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Flintshire County Council



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

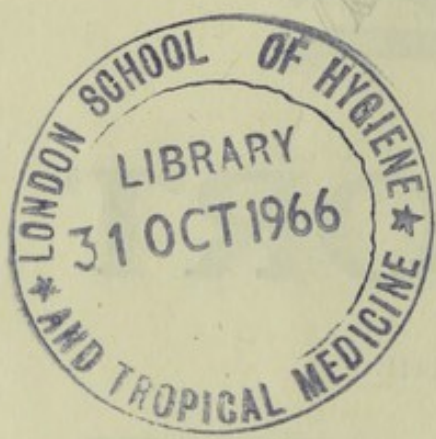
OF

FLINTSHIRE

DURING THE YEAR

1955

+320



FLINTSHIRE COUNTY COUNCIL.

COUNTY HEALTH OFFICES,
LLWYNEGRIN,
MOLD.

To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

During the year the services provided by the Health Department for the public functioned smoothly. There were changes made in several services but these were adjustments to meet changing needs and not changes in the services provided.

As mentioned in my Report of last year, more and more use is being made of the "domiciliary services" of the Authority. These services, which comprise home nursing, midwifery, home helps and health visiting, form a vital part of the National Health Service and are complementary to the hospital and general practitioner services.

Full details of the work of the Department are given in the Report, but I would like to refer to a few matters of special interest.

Deaths.

The total number of deaths in the County was 1,753, and the death rate 12.0. (Death rate England and Wales 11.7). There is little change in the main causes of deaths compared with 1954—Diseases of Heart and Circulation 863, Respiratory 32, and Cancer 310. There was no significant change in cancer deaths associated with any particular organ of body, lungs, stomach, etc., noted in 1955 returns.

Once again, I am glad to report that there were no deaths during the year from Acute Poliomyelitis, Diphtheria or Whooping Cough.

I am often struck by the unnecessary wastage of lives due to accidents. During the year 71 people lost their lives in accidents—19 in road accidents and 52 in accidents at work and at home.

During the year 53 infants died before attaining the age of 12 months. This gives an infant mortality rate of 24.60. The rate for England and Wales was 24.90.

National Assistance Act, 1948.

During the year a County Welfare Committee was established to deal with the administration of Part III of the National Assistance Act, except Sections 29 and 30 which relate to handicapped persons and which continue to be administered by the Health Committee. The Welfare Committee deals with the provision of accommodation at homes for the aged and in the parts of St. Asaph and Holywell Hospitals retained for the elderly persons who require accommodation but not hospital care.

Services for the Blind, Deaf and Dumb were continued during the year and a start was made to register persons with other handicaps, e.g., epileptic, crippled, etc. There is close liaison between the staff of the Welfare Department and the Health Department.

Home Nursing and Midwifery.

The work of the home nurses increased during the year and there was a significant increase in the number of patients over 65 years visited.

The number of home confinements was 526, which is the same as last year but there was an increase in the number of mothers discharged from hospital before the fourteenth day, and visited at home by the domiciliary midwives.

Following a special report on the shortage of nursing staff, the County Council approved of an increase of four nurse/midwives in the establishment. This brings the approved establishment of nurse/midwives for the County up to 48.

Health Visiting.

During the year a special report was submitted to the Health Committee on the health visiting service (pages 51-57). An outline of the present duties of the health visitor was given, the increase in their work detailed and a recommendation that the establishment of health visitors be increased by four—making a total of twenty. This recommendation to increase the establishment was approved by the County Council.

Ambulance Service.

The County Ambulance Service came into operation on 18th April, 1955. During the year the service has worked smoothly and great credit is due to Mr. D. J. Jones, the Ambulance Officer, for the excellent work he has done and continues to do.

A full report on the service is given in the Report, but it is gratifying to find that the claims made for the new service have been substantiated, namely, that efficiency has been improved, particularly in emergency cases, and the total cost of the service reduced.

Voluntary Effort.

During the year the Health Department received valuable help from various voluntary workers. Voluntary organisations continued their many services to the public and in addition, individual voluntary workers rendered excellent service when approached by Health Department Staff.

Staff.

Dr. E. H. Annels commenced duty as Deputy County Medical Officer on the 27th June, 1955.

Dr. W. E. Denbow resigned in November, 1955, and Dr. W. Manwell was appointed to fill the vacancy and commenced duty on the 12th November, 1955.

Dr. A. Partridge and Dr. E. M. Harding have been employed as Assistant Medical Officers on a part-time sessional basis.

Mr. N. A. James commenced full-time duty as a Dental Officer on the 1st January, 1955, and resigned on the 31st July, 1955. Mr. W. B. Glyn Jones, part-time (sessional) Dental Officer resigned on the 31st August, 1955, and Dr. P. K. Owen has been employed as a Dental Anaesthetist on a part-time (sessional) basis since 13th September, 1955.

Nurse E. C. Owen (District Nurse/Midwife), Holywell, resigned on 6th May, 1955.

Nurse A. E. Humphreys (District Nurse) resigned 31st August, 1955.

Nurse M. Davies (District Nurse/Midwife) commenced duty on 1st February, 1955.

Nurse E. J. Lloyd (District Nurse/Midwife) commenced duty as full-time Relief Nurse/Midwife on 7th May, 1955.

Nurse D. Willatt (District Nurse/Midwife) commenced duty on 19th October, 1955.

During the year much assistance was obtained from the Heads of other Departments.

I would particularly like to thank the Chairman of the Health Committee for his support and advice at all times. It is of great assistance to be able to meet and discuss matters that arise at short notice with the Chairman.

The Department's staff did excellent work during the year and I tender them my sincere thanks.

Once again, Mr. W. I. Roberts, the Chief Clerk of the Health Department, has most ably prepared the statistical work for this Report and been responsible for collating the information contained in it.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

County Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

County Medical Officer :

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.

Deputy County Medical Officer :

Ernest Henry Annels, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (since 27/6/55).

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. (resigned 19/11/55).

George Frederick Devey, M.B., Ch.B.

William Manwell, M.B., B.Ch., B.A.O., T.D.M., C. & M. (since 12/11/55).

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.

Dr. Ailsa Partridge (Part-time sessional basis).

Dr. E. M. Harding (Part-time sessional basis).

Ophthalmic Consultants (Regional Hospital Board Staff) :

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.

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., Ch.B.

Principal School Dental Officer (full-time) :

A. Fielding, L.D.S., R.C.S.

Dental Officers (full-time) :

Leslie Hanson, L.D.S.

Nathaniel A. James, L.D.S., R.C.S. (from 1/1/55 to 31/7/55).

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

W. B. Glyn Jones, L.D.S. (resigned 31/8/55).

John Stuart Selwyn, L.D.S.

Dental Anaesthetist (Part-time sessional) :

Dr. Prudence K. Owen, M.B., B.Ch., B.Sc.

County Sanitary Inspector (also Food and Drugs Inspector) :

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

Superintendent Nursing Officer and Supervisor of Midwives :

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, 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., Miss D. Williams (since 17/1/55).

Clinic Nurse :

Nurse D. Owen, S.R.N. (Part-time sessional), since 1/9/55.

Tuberculosis Visitors :

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

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

Ambulance Officer :

David John Jones (since 2/5/55).

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	...	...	...	...	27
District Nurses	...	...	...	...	10
					<hr/>
Total	...				44
					<hr/>

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

Whole-time	...	...	...	...	2
Part-time	...	...	...	...	98
					<hr/>
Total	...				100
					<hr/>

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

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 Nercwys, 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, Trelawnyd, Llanasa, Whitford, Caerwys, Nannerch, Ysceifiog, Brynford).

Duly Authorised Officer—Mr. Ernest Williams.

Asst. Duly Authorised Officer—Mr. J. Hawkins (until 30/11/55).

Office—Old Emmanuel School, Vale Road, Rhyl.

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

Relief Duly Authorised Officer—Mr. E. Blackwell (from 6/12/55)

(stationed at Welfare Office, Holywell, Telephone No. Holywell 3012).

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, 2329

Old Emmanuel School, Vale Rd., Rhyl.

Central Area comprising :

Flint Municipal Borough,

Holywell Urban District, and

the North Western part of

Holywell Rural District.

Area Ambulance and Welfare Officer, 3172

County Welfare Offices, Holywell.

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, 111

40, High Street, Mold.

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 Officer (Welfare Service) :

T. Wesley Hughes.

Children's Officer :

Mrs. L. Davies, B.A.

Health Officers of the Several Sanitary Districts. (As on 31st December, 1955).

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.
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. C. R. Cresswell, U.D.C. Offices, Mold, since 21/3/55.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. J. M. Edwards, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. Ranyl Rhydwen	Mr. E. L. L. Jones, U.D.C. Offices, Rhyl.
Hawarden Rural (Dist. No. 1)	Dr. Allan Cathcart	Mr. M. Emllyn Thomas, R.D.C. Offices, Hawarden.
Hawarden Rural (Dist. No. 2)	Dr. Allan Cathcart	Mr. Watkin Williams, R.D.C. Offices, Hawarden.
Holywell Rural	Dr. 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
Urban						
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
Rural—						
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
Total Urban	...	14794	30450	34864	44199	47092
Total Rural	...	148913	51035	57841	62418	65797
Whole County	...	163707	81485	92705	106617	112889

Table 1 (b).

District.	Area in Statutory Acres.	Population (estimated mid-year).					Census 1951
		1939	1944	1949	1954	1955	
Urban—							
Buckley ...	2646	7345	6895	7622	7670	7700	7699
Con. Quay ...	4214	6505	6420	7455	7350	7380	7365
Flint M.B. ...	6243	13020	11750	14160	14220	14210	14257
Holywell ...	2532	6918	7286	7870	8210	8200	8196
Mold ...	1164	5880	5700	6354	6600	6590	6436
Prestatyn ...	3219	7422	8089	8659	8910	9050	8809
Rhyl ...	1700	16510	18370	18710	19200	19300	18745
Rural—							
Hawarden ...	31576	28750	29760	32450*	34980	34940	34659
Holywell ...	58515	20730	20920	21920	22290	22280	22324
Maelor ...	29749	4356	4599	6720	5850	5350	6760
St. Asaph ...	22149	7494	7471	8380*	10520	11100	9858
Total Urban ...	21718	63600	64510	70830	72160	72430	71507
Total Rural ...	141989	61330	62750	69470*	73640	73670	73601
Total County ...	163707	124930	127260	140300*	145800	146100	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 1955 the population of the County was 146,100, compared with 124,930 in 1939 (increase of 21,170).

It will be noted that there was a marked increase in population between 1944 and 1949, due to re-establishment and expansion of industrial concerns, particularly on Deeside. Of the urban areas Rhyl shows a larger increase since 1939, and of the rural areas, Hawarden.

The comparatively small increase in population since 1949 is probably explained by change of employment by many within the County from agriculture to industry and also that many women are employed in certain industries on Deeside. This means that industry has found its "man-power" within the County and there has been no need to import labour.

3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1955-56, was £3,785.

4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

5. BIRTHS.

During the year under review, 2,200 births were registered as pertaining to the County, that total being made up as follows:—

	Live Births.	Still Births.	Total.
Legitimate	2068	44	2112
Illegitimate	86	2	88
	<hr/>	<hr/>	<hr/>
Total ...	2154	46	2200
	<hr/>	<hr/>	<hr/>

Compared with the previous year, 1954, these figures show a decrease of 61 live births, and a decrease of 5 still births, the total births thus showing a decrease of 66.

Of the 2,154 live births, 1,147 were males and 1,007 females.

Of the 46 still births, 26 were males and 20 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 1955 was 14.74, which is lower than the rate for England and Wales, namely, 15.0, it is also lower than the County rate for 1954 which was 15.19.

The still birth rate per 1,000 total (live and still) births was 20.91, as compared with the corresponding rate for England and Wales which was 23.1.

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, in 1954 it was 52.07, and in 1955 it was 40.00.

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

Table 2 (b).

BIRTHS AND BIRTH RATES, 1955.
(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.	Live.	Still.	Total.	
Urban—										
Buckley	96	2	98	12.47	.26	12.73	13.09	.27	13.36	20.41
Connah's Quay	117	5	122	15.85	.68	16.53	15.06	.64	15.70	40.98
Flint (M.B.)	246	5	251	17.31	.35	17.66	16.96	.34	17.30	19.92
Holywell	139	—	139	16.95	—	16.95	17.12	—	17.12	—
Mold	99	1	100	15.02	.15	15.17	15.32	.15	15.47	10.00
Prestatyn	99	—	99	10.94	—	10.94	13.56	—	13.56	—
Rhyl	276	7	283	14.30	.36	14.66	15.44	.39	15.83	24.73
Rural—										
Hawarden	572	11	583	16.37	.31	16.68	16.86	.32	17.18	18.87
Holywell	322	8	330	14.45	.36	14.81	16.04	.40	16.44	24.24
Maelor	74	2	76	13.83	.37	14.20	14.24	.38	14.62	26.32
St. Asaph	114	5	119	10.27	.45	10.72	12.73	.56	13.29	42.02
Total Urban	1072	20	1092	14.80	.28	15.08	15.39	.29	15.68	18.31
Total Rural	1082	26	1108	14.69	.35	15.04	15.86	.38	16.24	23.47
Whole County	2154	46	2200	14.74	.31	15.05	15.62	.33	15.95	20.91

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

Premature Births—All babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as "premature" irrespective of the period of gestation. Out of a total of 164 premature births in 1955, 130 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 4 still births occurred at home, while 5 live births and no still births occurred at private maternity homes.

The following table shows (a) that of the 25 live births at home, 3 were transferred to hospital, none died within the first 24 hours, while 21 survived 28 days; (b) of the 5 born alive in private nursing homes, 1 was transferred to hospital. All 5 however 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 $5\frac{1}{2}$ 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	5
(see note (1))	
Total	142

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

(a) In hospital	18
(b) At home	4
(c) In private nursing home	—
(see note (1))	
Total	22

Weight at birth.	PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS		
	Born in Hospital (see Note 2)			Born at home and nursed entirely at home			Born at home and trans- ferred 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)	12	6	6	..	..	..	..	..	..	..	..	..	..	..	..	6	3	..
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	25	4	19	..	..	..	1	..	1	..	..	..	..	..	..	6	1	..
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	30	3	27	3	..	3	..	..	..	..	..	..	1	..	1	5	..	..
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	45	2	43	19	..	18	2	..	2	4	..	4	..	..	..	1	..	..
TOTAL	112	15	95	22	..	21	3	..	3	4	..	4	1	..	1	18	4	..

NOTES :

- (1) "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.
- (2) The group under this heading includes cases which may be born in one hospital and transferred to another hospital.
- (3) Births in an ambulance or in the street are listed under the place to which the case is immediately transferred.

DEATHS.

During the year under review a total of 1,753 deaths were ascribed to the County, representing a death rate per 1,000 population of 12.00, which is higher than the rate for England and Wales as a whole, namely, 11.7.

It will be observed from Table 4 that the three main causes of death are Diseases of the Heart and Circulation (863), Cancer (310), and Diseases of the Respiratory System (32). In the main these are illnesses of the more aged sections of the community.

There is no significant change in the total deaths under these three headings compared with 1954. The total deaths from cancer number 310 compared with 323 in 1954. The trend of cancer deaths has been steadily upwards for the past fifteen years and the drop this year cannot be taken as indicating that the peak has been reached.

Deaths from tuberculosis (34) show a slight increase on 1954 (32). Tuberculosis deaths have steadily declined over the past fifteen years, and the indications are that this will continue, with occasional setbacks as noted this year.

The wastage of lives due to accidents remains high—71. Of this total 19 were fatal road accidents. Many of these accidents are "preventable" and a great deal of work still remains to be done on accident prevention.

Table 4.

DEATHS (GENERAL) 1955.

SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
1. Tuberculosis—respiratory	24	8	32	1.82
2. Tuberculosis—other	1	1	2	.11
3. Syphilitic Disease	2	2	4	.23
4. Diphtheria	—	—	—	—
5. Whooping Cough	—	—	—	—
6. Meningococcal Infections	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—
8. Measles	—	1	1	.06
9. Other infective and parasitic diseases	1	—	1	.06
10. Malignant Neoplasm—stomach	34	27	61	3.48
11. Malignant Neoplasm—lung, bronchus	41	3	44	2.51
12. Malignant Neoplasm—breast	—	22	22	1.25
13. Malignant Neoplasm—uterus	—	10	10	.57
14. Other malignant and lymphatic neoplasms	92	74	166	9.47
15. Leukaemia, aleukaemia	3	4	7	.40
16. Diabetes	3	7	10	.57
17. Vascular lesions of the nervous system	115	160	275	15.69
18. Coronary disease, angina	179	82	261	14.89
19. Hypertension with heart disease	25	42	67	3.82
20. Other heart disease	100	108	208	11.86
21. Other circulatory diseases	21	31	52	2.97
22. Influenza	8	3	11	.63
23. Pneumonia	41	38	79	4.51
24. Bronchitis	48	22	70	3.98
25. Other diseases of respiratory system	19	6	25	1.43
26. Ulcer of stomach and duodenum	14	7	21	1.20
27. Gastritis, enteritis and diarrhoea	5	4	9	.51
28. Nephritis and nephrosis	13	12	25	1.43
29. Hyperplasia of Prostate	14	—	14	.80
30. Pregnancy, childbirth, abortion	—	2	2	.11
31. Congenital malformations	10	3	13	.74
32. Other defined and ill-defined diseases	82	93	175	9.98

Table 4—continued.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
33. Motor vehicle accidents	15	4	19	1.08
34. All other accidents	29	23	52	2.97
35. Suicide	11	4	15	.85
36. Homicide and operations of war — ...	—	—	—	—
All causes	950	803	1753	

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.
Urban—			
Buckley U.D.	—	1	1
Connah's Quay U.D.	2	1	3
Flint M.B.	1	—	1
Holywell U.D.	—	—	—
Mold U.D.	—	—	—
Prestatyn U.D.	1	—	1
Rhyl U.D.	6	3	9
Rural—			
Hawarden R.D.	3	—	3
Holywell R.D.	5	1	6
Maelor R.D.	5	1	6
St. Asaph R.D.	1	1	2
Total Urban	10	5	15
Total Rural	14	3	17
Total Whole County	24	8	32

DEATHS FROM MALIGNANT DISEASE.

Table 5 (a) shows the deaths from malignant disease (cancer) and the corresponding mortality rate in various County Districts.

The highest death rates are at Prestatyn and Rhyl due to a higher proportion of elderly persons in their population. In other urban areas such as Flint, Connah's Quay, Buckley and Holywell, the rate is lower due to a higher proportion of young persons in their population. The rural districts have a slightly higher death rate than the urban areas—the only exception being Hawarden District.

Hawarden district has a very large element of its population in industry and in every respect its character is much more "urban" than "rural." The most disturbing factor about deaths from malignant diseases is the shift in recent years to younger age groups. It will be noted from Table 5 (b) that 126 deaths occurred in persons between 45-65 years of age. There were 14 deaths in persons under 45 years of age. This is in sharp contrast to deaths from respiratory diseases and deaths associated with heart and circulation.

Table 5 (b) is a comparative table showing the ages of deaths from tuberculosis, malignant diseases and diseases of the heart and circulation.

Deaths from tuberculosis have fallen steadily in recent years. The pattern of mortality between males and females has not changed in recent years—male deaths are three times higher than female deaths. The highest deaths this year were in the age group 45-65 (13)—the tendency in recent years has been for the highest number of deaths to be in the 25-45 age group.

Deaths due to diseases of the heart and circulation are in the main terminal conditions of the elderly. It will be noted that 459 of the deaths occur in persons over 75 years of age. Males show twice the mortality from coronary disease compared with females, but in the other sections the difference is not so marked.

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. 7700	M	2	1	—	—	1	—	10	1.30
	F	2	—	2	—	2	—		
Con. Quay U.D. 7380	M	—	1	—	—	6	—	11	1.49
	F	1	—	—	—	3	—		
Flint M.B. 14210	M	4	3	—	—	8	1	24	1.69
	F	—	—	—	1	6	1		
Holywell U.D. 8200	M	1	3	—	—	6	1	13	1.58
	F	—	—	—	—	2	—		
Mold U.D. 6590	M	1	2	—	—	3	—	13	1.97
	F	2	—	2	—	3	—		
Prestatyn U.D. 9050	M	2	—	—	—	7	—	30	3.31
	F	3	1	5	1	11	—		
Rhyl U.D. 19300	M	6	8	—	—	14	1	60	3.11
	F	4	—	7	1	19	—		
Hawarden R.D. 34940	M	7	7	—	—	22	—	58	1.66
	F	4	2	2	5	6	3		
Holywell R.D. 22280	M	7	9	—	—	18	—	60	2.69
	F	8	—	3	—	15	—		
Maelor R.D. 5350	M	—	5	—	—	2	—	10	1.87
	F	1	—	—	—	2	—		
St. Asaph R.D. 11100	M	4	2	—	—	5	—	21	1.89
	F	2	—	1	2	5	—		
Total Urban 72430	M	16	18	—	—	45	3	161	2.22
	F	12	1	16	3	46	1		
Total Rural 73670	M	18	23	—	—	47	—	149	2.02
	F	15	2	6	7	28	3		
Total County 146100	M	34	41	—	—	92	3	310	2.12
	F	27	3	22	10	74	4		

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—			
Tuberculosis :—												
Respiratory	M	...	—	—	—	—	6	10	5	3	...	24
"	F	...	—	—	—	—	3	3	2	—	...	8
Other	M	...	—	—	—	—	1	—	—	—	...	1
"	F	...	—	1	—	—	—	—	—	—	...	1
Total			—	1	—	—	10	13	7	3		34
Malignant Diseases :—												
Stomach	M	...	—	—	—	—	—	14	14	6	...	34
"	F	...	—	—	—	—	—	5	10	12	...	27
Lung, Bronchus	M	...	—	—	—	—	2	28	9	2	...	41
"	F	...	—	—	—	—	—	—	1	2	...	3
Breast	M	...	—	—	—	—	—	—	—	—	...	—
"	F	...	—	—	—	—	—	12	5	5	...	22
Uterus	F	...	—	—	—	—	1	5	2	2	...	10
Other	M	...	1	—	—	—	3	27	26	35	...	92
"	F	...	—	—	—	—	5	32	11	26	...	74
Leukaemia	M	...	—	—	1	—	—	1	1	—	...	3
"	F	...	—	—	—	1	—	2	1	—	...	4
Total			1	—	1	1	11	126	80	90		310
Heart and Circulation :—												
Vascular lesions of nervous system	M	...	—	—	1	1	2	17	37	57	...	115
	F	...	—	—	—	—	1	19	32	108	...	160
Coronary disease, angina	M	...	—	—	—	—	1	71	58	49	...	179
	F	...	—	—	—	—	2	15	26	39	...	82
Hypertension with heart disease	M	...	—	—	—	—	—	4	13	8	...	25
	F	...	—	—	—	—	—	3	15	24	...	42
Other heart	M	...	—	—	—	—	4	11	19	66	...	100
"	F	...	—	—	—	2	3	8	22	73	...	108
Other circulatory	M	...	—	—	—	—	—	4	3	14	...	21
"	F	...	—	—	—	—	—	4	6	21	...	31
Total			—	—	1	3	13	156	231	459		863

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1955, deaths attributable to Infectious Disease were as follows :—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	—
Meningococcal Infections	...	...	...	...	—
Acute Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	1
Other Infective and Parasitic Diseases	...	...	...	...	1
Influenza	...	...	...	...	11
Pneumonia	...	...	...	...	79
Bronchitis	...	...	...	...	70
Gastritis, Enteritis and Diarrhoea	...	...	...	...	9

During the year there were no deaths due to Diphtheria, Whooping Cough or Acute Poliomyelitis. During the year every effort was made to protect as many children as possible against Diphtheria by immunisation. During the year also immunisation against Whooping Cough was offered to parents for the first time at our own clinics.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 53 infants died before attaining the age of twelve months, and of these 33 were males and 20 females, while 51 were legitimate and 2 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 24.60, which is lower than the rate for England and Wales, namely 24.90.

The causes of death of the 53 infants are given below in Table 6 (a). In the present state of our knowledge little can be done to reduce the number of deaths due to Congenital Malformations.

It will be noted that the greatest number of deaths are due to ill-defined causes and to certain defined illness, but more can still be done to reduce the number of deaths.

Deaths due to chest conditions, diarrhoea and accidents are all preventable and can be eliminated with a high standard of child care. A great deal has been done to raise the standards of child care in the past years and the medical and nursing staff of the department give every possible help to parents. It is only fair to state that some parents do not avail themselves of the facilities provided for them and others are unco-operative and do not put into practice the advice given to them.

If parents availed themselves of the medical and nursing services relating to child welfare the loss of infant life in the County could be materially reduced.

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, 1955.

(Under 1 year of age).

District.	MALES.			FEMALES.			Infants.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.
Urban—								
Buckley	1	—	1	1	—	1	2	
Connah's Quay	—	—	—	1	—	1	1	
Flint (M.B.)	2	—	2	3	—	3	5	
Holywell	1	—	1	1	—	1	2	
Mold	2	—	2	1	—	1	3	
Prestatyn	3	—	3	1	—	1	4	
Rhyl	6	—	6	1	—	1	7	
Rural—								
Hawarden	13	—	13	2	—	2	15	
Holywell	2	1	3	6	1	7	10	
Maelor	—	—	—	—	—	—	—	
St. Asaph	2	—	2	2	—	2	4	
Total Urban	15	—	15	9	—	9	24	
Total Rural	17	1	18	10	1	11	29	
Whole County	32	1	33	19	1	20	53	

The causes of death were :—

Pneumonia	9
Gastritis, Enteritis, Diarrhoea	4
Congenital Malformations	10
Other defined and ill-defined diseases	27
Other Malignant and Lymphatic Neoplasms	1
Accidents (other than road accidents)	2
Total	53

Table 6 (b).

INFANT MORTALITY, 1955.

(Children aged under 12 months).

Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants.
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	Legit. and Illeg.
Urban—							
Buckley	10.42	—	10.42	10.42	—	10.42	20.84
Connah's Quay	—	—	—	8.55	—	8.55	8.55
Flint (M.B.)	8.13	—	8.13	12.19	—	12.19	20.32
Holywell	7.19	—	7.19	7.19	—	7.19	14.38
Mold	20.20	—	20.20	10.10	—	10.10	30.30
Prestatyn	30.30	—	30.30	10.10	—	10.10	40.40
Rhyl	21.74	—	21.74	3.62	—	3.62	25.36
Rural—							
Hawarden	22.73	—	22.73	3.49	—	3.49	26.22
Holywell	6.21	3.11	9.32	18.63	3.11	21.74	31.06
Maelor	—	—	—	—	—	—	—
St. Asaph	17.54	—	17.54	17.54	—	17.54	35.08
Total Urban	13.99	—	13.99	8.40	—	8.40	22.39
Total Rural	15.71	.92	16.63	9.24	.92	10.16	26.79
Whole County	14.86	.46	15.32	8.82	.46	9.28	24.60

Table 6 (c).

NEO-NATAL DEATHS, 1955.

(Under 4 weeks of age).

District.	MALES.			FEMALES.			Infants.		
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.	
Urban—									
Buckley	...	—	—	...	1	—	1	...	1
Connah's Quay	—	—	—	...	1	—	1	...	1
Flint M.B.	...	1	—	...	2	—	2	...	3
Holywell	...	—	—	...	—	—	—	...	—
Mold	...	2	—	...	—	—	—	...	2
Prestatyn	...	3	—	...	1	—	1	...	4
Rhyl	...	3	—	...	—	—	—	...	3
Rural—									
Hawarden	...	10	—	...	1	—	1	...	11
Holywell	...	2	1	...	5	—	5	...	8
Maelor	...	—	—	...	—	—	—	...	—
St. Asaph	...	2	—	...	1	—	1	...	3
Total Urban	...	9	—	...	5	—	5	...	14
Total Rural	...	14	1	...	7	—	7	...	22
Whole County	...	23	1	...	12	—	12	...	36

MATERNAL MORTALITY—Two 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 2 for 1955 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.
Urban—					
Buckley	48	47	95	12.34	12.71
Connah's Quay	33	24	57	7.72	9.80
Flint (M.B.)	97	66	163	11.47	14.11
Holywell	46	33	79	9.63	10.69
Mold	38	38	76	11.53	12.34
Prestatyn	62	86	148	16.35	10.30
Rhyl	166	148	314	16.27	12.69
Rural—					
Hawarden	194	127	321	9.19	10.75
Holywell	171	144	315	14.14	12.44
Maelor	39	31	70	13.08	14.39
St. Asaph	56	59	115	10.36	9.43
Total Urban	490	442	932	12.87	12.10
Total Rural	460	361	821	11.14	11.36
Whole County	950	803	1753	12.00	11.76

* 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 ...	122	70	192
Deaths in age group 65 and over ...	320	340	660
	442	410	852

Rural Districts.

	Males.	Females.	Total.
Deaths in age group 45-64 ...	137	67	204
Deaths in age group 65 and over ...	276	268	544
	413	335	748

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 Committee ...	1
Five co-opted members (persons having a knowledge of and interest in the Health Service) ...	5
Total ...	63

Area Care and Nursing Sub-Committees—The County is divided into three areas and in each area there is a Care and Nursing Sub-Committee. The areas covered by each of the Care and Nursing Sub-Committees and the constitution of each Committee are 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	16
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	5
Total ...	27

- (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 the County Council and Chairman of Health Committee (ex officio)	3
Members of County Council	14
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	5
Total ...	26

- (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 the County Council and Chairman of Health Committee (ex officio)	3
Members of County Council	14
One Member from each of the following District Councils :— Flint M.B.C., Holywell U.D.C., Mold U.D.C., and Holy- well R.D.C.	4
Co-opted Members	6
Total ...	27

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. In July, 1955, the County Council confirmed a recommendation of the Parliamentary and General Purposes Committee that a Welfare Committee be established and that welfare matters generally be referred to the Welfare Committee and that in particular the Council's functions under the National Assistance Act, 1948, except the functions prescribed under Sections 29 and 30 of that Act be delegated to the Welfare Committee. The Council's functions under Sections 29 and 30 of the National Assistance Act were re-delegated to the Health Committee and the Health Committee was given power to delegate to the appropriate Sub-Committees the supervision of the day to day administration of the services to be provided under Sections 29 and 30 of the National Assistance Act. The Area Care and Nursing Sub-Committees accordingly consider all matters arising under Section 29 of the National Assistance Act (Welfare of the Blind, Deaf and Dumb, etc.) and report thereon to the Health Committee. 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 the County Council and			
Chairman of Health Committee (ex officio)	...	...	3
Ten members of the Health Committee	...	...	10
Three members representing County District Councils	...		3
Three members nominated (one each) by the Women's Voluntary Service, the St. John's Ambulance Brigade and the			
British Red Cross Society	...	...	3
Total			19

VOLUNTARY ORGANISATIONS.

I would like to thank, most sincerely, the members of the various Welfare Centre Committees. Each Child Welfare Centre has a body of voluntary workers that render excellent service to the mothers who attend, and to the County Council.

During the year I have been able to attend several centres and meet these voluntary workers and they deserve great praise for their excellent work. The majority of these workers have given many years of service and it is most interesting to hear their account of the changes that have occurred in child care during these years.

The British Red Cross Society and St. John Ambulance Brigade rendered valuable assistance during the year in running Medical Loan Depots and providing voluntary attendants for the Ambulance Service.

I would like to pay tribute to the Women's Voluntary Service for the variety of services they operate so efficiently. During the year they provided clothing for necessitous cases, escort duties with patients and others, distribution of welfare foods, assistance in training of bed-fast persons and many other services to meet special needs.

The St. Asaph Diocesan Moral Welfare Association continued to do good work with unmarried mothers and with the complex human problems that arise with some female adolescents.

As well as the official bodies mentioned above, a great deal of valuable work was done by other voluntary bodies and individuals. It is a pleasure once more to thank all those persons who willingly gave valuable voluntary help during the year and so served the less fortunate in the community.

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	1955
Expectant Mothers	...	999	797	641	473	325	369	292	305
Attendances	...	3743	2567	1822	1208	939	1193	696	705

During the latter part of the year I discussed with Mr. Parry Jones, the Consultant Obstetrician to the Clwyd and Deeside Hospital Management Committee, the future of the County Council and Hospital Ante-Natal Clinics.

It was agreed that we should combine these clinics wherever possible and that the hospital should provide medical staff, and the County, nursing staff. As a start of this policy a combined clinic was opened at Prestatyn in County Council premises and it is hoped to extend this practice in the future. This combination of service will mean better care for the expectant mother and also greater unity and better co-operation between hospital and domiciliary midwifery.

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.

	Bagillt	Buckley	Caergwile	Flint	Holywell	Mold	Rhyl	Saltney	Shotton	TOTALS
A—Ante-Natal Cases.										
1. Number of Sessions held (i.e., number of times Centre opened during the year) when :—										
(a) A Medical Officer was in attendance	23	23	24	21	24	22	23	22	22	204
(b) A Medical Officer was NOT in attendance	..	..	..	1	..	..	..	..	..	1
2. Number of women who attended the Centre during the year	22	44	1	18	28	99	23	28	42	305
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)	15	38	1	16	19	83	13	20	34	239
4. Total number of attendances made by women, included in (2) above, during the year	70	117	1	47	69	210	42	86	63	705
B—Post-Natal Cases.										
5. Number of Post-Natal cases who attended the Centre during the year	..	5	..	..	..	1	..	..	..	6
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)	..	5	..	..	..	1	..	..	..	6
7. Total number of attendances, made by women in Section 5 above, during the year	..	5	..	..	..	1	..	..	..	6

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 1955 was 515.

