light ambulances and more cases can be "combined," i.e., two or more cases carried in same vehicle.

### The Establishment of a County Ambulance Service.

I strongly recommend the Committee to obtain and operate their own ambulances. I would suggest that ambulances be stationed as follows :—

#### Rhyl :

3 ambulances—2 standard ambulances and one light ambulance. The light ambulance to be used for conveying sitting and stretcher cases.

This would involve purchasing one new standard ambulance and one light ambulance and there is provision for this in this year's estimates. The reserve standard ambulance could operate at Rhyl until additional light ambulances were obtained. Later the Flint standard ambulance could be moved to Rhyl and be replaced at Flint by a light ambulance.

As a short term policy it would be necessary to obtain garage accommodation for the three ambulances at Rhyl.

I would strongly recommend the Committee to erect an ambulance station at the Rhyl Fire Station subject to the approval of the Fire Services Committee.

There is adequate space available at the Rhyl Fire Station for the erection of an ambulance station. This would result in considerable saving as ambulance personnel could share the amenities of the Fire Station. This arrangement is in force in Mold and has worked very well.

If approval to this recommendation is obtained, I would strongly advise that the accommodation for ambulances at the Rhyl Fire Station be proceeded with urgently—as it is essential to make adequate arrangements for an efficient Ambulance Service in the Rhyl area as soon as possible.

#### Mold :

3 ambulances—1 to be a light ambulance.

Two County ambulances are stationed at Mold at present in accommodation built on the Fire Station premises. This arrangement has worked well at Mold.

It would be necessary to provide accommodation for one light ambulance on the present site.

#### Holywell :

2 ambulances—1 to be a light ambulance.

As a short term measure both ambulances could be garaged at the present ambulance garage (Roberts' Garage, Holywell).

It would be necessary to erect an ambulance station at a later date and it might be possible to erect this on the Fire Station at Greenfield when the new Fire Station is being built.

**Flint :**

1 light ambulance.

The present ambulance station at Flint is not conveniently situated. This garage is rented from the St. John Brigade.

The ambulance driver has recently moved into a new Council House and there is land near this house on which a garage for an ambulance could be erected subject to the approval of the Flint Borough Council.

**Queensferry :**

2 ambulances—1 to be a light ambulance.

There is accommodation for two ambulances at the present ambulance garage at Queensferry. This garage is rented from the St. John Brigade.

At a later date the Committee may consider it advisable to erect an ambulance station at the Connah's Quay Fire Station when land is available, and transfer the ambulance station from Queensferry to Connah's Quay.

Total ambulances 11. Standard ambulances 6.

Light ambulances 5.

The County own five standard ambulances at present.

It will be necessary in the future to have an ambulance station in the Broughton area, as the population here is steadily increasing. Provision for an ambulance station could be made when the new Fire Station is being built at Broughton.

**Ambulance Staff.**

It would be essential to appoint an Ambulance Officer to be responsible for the day to day administration of the Service under my direction.

The Ambulance Officer should be capable of supervising staff, be responsible for the mechanical efficiency of the vehicles, act as liaison officer with those calling upon the service, and be responsible for records and returns.

A driver should be engaged for each ambulance. I would recommend that all drivers should work day shifts 9 a.m. to 5 p.m. Monday to Friday, 9 a.m. to 1 p.m. Saturday. One or more drivers would be on standby duty at each station at night and at week-ends. By working day shifts all drivers would be available during the period of maximum call on the Service. In this way also, light ambulances could be utilised to convey the maximum number of sitting cases and thus reduce the number of taxis used.

Five attendants should be engaged, one at each station. They should be qualified drivers, hold a first aid certificate and would be interchangeable. Normally they would act as attendants with the ambulances at their station, but they would also act as drivers during illness, holidays, etc., of the

regular drivers at stations. In this way all ambulances would be available for duty at all times.

It might be possible to supplement the paid attendants with volunteer attendants who would be paid whilst undertaking duties. But without one paid attendant at each station the efficiency and availability of the service would be seriously impaired.

#### **Mobilising of Ambulances.**

At present calls for ambulances during the hours 9 a.m. to 5 p.m. go to the Area Officers at Mold, Rhyl and Holywell. Emergency calls often go direct to the drivers. I would recommend that all calls during the day, emergency or otherwise, should go to the Area Officers. If an emergency call goes direct to a driver, and he is already out, there is a delay in obtaining an ambulance as the call has to be re-directed.

The problem of night calls and week-end calls is not satisfactory at present. One solution would be for all night and week-end calls to go to one point and the ambulances to be mobilised from this one point.

Possibly the Fire Headquarters at Rhyl could accept these calls and mobilise ambulances. If this was agreed to, part of the salary of the firewomen at the Rhyl Headquarters who deal with all calls should be borne by the Ambulance Service.

#### **Sitting-case Cars.**

If the Committee agree to the above Scheme, and when eleven ambulances are operating, there would be a reduction in the use of private taxis. I estimate that a quarter of the journeys undertaken by taxis at present could be done by our own vehicles and possibly more than a quarter could be conveyed once the Service was firmly established. Taxis will have to be used in the rural area for sitting cases as it will not be economical to use light ambulances owing to the amount of travelling from the station to the patient. On the other hand in urban areas the maximum number of sitting cases will be conveyed by light ambulances.

#### **Summary.**

1. I strongly recommend the Committee to operate their own ambulance service throughout the County—utilising their own vehicles and drivers.
2. To provide an efficient Service requires eleven ambulances. Six standard and five light ambulances. At present the County own and operate five standard ambulances. It is suggested that two ambulances be purchased now and stationed at Rhyl.  
 4 light ambulances to be purchased during the next financial year.
3. A driver should be appointed for each ambulance. Also an attendant for each Station—this would mean five attendants.
4. An ambulance officer should be appointed to administer the Service.

5. If the above Scheme is approved it will mean an efficient ambulance service which will meet all routine demands and provide emergency cover for the whole County, day and night.

The report was adopted by the Council in October, 1954, and it is hoped that the new Service will be in operation early in 1955.

Table 23 gives details of work undertaken by the various ambulances stationed in Flintshire. Also the work done by Sitting Case Cars.