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

Name and Address of Home or Hostel (1)	Number of Beds			Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in Col. (6) for which the authority was responsible. (7)	Average length of stay	
	Total beds (excl. mat. and lab. and cots) (2)	Mat. (excl. lab. and isolation) (3)	Labour beds (4)	Cots (5)		Ante-natal (8)	† Post-natal (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	36 (i.e., Total admissions from all Constituent Authorities)	7	50 days
(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).	..	..	..	..	..	..	These figures relate to Flintshire cases only 30 days

(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	...	...	3
(2) Post-Natal Cases	...	...	—

† 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.

Child Welfare Centres continued to serve a very useful purpose and their value has not diminished with the development of the National Health Service.

These centres continue to advise mothers on problems relating to the care and management of healthy children, and to detect early deviation from normal in developing children. The fact that attendances continue at such a high level indicate that they are meeting a real need.

Table 10 (a).

	Year :	1947	1951	1952	1953	1954	1955
Number of Registered Live Births ...		3483	2381	2303	2289	2215	2154
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	1813
(b) Between 1-5 years ...		1788	2143	2262	2269	2318	2313
		—	—	—	—	—	—
Total attendances ...		26828	28491	28846	29941	29181	29166
		—	—	—	—	—	—

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,
Penley.

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 (b).

CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, 1955.

Description.	Baginbun	Bodelwyddan	Broughton	Buckley	Caergwile	Gaerwys	Connah's Quay	Flint	Greenfield	Holywell	Leeswood	Mancoct & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saliney	Shotton	St. Asaph	TOTALS
1. Number of Sessions	52	24	52	48	50	24	51	48	50	51	48	51	50	24	24	51	50	50	50	51	599
2. Number of children who first attended during the year and who at their first attendance were under 1 year of age	59	28	61	120	70	19	121	137	70	110	37	98	173	26	58	108	198	114	159	47	1813
3. Number of children who attended during the year and were born in :—																					
1955	48	20	42	102	59	14	92	108	45	91	31	70	139	16	43	91	171	70	130	39	1421
1954	50	32	45	89	45	16	92	49	69	28	15	58	98	21	33	88	121	61	89	35	1134
1953-1950	47	44	68	74	41	16	107	50	64	45	3	34	142	27	34	114	105	61	78	25	1179
4. Total number of children who attended during the year	145	96	155	265	145	46	291	207	178	164	49	162	379	64	110	293	397	192	297	99	3734
5. Number of attendances during the year made by children who at date of attendance were :—																					
(a) Under 1 year	765	228	823	1517	799	77	1777	1932	932	1119	369	1337	1536	185	355	1454	1949	964	1854	380	20352
(b) 1 year but under 2 years	157	75	268	179	115	35	233	255	203	353	60	461	780	55	111	503	238	379	271	98	4829
(c) 2 years but under 5 years	157	82	407	146	125	37	443	103	191	72	62	408	430	27	152	257	241	236	276	133	3985
6. Total attendances during the year	1079	385	1498	1842	1039	149	2453	2290	1326	1544	491	2206	2746	267	618	2214	2428	1579	2401	611	29166

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, Wrexham or Chester.

Care of Premature Infants—During the year under review, the number of domiciliary premature live births was 25, and the number of premature live births in private nursing homes was 5, a total of 30.

Of the 25 births at home, 22 were nursed entirely at home, and 3 were transferred to hospital. Of the 22 nursed at home, 21 survived 28 days and none died within 24 hours of birth. Of the 5 births in private nursing homes, four were nursed there and one was transferred to hospital, and all survived 28 days. Of the 3 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.

The distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, A. & D. Vitamin Tablets and Orange Juice) has been carried out successfully during the year with the continued help of voluntary organisations such as the W.V.S., W.I., Welfare Centre Voluntary Committees and village shopkeepers, administered by the Welfare Foods Clerk from the Welfare Foods Office, 40, High Street, Mold.

No major problems were encountered during 1955, but it was feared because of the Railway Strike in June that a shortage of liquid milk may have been followed by increased demands for National Dried Milk. The stocks of N.D.M. were ample to meet the ordinary needs but steps had to be taken to safeguard the situation. A priority scheme was therefore put into operation giving first priority to children under 12 months old, and second priority to children from 12 months to 18 months and other beneficiaries known as purchasers of N.D.M. under normal conditions. The fact that not a single complaint reached me during this crisis is in itself a tribute to the wonderful co-operation given by all the voluntary workers.

DISTRIBUTION CENTRES—During the course of the year one centre was closed at Oakenholt due to pressure of work on the helper, but an alternative centre was established through the services of the W.V.S., and a further new centre was opened at Lixwm, bringing the total number of distribution centres in the County up to 53, and which can be classified as follows :—

Clinics	...	...	...	18
W.V.S.	...	...	...	7
Shops	...	...	...	23
Private Households	...	...	...	4
Hospitals	...	...	...	1

STORAGE DEPOTS—These are established at Fronfraith, Russell Road, Rhyl, and at 40, High Street, Mold. The administrative office being also at the latter address.

SUPPLIES—During the year the Ministry of Agriculture, Fisheries and Food have transferred their Supply Depot at Llandudno to Welshpool, so that direct deliveries of Welfare Foods are ordered as follows :—

				M.A.F.F. Liverpool.	M.A.F.F. Welshpool.
Rhyl L.A. Depot	...	...	—	...	1
Mold L.A. Depot	...	...	1	...	—
Clinics	...	...	1	...	1
W.V.S.	...	...	1	...	—
Shops	...	...	4	...	16
Private Households	...	...	—	...	2
Hospitals	...	...	—	...	1
				7	21

The remaining centres being stocked from the Authority's storage depots, thus :—

				Rhyl Depot.	Mold Depot.
Clinics	...	...	...	7	9
Shops	...	...	...	—	3
W.V.S.	...	...	...	2	4
Private Households	...	...	...	—	2
				9	18

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

FOODS DISTRIBUTED—Foods supplied to beneficiaries, and losses through breakages, etc., during the year ended 31st December, 1955, were as follows:—

	National Dried Milk.	Cod Liver Oil.	Vitamin Tablets.	Orange Juice.
Issued against coupons ...	63475	13691	4532	66058
Issued but coupons not received ...	25	—	—	26
Issued to Hospitals ...	115	92	—	200
Losses through breakages, etc. ...	27	84	14	347
Out of date and returned to M.A.F.F. ...	372	—	—	—
Issues at 4/- per tin ...	57	—	—	—
Sent for analysis ...	7	—	—	—
Total Issues ...	64078	13867	4546	66631

SUMMARY OF COUPONS AND STAMPS.

	Issues.	Charge.	Amount Due.	Received.
		s. d.	£ s. d.	£ s. d.
1. N.D.M. (tins) :				
(a) By stamps ...	62648	10½	2740 17 0	2740 17 0
(b) By cash ...	—	—	— — —	— — —
(c) Free ...	827	free	— — —	— — —
(d) Missing coupons ...	25	10½	1 1 10½	— — —
Total coupons ...	63500			
Issues at 4/- ...	57	4 0	11 8 0	11 8 0
2. C.L.O. (bottles)	13691	—	— — —	— — —
3. A. & D. Vitamin Tablets ...	4532	—	— — —	— — —
4. O.J. (bottles) :				
(a) By stamps ...	65376	5	1362 0 0	1362 0 0
(b) By cash ...	—	—	— — —	— — —
(c) Free ...	682	free	— — —	— — —
(d) Missing coupons ...	26	5	10 10	— — —
Total coupons ...	66084			
			£4,115 17 8½	£4,114 3 0

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.”

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

Although the Dental Staff is still very much below establishment, treatment was given to a limited number of persons in the priority groups—particularly so to children under 5 years of age.

The following table gives information as to the dental care and treatment given to children under 5 years and to expectant mothers during the year.

DENTAL CARE AND TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

A. NUMBERS PROVIDED WITH DENTAL CARE :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	3	3	3	2
Children under Five ..	177	177	177	170

B. FORMS OF DENTAL TREATMENT PROVIDED :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	DENTURES PROVIDED		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	1	12	..	..	34	..	..	..	..
Children under Five	..	1	30	..	313	190	..	..	..

(d) Total number of sessions (i.e., equivalent complete half days) devoted to maternity and child welfare patients during the year ... 16

DOMICILIARY MIDWIFERY.

The Authority employs seven (7) District Midwives and twenty-seven (27) District Nurse/Midwives. Nine (9) Midwives are engaged in private practice, including private maternity homes, and thirty-two (32) are employed by Hospital Management Committees in the area. All Midwives are supervised by the County Supervisor of Midwives (acting as Non-Medical Supervisor) who, during the year, paid seven hundred and five (705) visits, of which seventeen (17) were to hospitals and maternity homes under the control of the Hospital Management Committee, sixty-four (64) to independent Midwives, fifty-two (52) to private nursing homes and five hundred and seventy-two (572) to Midwives employed by the Authority. At two hundred and fifty-nine (259) 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 five hundred and eighty-one (581) 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.

I have always advocated reducing the number of mothers admitted to hospital for their confinement and retaining those admitted for a longer period. Out of 1,432 mothers confined in hospitals as noted, 581 were discharged before the fourteenth day, which entails a duplication in the nursing care of the mother during the lying-in period.

It is hoped that with closer co-operation now prevailing between the hospital and domiciliary midwifery service of the Council that more "selection" of hospital maternity cases will be possible. The services of a Consultant Obstetrician are already available for the mother confined at home when required.

It should be emphasised that many home confinements are "booked" with general practitioners who attend at the confinement, obtaining the necessary assistance from the midwife. This is clearly illustrated in Table 11.

TABLE 11.

DELIVERIES ATTENDED BY MIDWIVES.

Number of Deliveries attended by Midwives in the Area during the year 1955.		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)	(6)	(7)
(a)	Midwives employed by the Authority	8	61	176	281	526	
(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	..	..	..	..	..	1414
(d)	Midwives in Private Practice (including Midwives employed in Nursing Homes)	..	..	..	..	..	18
	Totals	8	61	176	281	526	1432

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day ... 581

(f) Breast Feeding—Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day ... 332

Thirty-four (34) of the Authority's midwives are qualified to administer gas and air analgesia and are equipped with the necessary apparatus. Twenty-six (26) midwives employed in Homes and Hospitals in the National Health Service were qualified to administer gas and air analgesia.

During the year a Trilene Analgesia apparatus was acquired and it was decided that it should be given an extensive trial by two midwives in three respective districts.

The results, so far, have been satisfactory. Seventy-eight (78) mothers have had trilene analgesia during confinement. If further trials indicate that this form of analgesia is satisfactory for domiciliary midwifery, it is intended to purchase further apparatus for use by the other midwives.

MIDWIVES OF THE DISTRICT OF NORTHAMPTON
 JANUARY 1951

TABLE 12.
ADMINISTRATION OF INHALATIONAL ANALGESICS
(Domiciliary Midwives).

(1)	No. of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	No. of sets of apparatus for the administration of inhalational analgesics in use at end of year		No. of cases in which inhalational analgesics were admin. by midwives in domiciliary practice during the year :				No. of cases in which pethidine was administered by midwives in domiciliary practice during the year :	
		Gas & Air (3)	Tri-lene (4)	When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child		Tri-lene (6)	Gas & Air (5)	Tri-lene (8)
					Gas & Air (7)	Tri-lene (8)			
(a) Domiciliary Midwives employed directly by Local Health Authority ...	34	33	1	92	71	228	7	159	241
(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 ...	—	—	—	—	—	—	—	—	—
Totals ...	34	33	1	92	71	228	7	159	241

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.

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.

At present there are no arrangements for the training of pupil midwives in the County. The Hospital Management Committee have approached the Central Midwives Board with a view to establishing a Part I Training School for midwives at St. Asaph Maternity Hospital.

The Health Committee of the County Council has agreed to co-operate by making arrangements for district training of pupils by the domiciliary midwives. At the end of the year final approval to the scheme had not been obtained, but it does appear that the scheme will now materialise. The establishment of a training school for pupil midwives would be a valuable asset both to the Maternity Hospital and the County.

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, 1955, 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 Supervisor of Midwives.

Table 13.

MIDWIVES IN PRACTICE ON 31st DECEMBER, 1955.

	Domiciliary Midwives.		Midwives in Institutions.		Total.
(a) Midwives employed by the Authority	34	...	—	...	34
(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	...	...	—	32	32
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	...	...	8	1	9
Total	...	42	33	75	

Table 14.

SUPERVISION OF MIDWIVES.

		Number of Inspections.		
		Routine.	Special.	Total.
National Health Service Hospitals and				
Maternity Homes	... ..	11	6	17
Private Nursing Homes	... ..	39	13	52
County Domiciliary Midwives	... ..	110	462	572
Private Domiciliary Midwives	... ..	23	41	64
Total		183	522	*705

* The Midwife was inspected while actually at work in 259 cases of these inspections.

Among the reasons for Special Inspections were :—

Maternal death investigations 2, Infant death investigations 3, Stillbirth investigations 3, Puerperal Pyrexia 38, Ophthalmia Neonatorum and Discharging Eyes 18, Supervision of Disinfection 7, Other emergencies (relief arrangements, etc.) 356, Non-emergencies (Staff sickness, equipment, etc.) 95.

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

134 notifications of various kinds were received from midwives of which 8 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 six cases.

During the year four relief Nurse/Midwives were employed for emergency duty including sickness, holidays, etc. Such Midwives were employed for 85 weeks (i.e., 22 weeks as full-time Midwives and 63 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.

On the 26th and 27th October, 1955, Miss Fenson, Inspector from the Central Midwives Board, visited the County and carried out an inspection of the work of the full-time Domiciliary Midwives.

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	520	522	6	6	526	528
Institutional	1405	1567	27	37	1432	1604
Totals	1925	2089	33	43	1958	2132

It will be noted, by reference to page 13, that the adjusted figures show that this is 65 live births and 3 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	2	—	6		6
Homes on the register at end of year	6	1	38		39

HEALTH VISITING.

The Authority employs sixteen Health Visitors in the combined capacity of Health Visitor/School Nurse, two Tuberculosis Visitors, and one part-time Clinic Nurse employed on a sessional basis, and one Superintendent Health Visitor who is also responsible for the organisation of the Domestic Help Service. In September of this year a special report on problems relating to health visiting and nursing in the County was submitted to the Health Committee and a copy sent to the Welsh Board of Health. The report is given below :—

“REPORT TO HEALTH COMMITTEE ON HEALTH VISITING AND
DISTRICT NURSING SERVICES IN FLINTSHIRE.

SEPTEMBER, 1955.

During the past two or three years it has become apparent that the number of Health Visitors and Nurses employed by the Authority is not adequate for the needs of the County.

An increase in the population of the County, an increase in the duties performed by Health Visitors and Nurses, without a corresponding increase in the staff has aggravated the position.

The demand on all the services provided by Hospitals and the Local Health Authority under the National Health Service Act has increased more than was envisaged when the Act came into force. The demand on the Health Visiting and Nursing Staff continues to increase yearly. The Minister of Health has recently emphasised the importance of the Local Health Authority Services and, in his address to the Annual Meeting of the County Councils Association in 1954, he stated that the cost of the Health Services was now over £400 million a year, and that two-thirds of this was incurred on hospital services. The Minister stated that there were many types of patients—old people, the majority of maternity cases and children who, provided that there was no clinical reason for hospital admission, were much better if nursed in their own homes, provided there was an adequate service by the Local Health Authority to meet the need. The Minister also stated that it was important to ensure that cases were not referred by doctors for hospital admission merely because of the shortage of Home Nurses or Home Helps engaged by the Local Health Authority.

Dr. Stephen Taylor recently carried out an extensive survey of the work done by General Practitioners, and in his report states that “if a doctor knows that a District Nurse is available to pay the necessary visits to patients at home he can save a hospital bed, to the benefit of both patient and community.”

Indeed a part of the demand for hospital beds for chronic sick might well be met by providing instead more District Nurses.

The increase in the work of the staff is shown below :—

1939.

Population	...	...	124,930
School Children	...	...	16,029
No. of Health Visitors	...	...	12
No. of Visits	...	...	24,157 (plus 56,886 children seen at school)

Home Nursing :

No. of Home Nurses and Midwives	...	...	78 (this includes 27 private nurses)
Total Cases—Midwifery	...	...	1,388
General	...	...	3,133
Total Visits	...	...	60,449

1949.