Table 24 gives details of where the calls for transport came from. It will be noted that for Ambulances and Sitting Case Cars the majority of calls came from hospitals. A fairly high percentage of calls, as would be expected, came from General Medical Practitioners.

**NOTE**—The total number of patients moved by Ambulance (6629), in Table 23, does not correspond with the total number of patients carried as 266 Flintshire patients were carried by Ambulances of other Authorities.

TABLE 23.

AMBULANCE AND SITTING CASE CAR SERVICE.  
YEAR ENDED 31st MARCH, 1954.

## AMBULANCES (Stations).

Station.	Journeys.	Patients.	Mileage.
Rhyl	1693	1872	28132
Prestatyn	594	608	13975
Holywell	472	1100	16424
Flint	436	635	14709
Queensferry	623	790	13789
Mold	1177	1624	27859
<b>Total</b>	<b>4995</b>	<b>6629</b>	<b>114888</b>

## AMBULANCES (Areas).

Area.	Journeys.	Patients.	Mileage.
Rhyl (Pop. 38,000)	2287	2480	42107
Holywell (Pop. 34,094)	908	1735	31133
Mold (Pop. 73,942)	1800	2414	41648
<b>Total</b>	<b>4995</b>	<b>6629</b>	<b>114888</b>

## SITTING-CASE CARS.

Area.	Journeys.	Patients.	Mileage.	Cost.	
				£	s. d.
Rhyl (Pop. 38,000)	5238	8195	96130	4749	0 10
Holywell (Pop. 34,094)	3615	9747	99438	5338	2 7
Mold (Pop. 73,942)	5677	16672	156065	8659	2 3
<b>Total</b>	<b>14530</b>	<b>34614</b>	<b>351633</b>	<b>£18,746</b>	<b>5 8</b>

NOTE—Of 1,177 journeys undertaken by the Mold Ambulance, 658 journeys (55.8 %) were for the conveyance of Flintshire patients to hospital, etc., outside Flintshire.

Average number of patients carried per journey by :—

Rhyl Area Ambulances	1.8
Holywell Area Ambulances	1.9
Mold Area Ambulances	1.5
Rhyl Area Cars	1.5
Holywell Area Cars	2.6
Mold Area Cars	2.9



TABLE 24.  
 YEAR ENDED 31st MARCH, 1954.  
 AMBULANCE AND SITTING CASE CAR SERVICE.  
 SOURCE OF CALL.  
 AMBULANCES.

Station or Area.	Hospital.	Doctor.	Clinic.	Nurse.	Police.	Ministry of Pensions.	Duly Authorised Officer.	Other.	Total.
Rhyl	1407 75.2 %	363 19.4 %	—	2 .1 %	74 3.95 %	1 .05 %	2 .1 %	23 1.2 %	1872
Prestatyn	234 38.5 %	338 55.6 %	—	1 .2 %	16 2.6 %	—	—	19 3.1 %	608
Holywell	801 72.8 %	276 25.2 %	3 .3 %	1 .09 %	12 1.0 %	—	—	7 .6 %	1100
Flint	183 28.8 %	423 66.6 %	—	—	24 3.8 %	—	—	5 .8 %	635
Queensferry	287 36.1 %	393 49.7 %	2 .25 %	—	68 8.6 %	2 .25 %	—	38 4.8 %	790
Mold	658 40.5 %	853 52.5 %	2 .1 %	—	76 4.7 %	4 .25 %	6 .4 %	25 1.5 %	1624
Total	3570 53.85 %	2646 39.9 %	7 .1 %	4 .1 %	270 4.1 %	7 .1 %	8 .1 %	117 1.8 %	6629
SITTING-CASE CARS.									
Rhyl	5034 61.4 %	3110 37.95 %	—	—	6 .1 %	1 .01 %	40 .5 %	4 .05 %	8195
Holywell	5776 59.3 %	3905 40.1 %	51 .5 %	2 .02 %	3 .03 %	8 .08 %	1 .01 %	1 .01 %	9747
Mold	8944 53.65 %	7598 45.6 %	17 .1 %	—	—	48 .3 %	58 .35 %	7 .04 %	16672
Total	19754 57.1 %	14613 42.2 %	68 .1 %	2 .01 %	9 .03 %	57 .2 %	99 .3 %	12 .04 %	34614

## PREVENTION, CARE AND AFTER-CARE.

(a) **Tuberculosis**—Reference has already been made to the close co-operation that exists between the Chest Physicians and their staff, and the officers of the Local Authority, to the attendance of the Authority's Tuberculosis Visitors at the Chest Clinics, to the arrangements made by them for the examination of contacts and for B.C.G. vaccination, and to the reports on home conditions made by them to the Medical Officer of Health and to the Chest Physicians. The number of contacts who were vaccinated with B.C.G. was 147.

When the Tuberculosis Visitors report that the home conditions of persons suffering from Tuberculosis are unsuitable, letters are sent to the Housing Authority recommending re-housing, and it is pleasing to report that the Housing Authorities have shown a very ready response, in spite of their long waiting lists of applicants. When cases of non-respiratory tuberculosis among children are reported, the County Sanitary Inspector investigates the milk supply of the household. The Area Care and After-Care Sub-Committees make grants of milk and other foods to cases of tuberculosis in need, and in between meetings the Medical Officer of Health has power to make grants in all urgent cases. The number of patients suffering from tuberculosis to whom such grants were made in 1954 was 140. Beds, mattresses and blankets are also supplied in necessitous cases from stocks of emergency hospital supplies purchased by the Authority at the termination of hostilities.

Another factor in the prevention of Tuberculosis, especially among school children, is the medical examination including the x-ray examination of the chest of all the newly appointed teachers and of workers in school canteens. During the year the numbers examined by the medical staff of the Authority were:—

Teachers, 105.

Canteen Workers, 37.

(b) **Illness generally**—Grants of milk, etc., similar to those for tuberculosis are also made by the Area Sub-Committees to persons suffering from other forms of illness, and to mental defectives living in their own homes. Eleven such persons were assisted in 1954.

Nursing requisites, such as bed-pans, urine bottles, air cushions, etc., are loaned to patients either from stocks held by the district nurses, or through the depots of the St. John Ambulance Brigade and the British Red Cross Society. These voluntary organisations have also rendered valuable assistance by loaning wheeled chairs to invalids on payment of a small fee. The Authority has also supplied "Dunlopillo" mattresses to certain patients in need.

Financial responsibility for periods of convalescence in Convalescent Homes has also been accepted by the Authority, the Medical Officer having the power to arrange such convalescence at his discretion. The Authority

accepted financial responsibility for twenty such patients in 1954. Recommendations for convalescence are received from the hospitals, General Practitioners and public, and charges are recovered according to the financial circumstances of the patient.

#### DOMESTIC HELP.

The demands on this very valuable Service have increased steadily since 1948, and the number of cases helped in 1954—443—is the highest recorded.

This Service calls for a great deal of detailed administration which has been most efficiently carried out by Miss Gray, the Domestic Help Organiser. Not only is the Service providing much needed help at home for Medical, Surgical, Maternity and Tuberculous cases, but also help is provided for the elderly who would otherwise require hospital care in many instances.

It will be noted that approximately 70 % of all cases helped were chronic aged sick.

By providing a Domestic Help many acute illnesses are nursed at home, and the saving of hospital beds for the more seriously ill thus effected.

One other important contribution of the Service is the keeping together of a family when the mother is ill. By providing a help the children can remain at home, which is greatly to the benefit of the family and to the advantage of the Authority who would otherwise be obliged to admit the children to a Home.

The Service is greatly appreciated by the public and the standard of the helpers is high. Regular meetings of Domestic Helps are held in various parts of the County when matters concerning their work are discussed and films and other instructional material shown.

Persons availing themselves of the Domestic Help Service are assessed to pay towards the cost on a scale approved by the County Council.

Details of cases helped and hours worked are shown on Table 25.

TABLE 25.

## DOMESTIC HELP SCHEME.

## 1. Number of cases where Domestic Help was provided during the year :—

Maternity	...	...	...	...	...	35
Tuberculosis	...	...	...	...	...	14
Chronic Aged Sick	...	...	...	...	...	274
Other	...	...	...	...	...	120
						<hr/> 443

Number of first visits to Patients	...	...	...	...	284
Number of re-visits to Patients	...	...	...	...	560
					<hr/> 844

Number of prospective applicants interviewed at office 16

## 2. Number of Domestic Helps employed at 31/12/54 :—

(a) Full-time	...	...	...	...	...	3
(b) Part-time	...	...	...	...	...	104
						<hr/> 107

Number of prospective Helpers interviewed	...	...	...	...	67
Number of Domestic Help Organisers employed	...	...	...	...	1
Number of Meetings arranged for Home Helps	...	...	...	...	4
Number of first visits to Helpers	...	...	...	...	62
Number of re-visits to Helpers	...	...	...	...	718
					<hr/> 780

## 3. Number of hours worked in each area for the year :—

Eastern, 31,212 ; Central, 24,830 ; Western, 34,878.

Total, 90,920.

## HEALTH EDUCATION.

Posters and leaflets obtained from the Central Council for Health Education are exhibited and distributed in the various Clinics in the area.

Short talks are given at Centres by medical officers and health visitors, and the County Sanitary Inspector has been particularly active in this respect, lecturing and showing films to Women's Institutes, Young Farmers' Clubs, etc., and to various traders' organisations and canteen staff in connection with the Clean Food Campaign.

## MENTAL HEALTH.

**Administration**—All matters relating to mental health are reported, in the first instance, to the appropriate Area Care and Nursing Committee. Any action necessary concerning mental defectives is deferred until the Health Committee has confirmed the Minutes of the Area Committee—but in urgent cases action is taken immediately after the meeting of the Area Committee.

The Medical Officer of Health, his Deputy, and four Assistant Medical Officers are approved by the Local Health Authority for signing certificates under the Mental Deficiency Acts. The Medical Officer of Health and four Assistant Medical Officers are approved by the Minister of Education for the ascertainment of educationally sub-normal children.

No Psychiatric Social Workers are directly employed by the Authority.

The Authority's Health Visitors supervise mental defectives on licence from Institutions and adult female mental defectives and mentally defective children under 16 years of age living in the community. Three duly authorised officers deal with cases under the Lunacy and Mental Treatment Acts, and supervise made adult mental defectives living in the community or on licence from Institutions. In addition, a qualified duly authorised Officer is available for relief duties in the various parts of the County.

Psychiatric Social Workers employed by the North Wales Mental Hospital Management Committee undertake the supervision of patients on trial from Mental Hospitals, and also the supervision of patients discharged from hospital, and there is an apportionment of the cost between the Hospital Management Committee and the Local Health Authority.

Reference has already been made to the work done by Health Visitors and duly authorised officers with regard to Care and After-care, and whose reports are submitted to the Area Care and Nursing Committees. Adults who are mentally distressed are referred to the Adult Psychiatric Clinics at Rhyl and Wrexham, conducted by the Consultant Psychiatrist attached to the North Wales Hospital for Mental and Nervous Disorders, while children are referred to the Child Psychiatrist who also conducts Child Guidance Clinics at Rhyl and at Wrexham.

During the year the duly authorised officers dealt with 77 patients who were certified under Section 16 of the Lunacy Act and admitted to hospital, and with 10 patients who were admitted under urgency orders (Section 20 of the Lunacy Act). While 246 patients were admitted to mental hospitals as voluntary patients.

Reference has already been made to the supervision of mental defectives in the community. Persons suspected of being mentally deficient are referred to the Authority by Welfare Officers, Health Visitors, School Teachers, Police, etc. They are then visited and reported upon by the Authority's Medical Officers.

During the year two males under 16 years of age, and two males and two females over 16 years of age were so reported. Of those under 16 years of age, two males were placed under statutory supervision. Of those over 16 years of age, two males and one female were placed under statutory supervision.

The number of mental defectives on the Authority's registers at 1/1/55 considered to be in need of institutional care was one male and one female aged under 16 years of age, and five males and three females over 16 years of age.

The difficulties with regard to obtaining vacancies for mental defectives in Institutions are two well-known to need further comment.

There is only one defective under guardianship, a male aged under 16 years.