Population	...	...	144,240
School Children	...	...	21,714
No. of Health Visitors	...	...	14
No. of Visits	...	...	29,007 (plus 59,018 children seen at school)

Home Nursing :

No. of Home Nurses and Midwives	...	...	43
Total Cases—Midwifery	...	...	880
General	...	...	3,305
Total Visits	...	...	82,485

1954.

Population	...	...	145,800
School Children	...	...	23,619
No. of Health Visitors	...	...	16
No. of Visits	...	...	46,739 (plus 69,073 children seen at school)

Home Nursing :

No. of Home Nurses and Midwives	...	...	43
Total Cases—Midwifery	...	...	965
General	...	...	8,275
Total Visits	...	...	133,446

The figures for 1949 are given as this was the first complete year after the National Health Act came into operation. It will be seen that the total visits by Health Visitors has almost doubled since 1949. There has also been a comparable increase in visits of Nurses, the total being almost double the 1949 figure.

The annual leave of District Nurses and Health Visitors has recently been increased by one week. The effect of this will be to decrease the total work of the existing Health Visitors by 16 weeks, and that of the District Nurses by 44 weeks.

The Welsh Board of Health recently carried out a survey of the Health Visiting and Nursing Staff for the whole of Wales, including Flintshire. In their report recently received they stated :—

“From our knowledge of the position in other parts of Wales, the Department's conclusion is that the numbers of Health Visitors and Nurses employed in Flintshire are below what may be considered necessary to maintain reasonably adequate services throughout the County.”

For the information of the Committee the cost of the County Health Services for Flintshire for 1954 is the lowest in England and Wales amounting to 17/1d. per 1,000 of the population compared with an average of 24/11d. for Wales and 22/10d. for England and Wales.

District Nursing Services. (This heading includes both District Midwives and Home Nurses).

In this County the majority of District Nurses undertake both midwifery and home nursing duties in their area, and with the exception of a few areas where the number of home confinements is high, it is intended to engage staff who are qualified as midwives and general nurses wherever possible.

The National Health Service Act placed a duty on each County Council to provide District Nurses and Midwives for the whole County. This service was to be provided free of charge to the patient.

The development of the General Practitioner and Hospital Services has greatly increased the work of the District Nurses.

It will be seen that, although the total number of mothers confined at home in 1954 has dropped compared with 1949, the total cases attended by Midwives has increased as hospitals are discharging many mothers before the 14th day and there is a legal obligation on this Authority to attend up to the 14th day. The total number of visits paid to all cases has not reduced the amount of work undertaken by the District Midwives.

I would like to stress again that, as the hospital services develop, so will the demand on District Nurses increase, and the number of patients nursed by District Nurses confirms this. Although the majority of patients treated are at the request of General Practitioners, in recent years there has been a great increase in the number of cases treated on discharge or prior to admission to hospital. As the Committee already know, there has been a great increase in the number of aged sick persons treated at home, and at present they account for over 50 % of the work of District Nurses. In recent years there has also been an increase in the number of children, infectious cases, and persons suffering from tuberculosis receiving home treatment.

The Home Help Service, which has now been firmly established in this County, works side by side with the Home Nursing Service, and the provision of a Home Help often means that a patient can receive treatment at home who otherwise would have to be admitted to hospital.

Without an adequate Nursing Service, General Practitioners would be greatly handicapped in their work and many of the patients now treated at home would have to seek hospital admission. This would add to the difficulties of the hospitals, apart from the important fact that many patients prefer home treatment.

The provision of a Home Nurse costs this Authority less per year than the average cost of one hospital bed for the same period.

Since 1949 one additional District Nurse only has been engaged who commenced duties on the 9th May, 1955. At present District Nurses have to attend more cases than they can possibly deal with, with the result that in some cases many patients are not having the full number of visits recommended. Nurses are on duty at all times except one day's relief weekly and one weekend per month. Many of the Nurses are unable to get off duty because of the pressure of work and the inability of obtaining relief for their area. This continued pressure on the staff leads to an increase in illness amongst Nurses, difficulties in recruiting staff and a general deterioration in the standard of District Nursing.

Figures showing the position concerning District Nursing in Flintshire and Wales (excluding Midwifery).

		Total No. of cases per whole-time Nurse.		Total No. of visits per whole-time Nurse.		Population per whole-time Nurse.
Flintshire	...	360	...	5,048	...	6,339
Wales	...	207	...	4,075	...	5,330

During the past few years it has been necessary to engage part-time nursing staff to meet the full demands. In 1954, 9 part-time Nurses worked 89 weeks on part-time relief work and this is equivalent to 2 full-time Nurses.

It has been found very difficult to get part-time staff for relief work, and also the standard of nursing has not been up to that given by full-time staff under supervision of the County Nursing Officer.

Recommendations.

1. That the County Council should increase its establishment of District Nurses by four making a total of 48.
2. That Nurses holding qualifications in general nursing and midwifery be engaged, and so undertake both duties in their area.
3. That the Authority should engage District Nurses who have received recognised district training, and assist existing and newly engaged staff without district training to obtain this training when circumstances permit.

4. If additional staff are approved the existing areas of Nurses be altered to provide the best service throughout the County.

Health Visiting.

Prior to 1948 Health Visitors were mainly concerned with the health of children under 5 years of age, expectant mothers and school children. The range of their duties has now greatly increased and covers health matters affecting all members of the family, and an outline of their present duties is given below :—

- (a) Home visits and advising on health and welfare problems affecting the whole family.
- (b) The follow-up of sick children, handicapped children and adults.
- (c) Advising on infectious cases nursed at home, and other cases at the request of the Health Department, the General Practitioner or Hospital.
- (d) Visiting of problem families and taking all action possible to improve home conditions.
- (e) All social work in connection with unmarried mothers, convalescent cases, handicapped persons.
- (f) Visiting in connection with the Home Help Service to ascertain when help is required, and to follow up and ensure that the needs of the family are met.
- (g) Visiting the aged and infirm, advising and assisting in all problems relating to their health and welfare.
- (h) Attending clinics in their area—Infant Welfare Clinics, Ante-Natal, Minor Ailment and Immunisation Clinics. Some Health Visitors attend special clinics such as Ophthalmic Clinics, etc.
- (i) **Attending school medical inspections, school clinics, regular inspection of pupils at schools and school premises in their area. In most areas this work takes approximately 50 % of the Health Visitor's time.**
- (j) Visiting and reporting on all female mental defectives in their area, and on all male defectives under 16 years of age.
- (k) Health Education. This is undertaken at homes, in clinics and in schools.
- (l) More use has recently been made by Hospitals and General Practitioners of the service of Health Visitors, particularly in visiting and following up cases to ensure that the instructions given are being carried out.

The National Health Service Act developed the treatment facilities available to patients, and at the same time the National Assistance Act and other legislation developed the Social Services. The major part of the Social Services carried out by Local Health Authorities is done by Health Visitors, and the expansion in these services has greatly increased the work of the Health Visiting staff.

Figures showing the position in Flintshire and Wales (excluding School Nursing).

	Total No. of Visits per Health Visitor.	Total No. of Families or Households visited per Health Visitor.	Total No. of Children under 5 visited per Health Visitor.	No. of notified live births (adjusted) per Health Visitor.	Population per Health Visitor.
Flintshire	5,842	1,014	407	264	18,225
Wales	3,265	738	716	152	9,852

I would like to stress particularly one important aspect of the Health Visitors' work to which particular attention has recently been drawn by the Minister of Health, namely the prevention of the break-down of families. This is ensured by regular visiting, advice and help when there are early signs of break-down, and to calling in all the other services available that can be utilised for such families. In this connection the Minister of Health recently drew attention to the fact that, apart from the benefit to the family, there was also the question of cost, stating that the cost of maintaining two children in a Home for a year was greater than the cost of employing one Health Visitor.

Recommendations.

1. That the County Council should engage an additional four Health Visitors, thus increasing its establishment to 20. Even with the additional four Health Visitors the case load is still greater than that recommended by the Minister of Health, namely one Health Visitor per 6,000 of the population.

(On the Ministry of Health standard the total establishment for the County should be 24 Health Visitors).

2. That the present districts of Health Visitors be re-organised to ensure the best possible use of staff.
3. The additional four staff would be required in the following areas:—

One in Rhyl (to also do part of Prestatyn).

One in the Saltney/Broughton area.

One in a new district to be created in the Eastern half of the County.

One in a new district to be created in the Western half of the County."

The Health Committee agreed to increase the establishment of Health Visitors by four, the additional staff to be engaged during the next financial year. As I have mentioned in previous reports, providing additional Health Visitors is a sound investment in preventive medicine. Hospital Medical Staff and general practitioners are now making more use of health visitors to deal with the social aspects of illness. This is a step much appreciated and encouraged by the health department and this closer co-operation leads to better relations between those working in the health service and what is more important still to better care for the patient.

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 1955 by Health Visitors to expectant mothers was 1,151, to children under one year of age 13,936, to children aged one and under two years 10,867, to children aged two years and under five years 14,755, other visits 7,366. When to these figures are added 67,096 examinations of school children, and 2,757 visits to homes of school children found to be suffering from defects, their unwieldly "case load" can be more fully appreciated.

I have received the following report for the year 1955 from the Superintendent Health Visitor :—

" Visits to Infant Welfare Centres	...	...	...	...	80
Visits to School Clinics	...	...	...	...	8
Visits to Health Visitors to see their records and discuss the work generally	...	...	...	...	24
Film talks to groups of mothers at the Centres	...	...	...	...	12

As these talks are appreciated by the mothers, I am anxious to give them more frequently.

Miss Pierce of Rhyl has been appointed Senior Health Visitor. When an additional Health Visitor is appointed to the Rhyl area, it will allow Miss Pierce more scope to deal with the problems that arise in the Western Area particularly those connected with the Home Help Service.

The Health Visitors in the County are carrying a heavy case load."

Table 16.

HEALTH VISITING AND TUBERCULOSIS VISITING.

A. Visiting:

HEALTH VISITORS												TUBER- CULOSIS VISITORS
(1)	Number of Children under 5 years of age visited dur- ing year (2)	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 (12)	
		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)		
(a) L. H. A.	3889	551	1151	2481	13936	10867	14755	206	7160	7491	3096	
(b) Vol. Org.	

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B. Clinics:

(a) Total number of attendances made by health visitors at local health authority clinic sessions during the year ...	1738
(b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year ...	254

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 3,096 visits to patients in their homes, and of these 160 were first visits to newly notified cases.

HOME NURSING.

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

During the year ten relief Nurses were employed, four of those were Nurse/Midwives who devoted 63 weeks to Nursing and Midwifery and the remaining six Nurses devoted 77 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 34 % 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.

In September a special report on the Nursing and Midwifery Service was submitted to the Health Committee on the Nursing Service in the County. (See pages 51-57).

After considering the report the Health Committee agreed to increase the establishment by four nurse/midwives to be engaged during the next financial year.

It is hoped that when the additional nursing staff has been engaged, by a re-organisation of districts, to provide a more satisfactory nursing and domiciliary midwifery service for the whole County.

Arrangements were made during the year for six midwives to attend refresher courses. During the year also the County agreed to a scheme for certain nurses to obtain district training. The first nurse to be selected was Nurse G. M. Jones, of Holywell—she attended a district training course at Liverpool and successfully completed this and returned to duty on 3rd May, 1955.

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	Tuberculosis	Maternal Complications	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
	5070	2697	..	98	32	6	7903	1941	543	1260
(b) Vol. Org. under arrangements with the Authority	..	..	..	..	..	..	..	..	..	..
No. of visits paid by Home Nurses during the year :— (c) L.H.A.	79311	40963	..	1778	236	11	122299	41809	3092	56354
(d) Vol. Org. under arrangements with the Authority	..	..	..	..	..	..	..	..	..	..

Supervision of Home Nurses—During the year the County Nursing Superintendent, in addition to her inspections as Supervisor of Midwives, made the following visits to Home Nurses :—

Routine Inspections	...	...	...	148*
Special Visits	...	...	...	608

The 608 special visits comprise :—

Emergency Visits	...	...	...	384
Interviews	...	...	...	29
Medical Loans	...	...	...	25
Other Visits	...	...	...	170

* During these visits Nurses were inspected while actually at work at 637 Medical Cases and 410 Surgical Cases.

The one registered Nursing Agency in the County was also inspected during the year.

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 in the following tables 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 in the following tables 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.

I. 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)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
(1)												
(a) Local Health Authority ...	—	‡1	¼	—	16 (1)	8	2 (—)	— (—)	—	—	1	½
(b) Voluntary Organisation ...	—	—	—	—	—	—	—	—	—	—	—	—

* 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* (2)	Part-time* (3)	Equiv. Whole-time of (3) (4)	Whole-time† (5)	Part-time† (6)	Equiv. Whole-time of (6) (7)
(a) Local Health Authority ...	— (—)	1 (1)	½	7 (—)	27 (—)	13½
(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.

(1)	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 (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time (5)	Part-time (6)	Equiv. Whole-time of (6) (7)	Whole-time (8)	Part-time (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
(a) L.H.A. ...	—	1	½	10	10	5	—	17	8½	—	—	—
(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—27 (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	...	...	...	47
(b) Part-time	...	...	...	18

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	...	...	...	4
(b) Tuberculosis Visitors	...	...	...	—
(c) Domiciliary Midwives	...	...	...	2
(d) Home Nurses	...	...	...	2
(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. In 1954 the number of primary vaccinations of children aged under 1 year was 481. The total number of primary vaccinations was 636.

The following table shows the number of vaccinations and re-vaccinations carried out during the year 1955:—

Table 19 (a).

VACCINATION.

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)
DURING THE YEAR 1955.

		Age at date of Vaccination.							
							15 or		Total.
		Under 1.	1.	2 to 4.	5 to 14.	over.			
Number	Vaccinated	591	51	40	45	76	803		
Number	Re-vaccinated	—	—	6	23	151	180		

On the 1st July, 1955, we commenced for the first time vaccination at our own clinics. It had been felt for some time, by the health visiting staff in particular, that this was desirable and the following figures relate to children vaccinated in our own clinics from the 1st July, 1955, to the end of the year. These figures are included in the total for the County, shown above.

Table 19 (b).

NUMBER OF CHILDREN VACCINATED BY HEALTH DEPARTMENT
STAFF, 1955.

Age at date of Vaccination.										
Under 1.		1.	2 to 4.		5 to 14.		15 or over.		Total.	
63	...	7	...	1	...	—	...	—	...	71

(Above figures are included in table 19 (a)).

No children were re-vaccinated by the Health Service Staff in 1955.

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, 1955.

	AGE			
	at date of final injection (as regards A), or of reinforcing injection (as regards B).			
	Under 1.	1 to 4.	5 to 14.	Total.
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents)	... 606	... 697	... 152	... 1455
B. Number of children who received a Secondary (Reinforcing) Injection (i.e., subsequently to primary immunisation at an earlier age)	... —	... 135	... 849	... 984

"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, 1955, who had completed a course of Immunisation **at any time before that date** (i.e., at any time since 1st January, 1941).

	Age at 31/12/55 i.e., Born in Year :	Under 1 1955	1-4 1951-1954	5-9 1946-1950	10-14 1941-1945	Under 15 Total								
Last complete course of injections (whether primary or booster) :														
A. 1951-1955	...	147	...	4904	...	5696	...	2453	...	13200				
B. 1950 or earlier	...	—	...	—	...	5057	...	10190	...	15247				
C. Estimated mid-year child population							...	2120	...	8980	...	22900	...	34000
Immunity Index 100A/C							...	6.9 %	...	54.6 %	...	35.6 %	...	38.8 %

Year.	Diphtheria		Deaths.
	Notification.		
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	—
1955	...	—	—

Immunisation against Whooping Cough—During the year combined Diphtheria/Whooping Cough Immunisation was introduced into all the Council Clinics after a trial period at Mold.

The response of parents has been very satisfactory and it is hoped in this way to improve the Immunity Index against Diphtheria and at the same time offer protection against Whooping Cough which is a distressing and at times fatal condition of young children. The combined Diphtheria/Whooping Cough vaccine is given as a course of three injections at monthly intervals commencing preferably at the age of five months.

Table 22.

CHILDREN WHO RECEIVED COMBINED DIPHThERIA/WHOOPING COUGH IMMUNISATION, 1955.