At present there is no Occupation Centre for mental defectives in the County. The need for a Centre is steadily growing and a recommendation has been made to the Health Committee that a Centre be established at Rhyl.

The statistics given above are shown in tabular form in Table 26.

TABLE 26.  
A.—LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients ... 77  
Temporary Patients ... 10

In addition, 246 persons were admitted to the Mental Hospital as "voluntary patients."

B.—MENTAL DEFICIENCY ACTS, 1913-1938.

	During 1954.				Total cases on Authority's Registers as at 1/1/55.				
	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 1954:									
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—									
(i) Local Education Authorities on children:									
(1) While at school or liable to attend school ...	2	—	—	—	—	—	—	—	—
(2) On leaving special schools ...	—	—	—	—	—	—	—	—	—
(3) On leaving ordinary schools ...	—	—	—	—	—	—	—	—	—
(ii) Police or by Courts ...	—	—	—	—	—	—	—	—	—
(iii) Other sources ...	—	—	2	2	—	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground ...	—	—	—	—	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) ...	—	—	—	—	—	—	—	—	—
Total number of cases reported during the year ...	2	—	2	2	2	—	2	2	—

continued

Table 26 (B)—continued.

	During 1954.				Total cases on Authority's Registers as at 1/1/55.				
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.		
	M	F	M	F	M	F	M	F	
2	—	—	2	1	8	8	...	62	39
—	—	—	—	—	1	—	...	—	—
—	—	—	—	1	—	—	...	—	1
—	—	—	—	—	9	4	...	39	61
—	—	—	—	—	—	1	...	2	6
—	—	—	—	—	—	—	...	—	—
2	—	—	2	2	18	13	...	103	107

- 2. Disposal of cases :**
- (a) Of the cases ascertained to be defectives "subject to be dealt with" number :—
- (i) Placed under Statutory Supervision ... ..
  - (ii) Placed under Guardianship\* ... ..
  - (iii) Taken to "Places of Safety" ... ..
  - (iv) Admitted to Hospitals ... ..
- (b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—
- (i) Placed under "Voluntary Supervision" ... ..
  - (ii) Action unnecessary ... ..

Total of Item 2 ... .. 2 2

**3. Classification of defectives in the Community on 1/1/55 according to need at that time :**

- (a) Cases included in item 2 (a) (i) to (iii) above in need of hospital care and reported accordingly to the hospital authority :—
- (1) In urgent need of hospital care :—
    - (i) "Cot and chair" cases ... ..
    - (ii) Ambulant low grade cases ... ..
    - (iii) Medium grade cases ... ..
    - (iv) High grade cases ... ..
  - (2) Not in urgent need of hospital care :—
    - (i) "Cot and chair" cases ... ..
    - (ii) Ambulant low grade cases ... ..
    - (iii) Medium grade cases ... ..
    - (iv) High grade cases ... ..
- Total of Item 3 (a) ... .. 1 1 5 3

continued



Table 26 (B)—continued.

	During 1954.				Total cases on Authority's Registers as at 1/1/55.				
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.		
	M	F	M	F	M	F	M	F	
(i) Occupation centre	...	...	...	...	6	3	...	10	9
(ii) Industrial centre	...	...	...	...	—	—	...	5	—
(iii) Home training	...	...	...	...	—	—	...	1	—
Total of Item 3 (b)	...	...	...	...	6	3	...	16	9

3. Classification of defectives in the Community on 1/1/55 (continued).

(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :—

(i) Occupation centre	...	...	...
(ii) Industrial centre	...	...	...
(iii) Home training	...	...	...
Total of Item 3 (b)	...	...	...

(c) Of the cases included in item 3 (b), number receiving training on 1/1/55 :—

(i) In occupation centre	...	...	...
(ii) In industrial centre	...	...	...
(iii) At home	...	...	...
Total of Item 3 (c)	...	...	...

4. Number of Mental Defectives who were in hospitals, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954 :—

	Males.	Females.	Total.
(a) Ceased to be under care	...	...	...
(b) Died, removed from area, or lost sight of	5	1	6
Total	5	1	6

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 1954	...	Nil.
(b) Number who have married during 1954	...	1 Male.

\* Number of defectives under Guardianship on 1st January, 1955, who were dealt with under the provisions of Sections 8 or 9 ... NIL.

## Section C.

## 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.

The incidence of Measles still remained high in 1954—698 cases were notified. Thirteen cases of Dysentery were notified which is a considerable increase on 1953.

There were 255 cases of Whooping Cough and one death. This number shows a slight reduction compared with 1953 (318).

Towards the end of the year there was a sharp rise in cases of Influenza, the illness mainly affected children and did not appear to be the severe form of Influenza.

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:—

Smallpox	...	...	...	—
Cerebro-Spinal Fever	...	...	...	—
Diphtheria	...	...	...	3
Dysentery	...	...	...	13
Enteric Fever (Typhoid)	...	...	...	—
Erysipelas	...	...	...	8
Food Poisoning	...	...	...	7
Measles	...	...	...	698
Meningococcal Infections	...	...	...	1
Ophthalmia Neonatorum	...	...	...	—

Paratyphoid	...	...	...	—
Acute-encephalitis—Infective	...	...	...	—
Post-infectious	...	...	...	—
Acute Poliomyelitis—Paralytic	...	...	...	1
Non-paralytic	...	...	...	1
Pneumonia	...	...	...	89
Puerperal Pyrexia	...	...	...	3
Scarlet Fever	...	...	...	103
Whooping Cough	...	...	...	255
Malaria	...	...	...	—
				—
			<b>Total</b>	1182
				—

It will be noted that notifications of Measles form 59.00 %, and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia forms 96.87 % of the total notifications.

**Whooping Cough**—During the year 255 cases of Whooping Cough were notified, and of these, one died—child aged under one year.

While few deaths can be attributed to the disease, it unfortunately is apt to have distressing sequelae, which lead to chronic ill-health in later life.