DISTRICT.	PRIMARY IMMUNISATIONS.				RE-INFORCING INJECTIONS.			
	Under 1.	1-4.	5-14.	Total.	Under 1.	1-4.	5-14.	Total.
Urban :								
Buckley	—	—	—	—	—	—	—	—
Connah's Quay	24	18	5	47	—	—	—	—
Flint (Mun. Boro)	17	18	1	36	—	1	1	2
Holywell	36	28	—	64	—	—	—	—
Mold	28	23	1	52	—	—	—	—
Prestatyn	13	17	—	30	—	1	11	12
Rhyl	45	45	5	95	—	4	18	22
Rural :								
Hawarden	40	57	3	100	—	2	5	7
Holywell	62	57	2	121	—	6	9	15
Maelor	3	1	—	4	—	—	—	—
St. Asaph	4	3	—	7	—	—	2	2
Total Urban	163	149	12	324	—	6	30	36
Total Rural	109	118	5	232	—	8	16	24
Whole County	272	267	17	556	—	14	46	60

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 255, in addition 8 school children were vaccinated by the Chest Physicians. 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.

Last year I submitted a report on the ambulance service and recommended the establishment of a County Ambulance Service. This recommendation was accepted and the new service, as outlined in my report, came into operation on the 18th April, 1955.

I would like to sincerely thank all those hospital staff and general practitioners and others for their co-operation during the change over and subsequently; there has been many problems, but it is gratifying to report that emergencies have been more expeditiously dealt with this year and the general standard of the service greatly improved.

An Ambulance Officer was appointed on 2nd April, 1955. He has given excellent service since his appointment. He has prepared for me a report on the service for the year and extracts from his report are given below.

“Since the inception of the County Ambulance Service on 18th April, 1955, the number of patients conveyed by ambulance has shown a marked increase whilst patients conveyed by sitting case cars has dropped to less than one-third the figures in 1954.

Of greater importance is that the efficiency of the service has greatly improved, i.e., accidents and emergency cases have been dealt with quicker, and “emergency cover” has been maintained at all times.

Soon after the introduction of the service the railway strike added greatly to the work and difficulty of the new service, as many patients were conveyed by ambulance and cars to distant hospitals who would normally have travelled by rail. This applied particularly to the Liverpool and Manchester areas, and the Gobowen Orthopaedic Hospital.

It will be noted that approximately 40,000 patients were conveyed by ambulance and cars during 1955—which is a quarter of the population of the County (146,100), I am still of the opinion that this number could be reduced without causing any hardship. The unnecessary use of ambulance transport seriously interferes with the availability and efficiency of the service for those in urgent need of ambulance transport.

During 1955 the total number of patients conveyed (ambulance and car) again increased. The Authority will have to give serious consideration in the near future to increasing the total number of ambulances or, as an alternative, provision of radio communication for the eleven ambulances now in commission. The provision of V.H.F. radio equipment on all vehicles would ensure that greater use was made of vehicles, increase the emergency cover, and reduce telephone costs. It might be possible by installing radio communication alone to be able to meet our present commitments without increasing the number of vehicles in operation—the cost of installing and maintaining radio would only be a fraction of the cost of new vehicles and staff salaries.

At each ambulance station only one attendant is available for service with three ambulances at Rhyl and Mold, and with two ambulances at Queensferry and Holywell. This has caused me concern during the year and I feel that it is very necessary to provide a full-time attendant with each ambulance.

During the year a four-bay ambulance garage was completed at the Fire Service Headquarters, Rhyl, and an additional bay provided at Mold. Arrangements were made with the Flint Borough Council for the erection of a new ambulance garage near the driver's house at Flint. With the exception of Holywell, the position regarding ambulance garages is now satisfactory.

At present fifteen out of sixteen of the ambulance staff hold a certificate in First Aid issued by the British Red Cross Society or the St. John Ambulance Brigade. This certificate is renewed annually.

It is my intention to arrange a course of training for all the full-time staff in future in duties connected with their work. An attempt will be made to increase their efficiency, their sense of personal responsibility for patients and by practical instruction their methods of handling the sick and injured will be still further improved.

During the year seven new vehicles were purchased. One standard ambulance and six light dual-purpose vehicles. Five of the dual-purpose vehicles will carry one stretcher case and three sitting cases or, alternatively, six sitting cases. The last dual-purpose vehicle which was purchased is an improvement on the others in that it will take either two stretcher cases or eight sitting cases.

The following tables show the work undertaken during the year. It should be remembered that the County Ambulance Service only operated for nine months of the year, as it only came into operation on the 18th April, 1955.

Table 23.

AMBULANCES.

Area.	1955.				1954.			
	Stretcher Cases.	Sitting Cases.	Journeys.	Mileage.	Stretcher Cases.	Sitting Cases.	Journeys.	Mileage.
Mold	... 1963	9587	3271	121213	1767	1362	1955	446
Holywell	... 1471	5008	2001	80642	1211	1047	964	339
Rhyl	... 1999	4961	3213	63900	1933	242	1909	359
Total	... 5433	19556	8485	265755	4911	2651	4828	1144

The number of patients conveyed by ambulances in 1955 was 24,989, an increase of 17,427 in the number conveyed in 1954. The number of journeys only increased by 3,657 and the increase in mileage was 151,322½.

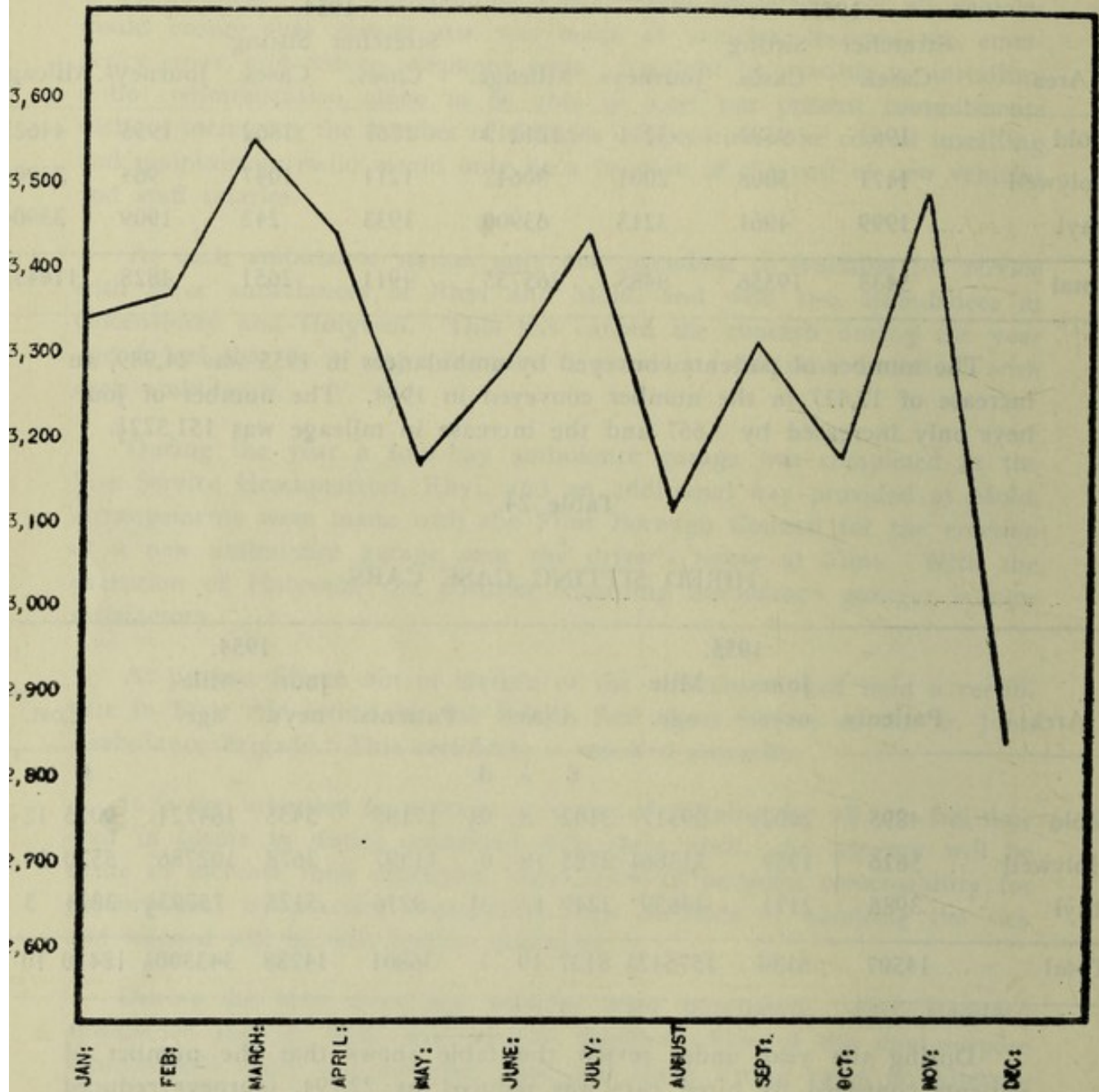
Table 24.

HIRED SITTING CASE CARS.

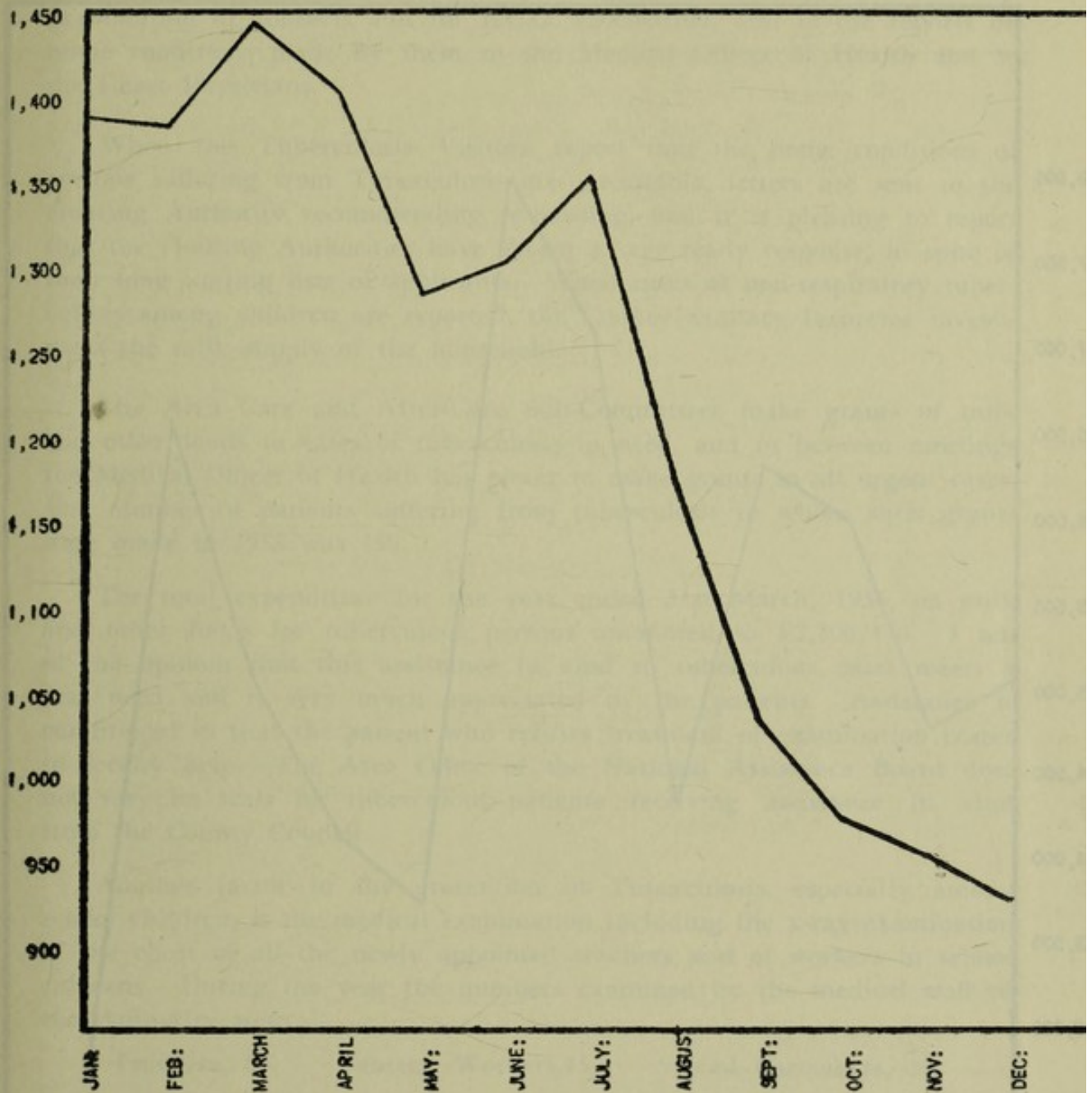
Area.	Patients.	1955.			Cost.		1954.			Cost.	
		Journeys.	Mileage.				Journeys.	Mileage.			
				£	s.	d.				£	s.
Mold	... 4895	2002	59317	3102	8	9½	17188	5435	164721	9075	12
Holywell	... 5626	1957	53366½	2785	18	0	11397	3678	102786	5520	14
Rhyl	... 3986	2171	44959	2249	12	3½	8216	5125	75793½	3814	3
Total	... 14507	6130	157642½	8137	19	1	36801	14238	343300½	18410	10

During the year under review the table shows that the number of patients conveyed by hired cars was reduced by 22,294, journeys reduced by 8,108, and mileage reduced by 186,658 with a reduction in cost of £10,272/10/0 compared with the year 1954.

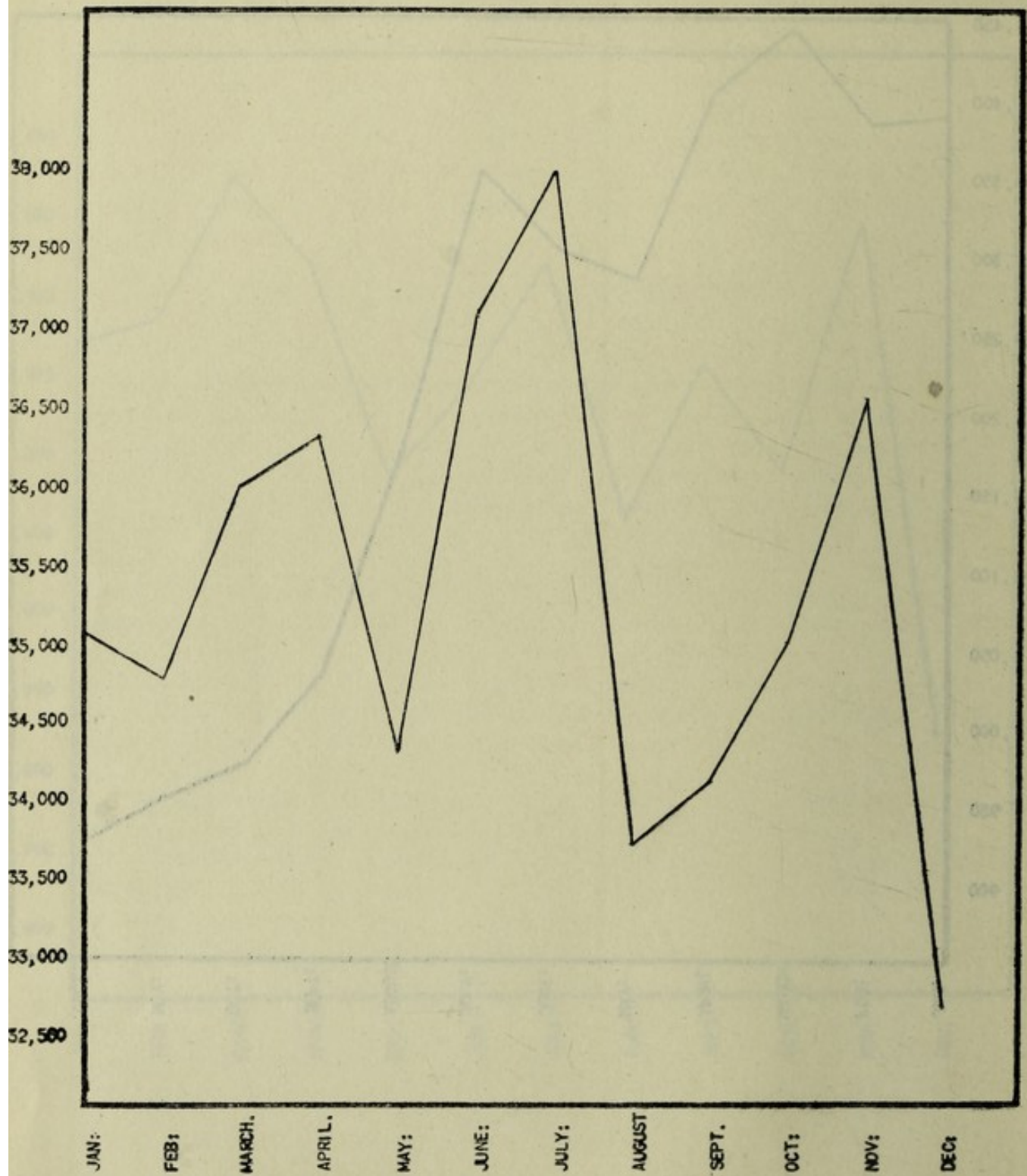
PATIENTS CONVEYED BY AMBULANCES AND SITTING CASE CARS
DURING 1955.



JOURNEYS MADE BY AMBULANCES AND SITTING CASE CARS
DURING 1955.



MILEAGE DONE BY AMBULANCES AND SITTING CASE CARS
DURING 1955.



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.

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 1955 was 150.

The total expenditure for the year ended 31st March, 1956, on milk and other foods for tuberculous persons amounted to £2,206/4/0. I am of the opinion that this assistance in kind to tuberculous cases meets a real need and is very much appreciated by the patients. Assistance is conditional in that the patient who refuses treatment or examination ceases to receive help. The Area Office of the National Assistance Board does not vary its scale for tuberculous patients receiving assistance in kind from the County Council.

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, 55. Canteen Workers, 45. School Caretakers, 12.

Great emphasis is now placed on the examination of persons in contact with cases of tuberculosis. The Chest Physicians have set aside separate times for the examination of contacts. During the year 388 contacts were examined and of these 255 were vaccinated with B.C.G. vaccine.

It is hoped to commence B.C.G. Vaccination of all school children between 13 and 14 years—whose parents consent—early in 1956. All the arrangements for this work have been completed and consent obtained from the Welsh Board of Health.

(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. Fourteen such persons were assisted in 1955.

Early in the year a meeting was arranged between representatives of the British Red Cross Society and the St. John Ambulance Brigade, the purpose of which was to try and increase the number of medical loan depots operated by these organisations, and also increase the amount of equipment available to patients. Both organisations have done excellent work in this field in the past and were very anxious to increase their sphere of usefulness.

The Voluntary Committees of several Child Welfare Centres made contributions towards the purchase of additional equipment which was purchased and handed to the Voluntary Organisations to stock new depots. The equipment available on loan to patients nursed at home comprises bed rests, bed pans, urinals, feeding cups, bed cradles, and rubber sheeting. Some of the larger depots have in addition such items as wheel chairs, commodes and dunlopillo mattresses. I am extremely grateful to the British Red Cross Society and the St. John's Ambulance Brigade for their valuable work in the administration of medical loans, a service which brings help and comfort to sick persons in their own homes.

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 seventeen such patients in 1955. 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 1955 (473) 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 62.37 % 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.

It will be noted that the number of hours worked by helpers are less than the previous year, although more cases have been helped. There are three reasons for this:—

1. Fairly strict supervision of the hours worked by the helpers, thereby reducing hours according to need.
2. Giving short term help until permanent arrangements can be made by relatives.
3. Occasional referment to the National Assistance Board of long term cases.

Table 25.

DOMESTIC HELP SCHEME.

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

Maternity (including expectant mothers)	...	...	...	42
Tuberculosis	...	...	...	10
Chronic Sick (including aged and infirm)	...	...	...	295
Other	...	...	...	126

473

Number of first visits to Patients 273

Number of re-visits to Patients 515

788

Number of prospective applicants interviewed at office ... 9

2. Number of Domestic Helps employed at 31/12/55:—

(a) Full-time	...	...	...	...	2
(b) Part-time	...	...	...	...	98

100

Number of prospective Helpers interviewed	...	...	45
Number of Domestic Help Organisers employed	...	...	1*
Number of Meetings arranged for Home Helps	...	...	7
Number of first visits to Helpers	...	...	32
Number of re-visits to Helpers	...	...	693

* Part-time.

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

Eastern, 30,810 ; Central, 23,568 ; Western, 35,391 ;

Total, 89,769.

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 male adult mental defectives living in the community or on licence from Institutions.

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 55 patients who were certified under Section 16 of the Lunacy Act and admitted to hospital, and with 67 patients who were admitted under urgency orders (Section 20 of the Lunacy Act). While 279 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 three males under 16 years of age, two females under 16 years of age, and nine males and twelve females over 16 years of age were so reported. All five cases under 16 years of age were placed under statutory supervision. Of those over 16 years of age, seven males and nine females were placed under statutory supervision, one male was placed under statutory guardianship, two females were admitted to hospitals and one male was taken to a "place of safety." In addition one female was placed under voluntary supervision.

The number of mental defectives on the Authority's registers at 1st January, 1956, considered to be in urgent need of institutional care were three males and one female aged under 16 years of age and five males and one female over 16 years of age.

There were also two males, aged over 16 years, who were on the "non-urgent" waiting list for institutional care.

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

There are two defectives under guardianship, a male aged under 16 years and a male aged over 16 years.

Two males and two females aged under 16 years and one male and three females over the age of 16 years were admitted to National Health Service hospitals for "short-term" care.

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

The County Council approved of the recommendation to establish an Occupation Centre at Rhyl. Some progress was made to establishing the Centre. The necessary alterations and repairs have been approved. An approach has been made to the parents of children suitable for the Centre and, at present, there are 20 children suitable for the Centre whose parents have consented to their attendance.

Vacancies have been obtained for 10 defectives from Deeside to attend the Occupation Centre at Chester and transport is provided for these cases daily. It is hoped later to obtain some vacancies for defectives living in the South Eastern section of the County at the newly opened Denbighshire Centre at Gwersyllt.

Table 26.

A.—LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients	...	...	...	55
Temporary Patients	...	...	...	67

In addition, 279 persons were admitted to the Mental Hospital as "voluntary patient"

B.—MENTAL DEFICIENCY ACTS, 1913-1938.

LOCAL HEALTH SERVICES.

				Under age 16.		Aged 1 and over	
				M.	F.	M.	F.
1. Particulars of cases reported during 1955 :							
(a)	Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with"			...	...	3	2
				...	...	9	1
Number in which action taken on reports by :—							
(1)	Local Education Authorities on children						
	(i)	While at school or liable to attend school	...	3	1	—	—
	(ii)	On leaving special schools	...	—	—	—	—
	(iii)	On leaving ordinary schools	...	—	1	—	—
(2)	Police or by Courts			...	—	—	—
(3)	Other sources			...	—	9	11
(b)	Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with" on any ground			...	—	—	—
(c)	Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b)			...	—	1	—
TOTAL				...	3	2	10
							12

				Under age 16.		Aged 16 and over	
				M.	F.	M.	F.
2. Disposal of cases reported during 1955 :							
(a) Of the cases ascertained to be defectives " subject to be dealt with " (i.e., at 1(a)), number							
(i)	Placed under Statutory Supervision	...	...	3	2	7	9
(ii)	Placed under Guardianship	...	...	—	—	1	—
(iii)	Taken to " Places of Safety "	...	...	—	—	1	—
(iv)	Admitted to Hospitals	...	...	—	—	—	2
(b) Of the cases not ascertained to be defectives " subject to be dealt with " (i.e., at 1(b)), number							
(i)	Placed under Voluntary Supervision	...	...	—	—	—	1
(ii)	Action unnecessary	...	...	—	—	—	—
TOTAL				3	2	9	12
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1955 and admitted to							
(a)	National Health Service Hospitals	...	...	2	2	1	3
(b)	Elsewhere	...	...	—	—	—	—
TOTAL				2	2	1	3
4. Total cases on Authority's Registers at 31/12/55 :							
(i)	Under Statutory Supervision	...	...	8	9	55	44
(ii)	Under Guardianship	...	...	1	—	1	—
(iii)	In " Places of Safety "	...	...	—	—	1	—
(iv)	In Hospitals	...	...	10	5	44	70
(v)	Under Voluntary Supervision	...	...	—	—	3	6
TOTAL				19	14	104	120
5. Number of defectives under Guardianship on 31st December, 1955, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii))							
...				—	—	—	—
6. Classification of defectives in the Community on 31st December, 1955 (according to need at that date) :							
(a) Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority							
(1) In urgent need of hospital care :—							
(i)	" cot and chair " cases	...	...	1	1	—	—
(ii)	ambulant low grade cases	...	...	2	—	2	1
(iii)	medium grade cases	...	...	—	—	3	—
(iv)	high grade cases	...	...	—	—	—	—
Total Urgent Cases				3	1	5	1

						Under age 16.		Aged 16 and over	
						M.	F.	M.	F.
(2) Not in urgent need of hospital care :—									
(i)	"cot and chair" cases	...	...	...	...	—	—	...	—
(ii)	ambulant low grade cases	...	...	...	...	—	—	2	—
(iii)	medium grade cases	...	...	...	...	—	—	—	—
(iv)	high grade cases	...	...	...	...	—	—	—	—
						—	—	—	—
Total non-urgent cases						...	—	2	—
						—	—	—	—
TOTAL						...	3	1	7
						—	—	—	—
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—									
(i)	occupation centre	...	...	...	...	3	4	11	13
(ii)	industrial centre	...	...	...	...	—	—	6	1
(iii)	home training	...	...	...	...	1	—	3	2
						—	—	—	—
TOTAL						...	4	4	20
						—	—	—	—
(c) Of the cases included in 6(b), number receiving training on 31st December, 1955 :—									
(i)	In occupation centre	...	...	...	...	—	—	—	—
(ii)	In industrial centre	...	...	...	...	—	—	—	—
(iii)	At home	...	...	...	...	1	—	—	—
						—	—	—	—
TOTAL						...	1	—	—
						—	—	—	—

Section C.

INFECTIOUS AND OTHER COMMUNICABLE DISEASES.

Reports on cases of notifiable diseases are sent to the Medical Officer of Local Authorities who send copies to the County Medical Officer. Weekly and quarterly returns on notifiable diseases are sent from the County Health Department to the Welsh Board of Health. There is close co-operation between the County Health Department and District Councils in the control of infectious diseases, the nursing and health visiting staff of the County Council being made available to the District Medical Officers when required to deal with an outbreak of infectious illness.

Fees for notifying infectious cases are paid to doctors by District Councils who can recover their full amount from the County if copies of the notification have been sent to the County Health Department.

There was a very large outbreak of measles in 1955, a total of 1,547 cases being notified. Cases occurred throughout the County. The illness was not severe and only one death was reported. Unlike the usual epidemic of measles the illness which started early in the year persisted throughout the summer months and the number of cases were much higher than usual at the close of the year.

The number of notifications received from District Medical Officers during the year was as follows:—

Smallpox	...	...	...	...	—
Cerebro-Spinal Fever	...	...	...	...	—
Diphtheria	...	...	...	...	—
Dysentery	...	...	...	...	19
Enteric Fever (Typhoid)	...	...	...	...	—
Erysipelas	...	...	...	...	7
Food Poisoning	...	...	...	...	31
Measles	...	...	...	...	1547
Meningococcal Infections	...	...	...	...	5
Ophthalmia Neonatorum	...	...	...	...	3
Paratyphoid	...	...	...	...	—
Acute-encephalitis—Infective	...	...	...	...	1
" Post-infectious	...	...	...	...	—
Acute Poliomyelitis—Paralytic	...	...	...	...	6
" Non-paralytic	...	...	...	...	13
Pneumonia	...	...	...	...	132
Puerperal Pyrexia	...	...	...	...	11
Scarlet Fever	...	...	...	...	64
Whooping Cough	...	...	...	...	79
Malaria	...	...	...	...	—
Total					1918

It will be noted that notifications of Measles form 80.66 %, and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia forms 94.99 % of the total notifications.

Whooping Cough—During the year 79 cases of Whooping Cough were notified. There were no deaths from this disease during the 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.

As reported earlier in this Report, combined Diphtheria/Whooping Cough vaccine was introduced during the year into County Clinics. Many General Practitioners have been offering this combined vaccine for some time.

It is hoped that the increased protection now offered against Whooping Cough will reduce the incidence of the illness and reduce still further the risk of fatal complications which are not uncommon in the very young child.

Measles—One death occurred among the 1,547 cases notified.

Diphtheria—There were no notified cases of diphtheria.

Tuberculosis—The Statistics showing the number of notifications are as follows :—

TABLE 27.
TUBERCULOSIS—NOTIFICATION.

FORMAL NOTIFICATIONS.															Total (all ages)
Number of Primary Notifications of New Cases of Tuberculosis.															
AGE PERIODS:.	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Respiratory, Males	1	1	2	1	..	3	7	14	7	12	14	8	3	74	
Respiratory, Females	..	2	4	2	2	4	5	18	6	3	1	4	..	51	
Non-Respiratory, Males	..	..	1	4	1	2	..	..	..	1	1	..	..	10
Non-Respiratory, Females	..	..	1	7	..	2	1	1	3	..	..	..	..	15

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, 1955.

			Males.		Females.		Total.
Respiratory Tuberculosis	...	...	24	...	8	...	32
Non-Respiratory Tuberculosis	...	...	1	...	1	...	2
			—		—		—
All Forms	...	...	25		9		34
			—		—		—

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 was 0.21, and that for 1955 is 0.23.

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
5 Year Period :—				
1950	...	145080	...	0.40
1951	...	145700	...	0.45
1952	...	145700	...	0.35
1953	...	145100	...	0.23
1954	...	145800	...	0.21
1955	...	146100	...	0.23

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.

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 1945-1953.

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
			1955	...	1.03

Although there has been a small fall in the notification rate of tuberculosis during the past ten years—the fall has not been as sharp as that in the death rate. These findings are common to England and Wales as a whole as the following tables show:—

CASES NOTIFIED.

Table 1 (Flintshire):

	1930	1940	1950	1954
Respiratory T.B.	90	135	132	128
Non-Respiratory T.B.	21	44	34	29

Table 2 (Flintshire):

	1930	1940	1950	1954
Notification per thousand population—Flintshire	1.03	1.28	1.14	1.08

Table 2 (England and Wales):

	1930	1940	1950	1954
Notification per thousand population—England & Wales	1.68	1.16	1.18	0.95

Table 3 (Flintshire) :

	1930	1940	1950	1954
Death rate per thousand of the population, Respiratory and Non-Respiratory—Flintshire ...	0.84 ...	0.46 ...	0.40 ...	0.21

Table 3 (England and Wales) :

	1930	1940	1950	1954
Death rate per thousand of the population, Respiratory and Non-Respiratory—England and Wales ...	1.18 ...	0.99 ...	0.59 ...	0.28

Taken as a whole the present position as regards tuberculosis is more satisfactory than even five years ago. Now is the time to concentrate more than ever on prevention—we must never lose sight of the fact that tuberculosis is an infectious disease and preventable.

More attention has been paid during the past year to "contact" tracing and the efforts of all concerned have been most successful. When contacts refuse to attend, the importance of the examination is explained to them by one of the medical staff who arranges a home visit. During the year 451 contacts were found and 388 were examined, and it is hoped to persuade some of those have not attended so far to do so in the future.

Many of the cases of respiratory tuberculosis now discovered are early cases who respond more to treatment. Similarly the non-respiratory cases discovered are not the severe cases of bone, joint and meningeal tuberculosis of previous years, but mainly cases of tuberculous glands.

There have been revolutionary changes in the treatment of tuberculosis during the past decade which have rendered patients non-infectious and permitted earlier return to work. These changes were due to the introduction of new drugs such as streptomycin, P.A.S. and Isonicotinic Derivatives and also rapid advances in chest surgery.

In the rehabilitation of the tuberculous it is gratifying to report the close co-operation that exists between the Chest Physician, the Ministry of Labour, National Assistance Board and the County Health Department.

I would like to thank Dr. E. Clifford Jones and Dr. J. B. Morrison, the two Consultant Chest Physicians, who cover clinics in the County, for their excellent service and their assistance and co-operation at all times.

TABLE 31.

TUBERCULOSIS—CARE AND AFTER-CARE.

	During 1955						
	Males			Females			Total
	Under 16	Over 16	Total	Under 16	Over 16	Total	
(1) Number of cases notified to Tuberculosis Visitors :—							
Respiratory	3	73	76	8	48	56	132
Non-Respiratory	4	3	7	9	7	16	23
Total	7	76	83	17	55	72	155
(2) Number of persons in contact (at home) with above cases :—							
Respiratory	26	170	196	36	141	177	310
Non-Respiratory	15	15	30	37	15	52	82
Total	41	185	226	73	156	229	451
(3) Of the "contacts" shown in (2) above : number known to have been examined by Tuberculosis Physician :—							
Respiratory	25	142	167	36	117	153	316
Non-Respiratory	12	13	25	32	15	47	72
Total	37	155	192	68	132	200	388

Tuberculosis : Mass X-Ray Survey—The Mass X-Ray Unit of the Welsh Regional Hospital Board visited the County between November, 1955, and April, 1956.

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

It will be noted that the survey was not completed until 1956.