The efficacy of immunisation against Whooping Cough has been in doubt for some time, and such immunisation has not, up to the present, received the whole-hearted support of the Ministry of Health. Consequently, while material for Diphtheria immunisation is supplied free of charge by the Ministry, material for Whooping Cough immunisation has to be supplied by the Authority, and expenditure would be subject to grant. Recent research in the matter has, however, shown that immunisation does provide a considerable degree of protection against the disease and consideration should be given to the possibility of providing in the Authority's Clinics facilities for the **combined** immunisation against Diphtheria and Whooping Cough.

**Measles**—No death occurred among the 698 cases notified.

**Diphtheria**—No death occurred among the three cases notified.

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

TABLE 27.

TUBERCULOSIS—NOTIFICATION.

AGE PERIODS:	FORMAL NOTIFICATIONS.													Total (all ages)
	Number of Primary Notifications of New Cases of Tuberculosis.													
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males ...	1	1	3	2	..	6	6	12	10	7	5	7	2	62
Respiratory, Females ...	1	1	3	4	3	7	8	21	8	5	3	2	..	66
Non-Respiratory, Males ...	..	1	3	3	2	1	..	..	1	..	..	2	..	13
Non-Respiratory, Females ...	..	..	1	3	4	2	1	4	..	1	..	..	..	16

One case of Tuberculosis came to the knowledge of the County Medical Officer otherwise than by formal notification.

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

TABLE 28.  
DEATHS FROM TUBERCULOSIS, 1954.

	Males.	Females.	Total.
Respiratory Tuberculosis ... ..	22	7	29
Non-Respiratory Tuberculosis ... ..	3	—	3
All Forms ... ..	25	7	32

The crude mortality rate from Tuberculosis (all forms) in the County of Flint 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, the rate for 1951 was 0.45 per 1000 population, the rate for 1952 was 0.35, the rate for 1953 was 0.23. The rate for 1954, however, is 0.21.

TABLE 29.

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
1952 ... ..	145700	0.35
1953 ... ..	145100	0.23
1954 ... ..	145800	0.21

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, and one that is difficult to answer, 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 1945-53.

TABLE 30.

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
			1952	...	1.04
			1953	...	1.29
			1954	...	1.08

It will be seen at a glance that the notification rate of tuberculosis has not declined as rapidly as the death rate. This does not necessarily mean that tuberculosis is more prevalent—but it does mean that more cases are being discovered in the early stages when treatment is more effective. Prior to 1939, many cases of tuberculosis only came to the notice of the Medical Officer of Health when they died—they had not been discovered until the patient died of the illness. This is very rare now and the intensive work to discover cases in the early stages is proving successful.

Tuberculosis is a preventable illness and we must redouble our efforts to reduce the incidence in the County still further. Our work is made more difficult in some cases by the lack of co-operation of the public in coming forward for examination—particularly important with “contacts”—members of families where a case has been notified.

It is gratifying to note that the waiting lists for Sanatorium beds have been greatly reduced in the past year and cases requiring urgent admission when diagnosed can be offered a bed almost immediately.

Some early cases are suitable for treatment at home and the Home Nursing and Domestic Help Service play an important rôle in this work. Other cases discharged from Sanatorium may require further treatment later. Often this can be given at home under the supervision of the General Practitioner and the Home Nurse.

TABLE 31.

TUBERCULOSIS—CARE AND AFTER-CARE.  
CONTACTS.

	During 1952.						During 1953.						During 1954.						
	Males		Females		Total		Males		Females		Total		Males		Females		Total		
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
(1) Number of cases notified to Tuberculosis Visitors:—																			
Respiratory	10	46	7	46	17	92	15	92	16	60	31	152	8	54	11	55	19	109	
Non-Respiratory	8	4	8	3	16	7	6	4	7	9	13	13	6	3	8	10	14	13	
Total	18	50	15	49	33	99	21	96	23	69	44	165	14	57	19	65	33	122	
(2) Number of persons in contact (at home) with above cases:—																			
Respiratory	70	113	43	109	113	222	93	156	87	184	180	340	45	147	74	159	119	306	
Non-Respiratory	18	26	13	24	31	50	16	21	11	22	27	43	30	17	32	24	62	41	
Total	88	139	56	133	144	272	109	177	98	206	207	383	75	164	106	183	181	347	
(3) Of the "contacts" shown in (2) above: number known to have been examined by Tuberculosis Physician:—																			
Respiratory	48	45	36	63	84	108	65	79	71	101	136	180	58	92	66	111	104	203	
Non-Respiratory	7	5	10	8	17	13	10	15	8	15	18	30	24	14	24	17	48	31	
Total	55	50	46	71	101	121	75	94	79	116	154	210	62	106	90	128	152	234	

**Tuberculosis: Mass X-Ray Survey, 1954**—The Mass X-Ray Unit of the Welsh Regional Hospital Board visited the County between February and June, 1954.

The arrangements for the examination of the public and school children were discussed with the Medical Director of the Unit, the Chest Physician and Dr. Pearse. In this way the best possible use was made of the Unit in the County.

The findings of the survey are given below:—



TABLE 32.

Area.	Number of persons examined.			Number found Abnormal.					Total.	
	Males.	Females.	Total.	Definite Pulmonary Tuberculosis.	Needing further observation for			Other Abnormalities.		
					Pulm. Tuberculosis.	Pulm. Tuberculosis.	Abnormalities.			
Buckley	...	...	1016	—	...	2 (1M 1F)	...	112 (63M 49F)	...	114
Connah's Quay	231	484	715	—	...	1 (1F)	...	75 (36M 39F)	...	76
Flint	247	348	595	—	...	3 (3M)	...	33 (15M 18F)	...	36
Holywell	533	713	1246	—	...	13 (7M 6F)	...	100 (41M 59F)	...	113
Mold	808	1091	1899	2 (2F)	...	5 (2M 3F)	...	143 (72M 71F)	...	150
Prestatyn	371	609	980	1 (1F)	...	2 (2M)	...	119 (52M 67F)	...	122
Rhyl	1431	2083	3514	3 (1M 2F)	...	15 (8M 7F)	...	354 (179M 175F)	...	372
Caergwrle	203	237	440	1 (1F)	...	1 (1F)	...	78 (46M 32F)	...	80
Penyffordd	62	121	183	—	...	1 (1F)	...	28 (14M 14F)	...	29
Mostyn	124	162	286	—	...	—	...	36 (17M 19F)	...	36
St. Asaph	199	305	504	—	...	3 (2M 1F)	...	44 (30M 14F)	...	47
Hawarden	447	374	821	—	...	1 (1M)	...	53 (27M 26F)	...	54
Shotton	560	881	1441	—	...	12 (5M 7F)	...	153 (68M 85F)	...	165
Bangor-on-Dee	111	142	253	—	...	—	...	27 (15M 12F)	...	27
Hanner	54	47	101	—	...	1 (1F)	...	11 (6M 5F)	...	12
Overton	82	117	199	—	...	2 (2M)	...	14 (6M 8F)	...	16
<b>TOTALS</b>	<b>5902</b>	<b>8291</b>	<b>14193</b>	<b>7 (1M 6F)</b>	<b>62 (33M 29F)</b>	<b>1380 (687M 693F)</b>	<b>1449</b>			