The following tables give the results of the findings for the whole County. (At the time of preparing this Report the survey of the Maelor District had not been carried out).

Table 32.

SURVEY OF GENERAL POPULATION AND SCHOOL CHILDREN BY MASS RADIOGRAPHY UNIT DURING THE
PERIOD NOVEMBER, 1955—APRIL, 1956.

AREA.	Number of Persons Examined.				Numbers Found Abnormal.										
	Definite Pulmonary Tuberculosis.			T.	Needing further observation for Pulmonary Tuberculosis.			Other Abnormalities.			Total.				
	M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	T.		
BUCKLEY	330	355	685	—	—	—	4	3	7	26	18	44	30	21	51
BAGILLT	96	142	238	—	—	—	4	—	4	2	4	6	6	4	10
CAERGWRLE	125	151	276	—	—	—	1	—	1	17	10	27	18	10	28
CONNAH'S QUAY	169	303	472	—	—	—	—	2	2	13	13	26	13	15	28
FLINT	314	515	829	—	—	—	2	3	5	5	4	9	7	7	14
HAWARDEN	340	310	650	—	—	—	2	—	2	13	11	24	15	11	26
HOLYWELL	1060	1299	2359	—	—	—	14	11	25	22	31	53	36	42	78
MOLD	865	1154	2019	—	—	—	1	1	2	65	53	118	66	54	120
MOSTYN	132	124	256	—	—	—	—	1	1	13	3	16	13	4	7
PENYFFORDD	51	72	123	—	—	—	—	—	—	2	2	4	2	2	4
PRESTATYN	267	450	717	—	—	—	3	1	4	17	15	32	20	16	36
RHYL	1061	1478	2539	—	—	—	9	10	19	38	35	73	47	45	92
SHOTTON	374	440	814	—	—	—	—	—	—	16	23	39	16	23	39
ST. ASAPH	211	189	400	—	—	—	3	—	3	3	2	5	6	2	8
TOTAL	5395	6982	12377	—	—	—	43	32	75	252	224	476	295	256	541

Table 33.

SURVEY OF FACTORIES, WORKS AND INSTITUTIONS BY MASS RADIOGRAPHY UNIT DURING PERIOD
NOVEMBER, 1955—APRIL, 1956.

Factory, Works or Institution.	NUMBERS FOUND ABNORMAL.									
	Number of Persons Examined.		Definite Pulmonary Tuberculosis.		Needing further observation for Pulmonary Tuberculosis.		Other Abnormalities.		Total.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.
Connah's Quay Power Station :										
B.E.A. ...	20	—	20	—	—	—	2	—	2	2
C.E.A. ...	87	—	87	—	—	1	2	—	2	3
M.A.N.W.E.B. ...	2	—	2	—	—	—	—	—	—	1
Miscellaneous Contractors ...	120	—	120	—	—	1	5	—	5	6
Rustproof Metal Windows ...	197	—	197	—	—	4	7	—	7	11
Tunnel Portland Cement ...	241	34	275	—	—	—	11	—	11	11
Courtaulds : Deeside Mill ...	153	290	443	—	—	3	2	1	3	5
Aber Works ...	413	233	646	—	—	1	11	4	15	12
Castle Unit ...	477	289	766	—	—	3	16	5	21	19
Darwen and Mostyn Iron Works ...	183	14	197	—	—	1	5	—	5	6
Rhyl Confectionery Ltd. ...	13	15	28	—	—	—	1	—	1	1
Woodburne Chester Ltd. ...	4	123	127	—	—	—	—	—	—	2
R. Graesser Ltd. ...	168	59	227	—	—	1	7	1	7	10
De Havilland Aircraft Co., Ltd. ...	1980	606	2586	—	—	3	86	24	110	105
48 M.U., R.A.F. Station, Hawarden ...	294	59	353	—	—	19	8	3	11	8
47 M.U., R.A.F. Station, Hawarden ...	35	54	89	—	—	1	3	3	6	4
Broughton Institution ...	—	68	68	—	—	—	—	7	7	7
TOTAL ...	4387	1844	6231	—	—	38	166	48	214	204
										59
										263

Venereal Disease—The number of cases treated for the first time at the Centres at Chester, Liverpool, St. Asaph, Wrexham, Shrewsbury and London during the year was:—

Syphilis	...	...	...	7
Gonorrhoea	...	...	...	14
Other conditions	...	...	...	91

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 has provided additional accommodation at Park House, Prestatyn, The Lawn, Russell Road, Rhyl, Carr Holm, Prestatyn, and Hafan Glyd, Shotton.

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 30 additional men, making a total at this establishment of 60 men.

In addition to the above premises owned by the Authority, 13 beds are available at Pen-y-Coed, Brighton Road, Rhyl, which is classified as temporary accommodation pending the opening of The Lawn extension. The Council also have 21 persons chargeable to them at Plas Coed, Rhyl, a Home for aged women administered by a voluntary committee. The Authority has also accepted financial responsibility for 17 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	...	...	...	37 (M & F)
Pen-y-Coed, Rhyl	...	...	...	13 (M)

Total—213, plus 21 at Plas Coed and 17 at Homes outside the County. Grand Total—251.

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, Voluntary Old People's Welfare Committees have been formed at Prestatyn, Mold, Shotton and Flint whose objects are, 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.

The Mold Committee commenced a scheme to provide hot meals to certain aged persons in conjunction with the School Meals Service and it is expected that the service will be extended to the other areas in the near future. Meals are also being distributed at Prestatyn and Rhyl by the Women's Voluntary Service.

A grant of £28 has been made to the Prestatyn branch of the W.V.S. to enable them to purchase additional equipment to extend the Meals-on-Wheels Scheme at Prestatyn.

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.

The appointment of a separate Welfare Committee was confirmed at a Meeting of the County Council held on the 4th October, 1955. The terms of reference of the Committee are as follows:—

"To administer welfare matters generally and in particular the Council's functions under the National Assistance Act, 1948, except those functions prescribed in Sections 29 and 30 of that Act. The Council's functions under Sections 29 and 30 of the National Assistance Act shall be re-delegated to the Health Committee. The Health Committee shall have power to delegate to the appropriate Sub-Committees the supervision of the day to day administration of the services to be provided under Sections 29 and 30 of the National Assistance Act, 1948."

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, 1955, was:—

Blind 323. Partially sighted 68.

3 children were in Residential Schools for the Blind.

8 blind persons from Flintshire were employed in the Society's Workshop's at Chester, and 4 were employed as Home Workers.

3 blind persons were in training for open employment.

2 blind persons are employed in open industry; and

12 are self-employed.

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

REGIONAL ASSOCIATION FOR THE BLIND REGISTRATION OF PARTIALLY SIGHTED PERSONS

Statistical Statement in conformity with Ministry of Health Form B.D.9.(A.)

Year Ended 31-2-1955

Name of Authority:—Flintshire County Council

TABLE 1.—TOTAL NUMBER ON REGISTER—AGE GROUPS AND SEX									TABLE 2.—CASES NEWLY REGISTERED (EXCLUDING RECERTIFICATIONS AND TRANSFERS FROM OTHER AREAS) AGE AT DATE OF REGISTRATION								
	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL		0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL
MALES	—	1	3	—	3	2	14	23	—	—	1	—	—	—	1	4	6
FEMALES	—	—	1	—	1	4	39	45	—	—	1	—	—	—	—	15	16
TOTAL	—	1	4	—	4	6	53	68	—	—	2	—	—	—	1	19	22

TABLE 3.—REMOVALS FROM REGISTER DURING THE YEAR FOR REASONS SET OUT BELOW																	
(a) On Admission to Blind Register									(b) On Decertification due to Improved Visual Acuity								
	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL		0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL
MALES	—	—	—	—	1	—	2	3	—	—	—	—	—	—	—	—	—
FEMALES	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
TOTAL	—	—	—	—	1	—	4	5	—	—	—	—	—	—	—	—	—

TABLE 4—(i) CLASS A—PERSONS NEAR AND PROSPECTIVELY BLIND (AGE 16 AND OVER)																										
EMPLOYED						UNDERGOING TRAINING						UNEMPLOYED—NOT UNDER TRAINING										TOTAL—CLASS A				
												Available for and capable of training or work					Not available for or not capable of work									
	16-20	21-49	50-64	65 & over	Total	16-20	21-49	50-64	65 & over	Total	16-20	21-49	50-64	65 & over	Total	16-20	21-49	50-64	65 & over	Total	16-20	21-49	50-64	65 & over	Total	
MALES	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	5	6	—	—	2	5	7	
FEMALES	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	19	21	—	—	2	19	21	
TOTAL	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3	24	27	—	—	4	24	28	

TABLE 4.—(ii) CLASS B—PERSONS MAINLY INDUSTRIALLY HANDICAPPED (AGE 16 AND OVER)																							
EMPLOYED						UNDERGOING TRAINING						UNEMPLOYED—NOT UNDER TRAINING						TOTAL—CLASS B					
	16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total
MALES	—	2	—	—	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	3	—	—	3
FEMALES	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	—	2	—	—	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	3	—	—	3

TABLE 4 (iii)—CLASS C—Persons requiring Observation only (Age 16 and over)						TABLE 4 (iv)—CLASS D—CHILDREN AGE 5 AND UNDER 16						TABLE 5—CHILDREN AGE 16 AND OVER STILL AT SCHOOL		TABLE 6—PERSONS REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT, 1944	
	16-20	21-49	50-64	65 and over	Total	EDUCABLE			INEDUCABLE		TOTAL				
						Attending Special Schools	Attending other Schools	Not at School							
MALES	—	—	—	9	9	2	1	—	—	—	3	—	—	—	—
FEMALES	—	1	2	20	23	—	1	—	—	—	1	—	—	—	—
TOTAL	—	1	2	29	32	2	2	—	—	—	4	—	—	—	—

GROUP F—1 Male not at school.

TABLE VII—Blind Persons age 16 and upwards (excluding those in F

	Residential Accommodation provided under Part III of the 1948 Act, viz. : Section 21		(c) Residential Homes (other than part III)	(d) Mental Hospitals
	(a) Homes for the Blind	(b) Other Homes		
M	2	4	1	6
F	2	7	-	2
T	4	11	1	8

TABLE VIII—Blind Persons Registered as New Cases (excluding recertifications and transfers

	0	1	2	3	4	5-10	11-15	16-20	21-30
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
T	-	-	-	-	-	-	-	-	-

TABLE IX—Blind Persons Registered as New Cases (excluding recertifications and transfers

REGIONAL ASSOCIATION FOR THE BLIND REGISTRATION OF PARTIALLY SIGHTED PERSONS

Statistical Statement in conformity with Ministry of Health Form B.D.9.(A.)

Year Ended 31-2-1955

Name of Authority:—Flintshire County Council

	TABLE 1.—TOTAL NUMBER ON REGISTER—AGE GROUPS AND SEX								TABLE 2.—CASES NEWLY REGISTERED (EXCLUDING RECERTIFICATIONS AND TRANSFERS FROM OTHER AREAS) AGE AT DATE OF REGISTRATION							
	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL
MALES	—	1	3	—	3	2	14	23	—	—	1	—	—	1	4	6
FEMALES	—	—	1	—	1	4	39	45	—	—	1	—	—	—	15	16
TOTAL	—	1	4	—	4	6	53	68	—	—	2	—	—	1	19	22

TABLE 3.—REMOVALS FROM REGISTER DURING THE YEAR FOR REASONS SET OUT BELOW																
(a) On Admission to Blind Register									(b) On Decertification due to Improved Visual Acuity							
0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL		0-1	2-4	5-15	16-20	21-49	50-64	65 and over	TOTAL
MALES	—	—	—	—	1	—	2	3	—	—	—	—	—	—	—	—
FEMALES	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—
TOTAL	—	—	—	—	1	—	4	5	—	—	—	—	—	—	—	—

TABLE 4—(i) CLASS A—PERSONS NEAR AND PROSPECTIVELY BLIND (AGE 16 AND OVER)																					
EMPLOYED						UNDERGOING TRAINING						UNEMPLOYED—NOT UNDER TRAINING									
												Available for and capable of training or work					Not available for or not capable of work				
16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total	16-20	21-49	50-64	65 & over	Total
MALES	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	5	6
FEMALES	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	19	21	—	—
TOTAL	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3	24	28

TABLE 4—(ii) CLASS B—PERSONS MAINLY INDUSTRIALLY HANDICAPPED (AGE 16 AND OVER)																					
EMPLOYED						UNDERGOING TRAINING						UNEMPLOYED—NOT UNDER TRAINING									
												Available for and capable of training or work					Not available for work				
16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total		16-20	21-49	50-64	65 & over	Total	16-20	21-49	50-64	65 & over	Total
MALES	—	2	—	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—
FEMALES	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	—	2	—	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—

TABLE 4 (iii)—CLASS C—Persons requiring Observation only (Age 16 and over)						TABLE 4 (iv)—CLASS D—CHILDREN AGE 5 AND UNDER 16						TABLE 5—CHILDREN AGE 16 AND OVER STILL AT SCHOOL		TABLE 6—PERSONS REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT, 1944	
16-20	21-49	50-64	65 and over	Total		EDUCABLE			INEDUCABLE		TOTAL				
						Attending Special Schools	Attending other Schools	Not at School							
MALES	—	—	—	9	9	2	1	—	—	—	3	—	—	—	—
FEMALES	—	1	2	20	23	—	1	—	—	—	1	—	—	—	—
TOTAL	—	1	2	29	32	2	2	—	—	—	4	—	—	—	—

GROUP F—1 Male not at school.

REGIONAL ASSOCIATION FOR THE BLIND

REGISTER / PARTIALLY SIGHTED

Statement in conformity with Ministry of Health Form B

Year Ended

TABLE 1—TOTAL NUMBER ON REGISTER—A				
0-1	2-4	5-12	13-20	21-25
MALES	1	2	—	2
FEMALES	—	1	—	1
TOTAL	1	3	—	3

TABLE 2—TOTAL NUMBER ON REGISTER—B				
0-1	2-4	5-12	13-20	21-25
MALES	—	—	—	—
FEMALES	—	—	—	—
TOTAL	—	—	—	—

TABLE 3—TOTAL NUMBER ON REGISTER—C				
0-1	2-4	5-12	13-20	21-25
MALES	—	—	—	—
FEMALES	—	—	—	—
TOTAL	—	—	—	—

TABLE 4—TOTAL NUMBER ON REGISTER—D				
0-1	2-4	5-12	13-20	21-25
MALES	—	—	—	—
FEMALES	—	—	—	—
TOTAL	—	—	—	—

**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 Section F of Forms B.D.8 (Revised) recommends :—				
(a) No treatment	15	1	—	10
(b) Treatment (medical, surgical or optical)	13	5	—	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment				
	6	3	—	4

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 Dumb is undertaken on behalf of the Authority by the Chester and North Wales Deaf and Dumb Society, and the following is a Report which I have received from the Secretary.

“Total number of Deaf ... 72.

Aged :—	Males.	Females.	Total.
5 to 16	5	4	9
16 to 21	4	5	9
21 to 50	10	18	28
50 to 65	7	5	12
Others	10	4	14
Total			72

Each of the above are visited in their homes. The children are visited periodically at school and parties are arranged when they are on holiday and at Christmas.

It is a pleasure to attend the Health Care and Nursing Committee and to present the quarterly report of the visits paid and the condition of

all the deaf and dumb persons in the County so far as is possible. Special care is given to cases in rural districts, persons in Part III Accommodation, to the sick, and last but not least to the aged.

The names and addresses of County Secretaries of Voluntary Organisations in Flintshire sent to me by the County Medical Officer of Health has been of great value to this Society.

Cases in Mental Hospitals have a special place on our visiting list and I cannot speak too highly of the courtesy shown to us by the staff and for the great help given to us on these visits. Boxes of sweets were given to the Flintshire cases in Mental Hospitals at Christmas time.

I could give many cases as examples but I feel sure a concise report with a few examples will be sufficient to show that as a Society we are grateful for the help given by the Medical Officer of Health and his Staff and secondly that the work being done is appreciated not only by those that are visited but by a vast number of friends of those whom we visit.

A new Club has been started in Wrexham and many of the Deaf friends from Buckley, Penyffordd, Mold, Leeswood, Queensferry and Sealand pop in to enjoy the recreation and friendly conversation.

Example Cases :

K.R., Bagillt, date of birth 4/7/1922—It was Sir James Barrie who wrote :—"Those who bring sunshine into the lives of others cannot keep it from themselves." This is a case of a young deaf man who decided to get married but was at a loss to know how he was to go about it. A visit was paid to the Headquarters of this Society. The wedding was arranged, Registrar consulted, the reception planned, flowers for both parties put on order, Bride's cake made, honeymoon planned, and a special compartment set aside for their journey to London on their way to Brighton where they enjoyed their holiday in Butlins Hotel. The ceremony was performed by the Secretary.