No cases of tuberculosis were found amongst the school staff (teachers and others) examined at the various centres.

A total of 2,630 schoolchildren was examined and no case of tuberculosis found.

In addition to the figures given above for the general public, 10,539 persons were examined at various factories in the County. Amongst these persons 4 males and 1 female were found to be suffering from Pulmonary Tuberculosis, and 21 males and 11 females required a further examination or a period of observation before a final diagnosis could be made.

It will be noted that 7 patients (all adults) were found to be suffering from definite Pulmonary Tuberculosis, and that 62 persons (i.e., 52 adults and 10 school children) were referred for further observation.

(A further report was received later in the year which showed that of the 62 patients referred for observation, 11 additional adult cases and 3 school children were found to be suffering from definite Pulmonary Tuberculosis, and that of the 32 persons referred for further examination amongst industrial staff, 7 further cases of Pulmonary Tuberculosis were diagnosed).

The cases requiring further observation were notified to the General Practitioners and followed up by the area Chest Physicians until a final decision was reached on the condition of the patient and the need for treatment.

Under the heading "Other Abnormalities" are many conditions which do not require treatment, e.g., abnormal bone conditions, lung damage due to old illnesses, and developmental abnormalities. Some of the other "Abnormal Conditions" include such illnesses as bronchitis, bronchiectasis, heart disease, and cancer of the lung. Most of these cases were already known to their own doctors and receiving treatment.

It is hoped that the Mass X-Ray Unit will visit the County again in 1955 when full and effective use will be made of the facilities offered.

The Medical Research Council has recently made recommendations concerning the use of Mass X-Ray Units, and these recommendations will be implemented as far as possible during the Unit's next visit.

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

Syphilis	...	...	...	13
Gonorrhoea	...	...	...	20
Other conditions	...	...	...	81

## Section D.

**NATIONAL ASSISTANCE ACT, 1948.**

Section 21 of the Act imposed upon the County Council the statutory duty 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.

In pursuance of this duty, the Authority retained beds at the former Poor Law Institutions at St. Asaph and Holywell, and by the end of 1952 had provided additional accommodation at Park House, Prestatyn, The Lawn, Russell Road, Rhyl, Carr Holm, Prestatyn, and Hafan Glyd, Shotton.

Park House, Prestatyn, and The Lawn, Rhyl, had been opened prior to 1952. Carr Holm, Prestatyn, was opened on 31st July, 1952, and Hafan Glyd, Shotton, on the 13th December, 1952. Hafan Glyd is the only home which provides accommodation for both sexes, and which was especially built for the purpose.

Coleg Clwyd, Russell Road, Rhyl, was acquired by the Council in 1954 and will eventually be used as an extension to The Lawn and will provide accommodation for 25 additional men, making a total at this establishment of 55 men.

In addition to the above premises owned by the Authority, 12 beds were reserved at the Men's Convalescent Home, Bedford Street, Rhyl, but the Trustees gave notice to the Council to terminate arrangements as from 30th September, 1954, and pending the opening of Coleg Clwyd as an extension to The Lawn, temporary accommodation has been provided for 15 men at Pen-y-Coed, Brighton Road, Rhyl. The Council also have 18 beds for females at Plas Coed, Rhyl, a Home administered by a voluntary committee. The Authority has also accepted financial responsibility for the maintenance of 21 persons in Homes outside the County.

The total accommodation provided is as follows:—

St. Asaph	...	...	...	53 (M 26, F 27)
Holywell	...	...	...	36 (M 18, F 18)
Park House, Prestatyn	...	...	...	20 (F)
The Lawn, Rhyl	...	...	...	30 (M)
Carr Holm, Prestatyn	...	...	...	24 (F)
Hafan Glyd, Shotton	...	...	...	36 (M & F)
Pen-y-Coed, Rhyl	...	...	...	15 (M)

Total—214, plus 18 at Plas Coed and 21 at Homes outside the County. Grand Total—253.

Section 31 of the National Assistance Act states that a local authority may make contributions to the funds of any voluntary organisation whose activities consist in or include the provision of recreation or meals for old people and, in this respect, as a result of a County Conference held of all voluntary organisations, Voluntary Old People's Welfare Committees have been formed at Prestatyn, Mold, Shotton and Flint whose object will be, amongst other things, to organise a Visiting Service to lonely old people and to provide a Hot Meals Scheme in conjunction with the School Meals Service.

A grant of £25 has been made to the Rhyl branch of the W.V.S. to enable them to purchase additional equipment to extend the Meals-on-Wheels Scheme at Rhyl.

Section 29 of the Act gave the County Council permissive powers to establish "Welfare Services" for the blind, the deaf, the dumb, and those substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister.

In view of the impossibility of drawing any line of demarcation between the Authority's powers under this Section of the National Assistance Act and its 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 Council's powers under the National Assistance Act to the Health Committee established under the National Health Service Act.

The Minister of Health, however, directed that the Welfare of the Blind should be a statutory duty of the Authority.

Welfare of the Blind is undertaken on behalf of the Authority by the Chester and District Blind Welfare Society. The total number of blind persons on the register on 31st December, 1954, was:—

- Blind 318. Partially sighted 65.
- 2 children were in Residential Schools for the Blind.
- 9 blind persons from Flintshire were employed in the Society's Workshops at Chester, and 4 were employed as Home Workers.
- 5 blind persons are employed in open industry, and
- 6 are self-employed.

In addition, one blind person is employed as a Physiotherapist and one as a typist.

#### A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:—				
(a) No treatment	14	5	1	18
(b) Treatment (medical, surgical or optical)	8	3	—	8
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	1	3	—	3

## B. OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	...	NIL
(ii) Number of cases in which :—		
(a) Vision lost	... ..	NIL
(b) Vision impaired	... ..	NIL
(c) Treatment continuing at end of year	...	NIL

Welfare of the Deaf and of the Dumb is undertaken on behalf of the Authority by the Chester and North Wales Deaf and Dumb Society.

Total No. of Deaf—60.

	Males.	Females.	Total.
<b>Aged :—</b>			
5 to 16	6	2	8
16 to 21	2	5	7
21 to 50	11	16	27
50 to 65	4	6	10
Others	5	3	8
		<b>Total</b>	<b>60</b>

Each of the above cases are visited regularly and a quarterly report sent to the Clerk of the Council. In addition, the Secretary of the Chester and North Wales Society for the Deaf attends the Health Care and Nursing Committee meetings at each of the following places when advised :—Hawarden, Holywell, Flint, Prestatyn, Rhyl, Mold.

The officers of the Society visit schools where the children are resident, they visit their homes and in many ways bring sunshine into the lives of many who otherwise are forgotten and even unwanted. Parties are arranged, picture shows, visits to the Zoo, and many other similar entertainments.

The adult deaf are visited in their homes and often at their places of employment. Care is taken that no exploitation of the deaf is caused by employers ; the Welfare Officer looks after disablement registration, industrial placement, recreation facilities, lip reading classes or speech therapy. Special care is taken of the sick, those in hospital and Part III accommodation, and in numerous ways these handicapped people are cared for and brought into touch with the hearing world.

**Example Cases :**

W.C., Buckley—This man was found waiting for admission to the Chester Royal Infirmary. Transport was arranged and with his wife they were conveyed to the hospital. The Welfare Officer interpreted for the doctor and attended to the man while he was in hospital and assisted his wife, who is also Deaf and Dumb, with his National Insurance and the care of the home while the husband was away. The mother of this man is most grateful.

O.J.T., Flint—Owing to the loss of his mother at the ripe age of 92 years, this man got depressed, he was advised to take up a hobby, and started rug-making which he did well. He is over seventy, but goes to work daily as a gardener.

G.D., Rhyl—This is a difficult case—home conditions not at all satisfactory. We visited the Deaf School and interviewed the Principal who agreed that this girl should remain in school until she was nineteen both for care and attention, and to be trained as a Dressmaker. The parents were visited and advised that this would be beneficial for their child's future, they agreed.

P.W., Shotton—Here is a man who appreciates what the Council are doing for old people. In Part III accommodation he enjoys his food, the entertainment provided, meets with his comrades and is delighted when we call to see him.

D.H., Lluesty—It was reported to us that this old lady was now in Lluesty Hospital. Her sister asked that we might visit her, this we did regularly. At first it was difficult to get her to follow the finger spelling, but later she improved for a short time and was pleased to talk as best she could on her fingers. Being blind as well as deaf and dumb her release from this life must have been a real blessing. Her sister was ever so grateful for any help we were able to give.

E.C., Rhyl—Here we found a deaf and dumb woman at the age of forty-two entirely dependant on her parents. The parents themselves should be receiving Old Age Pension, but had not applied for it. We made application on behalf of the daughter and got her a grant of 38/- per week. The parents now have their Old Age Pension and all are very happy.

#### **Flintshire cases in Mental Hospitals.**

It is one of our duties to visit the deaf in mental hospitals. In Denbigh we found Mrs. T.G. and Mrs. G.O., took them a basket of fruit and talked to them for about an hour. For the first time Mrs. G. joined in the conversation and we feel that these visits are helpful. We are grateful to the Staff for the help they give on these visits. G.O.'s sister is still in America, and we visit her at the request of the sister.

These are a few examples of the cases we visit and the work done by this Society. There are many more that could be enumerated but this may suit your requirements.

Parties are held at Rhyl and Chester for the deaf in the Flintshire area, and a full day's outing is arranged in the month of August when the children are at home on holiday.

(Signed) D. RUSSELL MACFARLANE,

Secretary.

Chester and North Wales Deaf and Dumb Society,  
18, Upper Northgate Street, Chester.

## Section E.

## FOOD AND DRUGS ACT, 1938, ETC.

There has been a great deal of new legislation in recent years dealing with all aspects of manufacture, handling, and the sale of food. The enforcement of most of the legislation falls on the County Council, and the work of sampling, etc., is done most ably by Mr. Elwyn Lewis, M.R.S.I., M.S.I.A., the County Sanitary Inspector.

The aim is not so much to prosecute offenders but to advise and assist those who are trying to produce both foodstuffs and drugs of a proper standard. Mr. Lewis gives of his best in this work and is always ready to assist by lectures, etc., to food handlers and others.

The quality of foods and drugs sold in the County is on the whole good, but there is room for improvement in the methods of handling food—in shops, catering establishments and other places providing meals and refreshments.

## “REPORT OF THE COUNTY SANITARY INSPECTOR.

## FOOD AND DRUGS ACT, 1938, ETC.

623 samples of food were submitted to the Public Analyst for chemical analysis during the year 1954. The following is a brief summary of the samples taken:—

Article.	Number Taken.	Genuine.	Not Genuine.
Milk	315	201	114
Dairy Produce	27	26	1
Ice Cream and Lollies	42	41	2
Confectionery and Cakes	24	22	—
Alcoholic Drinks	23	23	—
Patent Medicines	15	14	1
Cooked Meats and Sausages	79	75	4
Fish and Meat Pastes	4	4	—
Cooking Fats and Oils	17	17	—
Spices and Condiments	8	6	2
Miscellaneous Groceries	69	63	6
	623	492	131

The high percentage of foods reported as not being genuine or below standard was due to the large numbers of milk samples which were found to be of poor quality.

**Milk**—315 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.

114 samples were found to be adulterated or below standard. A large number of these not genuine milks were in fact "genuine" in so much that the milk was sold as it came from the cows. In all of these cases it was found that the cows were giving poor quality milk and that it did not comply with the standards set in the Sale of Milk Regulations.

14 samples were found to contain added water and legal proceedings were instituted in two cases. The amounts of added water in the other 12 cases were small and a warning letter was sent in each case.

In the following table this year's milk samples are compared with those taken in the past 4 years :—

Year.	No. taken.	Adulterated or below standard.	Nature of Irregularity.			
			Low in fat content.	Low in S.N.F. content.	Added water.	Preservative.
1950	268	55	23	22	10	—
1951	351	128	33	54	41	—
1952	343	133	32	79	22	—
1953	355	116	31	56	24	5
1954	315	114	31	69	14	—

**Pasteurised Milk**—There are four 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.

**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**—98 milk samples were taken from retailers and tested for the presence of the tubercle bacillus and brucella abortus. 2 samples of milk were found to contain tubercle bacilli and another 2 samples contained brucella abortus organisms. The tuberculous milk producers were reported to Mr. Simpson, the Divisional Veterinary Officer, who inspected the herds and found 3 cows giving tuberculous milk. These were dealt with under the Tuberculosis Order. 2 of these cows came from the same herd and the milk samples which led to the investigation were taken following an investigation of T.B. Glands in 2 children of separate families. The Medical Officer of Health of the district concerned was asked to deal with the milk supplies containing brucella abortus.



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 1954 :—

	Attested.	Non-Attested.	Total.
T.T. or Certified Herds ... ..	450	52	502
Non-Designated Herds including non-dairy Herds ... ..	189	1083	1272
	639	1135	1774

On the 30th September, 1954, all accredited licences lapsed. The herds concerned are included in the non-designated herds shown above.

Total Cattle population for the County ... ..	63698
Number of Cattle seized under the Tuberculosis Order ... ..	11

**Other Foods**—308 samples were taken and 16 were found to be adulterated or not up to standard. 4 samples of imported fruit showed excessive chemical contamination. 2 samples of pears with excessive arsenical contamination on the skins, and 2 samples of oranges showed the presence of Thiourea in the fruit juice. Thiourea is a preservative which is sprayed onto the orange skins to prevent the growth of mould. This preservative is poisonous and can penetrate the skins and affect the juice. The attention of the Ministry of Food was drawn in each case.

Investigations were also made of complaints of potatoes having a "moth ball" flavour when cooked. Potatoes which have been planted in fields recently treated with certain insecticides will sometimes give a naphthalene flavour on being cooked. Seed potatoes in clamps are sometimes chemically sprayed to prevent sprouting too early. The potatoes submitted to the Public Analyst were found to be wholesome.

The following is a summary of some of the samples found to be below standard :—

Article.	Deficiency or Adulteration.	Administrative Action.
Pork Sausages.	Slightly below standard in meat content.	Warning letter.
ditto.	ditto.	ditto.
ditto.	ditto.	ditto.
ditto.	ditto.	ditto.
Pears.	Arsenical contamination. Skins contained 2 parts of $As_2O_3$ per million. Should not exceed 1-3 parts per million.	Warning letter to Importers. Attention of Ministry of Food drawn to matter.
ditto.	ditto.	ditto.
Oranges.	Contained 2 parts per million of Thiourea.	ditto.
ditto.	ditto.	ditto.
Ice Lollies.	Contained 3 parts per million of lead. Ice lollies should not contain more than 1 part per million of lead.	Shopkeeper advised and old lead moulds destroyed.
Tomatoes.	Unpleasant taste due to insecticides.	Grocer advised.
Cascara Sagrada.	Deficient in alcohol—probably due to long standing.	Shopkeeper advised. Stock withdrawn.
Sherbert Dabs.	Deficient in $CO_2$ —probably due to storage in damp place.	Attention of shopkeeper drawn to matter.
Malt Vinegar.	100 % non-brewed condiment.	Warning letter.
Fortified Flour.	Slightly deficient in chalk.	No action.
Tins of Cream.	Curdled.	Stock examined and condemned.
Sweets.	Did not agree with label.	Warning letter to manufacturers.

## SUMMARY OF LEGAL PROCEEDINGS.

Article.	Deficiency or Adulteration.	Result.	Total costs and Fines.
Milk ...	22 % added water ...	Convicted ...	6 4 0
" ...	9 % added water ...	" ...	7 4 0
" ...	Obstruction ...	" ...	8 3 0
Total ...			£21 11 0

**Public Health Propaganda**—Lectures and film shows were given to the various organisations such as Townswomen's Guilds, School Kitchen Staffs, Hospital Kitchen Staffs, Civil Defence Personnel, Women's Institutes, W.V.S. and Mothers' Unions. The subjects discussed included Clean Food, the Health Services, Immunisation, Housing and Environmental Hygiene.

**Other Duties**—Investigation of complaints, Cancer Research, atmospheric pollution and soil samples, river pollution, inspection of school premises.

#### SHOPS ACT.

The provisions dealing with the health and comfort of shop workers are found in the Shops Act, 1934. They include heating, ventilation, sanitation, lighting, washing facilities, facilities for taking meals, and seating accommodation for female workers.

The District Council Health Departments are responsible for the supervision of heating facilities, efficiency of the ventilation, and sanitary accommodation. The County Health Department is responsible for the supervision of the adequacy of the lighting, washing facilities, facilities for taking meals and seating accommodation for female workers.

All premises inspected during the year complied with the requirements of the Act.

**Fertilisers and Feeding Stuffs Act**—26 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 247 listed sellers of poisons in the County and these are subject to periodic inspection.

E. LEWIS,

County Sanitary Inspector."

**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 good progress with their housing schemes. 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.

Section F - Management of Sewage  
The following provisions shall apply to the management of sewage...

The supervisor of each examination shall be responsible for the collection and disposal of sewage... The following provisions shall apply to the management of sewage...

Section G - Housing  
The following provisions shall apply to the management of housing...

The following provisions shall apply to the management of housing... The following provisions shall apply to the management of housing...

The following provisions shall apply to the management of housing...