B.C., Buckley, date of birth 13/12/1941—This young man finished school and was looking for work. The Society arranged for an interview with the Personnel Manager of a large establishment where he was shown round the work.

Unfortunately the risk of accident was too great. After discussion with the father it was decided to seek for employment elsewhere.

E.C., Queensferry, date of birth 11/1/1937—This young woman was at the Trade School, Manchester, for three years and has turned out very well as a dressmaker.

It was difficult to place her, and being anxious to work a place was found in the assembly room of Brookhirst Switchgear Ltd. where she is very happy. She is a fine young woman and attention is already being given her by a young deaf man, a good football player from Cheshire.

H.S., Buckley, date of birth 9/7/1913—This man, deaf and dumb and retarded, lives with his widowed mother. They went for a holiday last year, while away he collapsed and had to be brought home in a taxi,

The doctor was called and it would appear he had a very bad heart attack. He has been regularly visited and all the news taken to him from the Club. His progress is very slow and I question if he will ever be the same. His mother is very grateful for the attention given to her son.

R.C., Llanerchymor, date of birth 8/9/1933—Here is a young fellow that has made good and proved himself worthy of the help given to him by the Council. He has not been idle for one day since he left school, but enjoys his work. He is ready to work at any hour, early or late, as required of him.

J.B., Rhyl, 10/12/1882—An old age pensioner invited to one of our parties with some of the other old men. He was so delighted that he wrote a beautiful letter to the Society signed by himself and the others who accompanied him to the party. He is very happy in the home provided by the Council.

W.H., Rhyl, date of birth 15/1/1925—This young man, married in March of 1954 to a deaf and dumb woman from Chester, had built their own house and were doing nicely, unfortunately his health broke down and he had to go into Abergele Chest Hospital for a period.

The treatment he received has been beneficial and he hopes soon to be back at work. Everybody will wish him well.

D. RUSSELL MACFARLANE, A.Inst.S.W.,

Superintendent and Secretary.

18, Upper Northgate Street,
Chester."

Section E.

FOOD AND DRUGS ACT, 1938, ETC.

I have received the following Report from the County Sanitary Inspector on the work carried out during the year:—

"REPORT OF THE COUNTY SANITARY INSPECTOR.

FOOD AND DRUGS ACT, 1938, ETC.

Seven hundred and twenty samples of food were taken during the year ended December, 1955, and five hundred and sixty of these were submitted to the Public Analyst for chemical analysis. The remaining one hundred and sixty were samples of school milk which were tested in the office for fat and solids content.

The following table is a brief summary of the samples submitted to the Public Analyst:—

Article.	Number taken.		Genuine.	Not genuine or below standard.
Milk	...	288	180	108
Dairy Products	...	12	9	3
Sausages	...	50	49	1
Ice Cream and Lollies	...	29	29	—
Miscellaneous Groceries	...	106	102	4
Confectionery	...	13	13	—
Alcoholic Drinks	...	15	15	—
Cooking Fats	...	13	13	—
Fish and Meat Products	...	21	21	—
Patient Medicines	...	13	11	2
Total	...	560	442	118

Milk—Two hundred and eighty-eight samples were submitted to the Public Analyst for chemical analysis. The samples were taken from roundsmen, dairies, farms, schools, and restaurants, and were tested for colouring matter, added water, fat deficiency, solids not fat, blood, dirt, and preservatives.

One hundred and eight samples were found to be adulterated or of poor quality. In all cases of poor quality milk the producers were advised to contact the Advisory Services of the Agricultural Executive Committee.

An analysis of the hundred and eight samples showed that twenty contained added water, nineteen had fat deficiencies, and sixty-nine were poor quality milks with a low solids content. Legal proceedings were instituted in nineteen cases and warning letters were sent to the others.

Four cases were withdrawn on legal technicalities. In one instance where over five and a half gallons of water were found in a consignment of twenty-seven gallons, the Police took action against the farm servant for damaging his employer's property by adding water to the milk. It was stated in Court that he added water to the milk to make up for what he lost in spillage. The farm servant was put on probation and our charges against the producer were withdrawn.

In another instance where proceedings had been instituted against a producer for fat abstraction and added water, the producer stated that he had not received his portions of the samples taken from his consignment. The samples had been taken at a dairy some miles from the farm and the producer's portions of the samples had been sent to him by post. Proof of delivery was not available and the proceedings were withdrawn.

The attention of two Jersey milk producers was drawn to the low fat content of their milk.

The presence of blood was found in two consignments of milk and the producers were warned.

Dirt was also found in one consignment and the producer was warned.

Pasteurised Milk—There are three 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 to 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.

It was found necessary to send warning letters to the occupier of a small pasteurising plant drawing his attention to the condition of his premises.

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

Three samples of school milk supplied by a Denbighshire firm were found to contain traces of water. A warning letter was sent to the distributor.

Biological Milk Sampling—Seventy samples of milk were taken from retailers and tested for the presence of Tuberculosis and *Brucella Abortus*. All were found to be satisfactory.

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

“The number of Tuberculin Tested Herds, etc., for the year 1955 :—

	Attested.	Supervised.	Non-Attested.
Tuberculin Tested or Certified Herds ...	563	1	—
Non-Designated Herds ...	168	18	914
Non-Dairy Herds ...	130	5	—
Total ...	861	24	914

Total cattle population on 31st December, 1955 ... 62,500

Cattle slaughtered under Tuberculosis Order ... 6 ”

Other Foods—Two hundred and seventy-two samples were submitted to the Public Analyst and ten were found to be adulterated or below standard.

Two samples of vivid dyes used for colouring sweets and confectionery were also submitted for analysis and these were found to be harmless.

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

Article.	Deficiency or Adulteration.	Administrative Action.
Pork Sausages.	Slightly below standard for meat content.	Attention of butcher drawn to matter.
Vinegar.	Contained moulds.	Old stock destroyed.
Children's Cough Syrup.	Deficiency in sugar content.	No further stock.
Cough Mixture.	Deficiencies due to long standing.	Shopkeeper advised. Old stock withdrawn.
Whipped Cream.	Not genuine cream.	Formal sample to be taken.
Cream.	Not genuine cream.	Formal sample to be taken.
Condensed Milk. War time stocks released for manufacturing purposes.	Tainted.	Attention of distributor drawn to matter.

SUMMARY OF LEGAL PROCEEDINGS.

Article.	Deficiency or Adulteration.	Result.	Total Fines & Costs. £ s. d.
Milk	... 19 % added water	Withdrawn as the result of the Police taking action against the farm servant for larceny ...	
"	... 20 % "		
"	... 17 % "		
Milk	... 10 % deficient in fat	Withdrawn due to legal technicality ...	
"	... 1 % added water		
"	... 17 % deficient in fat		
Milk	... 20 % added water	Convicted	... 13 5 0
"	... 15 % "		
"	... 7 % "		
"	... 4 % "	...	... 3 10 0
"	... 2 % "	...	... 3 10 0
"	... 2 % "	...	... 3 10 0
"	... 2 % "	...	... 3 10 0
"	... 4 % "	...	... 3 10 0
"	... 13 % deficient in fat	...	... 2 14 0
"	... 20 % "	...	... 2 14 0
"	... 15 % "	...	... 2 14 0

Article.	Deficiency or Adulteration.	Result.	Total Fines & Costs.		
			£	s.	d.
Milk	... 13 % added water	... Convicted	...	5	13 6
"	... 26 % "	... "	...	5	13 6
"	... 6 % "	... "	...	10	6 0
Bread &					
Butter	... Bread and margarine	... "	...	8	12 0
Cream	... Synthetic cream	... "	...	5	13 0
			£74 15 0		

A number of foodstuffs were also sent to the Public Health Laboratory, Birkenhead, for bacteriological examination.

Three samples of blood stained meat pies taken from a cooked meat shop window were found to contain undesirable bacteria. During a visit to the premises a week later, a diseased hind quarter of beef was found in the meat preparing rooms. It appears that the meat had only just been delivered. The matter was referred to the District Council's Sanitary Inspector for action.

It was reported by the Welsh Board of Health that samples of imported Chinese egg albumen taken at the port of entry had been found to contain undesirable bacteria and that instructions had been issued to the trade on the precautions to be taken in its use for cake making, etc., and for the subsequent sterilisation of the utensils used. Seven samples of imported egg albumen were taken from different premises in the County and all were found satisfactory.

Among other samples sent were those of fly-blown confectionery taken from dirty shops, swabs taken from a dirty plate holding cooked meat exposed for sale in a shop window, tins of old stock, condensed milk taken from a confectionery manufacturer's premises and which had been released by the Minister for manufacturing purposes.

Public Health Propaganda—Lectures and films were given to the various organisations such as the Women's Institutes, Townswomen's Guild, School Butchers Staff and Youth Organisations. The subjects discussed included Clean Food, the Health Services, Housing and Environmental Hygiene.

Displays dealing with Home Safety, Mass X-Ray, Clean Food, Dental Care, Poliomyelitis, Welfare Foods, Tuberculosis and Diphtheria were exhibited in the main shopping centres.

Other Duties—Investigations of complaints, cancer research (atmospheric pollution and soil samples), river pollution and water supplies, inspection of school premises and hospital kitchens.

Shop Act—The provisions dealing with the health and comfort of shop workers are found in the Shop Act, 1950. They include heating, ventilation, sanitation, lighting, washing facilities, facilities for taking meals and seating accommodation.

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

The Rhyl Urban District Council Health Department is responsible for the administration of all the provisions of the Act dealing with the health and comfort of the shop workers in its area.

All premises inspected during the year complied with the Act.

Fertiliser and Feeding Stuffs Act—Twenty-five samples were taken during the year. One calf feeding food was found to have a slight deficiency in oil content and the manufacturers were notified.

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

E. LEWIS,

County Sanitary Inspector."

Section F.

SANITARY CIRCUMSTANCES.

Details of the sanitary circumstances of each Local Authority are contained in the Annual Reports of the Medical Officer for each Authority.

During the year considerable progress was made in the provision of piped water supply to many of the rural areas in the County. In some cases this was by an extension of existing mains; in others by the provision of a supply from a new source.

Improvements in sewerage and sewage disposal of several rural districts were also started or completed during the year.

During the year regular samples of water supplies were taken in all areas. The majority of samples were satisfactory. In the small number of cases where an unsatisfactory report was received the circumstances were investigated by the District Council and action taken to remedy any defects found.

Several cases of anthrax were reported in cattle in various parts of the County during the year. These were dealt with by the Police and the District Medical Officers. One case of anthrax occurred in a man in the Holywell Urban District.

One major step which affects all areas of the County was the designation of the whole County as a "specified area" for the sale of milk. Only designated milk may now be sold throughout the County, and it is hoped that this step will eliminate a considerable amount of illness, particularly tuberculosis of bovine origin.

Relations between the health departments of District Councils and the County Health Department have been very cordial throughout the year, and there was complete interchange of information on all matters relating to health problems.

Section G.

HOUSING.

Housing Repairs and Rents Act, 1954—Each Local Authority had, during 1955, to submit to the Minister of Housing and Local Government their proposals for dealing with houses unfit for human habitation in their area. This entailed a detailed survey of all houses in the Authority's area and the plans for dealing with unfit houses during the next five years.

The result of the surveys and the proposals for dealing with unfit houses were made available to the public and Local Press after each Local Authority had considered and approved them.

The Act laid down certain standards for houses, and when surveys were undertaken regard had to be given to the following points in deciding whether a house was unfit for human habitation or not:—

- (a) Repairs.
- (b) Stability.
- (c) Freedom from damp.
- (d) Natural lighting.
- (e) Ventilation.
- (f) Water supply.
- (g) Drainage and sanitary conveniences.
- (h) Facilities for storage, preparation and cooking of food, and for the disposal of waste water.

The complete surveys throughout the County entailed a great deal of work by the staff of the District Councils.

Details of the findings are given below :—

Extract from Slum Clearance Returns together with additional percentage figures.

Area.	Total No. of permanent houses in area.	Estimated No. of unfit houses.	No. of unfit houses to be demolished in first 5 years.	% of all houses in area to be demolished in first 5 years.	% of unfit houses to be demolished in first 5 years.
Flint Boro C. ...	2,329	351	251	6.38	71.5
Buckley U.D. ...	2,241	254	125	5.57	49.2
Con. Quay U.D. ...	2,000	122	122	6.1	100
Holywell U.D. ...	2,187	393	215	9.83	54.7
Mold U.D. ...	1,860	76	76	4.80	100
Prestatyn U.D. ...	3,540	27	27	0.76	100
Rhyl U.D. ...	6,425	86	86	1.24	100
Hawarden R.D. ...	10,050	239	239	2.37	100
Holywell R.D. ...	7,350	840	500	6.76	59.5
Maelor R.D. ...	1,400	65	20	1.42	30.7

Some indications of the additional details provided by the survey are given below for the Borough of Flint. (Similar details were prepared by each Local Authority in the County).

Borough of Flint.

Ward.	Total No. of Houses.			Category A			Category B			Category C			Category D		
				No.	%		No.	%		No.	%		No.	%	
gillt East	...	541	...	228	42.2	...	256	47.3	...	22	4.4	...	35	6.3	
gillt West	...	498	...	227	45.6	...	177	35.5	...	16	3.2	...	78	15.6	
stle	...	356	...	235	66.0	...	46	12.9	...	12	3.3	...	63	17.6	
leshill	...	651	...	413	63.4	...	184	28.3	...	13	2.0	...	41	6.3	
kenholt	...	1,068	...	905	84.7	...	141	13.1	...	5	0.6	...	17	1.6	
elawney	...	815	...	457	56.0	...	309	37.8	...	14	2.0	...	35	4.2	
Totals	...	3,929		2,465	62.73		1,113	28.32		82	2.09		269	6.84	

Every permanent house in the Borough has been placed in one of the following categories:—

- A. Dwellings which are up to standard in all respects or up to standard apart from minor defects.
- B. Dwellings requiring and suitable for repair either under the Housing or Public Health Acts.
- C. Dwellings ripe for individual demolition orders.
- D. Dwellings which are suitable for inclusion in redevelopment or clearance areas.

It will be noted that there are 351 houses in Categories C and D which amount to 8.93 % of all houses in the Borough.

In the Borough of Flint it was estimated that 251 of these houses could be demolished during the next five years.

(It will be noted that some Local Authorities propose to demolish all their unfit houses in the next five years—others are not able to achieve this target).

The Housing Repairs and Rents Act, 1954, had three main objectives:—

1. To encourage Local Authorities to survey all houses in their area, and to demolish unfit houses, this to be done by demolishing individual unfit houses, by Clearance Area, or Redevelopment procedure.
2. To encourage improvements of existing properties in the areas of Local Authorities by empowering authorities to make "improvement grants."
3. To encourage owners to repair properties by enabling them to increase the rent after such repairs had been satisfactorily executed.

* This Act aimed at improving existing fit houses and replacing unfit houses by new property.

The Act does not affect the construction of new Council houses, except that the subsidy per house was reduced by approximately 50 %—except for new houses built to accommodate families in property found unfit for human habitation.

Summary of Findings

Category	Sub-category	Value	Percentage	Rank
1	1.1	100	100%	1
2	2.1	85	85%	2
3	3.1	70	70%	3
4	4.1	55	55%	4
5	5.1	40	40%	5
6	6.1	25	25%	6
7	7.1	10	10%	7
8	8.1	5	5%	8
9	9.1	2	2%	9
10	10.1	1	1%	10

The following findings were obtained from the survey conducted in the month of June 1954:

A. The findings which are of a statistical nature are as follows:

1. The findings which are of a statistical nature are as follows:

2. The findings which are of a statistical nature are as follows:

3. The findings which are of a statistical nature are as follows:

4. The findings which are of a statistical nature are as follows:

5. The findings which are of a statistical nature are as follows:

6. The findings which are of a statistical nature are as follows:

7. The findings which are of a statistical nature are as follows:

8. The findings which are of a statistical nature are as follows:

9. The findings which are of a statistical nature are as follows:

10. The findings which are of a statistical nature are as follows:

B. The findings which are of a statistical nature are as follows:

1. The findings which are of a statistical nature are as follows:

2. The findings which are of a statistical nature are as follows:

3. The findings which are of a statistical nature are as follows:

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8. The findings which are of a statistical nature are as follows:

9. The findings which are of a statistical nature are as follows:

10. The findings which are of a statistical nature are as follows:

C. The findings which are of a statistical nature are as follows:

1. The findings which are of a statistical nature are as follows:

2. The findings which are of a statistical nature are as follows:

3. The findings which are of a statistical nature are as follows:

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10. The findings which are of a statistical nature are as follows: