

[Report 1960] / Medical Officer of Health, Flintshire County Council.

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Flintshire County Council



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

OF

FLINTSHIRE

DURING THE YEAR

1960

Flintshire County Council



REPORT

BY THE

MEDICAL OFFICER

OF THE

HEALTH

OF

FLINTSHIRE

FOR THE YEAR

1960

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INTRODUCTION.

COUNTY HEALTH OFFICES,
LLWYNEGRIN,
MOLD.

To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

In October, we were privileged to have a visit paid to the County by the Minister of Health, The Rt. Hon. Enoch Powell, M.B.E., M.P. The Minister spent the greater part of the day in the County and in the morning visited Rhyl Clinic and also saw the Mobile Clinic at Rhyl. Later, the Minister visited Fronfraith Training Centre where he saw the children at work and play and expressed interest in the work being done for the sub-normal. Later on in the day, the Minister visited Y Gorlan Home for the Aged, Rhyl, and was shown round the home and self-contained flat for temporary accommodation which forms part of Y Gorlan.

During 1960, two important developments occurred in the domiciliary health services—the coming into force of the Mental Health Act, 1959, and the implementation of the services for the generally handicapped under Sections 29 and 30 of the National Assistance Act, 1948.

The provisions of the Mental Health Act, 1959, became law on the 1st November. Part of the Act relating to informal admissions had been in force since January, 1958. To ensure that the new Act would be fully understood and correctly implemented a great deal of preparatory work was done in the first half of the year. The public were informed of the changes brought about by the Act and general practitioners, mental welfare officers and other members of the staff of the department were made aware of the new provisions by specially prepared memoranda and literature prepared on the new Act. From November 1st until the end of the year the new provisions for the admission of mentally ill patients for treatment worked smoothly and it was very apparent that the majority of patients were entering hospital for treatment on an informal basis.

The detailed proposals for providing services for the generally handicapped were approved in 1959. In January of 1960, a Home Visitor for the Handicapped was appointed and she, working with the Health Visitors, started to visit and bring up to date our register of handicapped persons. At the end of the year a great deal had been achieved, instruction in crafts was well established, and social and other facilities provided on a limited scale due to limitations in staff available for the work.

New clinic premises were acquired at Caergwrle during the year and came into use on 26th April, 1960. The new Clinic is centrally situated and has excellent accommodation for our purpose. The clinic also acts as a base for the area Health Visitor. During the year, also, a start was made on building a new clinic for the Mancot area. In January, the Mobile Clinic attended Ffynnongroew for the first time and subsequently every two weeks throughout the year. The total number of centres now attended by the Mobile Clinic every two weeks is eight. A child welfare clinic was also established at R.A.F. Sealand in May when families occupied the married quarters at the camp. The clinic at R.A.F. Sealand is held in premises kindly made available by the R.A.F. Authorities.

As in recent years a great deal of extra work was incurred on Poliomyelitis vaccination at ordinary immunisation sessions and at special day and evening clinics. Early in the year the upper age limit was raised from 25 to 40 years of age. This brought in many thousands who were eligible for vaccination. In addition, we were busy giving third injections to those who already had received two injections earlier. In April, open evening poliomyelitis vaccination clinics were arranged where persons could attend for vaccination without any appointment. The first clinic was held at Buckley and over a hundred persons attended. During April, May and June seventeen open clinics were held, and in all 3,323 persons attended.

In January, detailed reports on the County Health Services were prepared as part of the evidence submitted by the Council to the Local Government Commission for Wales. Later in the year members of the Commission visited the health department to find out for themselves the services provided. At a later date, I attended at Cardiff before the Commission and full information was given on the range of health services available in the County, and the reasons why alterations in the boundary of the County would not improve the personal health services available to the inhabitants. The Health Committee rightly maintains that Flintshire has the financial and other resources to provide modern health services and that the unit is of the right size. Making the unit bigger would mean that the personal contact between staff and the head of the department would be lost, to the detriment of the public and the staff. The Commission had not issued its draft proposals at the end of the year.

Several important developments occurred in the Ambulance Service. A start was made on building a County Headquarters at Mold which it is hoped will be ready about the middle of 1961. In March an all weather Land Rover Ambulance was put into commission. This vehicle is capable of going over very rough country and can travel over snow and ice and pull itself out of soft mud or water with a built-in winch. Working in collaboration with the R.A.F., instruction was given to the staff on modern rescue methods from crashed aircraft. There is still a need for a national course of training for ambulance staff much on the lines of the police and

fire service. Ambulance crews have a responsible job which they carry out well, but with more training could be done better, to the benefit of the public and to the ambulance staff themselves. The need for more training is most urgent in dealing with serious accidents, particularly road accidents, where the need for skilled and sometimes extensive first aid of the right kind is vital.

The need for an integrated Geriatric Service under the supervision of a Consultant Geriatric Physician becomes greater every year. The hospitals, general practitioners and County Council all provide good services for the aged—but the need to integrate the services which are complementary is urgent. The Regional Hospital Board has agreed to the appointment of a Consultant Geriatrician for the Clwyd and Deeside Hospital Management Committee area as a combined appointment with the Counties of Denbigh and Flint. When the Consultant has been appointed it will be easier to make greater and more effective use of the facilities available. It is sincerely hoped that the Consultant will be able to help with the urgent problem of sick aged persons in our Homes for the Aged; and also help the District Nurses to play an even greater part in the home care of the aged sick.

In September, "Triple" antigen was introduced into the clinics in the County. Triple antigen is a mixed vaccine against Diphtheria, Whooping Cough and Tetanus and a child can be vaccinated against the three diseases by three injections of the Triple antigen. To protect children against the diseases separately would mean six injections—so the Triple antigen is a saving in time quite apart from a saving in discomfort to the child and trouble to the parents. Booster injections will still be given against Diphtheria and Tetanus when the child enters school at about five years of age. Triple antigen was only introduced after receiving expert advice and after full discussion by members of the Health Committee.

Two important pieces of legislation which became law during the year were (a) Caravan Sites and Control of Development Act, 1960, and (b) Noise Abatement Act, 1960. The Caravan Sites and Control of Development Act deals with the licensing and control of Caravan Sites and enables local authorities to introduce standards for sites that ensure satisfactory conditions at sites, and adequate facilities and proper maintenance of sites. The Noise Abatement Act, 1960, made provision that a noise or vibration which is a nuisance could be dealt with as a statutory nuisance and the Act also restricted the use of loudspeakers in public places.

STAFF CHANGES.

Medical :

Dr. R. Rhydwen, Assistant County Medical Officer (and who was also Medical Officer of Health for the County Districts of Prestatyn Urban, Rhyl Urban and St. Asaph Rural), resigned owing to ill health on 31st December, 1960.

Dr. W. Manwell, Assistant County Medical Officer (with the approval of the County Council) was appointed by the three District Councils above referred to to carry out the statutory duties of Medical Officer of Health to each of the Authorities in a part-time capacity during the absence from duty of Dr. Rhydwen. Dr. W. Manwell continued also to serve as Assistant County Medical Officer during that period.

Dr. M. J. W. Dobbin, commenced duty as a part-time Assistant Medical Officer on 12th February, 1960.

Dr. H. A. Freeman, terminated part-time service as Assistant Medical Officer on 1st July, 1960.

Dental :

Mr. A. O. Hewitt, L.D.S., formerly a part-time Dental Officer, became a full-time Officer on the 4th July, 1960.

Mr. J. S. Selwyn, L.D.S., terminated his part-time appointment as a Dental Officer on 22nd July, 1960.

Mr. J. W. Eaves, L.D.S., R.C.S., commenced duty as a full-time Dental Officer on 4th July, 1960.

The following changes occurred in the Dental Attendants' staff :—

Mrs. B. Welsh, formerly part-time, took up full-time duties on the 1st February, 1960.

Mrs. M. D. Lloyd-Jones, formerly full-time, became a part-time Dental Attendant from 28th February, 1960.

Mrs. K. Howard, resigned on 29th February, 1960.

Mrs. P. Thomas, commenced full-time duty on 22nd February, 1960.

Mrs. M. Price, commenced part-time temporary duty on 25th February, 1960 ; and

Mrs. S. H. Cadill was engaged for the period 29th August, 1960, to 10th September, 1960.

Nurses and Midwives :

Miss D. Norman, resigned her appointment as Deputy Superintendent Nursing Officer and Deputy Supervisor of Midwives on 31st May, 1960, to take up an appointment in Hastings.

Miss M. McKellar Farrall, was appointed to succeed Miss D. Norman and commenced duties on the 1st December, 1960.

Miss M. E. Hand, resigned her appointment as District Nurse/Midwife, Rhyl, on 31st March, 1960.

Miss D. Phillips, resigned her appointment as District Midwife (Flint District) on 31st May, 1960.

Mrs. T. G. Roberts, commenced duty on 12th December, 1960, as full-time relief Nurse/Midwife for the Eastern area of the County.

Health Visitor/School Nurses :

Miss D. V. Gray, retired from her appointment as Superintendent Health Visitor and Domestic Help Organiser on 9th July, 1960 ; and

Miss P. M. Matthews, who was appointed to succeed Miss Gray, commenced duty on the 7th May, 1960.

Miss M. Y. Secker, formerly a District Nurse/Midwife, successfully completed her course of training as a Health Visitor on the 2nd July, 1960, and commenced duties as a Health Visitor/School Nurse on 11th July, 1960.

Miss F. Isherwood, terminated her part-time service as a Health Visitor on the 29th March, 1960.

Clinic Nurses :

Mrs. E. Boswell, terminated her part-time service on 31st January, 1960.

Mrs. R. Cunnah, commenced part-time duty on 29th March, 1960.

Mental Health Staff :

Mr. R. Powell, formerly on the administrative staff of the County Welfare Officer, and who also then acted as a relief "Duly Authorised Officer," was appointed full-time Mental Welfare Officer and commenced his duties on 11th July, 1960.

Miss A. M. Howitt, commenced duty as trainee Assistant at the Fronfraith Training Centre, Rhyl, on the 23rd May, 1960.

Welfare of Handicapped Persons (General Classes) :

Miss J. H. Shipperlee, was appointed Home Visitor for Handicapped Persons and took up her appointment on the 1st March, 1960. Under arrangements made with Glamorganshire County Council, Miss Shipperlee spent two months gaining instruction and experience with the Staff of the Director of Welfare Services of that Authority.

Ambulance Service :

Information regarding the staff of the Ambulance Service is given in detail in the appropriate Section later in this report.

COURSES, CONFERENCES, ETC.**Medical Staff :**

Dr. G. W. Roberts, County Medical Officer, attended the Conference of the National Association for Mental Welfare in London on the 24th and 25th March, 1960, and the Royal Society of Health Annual Congress at Torquay from the 25th to 29th April, 1960.

Dr. E. H. Annels, Deputy County Medical Officer, attended the Annual Conference of the National Association for Maternity and Child Welfare at Bristol from 24th to 26th June, 1960.

Dr. E. Pearse, Senior Medical Officer, attended the International Medical Women's Federation Conference in Baden, Germany, from 7th to 10th September, 1960.

Dental Staff :

Mr. A. Fielding, Principal Dental Officer, attended the Annual Conference of the British Dental Association at Edinburgh from 11th to 15th July, 1960.

Health Visiting Staff :

Miss P. M. Matthews, Superintendent Health Visitor and Domestic Help Organiser, attended the Institute of Home Help Organisers' Conference at Cheltenham on the 15th and 16th September, 1960.

Miss J. M. Jewell, attended a Course on "Mental Health" in Birmingham from 4th to 9th January, 1960.

Mrs. M. D. Lewis and **Miss A. M. Stewart**, attended a "Mental Health" Course arranged by the Women's Public Health Officers' Association in London from 2nd to 14th April, 1960.

Nursing and Midwifery :

Miss L. Mann, County Nursing Officer and Supervisor of Midwives, attended the Conference of the Association of Supervisors of Midwives in London from 3rd April to 9th April, 1960.

The under-mentioned Midwives attended Post Graduate Midwifery Courses as follows :—

Mrs. J. E. Rainbow and **Mrs. E. Edwards**, at Buxton from 28/2/60 to 5/3/60.

Mrs. D. Bell and **Miss I. Leece**, at Bangor from 25/6/60 to 2/7/60.

Mrs. M. W. Owen and **Mrs. C. Peters**, at Cardiff from 3/7/60 to 9/7/60.

Miss L. E. H. Twist and **Miss S. C. Francis**, at Birmingham from 28/8/60 to 3/9/60.

Mrs. R. A. Roberts and **Mrs. E. E. Jones**, at Leeds from 11/9/60 to 17/9/60.

Mrs. M. Jones and **Mrs. M. E. Hughes** attended the State Enrolled Assistant Nurses Course in Liverpool from 22nd May to 28th May, 1960.

Mrs. M. Davies and **Miss L. E. H. Twist** attended a "Mental Health" Course arranged by the Royal College of Nursing in Birmingham from 4th January to 9th January, 1960.

Mrs. E. E. Jones and **Mrs. A. M. Fleming** attended the Queen's Institute of District Nursing Refresher Course in London from 3rd to 9th January, 1960.

Mrs. A. C. Harrison and **Mrs. M. M. Gordon** attended a Refresher Course in Birmingham arranged by the Royal College of Nursing from 2nd to 7th May, 1960.

Mr. E. Lewis, County Public Health Inspector, attended a course in "Radiation Safety and Health Physics" at Liverpool from 18th January to 29th January, 1960. The Royal Society of Health Annual Congress at Torquay from 25th to 29th April, 1960, and the Summer School in Health Education at Bangor from 6th August to 20th August, 1960.

Mental Health Service :

The under-mentioned Mental Welfare Officers attended "Mental Health First Aid" courses at the North Wales Hospital for Nervous and Mental Disorders, Denbigh, on the dates shown :—

Mr. J. C. Seaman (Senior Mental Welfare Officer) and **Mr. E. W. Arrow-smith** from 16th to 23rd May, 1960.

Mr. J. H. E. Hawkins and **Mr. R. Powell** from 17th to 28th October, 1960.

Ambulance Service :

Mr. D. J. Jones, the County Ambulance Officer, attended the Civil Defence Course for Ambulance Officers at Sunningdale from 2nd to 5th February, 1960.

Administrative Staff :

Mr. E. F. Jones, a Senior Administrative Assistant, attended the Nalگو Summer School at Cambridge from 18th September to 22nd September, 1960.

I would once again like to thank the Chairman and members of the Health Committee for their support and active interest in the work of the department. My thanks are also due to the Clerk of the County Council and his staff and the staff of other departments who have worked closely with the Health Department during the year.

The staff of the department have worked loyally as a team during the year, and in paying tribute to them I would like to convey to them the thanks of the public for the services provided.

In particular, I would like to thank **Mr. W. I. Roberts**, the Chief Clerk of the department, for his valuable services during the year, and his assistance in the preparation of this report.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

County Medical Officer of Health,

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

County Medical Officer :

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

Official Address : County Health Offices, Mold. Tel. Mold 106 (7 lines).

Deputy County Medical Officer :

Ernest Henry Annels, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

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

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

Assistant Medical Officers (full-time) :

George Frederick Devey, M.B., Ch.B., D.P.H.

William Manwell, M.B., B.Ch., B.A.O., D.T.M., C. & M., D.P.H.

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. (resigned 31/12/60).

D. J. Fraser, M.B., Ch.B., D.P.H.

Assistant Medical Officers (part-time sessional) :

Dr. E. M. Harding.

Dr. Marie Beddow.

Dr. L. Sheargold.

Dr. M. J. W. Dobbin (since 12/2/60).

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.

Child Guidance Consultant (Regional Hospital Board Staff) :

E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).

Ear, Nose and Throat and Audiology Consultant (Regional Hospital Board Staff) :

Catrin M. Williams, F.R.C.S.

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.

Orthopaedic Consultant (Staff of Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry) :

T. McSweeney, F.R.C.S.

Consultant Paediatrician (Regional Hospital Board Staff) :

M. M. McLean, M.D., M.R.C.P.E., D.C.H.

Consultant Obstetrician and Gynaecologist (Regional Hospital Board Staff) :

Mr. E. Parry-Jones, M.R.C.O.G.

Speech Therapist (part-time) :

Mrs. R. E. Ward, L.C.S.T.

Principal School Dental Officer (full-time) :

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

Dental Officers (full-time) :

Leslie Hanson, L.D.S.
 Frederick Seymour Dodd, L.D.S.
 Leon Harris, B.D.S.
 Arthur Oliver Hewitt, L.D.S. (part-time to 3/7/60 became full-time 4/7/60).
 John William Eaves, L.D.S., R.C.S. (since 4/7/60).

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

John Stuart Selwyn, L.D.S. (resigned 22/7/60).

Consultant Orthodontist (Part-time sessional) :

B. T. Broadbent, F.D.S., R.C.S.

Dental Anaesthetists (Part-time sessional) :

Dr. J. M. Hands.
 Dr. H. A. Freeman (left 1/7/60).
 Dr. G. E. S. Robinson.
 Dr. A. H. Babbington.
 Dr. M. E. Lloyd.

County Public Health Inspector (also Food and Drugs Inspector) :

Elwyn Lewis, M.R.S.H., F.A.P.H.I.

Superintendent Nursing Officer and Supervisor of Midwives :

Miss L. Mann, S.R.N., S.C.M., Q.N., H.V.Cert.

Deputy Superintendent Nursing Officer and Deputy Supervisor of Midwives :

Miss Daisy Norman, S.R.N., S.C.M., Q.N., H.V. Cert. (resigned 31/5/60).

Miss M. McKellar Farrall, S.R.N., S.C.M., Dist. Training, H.V.Cert. (since 1/12/60).

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

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert. (retired 9/7/60).

Miss P. M. Matthews, S.R.N., S.C.M., H.V.Cert., N.A.P.M.Cert. (since 7/5/60).

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 E. Weston, Senior Health Visitor/School Nurse.

Miss M. J. Hughes.

Mrs. L. Pritchard.

Miss J. M. Jewell.

Mrs. M. E. Pearse.

Miss Ellen Jones.

Mrs. E. G. E. Rees.

Miss G. Jones.

Mrs. J. Thomas.

Miss G. Jenkins.

Mrs. D. Thompson.

†Miss J. S. Rogers.

Miss M. W. Wright.

Miss M. Lees.

Miss E. M. L. Morgan.

Miss A. M. Stewart.

Mrs. D. M. Lewis.

*Mrs. A. E. Williams, S.R.N.,
S.R.F.N.

Miss G. M. Jones.

Miss M. Williams.

Miss F. Isherwood (Part-time
resigned 29/3/60).

Miss M. Y. Sacker (since
11/7/60).

† Also act as part-time Health Education Officers.

Clinic Nurses (Part-time—Sessional) :

Mrs. A. R. Iball.

Mrs. E. Boswell (resigned 31/1/60).

Mrs. H. Davies.

Mrs. M. M. Digweed.

Mrs. R. Williams.

Mrs. R. Cunnah (since 22/2/60).

Tuberculosis Visitors :

Mrs. M. M. D. Roberts, S.R.N., S.C.M., T.B. Cert.

Mrs. I. M. M. Beedles, S.R.N., B.T.A.

Ambulance Officer :

David John Jones.

Senior Mental Welfare Officer :

J. C. Seaman, D.P.Sc., A.M.I.A.

Supervisor of Occupation Centre for Mental Defectives :

Mrs. D. E. Goodwin, Dip. N.A.M.H.

Home Visitor for Handicapped Persons (General Classes) :

Miss J. H. Shipperlee (commenced 1/3/60).

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	...	...	...	...	4
District Nurse/Midwives	...	...	...	...	36
District Nurses	...	...	...	...	5
Total					45

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

Whole-time	...	...	...	...	2
Part-time	...	...	...	...	111
Total					113

Mental Welfare Officers :

At the end of the year the Authority employed, in addition to a Senior Mental Welfare Officer—Mr. J. C. Seaman—one full-time Mental Welfare Officer and three part-time Mental Welfare Officers. (The three part-time Officers were also part-time Welfare Officers for the purposes of the National Assistance Act, 1948).

For the purposes of :—

- (1) The Lunacy Act, 1890 (certification of mental patients).
- (2) The Mental Treatment Acts, 1930 (admission of temporary patients).
- (3) The Mental Deficiency Acts, 1913-1938 (welfare of mental defectives), until 31st October, 1960, when the above legislation was repealed and, for the purposes of the Mental Health Act, 1959, from 1st November, 1960—the County was divided into four parts, viz :—

(a) Eastern Area (No. 1) ; (b) Eastern Area (No. 2) ;

(c) Central Area ; (d) Western Area.

The Eastern Area No. 1 comprised :—

Officer—Mr. E. W. Arrowsmith (part-time), 40 High Street, Mold.

(In early 1961 will move to County Ambulance H.Q., Mold).

Telephone Number—Mold 106 (Office), Mold 111 (Home).

District—Buckley U.D., Mold U.D., Maelor R.D., Parishes of Mold Rural, Cilcain, Northop, Nercwys, Treuddyn, Hope, Llanfynydd, Leeswood, Marford and Hoseley, Nannerch.

The Eastern Area (No. 2) comprised :—

Officer—Mr. R. Powell (full-time), County Health Offices, Mold.

Telephone Number—Mold 106 (Office), Mold 234 (Home).

District—Flint M.B., Connah's Quay U.D., Parish of Hawarden comprising Hawarden Village, Broughton, Mancot, Ewloe and Ewloe Green, Aston, Bretton, Parish of West Saltney comprising Shotton, Queensferry, Sandycroft, Parish of East Saltney comprising Saltney and Mold Junction, Parish of Sealand.

The Central Area comprised :—

Officer—Mr. R. H. Griffiths (part-time), County Welfare Offices, Holywell.

Telephone Number—Holywell 3012 (Office), Holywell 2171 (Home).

District—Holywell U.D., Central part of Holywell R.D. comprising Parishes of Halkyn, Brynford, Ysceifiog and Caerwys.

The Western Area comprised :—

Officer—Mr. J. H. E. Hawkins (part-time), Welfare Office, Old Emmanuel School Buildings, Vale Road, Rhyl.

Telephone Number—Rhyl 2329 (Office), St. Asaph 3100 (Home).

District—Rhyl U.D., Prestatyn U.D., St. Asaph R.D., Western part of Holywell R.D. comprising Parishes of Gwaenysgor, Trelawnyd, Llanasa and Whitford.

Ambulance Calls—All calls, day or night, are dealt with at the County Ambulance Headquarters, Mold—Telephone No. Mold 741 (5 lines), and emergency lines—Mold 468 and 469.

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 :

E. W. W. Richards, A.M.I.C.E., A.M. Inst S.struct. Eng., A.M.I. Mun. Eng.

County Architect :

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

County Treasurer :

Sidney Elmitt, A.I.M.T.A.

County Welfare Officer :

T. Wesley Hughes, F. Inst. W.

Children's Officer :

Mrs. L. Davies, B.A.

Health Officers of the Several Sanitary Districts (As on 31st December, 1960).

District.	Medical Officer.	Public Health 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. L. Graham, 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.
•Prestatyn Urban	Dr. Ranyl Rhydwen (Resigned)	Mr. A. Hughes, U.D.C. Offices, Mold.
•Rhyl Urban	Dr. Ranyl Rhydwen 31/12/60)	Mr. J. M. Edwards, U.D.C. Offices, Prestatyn.
Hawarden Rural (Dist. No. 1)...	Dr. Allan Cathcart	Mr. E. L. L. Jones, U.D.C. Offices, Rhyl (Chief P.H.I.).
Hawarden Rural (Dist. No. 2)...	Dr. Allan Cathcart	Mr. E. G. Black, U.D.C. Offices, Rhyl (Deputy P.H.I.).
Holywell Rural	Dr. D. J. Fraser	Mr. D. Kaye, U.D.C. Offices, Rhyl (Additional P.H.I.).
Maelor Rural	Dr. Allan Cathcart	Mr. M. Emlyn Thomas, R.D.C. Offices, Hawarden.
•St. Asaph Rural	Dr. Ranyl Rhydwen (Resigned 31/12/60)	Mr. Watkin Williams, R.D.C. Offices, Hawarden (left 31/3/60).
		Mr. D. R. George, R.D.C. Offices, Hawarden (since 1/4/60).
		Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
		Mr. G. T. Tinneswood, R.D.C. Offices, Holywell.
		Mr. R. D. Jones, R.D.C. Offices, Holywell.
		Mr. S. J. V. James, R.D.C. Offices, Overton.
		Mr. R. P. Barlow, R.D.C. Offices, St. Asaph.
		Mr. R. W. Easton, R.D.C. Offices, St. Asaph.

(*Dr. W. Manwell, Assistant County Medical Officer, undertook the statutory duty of Dr. R. Rhydwen as Part-time Medical Officer of Health for Rhyl and Prestatyn U.D., and for St. Asaph R.D., during Dr. Rhydwen's absence owing to illness).

Section A.

STATISTICS AND SOCIAL CONDITIONS OF
THE COUNTY.

Flintshire, geographically, is the smallest County in Wales—163,707 acres and this includes the Maelor R.D. and the Civil Parish of Marford and Hoseley. The population showed a slight increase in 1960—148,060 (147,000 in 1959). This gives a density of 0.9 persons per acre.

The County has three separate economic units—(a) an industrial belt on Deeside which is still expanding, (b) a thriving tourist industry at Rhyl, Prestatyn and the adjoining coastal belt, and (c) an agricultural community covering the remainder of the County.

The seaside towns have provided all the amenities of popular seaside resorts, both Prestatyn and Rhyl provide excellent facilities for holidaymakers and both areas attract several thousand holidaymakers during the summer months. Providing health services for seaside resorts during the summer months is a difficult task particularly as the summer population may be four or five times the normal winter population. Experience has now been gained in meeting this position and special arrangements are made annually to meet it.

The main change in the industrial belt has been the introduction of new industries, many quite small in size, and this diversification has had beneficial effects on employment figures and means greater stability than a few large industries. (It should be pointed out that the steel industry and synthetic fibre industry still account for approximately 15,000 employees). Industry has been attracted to Deeside because of adequate power, water and communications, and easy access to the ports of Liverpool and Birkenhead. There has been full employment in the County during the year and at the end of December, 1960, the unemployment figures in Flintshire were 2.6 %—Wales 2.8 %—Great Britain 1.6 % (excluding Northern Ireland).

The agricultural community still accounts for about one-third of the County population—approximately 49,000 persons. This population is a more “settled” population based on villages and small towns and still showing strong ties of kinship. The interesting feature of this is the different pattern of services required in the industrial and rural area and the difference in the health problems met.

The seaside towns present a different picture to both the areas already mentioned. Both Prestatyn and Rhyl have a preponderance of elderly persons in their population—due to persons coming to live in these areas on retirement. This is shown in the marked increase in recent years in the calls made by these two areas for Home Helps and District Nurses and to a lesser extent the sitting case car service. Added to this is the influx of summer holidaymakers who again often call on the services of the County Health Department during their stay.

The County, as Local Health Authority, provides a full range of health services, including permissive services such as the Home Help Service and relief in kind for tuberculosis and other illnesses. The main hospitals in the County are based at Rhyl, but hospitals at Wrexham and Chester also provide services for Flintshire residents.

Services are provided for the blind, partially-sighted, deaf and dumb and the generally handicapped. In addition, the Welfare Committee provides accommodation and other services for the aged and others under the provisions of the National Assistance Act.

Environmental conditions in the County are good and practically the whole County has piped water, all urban areas have water carriage sanitation and all local authorities have made good progress in providing new houses in their areas, including special dwellings for the aged.

Table 1 (a).

AREA, POPULATION, ETC.

District.	Area in Statutory Acres.	Population (By Census).				
		1901	1911	1921	1931	1951
Urban—						
Buckley ...	2034	5780	6333	6726	6899	7699
Connah's Quay ...	4214	3396	4596	5060	5980	7365
Flint (Mun. Boro.)	3435	4625	5472	6298	7655	14257
Holywell ...	917	2652	2549	3073	3424	8196
Mold ...	854	4263	4873	4659	5137	6436
Prestatyn ...	1640	1261	2036	4415	4512	8809
Rhyl ...	1700	8473	9005	13968	13485	18745
Rural—						
Hawarden ...	31588	15821	20571	24036	26575	34659
Holywell ...	64519	23999	25328	25933	26709	22324
Maelor ...	29749	5057	5176	5102	4761	6760
St. Asaph ...	23057	6158	6766	7347	7752	9858
Total Urban ...	14794	30450	34864	44199	47092	71507
Total Rural ...	148913	51035	57841	62418	65797	73601
Whole County ...	163707	81485	92705	106617	112889	145108

Table 1 (b).

District.	Area in Statutory Acres.	Population (estimated mid-year).							
		1939	1944	1949	1954	1955	1957	1959	1960
Urban—									
Buckley ...	2646	7345	6895	7622	7670	7700	7710	7690	7720
Con. Quay ...	4214	6505	6420	7455	7350	7380	7670	8030	8170
Flint M.B. ...	6243	13020	11750	14160	14220	14210	14230	14300	14280
Holywell ...	2532	6918	7286	7870	8210	8200	8230	8320	8360
Mold ...	1164	5880	5700	6354	6600	6590	6550	6680	6710
Prestatyn ...	3219	7422	8098	8659	8910	9050	9380	9720	10020
Rhyl ...	1700	16510	18370	18710	19200	19300	19590	19810	19940
Rural—									
Hawarden ...	31576	28750	29760	32450	34980	34940	35890	35520	36020
Holywell ...	58515	20730	20920	21920	22290	22280	22130	22090	22180
Maelor ...	29749	4356	4599	6720	5850	5350	4800	4520	4500
St. Asaph ...	22149	7494	7471	8380	10520	11100	11020	10320	10160
Total Urban ...	21718	63600	64510	70830	72160	72430	73360	74550	75200
Total Rural ...	141989	61330	62750	69470	73640	73670	73840	72450	72860
Total County ...	163707	124930	127260	140300	145800	146100	147200	147000	148060

FLINTSHIRE, 1960.

Live births	...	...	...	...	...	...	2,588
Live birth rate per 1,000 population	...	...	...	...	...	...	17.48
Stillbirths	...	...	...	...	...	...	60
Stillbirth rate per 1,000 live and stillbirths	...	...	...	...	...	...	22.65
Total live and stillbirths	...	...	...	...	...	...	2,648
Infant deaths (under 1 year)	...	...	...	...	...	...	49
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	18.93
Infant mortality rate per 1,000 live births—legitimate	...	...	...	...	...	...	18.95
Infant mortality rate per 1,000 live births—illegitimate	...	...	...	...	...	...	18.52
Neo-natal mortality rate per 1,000 live births (first four weeks)	...	...	...	...	...	...	13.52
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	11.59
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	...	...	...	...	...	...	33.99
Illegitimate live births per cent. of total live births	...	...	...	...	...	...	4.17 %
Maternal deaths (including abortion)	...	...	...	...	...	...	1
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	...	.38

3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1960-61 was £9,510.

4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

5. BIRTHS.

During the year under review, 2,648 births were registered as pertaining to the County, that total being made up as follows:—

	Live Births.	Still Births.	Total.
Legitimate	2480	57	2537
Illegitimate	108	3	111
	—	—	—
Total	2588	60	2648
	—	—	—

Compared with the previous year, 1959, these figures show an increase of 234 live births, and an increase of 8 still births, the total births thus showing an increase of 242.

Of the 2,588 live births, 1,364 were males and 1,224 females.

Of the 60 still births, 30 were males and 30 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 1960 was 17.48, which is higher than the rate for England and Wales, namely, 17.10, and is higher than the County rate for 1959 which was 16.3.

The still birth rate per 1,000 total (live and still) births was 22.65, as compared with the corresponding rate for England and Wales which was 19.7.

Illegitimate Births—The number of illegitimate births fluctuated from year to year. The number rose during the war years to a peak of 69.3 per 1,000 total births in 1947. By 1950 the figure had been reduced to the pre-war level of 43.87 per 1,000 total births. The figures for subsequent years are given below:—

1951	...	39.36	per 1,000 total births.
1952	...	51.52	do.
1953	...	52.85	do.
1954	...	52.07	do.
1955	...	40.00	do.
1956	...	43.64	do.
1957	...	32.05	do.
1958	...	40.42	do.
1959	...	41.98	do.
1960	...	41.92	do.

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.

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 173 premature births in 1960, 152 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, 20 live births and 1 still birth occurred at home.

The following table shows that of the 20 live births at home, 8 were transferred to hospital, 15 survived 28 days.

PREMATURITY.

All items in Table 3 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 2 (b).
BIRTHS AND BIRTH RATES, 1960.
(LIVE BIRTHS, STILL BIRTHS AND TOTAL BIRTHS).

District.	Number of Births.		Crude rate per 1,000 Population.		* Adjusted rate per 1,000 Population.		Stillbirths. Rate per 1,000 total births.
	Live.	Still.	Live.	Still.	Live.	Still.	
Urban—							
Buckley	142	2	18.39	.26	19.12	.27	13.89
Connah's Quay	185	5	22.64	.61	21.28	.57	26.31
Flint M.B.	268	4	18.77	.28	18.39	.27	14.70
Holywell	150	3	17.94	.36	18.12	.36	19.61
Mold	125	6	18.63	.89	18.81	.90	45.80
Prestatyn	134	—	13.37	—	14.84	—	—
Rhyl	357	8	17.90	.40	19.33	.43	21.92
Rural—							
Hawarden	643	18	17.85	.50	18.20	.51	27.23
Holywell	365	10	16.45	.45	18.26	.50	26.66
Maelor	77	—	17.11	—	17.45	—	—
St. Asaph	142	4	13.98	.39	17.19	.48	27.40
Total Urban	1361	28	18.10	.37	18.64	.38	20.16
Total Rural	1227	32	16.84	.44	18.19	.47	25.42
Whole County	2588	60	17.48	.40	18.35	.42	22.65

* Adjusted by comparability factor for comparison with other areas.

Table 3.

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

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

(a) In hospital	139
(b) At home	20
(c) In private nursing home (see note (1))	—
Total	159

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

(a) In hospital	13
(b) At home	1
(c) In private nursing home (see note (1))	—
Total	14

Weight at birth. (1)	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 at home	Born in nursing home
	Total (2)	Died within 24 hours of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hours of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hours of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hours of birth (12)	Survived 28 days (13)	Total (14)	Died within 24 hours of birth (15)	Survived 28 days (16)			
3 lb. 4 oz. or less (1,500 gms. or less)	12	6	4	1	1	..	2	..	1	..	..	..	..	..	..	8	..	..
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	22	1	21	1	..	1	3	..	3	..	..	..	..	..	..	3	..	..
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	31	..	30	2	..	2	2	1	1	..	..	..	..	..	..	2	..	..
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	74	..	72	8	1	6	1	..	1	..	..	..	..	..	..	..	1	..
TOTAL	139	7	127	12	2	9	8	1	6	..	..	..	..	..	..	13	1	..

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.

Table 4.
DEATHS (GENERAL) 1960.
SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
Tuberculosis—respiratory	7	2	9	.49
Tuberculosis—other	1	2	3	.16
Syphilitic disease	4	—	4	.22
Diphtheria	—	—	—	—
Whooping Cough	—	—	—	—
Meningococcal infections	—	1	1	.05
Acute Poliomyelitis	—	—	—	—
Measles	—	—	—	—
Other infective and parasitic diseases	1	1	2	.11
Malignant neoplasm, stomach ...	30	31	61	3.35
Malignant neoplasm, bronchus ...	63	14	77	4.23
Malignant neoplasm, breast	—	39	39	2.14
Malignant neoplasm, uterus	—	10	10	.55
Other malignant and lymphatic neoplasms	72	60	132	7.25
Leukaemia, aleukaemia	4	4	8	.44
Diabetes	2	6	8	.44
Vascular lesions of nervous system	141	176	317	17.42
Coronary disease, angina	200	116	316	17.37
Hypertension with heart disease ...	20	37	57	3.13
Other heart disease	91	124	215	11.82
Other circulatory disease	41	45	86	4.73
Influenza	2	10	12	.66
Pneumonia	35	35	70	3.84
Bronchitis	54	15	69	3.79
Other diseases of respiratory system	11	4	15	.82
Ulcer of stomach and duodenum ...	4	6	10	.55
Gastritis, enteritis and diarrhoea ...	4	2	6	.33
Nephritis and Nephrosis	13	8	21	1.15
Hyperplasia of prostate	26	—	26	1.43
Pregnancy, childbirth, abortion ...	—	1	1	.05
Congenital malformations	4	6	10	.55
Other defined and ill-defined diseases	71	85	156	8.57
Motor vehicle accidents	20	3	23	1.26
All other accidents	24	22	46	2.53
Suicide	7	2	9	.49
Homicide and operations of war ...	—	—	—	—
Totals	952	867	1819	

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	—	1	1
Connah's Quay	1	—	1
Flint (M.B.)	2	—	2
Holywell	—	—	—
Mold	1	—	1
Prestatyn	—	—	—
Rhyl	—	—	—
Rural—			
Hawarden	3	—	3
Holywell	—	1	1
Maelor	—	—	—
St. Asaph	—	—	—
TOTAL URBAN	4	1	5
TOTAL RURAL	3	1	4
WHOLE COUNTY	7	2	9

DEATHS FROM MALIGNANT DISEASES.

Table 5 (a) shows the deaths due to malignant disease (cancer) in each of the County Districts, and the rate per 1,000 of the population for each district.

It will be noted that the rates vary considerably from district to district, but the rate is higher for the urban areas (2.57) than the rural areas (1.87). As would be expected the highest rates are in the urban centres with a preponderance of aged in the population (Prestatyn and Rhyl) and the lowest rates in centres with a preponderance of young workers (Connah's Quay, Holywell Urban District, Hawarden Rural District and Flint M.B.).

The total death rate from cancer in 1960 was 2.21 per 1,000 of the population. The rate for 1959 was 2.23 per 1,000 population.

Table 5 (b) shows that up to 25 years of age, there were only 2 deaths due to cancer, 1 due to leukaemia and 1 due to another form of cancer ill defined. The greatest number of cancer deaths occur between 45 and 65 years of age (113) which is considerably younger than the peak of deaths due to heart disease which occurs over 75 years of age (505). Even the maximum deaths due to diseases of the respiratory system, occur at a higher age even than the cancer deaths namely over 65 years of age.

As in previous years deaths due to cancer of the lung and bronchus exceeded all other deaths from defined cancer groups. In 1960, it is disturbing to find that lung cancer deaths in females have more than doubled compared with 1959 (14.5). This is a prevalent finding and directly attributed to the increase in cigarette smoking among the female members of the public. The indications are that the female lung cancer deaths will steadily increase and gradually approximate the male deaths. The second highest deaths in defined cancer groups still occurs in cancer of the stomach.

Although deaths due to cancer of the uterus have declined again during 1960 deaths due to cancer of the breast show an increase. It is a source of concern that 39 deaths occurred due to cancer of the breast during the year, as this form of cancer is fairly easily detected and responds well to early treatment.

Deaths due to leukaemia remained low and in fact showed a slight decrease compared with 1959. A total of 8 deaths in 1960 compared with 9 deaths in 1959.

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. (7,7230)	M	1	4	—	—	6	—	11	2.84
	F	2	—	5	—	4	—	11	
Con. Quay U.D. (8,170)	M	3	1	—	—	1	—	5	1.35
	F	4	—	1	—	1	—	6	
Flint M.B. (14,280)	M	5	2	—	—	3	1	11	1.47
	F	1	1	1	3	4	—	10	
Holywell U.D. (8,360)	M	1	7	—	—	3	—	11	1.79
	F	1	—	1	—	2	—	4	
Mold U.D. (6,710)	M	2	5	—	—	3	1	11	2.38
	F	3	—	1	—	1	—	5	
Prestatyn U.D. (10,020)	M	2	5	—	—	6	—	13	2.99
	F	2	3	2	1	9	—	17	
Rhyl U.D. (19,940)	M	7	12	—	—	16	—	35	3.81
	F	5	3	9	4	18	2	41	
Hawarden R.D. (36,020)	M	1	13	—	—	15	1	30	1.55
	F	5	2	11	—	7	1	26	
Holywell R.D. (22,180)	M	3	9	—	—	15	1	28	2.25
	F	6	4	3	2	7	—	22	
Maelor R.D. (4,500)	M	2	1	—	—	1	—	4	2.00
	F	1	—	1	—	3	—	5	
St. Asaph R.D. (10,160)	M	3	4	—	—	3	—	10	2.07
	F	1	1	4	—	4	1	11	
Total Urban (75,200)	M	21	36	—	—	38	2	97	2.57
	F	18	7	20	8	39	2	96	
Total Rural (72,860)	M	9	27	—	—	34	2	72	1.87
	F	13	7	19	2	21	2	64	
Whole County (148,060)	M	30	63	—	—	72	4	169	2.21
	F	31	14	39	10	60	4	158	

Table 5 (b).

AGES OF DEATHS FROM MALIGNANT DISEASES AND HEART
AND CIRCULATORY DISEASES.

Disease.	Sex.	AGE GROUPS.									Total.
		0—	1—	5—	15—	25—	45—	65—	75—		
Tuberculosis :—											
Respiratory	M	...	—	—	—	—	3	3	1	...	7
"	F	...	—	—	—	—	1	—	1	...	2
Other	M	...	—	—	—	—	1	—	—	...	1
"	F	...	—	—	—	—	—	—	2	...	2
Total			—	—	—	—	5	3	4		12
Malignant Diseases :—											
Stomach	M	...	—	—	—	3	15	9	3	...	30
"	F	...	—	—	—	1	8	9	13	...	31
Lung, Bronchus	M	...	—	—	—	2	29	24	8	...	63
"	F	...	—	—	—	1	5	5	3	...	14
Breast	M	...	—	—	—	—	—	—	—	...	—
"	F	...	—	—	—	5	15	8	11	...	39
Uterus	F	...	—	—	—	3	4	2	1	...	10
Other	M	...	—	1	—	3	19	22	27	...	72
"	F	...	—	—	—	2	14	20	24	...	60
Leukaemia	M	...	—	1	—	—	2	1	—	...	4
"	F	...	—	—	—	—	2	—	2	...	4
Total			—	2	—	20	113	100	92		327
Heart and Circulation :—											
Vascular lesions of nervous system	M	...	—	—	—	2	27	50	62	...	141
	F	...	—	—	—	1	26	50	99	...	176
Coronary disease, angina	M	...	—	—	—	4	74	66	56	...	200
	F	...	—	—	—	—	20	38	58	...	116
Hytertension with heart disease	M	...	—	—	—	—	3	8	9	...	20
	F	...	—	—	—	1	5	7	24	...	37
Other heart	M	...	—	—	—	2	21	20	48	...	91
"	F	...	—	—	—	4	9	20	91	...	124
Other circulatory	M	...	—	—	—	—	8	8	25	...	41
"	F	...	—	—	—	—	3	9	33	...	45
Total			—	—	—	14	196	276	505		991

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1960, deaths attributable to Infectious Disease were as follows:—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	—
Meningococcal Infections	...	...	...	...	1
Acute Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	—
Other Infective and Parasitic Diseases	...	...	...	...	2
Influenza	...	...	...	...	12
Pneumonia	...	...	...	...	70
Bronchitis	...	...	...	...	71
Gastritis, Enteritis and Diarrhoea	...	...	...	...	6

Apart from one death due to meningococcal infection, there were no deaths due to the more severe forms of infectious illnesses, such as Poliomyelitis, Diphtheria or Whooping Cough. Deaths due to other infectious illnesses, such as Influenza, Pneumonia, Bronchitis and Gastro Enteritis, show little change during 1960 compared with previous years. This is confirmed by the fact that no epidemic occurred in the County during the year.

The majority of persons with infectious illnesses are now nursed at home, as more facilities are available in modern houses for home nursing and also treatment is simpler and more effective than in previous years.

There is no special hospital unit in the County for infectious cases—no Fever or Isolation Hospital. Infectious cases requiring hospital treatment are admitted to Isolation Hospitals at Colwyn Bay, Wrexham or Chester.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 49 infants died before attaining the age of twelve months, and of these 32 were males and 17 females, while 47 were legitimate and 2 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 18.93, which is lower than the rate for England and Wales, namely 21.70.

The causes of death of the 49 infants are given 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 49 are 35 deaths of infants who failed to survive the first four weeks of life, and 30 of these died within the first week of life, and the figures for the various County Districts are shown in Table 6 (c), also in Table 6 (d) the number of infants who died within one week of birth are shown.

Table 6 (a).

INFANTILE DEATHS, 1960.

(Under 1 year of age).

District.	MALES.			FEMALES.			Infants. Legit. and Illegit.	
	Legit.	Illegit.	Total.	Légit.	Illegit.	Total.	Legit.	Illegit.
Urban—								
Buckley	—	—	—	—	—	—	—	—
Connah's Quay	5	—	5	3	—	3	—	8
Flint M.B.	3	—	3	—	—	—	—	3
Holywell	1	—	1	1	—	1	—	2
Mold	2	—	2	1	—	1	—	3
Prestatyn	1	—	1	—	—	—	—	1
Rhyl	5	—	5	1	2	3	—	8
Rural—								
Hawarden	11	—	11	7	—	7	—	18
Holywell	4	—	4	1	—	1	—	5
Maelor	—	—	—	—	—	—	—	—
St. Asaph	—	—	—	1	—	1	—	1
Total Urban	17	—	17	6	2	8	—	25
Total Rural	15	—	15	9	—	9	—	24
Whole County	32	—	32	15	2	17	—	49

The causes of death were :—

Pneumonia	...	...	...	...	5
Bronchitis	...	...	...	...	2
Gastritis, Enteritis, Diarrhoea	...	...	...	...	2
Congenital Malformations	...	...	...	...	8
Other defined and ill-defined diseases	...	...	...	...	30
Meningococcal Infections	...	...	...	...	1
Accidents (other than motor vehicle accidents)	...	...	...	...	1
Total	...	...	...	...	49

Table 6 (b).

INFANT MORTALITY, 1960.

(Children aged under 12 months).

Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.	
Urban—								
Buckley	—	—	—	—	—	—	—	—
Connah's Quay	27.03	—	27.03	16.21	—	16.21	43.24	
Flint (M.B.)	11.19	—	11.19	—	—	—	11.19	
Holywell	6.66	—	6.66	6.66	—	6.66	13.33	
Mold	16.00	—	16.00	8.00	—	8.00	24.00	
Prestatyn	7.46	—	7.46	—	—	—	7.46	
Rhyl	14.00	—	14.00	2.80	5.60	8.40	22.40	
Rural—								
Hawarden	17.10	—	17.10	10.89	—	10.89	27.99	
Holywell	10.96	—	10.96	2.74	—	2.74	13.70	
Maelor	—	—	—	—	—	—	—	
St. Asaph	—	—	—	7.04	—	7.04	7.04	
Total Urban	12.49	—	12.49	4.41	1.47	5.88	18.37	
Total Rural	12.22	—	12.22	7.33	—	7.33	19.55	
Whole County	12.36	—	12.36	5.79	.77	6.56	18.93	

Table 6 (c).

NEO-NATAL DEATHS, 1960.

(Under 4 weeks of age).

District.	MALES.			FEMALES.			Infants.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.
Urban—								
Buckley	...	—	—	...	—	—	...	—
Connah's Quay	2	—	2	...	3	—	3	5
Flint (M.B.)	...	3	—	3	...	—	—	3
Holywell	...	—	—	...	—	—	...	—
Mold	...	2	—	2	...	—	—	2
Prestatyn	...	1	—	1	...	—	—	1
Rhyl	...	4	—	4	...	1	1	6
Rural—								
Hawarden	...	9	—	9	...	4	—	13
Holywell	...	3	—	3	...	1	—	4
Maelor	...	—	—	...	—	—	...	—
St. Asaph	...	—	—	...	1	—	1	1
Total Urban	...	12	—	12	...	4	1	17
Total Rural	...	12	—	12	...	6	—	18
Whole County	...	24	—	24	...	10	1	35

Table 6 (d).

INFANTILE DEATHS, 1960.

(Infants under 1 week of age).

District.	MALES.			FEMALES.			Infants. Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
Urban—								
Buckley	—	—	—	—	—	—	—	—
Connah's Quay	2	—	2	2	—	2	—	4
Flint (M.B.)	2	—	2	—	—	—	—	2
Holywell	—	—	—	—	—	—	—	—
Mold	2	—	2	—	—	—	—	2
Prestatyn	—	—	—	—	—	—	—	—
Rhyl	3	—	3	1	1	2	—	5
Rural—								
Hawarden	8	—	8	4	—	4	—	12
Holywell	3	—	3	1	—	1	—	4
Maelor	—	—	—	—	—	—	—	—
St. Asaph	—	—	—	1	—	1	—	1
Total Urban	9	—	9	3	1	4	—	13
Total Rural	11	—	11	6	—	6	—	17
Whole County	20	—	20	9	1	10	—	30

MATERNAL MORTALITY—There was one death attributable 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 causes 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 fact that only one death occurred from this cause in 1960 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	50	43	93	12.04	13.48
Connah's Quay	37	40	77	9.42	13.18
Flint M.B.	78	51	129	9.03	12.10
Holywell	56	63	119	14.23	11.52
Mold	55	29	84	12.52	14.52
Prestatyn	92	91	183	18.26	13.87
Rhyl	165	168	333	16.70	14.02
Rural—					
Hawarden	204	159	363	10.08	12.70
Holywell	136	126	262	11.81	11.22
Maelor	31	39	70	15.55	15.55
St. Asaph	48	58	106	10.43	10.32
Total Urban	533	485	1018	13.54	13.54
Total Rural	419	382	801	10.99	11.98
Whole County	952	867	1819	12.28	12.77

* 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 groups 45-64 ...	148	81	229
Deaths in age groups 65 and over ...	338	377	715
	<hr/> 486	<hr/> 458	<hr/> 944

Rural Districts.

	Males.	Females.	Total.
Deaths in age groups 45-64 ...	113	70	183
Deaths in age groups 65 and over ...	266	287	553
	<hr/> 379	<hr/> 357	<hr/> 736

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 parts of the National Assistance Act and Public Health Act.

The Health Department is administered centrally from Mold, there being no divisional administration.

In addition to the Health Committee which meets quarterly, there are three Area Care and Nursing Sub-Committees and an Ambulance Sub-Committee. On all these committees, in addition to County Council members, there are representatives of District Councils, statutory bodies and voluntary organisations.

The County Medical Officer advises the Children's Department and the Welfare Department on all medical matters affecting their work.

Voluntary Organisations—Flintshire is fortunate in having several active voluntary organisations which render valuable service to the public and help the Health Department in carrying out its duties.

I would like, once again, to thank the Child Welfare Voluntary Committees for their valuable and loyal service during the year. During the year various committees purchased equipment worth £131/3/8 for use in the clinics and this shows the active interest which is taken by members of the voluntary committees in the work of the clinics.

These Committees also help individual mothers in need, and make available at reduced cost suitable fireguards for use in homes with small children.

I would like again to pay tribute to the members of the W.V.S., the British Red Cross Society, St. John Ambulance Brigade and the St. Asaph Diocesan Moral Welfare Association, and to the many individuals who have given ready help to the department during the year.

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

Expectant and Nursing Mothers—During the year the “combined” Ante-Natal Clinics previously established at Holywell, Rhyl and Prestatyn continued to function. These clinics are held at County Clinics and staffed by the hospital medical staff, midwives from the hospital and the County. A fourth clinic is held at Mancot Maternity Home and here again both hospital and County midwives attend.

During the year, in April, a “combined” clinic was opened at Mold, held at the County Clinic, staffed by Mr. Whitehouse, the Consultant Obstetrician and Gynaecologist to the Wrexham, Powys and Mawddach Hospital Management Committee, Hospital and County midwives. The opening of the fifth Ante-Natal clinic at Mold completes the Consultant clinic cover for expectant mothers planned for the County. It is pleasing to record that attendance at these ante-natal clinics has shown a marked increase in the past three years and that the clinics are used by General Practitioners for screening all mothers, for selection of hospital cases and for consultation when any abnormalities occur.

Gradually the County Council Ante-Natal Clinics are being converted into mothercraft clinics at centres where combined clinics are not held. These mothercraft clinics are educational clinics for mothers, are attended by midwives and health visitors and are open to mothers booked for hospital or home confinement. Mothercraft classes or clinics have now been established at Buckley, Holywell, Rhyl, Saltney, Flint, Shotton, Mold and Penley.

I would like to thank Mr. Parry-Jones and Mr. Whitehouse, the Consultant Obstetrician and Gynaecologist for the Clwyd and Deeside Hospital Management Committee and Wrexham, Powys and Mawddach Hospital Management Committee areas for their help and co-operation during the year in providing very excellent consultant ante-natal cover for the whole County.

Attendances at ante-natal clinics for the past ten years are given below :—

	Year :	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Expectant Mothers	...	473	325	369	292	305	1045	1504	2019	2593	3233
Attendances	...	1208	939	1193	696	705	1271	2113	3062	3868	3755

It will be noted that attendances have gone up steadily since combined clinics were established in 1956.

The Family Planning Clinic at Flint operated by the Family Planning Association continued to function during the year. A very hard working body of voluntary helpers run the clinic, which is attended by a doctor and nurse, both trained by the Family Planning Association. The clinic is held once a fortnight at the County Clinic at Flint. During 1960 twenty-three sessions were held and in all 58 patients attended. Valuable help and advice is given at this clinic, also to women with problems of sub-fertility, marital difficulties and advice to young persons before marriage.

Maternity outfits are provided on request to all expectant mothers having a domiciliary confinement. Stocks are held at the Health Department, clinics, and the homes of midwives. During 1960, 457 outfits were issued compared with 474 in 1959.

	Buckley.	Caergwile.	Flint.	Holywell.	Mold.	Prestatyn.	Rhyl.	Salney	Shotton.	Totals.
A—Ante-Natal Cases.										
1. Number of Sessions held (i.e., number of times Clinic opened during the year) when :—										
(a) A Medical Officer was in attendance ...	13	..	..	46	23	21	47	24	23	197
(b) A Medical Officer was NOT in attendance ...	1	12	49	5	..	..	..	..	..	67
2. Number of women who attended the Clinic during the year ...	72	10	62	1420	162	54	1320	65	67	3232
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) ...	43	10	50	299	50	18	317	12	40	839
4. Total number of attendances made by women, included in (2) above, during the year ...	76	24	307	1503	232	128	1349	65	67	3751
B—Post-Natal Cases.										
5. Number of Post-Natal cases who attended the Clinic during the year ...	..	..	..	99	12	28	161	..	..	300
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) ...	..	..	..	93	11	16	160	..	..	280
7. Total number of attendances, made by women in Section 5 above, during the year ...	..	..	..	99	12	28	161	..	..	300

NOTE :—(1) The Buckley and Mold Clinics were combined (as from 2/9/60) as one Hospital Consultant's Clinic.
 (2) Holywell, Prestatyn and Rhyl Clinics are also combined Hospital Consultants' Clinics.
 (3) The Clinic at Bagillt was closed at the end of 1959.

Table 9.

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

Name and Address of Home or Hostel	Number of Beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in Col. (6) for which the authority was responsible.	Average length of stay	
	Total beds (excl. mat. and lab. and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots			Ante-natal	Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority :— Bersham Hall—used jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered by the C.M.O., Denbighshire.	18	..	1	12	55 (i.e., Total admissions from all Constituent Authorities)	26	36 days	20 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	

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

† Exclusive of the lying-in period.

Child Welfare—Child Welfare Clinics are held at 21 centres in the County. In addition, the mobile clinic attends at a further 8 centres in the County. At 7 centres the Mobile Clinic provides full clinic facilities. At one centre (Leeswood) the Mobile Clinic augments the fixed clinic accommodation on the days when the Medical Officer attends. During the past few years the authority has taken all possible steps to improve the accommodation at which clinics are held. Since 1948 5 new clinics have been provided and during 1960 new clinic premises came into use at Caer-gwrle and a start was made on building a new clinic at Mancot.

The authority has now agreed to build new clinics at Connah's Quay, Buckley, Greenfield, Bagillt and Broughton, and when these premises have been completed all clinic sessions will be held in satisfactory premises.

At the larger centres Child Welfare Sessions are held weekly and at the smaller centres sessions are held every other week. A doctor and health visitor attend at clinic sessions and at the larger clinics an extra health visitor and clinic nurse attend. Each clinic has a voluntary committee and members of the committees give valuable service in arranging the sale of welfare foods and in the general running of the clinic.

At Holywell and Shotton Clinics, Dr. M. M. McLean, the Consultant Paediatrician to the Clwyd and Deeside Hospital Management Committee, attends regularly to conduct a Consultative Child Welfare Clinic. Cases are referred to her by our own medical staff and general practitioners and Dr. McLean also arranges to follow up her own hospital cases at these sessions.

In addition to the fixed clinics referred to, the Mobile Clinic continued to attend at the following centres:—

Dyserth,
Rhuddlan,
Penyffordd and Penymynydd,
Halkyn,
Ewloe,
Garden City,
Ffynnongroew (since 20/1/60),
Leeswood (see page 45).

The clinic visits each centre every two weeks, and a doctor and Health Visitor attends each session. The clinic provides a "general purpose" session at each visit which means that in addition to Child Welfare work and Immunisation, expectant mothers, school children and other work as necessary is undertaken. At three centres, arrangements have been made for the clinic towing vehicle to collect mothers and children from surrounding areas.

The Child Welfare Centre is an integral part of the National Health Service and continues to fulfil a valuable function.

In the past the emphasis at each centre was on the prevention of disorders arising from faulty feeding, diarrhoea and vomiting and infectious diseases. Now the aim is more constructive and is to secure the optimum health of every child. The Child Welfare Centre staff work with the General Practitioners and hospital staff to achieve this aim and there is close co-operation between them, particularly through the valuable link of the Health Visitor.

Care of Premature Infants—During the year under review, the number of domiciliary premature live births was 20, and the number of premature live births in private nursing homes was nil, a total of 20.

Of the 20 births at home, 12 were nursed entirely at home and 8 were transferred to hospital. Of the 20 nursed at home 9 survived 28 days. Of the 8 who were born at home and were transferred to hospital, 6 survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, H.M. Stanley Hospital, St. Asaph, and the Maelor General Hospital, Wrexham, 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.

Table 10 (a).

Year :	1952	1953	1954	1955	1956	1957	1958	1959	19
No. of Registered Live Births	2303	2289	2215	2154	2310	2294	2389	2354	25
Children who attended during the year and who, at the end of the year, were :—									
(a) Under 1 year of age	1378	1411	1434	1813	1522	1661	1623	2566	22
(b) Between 1-5 years	2262	2269	2318	2313	2275	2359	2517	2711	19
Total attendances	28846	29941	29181	29166	32505	33179	33240	35628	317

Table 10 (b). CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, 1960.

Description.	Bagillt	Bodel- wyddan	Broughton	Buckley	Caerwisle	Caerwys	Connaught Quay	Flint	Greenfield	Holywell	Leeswood	Mancot & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	* Sealand (R.A.F.)	Shotton	St. Asaph	† Talacre	TOTALS
1. Number of Sessions	50	24	51	48	50	51	51	51	51	51	51	51	51	24	24	51	51	50	13	48	24	16	398
2. Number of children who first attended during the year and who at their first attendance were under 1 year of age	74	59	48	150	83	15	207	121	65	62	51	110	132	26	31	143	284	70	19	202	53	9	2014
3. Number of children who attended during the year and were born in :—																							
1960	70	59	38	125	77	15	117	122	60	62	33	105	142	20	38	81	181	66	19	195	49	3	1677
1959	12	26	6	91	44	4	89	64	14	51	30	91	14	4	21	81	145	7	8	40	27	9	878
1958-55	53	43	8	37	42	23	44	65	31	43	36	85	16	5	26	80	63	10	11	26	18	1	766
4. Total number of children who attended during the year	135	128	52	253	163	42	250	251	105	156	99	281	172	29	85	242	389	83	38	261	94	13	3321
5. Number of attendances during the year made by children who at date of attendance were :—																							
(a) Under 1 year	1079	339	1017	2117	985	113	2159	1531	964	619	401	1656	1413	317	323	964	2131	1267	110	1492	321	27	21345
(b) 1 year but under 2 years	226	110	273	194	151	50	224	207	202	196	90	441	274	78	188	249	221	286	86	122	137	57	4012
(c) 2 years but under 5 years	194	117	350	111	42	58	199	221	173	177	87	217	295	58	241	310	107	371	34	53	97	5	3517
6. Total attendances during the year	1499	566	1640	2422	1178	221	2582	1959	1339	992	578	2314	1982	453	752	1523	2459	1924	180	1667	555	89	28874

* This Centre, which opened on 13/6/60, is held at the R.A.F. Station, Sealand.

† The Talacre Centre closed on the 14/9/60.

N.B.—Figures relating to Centres visited by the Mobile Clinic (which are not included above, appear in the next table).

Table 10 (c).
MOBILE CLINICS—SUMMARY OF ATTENDANCES, 1960.

Description.		Dyserth.	Ewloe.	*Ffynnongroew.	Garden City.	Halkyn.	Penyffordd.	Rhuddlan.	TOTALS.
1. Number of Sessions	... ..	21	22	22	24	23	24	23	154
2. Number of children who first attended during the year and who at their first attendance were under 1 year of age		23	50	16	72	24	23	39	247
3. Number of children who attended during the year and were born in :—									
1960	... ..	20	31	20	39	35	20	36	201
1959	... ..	23	24	7	39	42	15	20	170
1958-55	... ..	21	27	9	22	54	7	13	153
4. Total number of children who attended during the year	... ..	64	82	36	100	131	42	69	524
5. Number of attendances during the year by children who at date of attendance were :—									
(a) Under 1 year	... ..	102	257	74	402	301	354	274	1764
(b) 1 year but under 2 years	... ..	78	79	66	128	155	49	77	632
(c) 2 years but under 5 years	... ..	35	76	20	47	152	34	74	438
6. Total attendances during the year		215	412	160	577	608	437	425	2834

* Commenced 20th January, 1960.

WELFARE FOODS SERVICE.

The distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, A. and D. Vitamin Tablets and Orange Juice) has again been carried out successfully during the year with the continued co-operation of the Women's Voluntary Service, Women's Institutes, Welfare Centre Voluntary Committees and Village Shopkeepers.

DISTRIBUTION CENTRES.

During the course of the year the centre at Fron House, Rhewl, Mostyn, was closed due to Mrs. H. R. Evans, after years of valuable service, having to relinquish this service owing to pressure of other duties. Mr. R. M. Evans kindly undertook to distribute the foods from the Glan-y-Don Post Office Stores. At Gwernaffield, too, the centre at "Maesteg," the home of Miss A. C. Rees, was closed. Mr. Williams, The Stores, Gwernaffield, assisted with the distribution throughout the year, but owing to lack of storage space, and pressure of other duties, this centre also was closed.

The total number of centres is now 54, and these are classified as follows :—

Clinics	...	...	...	25
W.V.S.	...	...	...	4
Shops	...	...	...	19
Private Households	...	...	...	4
Hospitals	...	...	...	1
R.A.F. Camp	...	...	...	1

STORAGE DEPOTS.

These are located at Fronfraith, Russell Road, Rhyl, and 40, High Street, Mold. The administrative office also being at the latter address. (The premises at 40, High Street, Mold, will be vacated in 1961 when the storage depot and the administrative office will be transferred to the new Ambulance Headquarters, Mold).

SUPPLIES.

Supplies of Welfare Foods were ordered from Messrs. Associated Deliveries Ltd., of Liverpool and Caernarvon, acting as agents for the Ministry of Agriculture, Fisheries and Food, and direct deliveries are made as follows :—

				Kirkby Depot.	Caernarvon Depot.
Rhyl Storage Depot	...	...	...	—	1
Mold Storage Depot	...	...	...	1	—
Clinics	...	...	...	2	—
W.V.S.	...	...	...	1	—
Shops	...	...	...	12	2
Private Households	...	...	...	2	—
Hospitals	...	...	...	1	—
				19	3

The remaining centres are supplied from the Authority's Storage Depots, thus :—

			Rhyl Depot.	Mold Depot.
Clinics	...	...	4	19
Shops	...	...	—	5
W.V.S.	...	...	1	2
Private Households	...	...	—	2
Other (R.A.F. Camp, Sealand)	...	...	—	1
			5	29

TRANSPORT.

Deliveries are made from our two Storage Depots by the vehicle which is used to tow the Mobile Clinic. Any emergency requirements are delivered by the Welfare Foods Clerk in his private car.

FOODS DISTRIBUTED.

Issues to beneficiaries, and losses through breakages, etc., during the year were as follows :—

	National Dried Milk.	Cod Liver Oil.	Vitamin Tablets.	Orange Juice.
Issued against coupons	32557	7454	5859	51660
Issued to Hospitals	404	—	—	216
Issued to Day Nurseries	—	—	—	108
Issued at 4/- per tin	1046	—	—	—
	34007	7454	5859	51984
Out of date, damaged, etc., and returned to M.A.F.F.	226	—	—	—
Sent for analysis	20	—	—	—
Losses through breakages, etc., during transit	13	3	7	555
Total	34266	7457	5866	52539

SUMMARY OF COUPONS AND STAMPS.

	Issued.	Charge.	Amount Due.			Amount Received.		
		s. d.	£	s.	d.	£	s.	d.
N.D.M.								
(a) By stamps	... 31660	... 2 4	... 3693	13	4	... 3691	11	4
(b) Free	... 897	... —	...	—	...	...	—	...
(c) Issues at 4/-	... 1046	... 4 0	... 209	4	0	... 209	4	0
C.L.O.								
Free	... 7454	... —	...	—	...	...	—	...
A. & D.								
Free	... 5859	... —	...	—	...	...	—	...
O.J.								
(a) By stamps	... 51574	... 5	... 1074	9	2	... 1073	11	8
(b) Free	... 86	... —	...	—	...	...	—	...
Total coupons	98576	Total cash	£4977	6	6	£4974	7	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, three full-time Dental Officers and two 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 ..	127	127	117	82
Children under Five ..	275	275	272	225

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	8	61	..	..	418	68	31	15	..
Children under Five	..	64	35	..	275	191	..	..	..

Total number of sessions (i.e., equivalent complete half days devoted to maternity and child welfare patients during the year) ... 120

DOMICILIARY MIDWIFERY.

The policy of the Authority of employing District Nurse/Midwives has been further implemented during the year. With the fall in home confinements this means more compact areas for the nursing staff and also makes it easier to arrange relief during periods of sickness and holidays. This has a further advantage that we are able to cover most relief work with our existing staff, and so reducing greatly the number of staff employed on casual relief work. At the end of the year the Authority employed 4 midwives and 36 District Nurse/Midwives. The 4 midwives have agreed to do a certain amount of general nursing duties as the need arises.

All equipment used by midwives has been brought up-to-date and all the staff are fully equipped.

Regular staff meetings have been held each quarter attended by the County Medical Officer and the Superintendent Nursing Officer. These meetings have proved valuable in bringing new matters to the notice of the staff and enabling them to discuss problems of common interest.

I would like, once again, to thank the staff of the St. Asaph Maternity Hospital for their co-operation during the year and the General Practitioners in the County.

MOTHERCRAFT CLASSES.

The following Mothercraft Classes are arranged to give the expectant mother help and advice in the form of group discussion using demonstrations and films. Exercises and relaxation instruction are available for mothers wishing to take part.

These classes are separate from the Ante-natal Clinic and no clinical examination is made.

1. Welsh C.M. Chapel Schoolrooms, Mold Road, BUCKLEY. 1st and 3rd Monday at 10-45 a.m.
2. The Clinic, Fforddlas, Off Marsh Road, RHYL. Every Tuesday at 2-30 p.m.
3. The Clinic, St. David's Terrace, SALTNEY. 2nd and 4th Monday at 11 a.m.
4. The Clinic, Borough Grove, FLINT. Every Tuesday at 3 p.m.
5. The Clinic, Deeside Secondary Modern School Grounds, SHOTTON. Every Tuesday at 11 a.m.
6. The Clinic, King Street, MOLD. 1st and 3rd Tuesday at 10-30 a.m.
7. The Clinic, Maelor Secondary School, PENLEY. 2nd and 4th Wednesday at 2-30 p.m. re-commencing 11th January, 1961.
8. The Clinic, Park Lane, HOLYWELL. Every Wednesday at 2-30 p.m.

A report from the County Supervisor on the midwifery nursing service in the County is given below :—

MIDWIFERY NURSING SERVICE.

COUNTY SUPERVISOR'S REPORT.

"During 1960 forty-two Midwives employed by the County Council have practised midwifery. One full-time Midwife and one District Nurse/Midwife resigned earlier in the year—one to practise midwifery in hospital and the other to take charge of a Day Nursery. Full-time Relief District Nurses were transferred to these districts. The vacancy in the Queensferry district was filled early in the year. One full-time Relief District Nurse/Midwife was appointed in December. This leaves one vacancy for a full-time Relief District Nurse/Midwife in the Western Area. Thirty-nine Midwives carried out general nursing duties in their areas. Three full-time Midwives do relief duties in general nursing when necessary. Two part-time Midwives have been employed during the year.

Twelve Pupil Midwives from H.M. Stanley Hospital, St. Asaph, have completed their Part 2 District Training. Another Midwife has been approved by the Central Midwives Board as a District Midwifery Teacher to replace the one who resigned earlier in the year. There is still not sufficient domiciliary midwifery to keep a full-time Midwife adequately employed. It is also extremely difficult to give the Pupil Midwives sufficient cases and the practical experience that they need. The five Training Midwives have co-operated very well and often postpone their off-duty time and holidays at the last minute in order to give the Pupils sufficient cases. Other Midwives have also transferred their bookings to the Training Midwives when there have not been enough cases.

Four Lectures have been given in H.M. Stanley Hospital to the Pupil Midwives. Seventeen visits have been made to the Pupil Midwives during their District Training. Practical work has been seen on ten of these occasions.

All Domiciliary Midwives would welcome more efficient screening of expectant mothers attending Ante-natal Clinics. More deliveries of mothers in their own homes—where the pregnancy is normal and the home conditions are satisfactory—would be welcome. Also a less number of mothers and babies to visit who have been delivered in hospital and discharged before the tenth day of the puerperium. The Midwife who chooses domiciliary work expects to care for the mother during the ante-natal period, attend the confinement and complete the nursing of her during the puerperium. This is the work she is qualified to do. Seeing the pregnancy through from beginning to end is the most satisfactory part of her work.

Twenty-nine Midwives have completed a course of instruction in ante-natal exercises and relaxation. Mothercraft Classes have been commenced in eight different clinics throughout the County. These classes are quite distinct from the ante-natal clinic and provide instruction in the preparation for the confinement and do not include the clinical examination of the mother.

The Flintshire Branch of the Royal College of Midwives have held regular meetings during the year. A successful Study Day was held at the Clinic, Park Lane, Holywell.

In accordance with the Central Midwives Board Rule G 1, ten Midwives have attended Post-graduate Courses.

Low reading thermometers and wall thermometers have been added to the Midwives equipment this year. In the new rules of the Central Midwives Board published on the 1st July, one of her duties to the infant is as follows:—

The Midwife must bear in mind the possibility of danger to the infant through cold and should take steps to see that means are available for keeping the bedroom warm by day and night.

The new type of delivery bag and combined nursing bag have now replaced the former ones. The contents of the nursing bag are kept up to date and replacements are made when necessary.

Each Midwife has been visited during the year for the purpose, among other things, of seeing practical work and for examination of the records. In all, one hundred and forty-one visits have been made for this purpose. A number of other visits, interviews and seeing Nurses in groups have also been carried out and these are quoted in the Report on the Domiciliary Nursing Service. Nineteen visits have been paid to Ante-natal Clinics and Mothercraft Classes.

The two Maternity Homes have been visited on five occasions according to the Central Midwives Board Rule (Section E Part 3) and two visits to one Maternity Hospital according to Section E Part 1 (except those included in Parts 2 and 3). Thirty-five Midwives employed in institutions have notified their intention to practise, and were still employed on 31st December, 1960. One private Midwife has been visited.

The following Central Midwives Board notifications have been received :

A. From Domiciliary Midwives :—

- 15 Artificial Feeding (notification for artificial feeding ceased on 1st July, 1960).
- 6 Puerperal Pyrexia.
- 27 Medical Aids.
- 5 Liable to be a Source of Infection.
- 3 Neo-natal Deaths.
- 12 Still-births.

B. From two Maternity Homes :—

- 14 Artificial Feeding (notification for artificial feeding ceased on 1st July, 1960).
- 6 Medical Aids.
- 1 Neo-natal Death.
- 9 Still-births.

The off-duty rota commenced in 1959 is still being used. This enables each District Nurse/Midwife to know in advance when she will be free to make arrangements.

The staff is divided into seven groups. In an emergency or for special occasions alterations of off-duty periods may be made within the group. There is also an arrangement within the groups to provide adequate cover in an emergency.

The co-operation of all Midwives and help received in the Medical Department is very much appreciated.

L. MANN."

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, 1960.

Table 11.

DELIVERIES ATTENDED BY MIDWIVES.

Number of Deliveries attended by Midwives in the Area during the year 1960.		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	3	5	162	378	548	..
(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	..	..	..	..	..	1911
(d)	Midwives in Private Practice (including Midwives employed in Nursing Homes)	1	..	..	..	1	..
	Totals	4	5	162	378	549	1911

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day ... 1402

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 pethedine was administered by midwives in domiciliary practice during the year :	
		Gas & Air (3)	Tri-lene (4)	Gas & Air (5)	Tri-lene (6)	Gas & Air (7)	Tri-lene (8)	When doctor was present at time of delivery of child (9)	When doctor was not present at time of delivery of child (10)
(a) Domiciliary Midwives employed directly by Local Health Authority ...	40 *	30	10	70	55	118	188	80	232
(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 ...	1	—	—	—	—	—	—	—	—
Totals ...	41 *	30	10	70	55	118	188	80	232

* In addition, 2 midwives who were engaged on a casual basis for short periods during the year were also qualified.

Table 13.

MIDWIVES IN PRACTICE ON 31st DECEMBER, 1960.

	Midwives				Total
	Domiciliary Midwives.	in Institutions.			
(a) Midwives employed by the Authority	40*	...	—	...	40*
(b) Midwives employed by Voluntary Organisations :—					
(i) Under arrangement 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	...	...	—	35	35
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	...	...	1	...	1
Total	...	41*	35	...	76*

* In addition, 2 midwives were employed for short periods on a casual basis to do relief duty during the year.

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 14.

	Live Births.		Stillbirths.		Totals.	
	Actual.	Adjusted.	Actual.	Adjusted.	Actual.	Adjusted.
Domiciliary ...	512	512	12	12	524	524
Institutional ...	1968	2009	31	50	1999	2059
Totals ...	2480	2521	43	62	2523	2583

It will be noted by reference to page 21 that the adjusted figures show that this is 67 live births less and 2 stillbirths more than the total 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 included 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		Number of beds provided for :		
	of Homes.	Maternity.	Others.	Totals.	
Homes first registered during year ...	—	—	—	—	—
Homes whose registrations were withdrawn during the year ...	—	—	—	—	—
Homes on the register at end of the year ...	5	—	60	60	
Homes exempt from registration at the end of year ...	—	—	—	—	—

HEALTH VISITING.

At the end of 1960 the Authority employed twenty-one Health Visitors who were doing combined duties as Health Visitors and School Nurses. The Authority also employs two Tuberculosis Visitors and four Clinic Nurses. The Superintendent Health Visitor is also Home Help Organiser for the County. One Health Visitor is designated Senior Health Visitor and is based at Rhyl. Two of the Health Visitors are also part-time Health Education Officers, working on a district and each being responsible for health education in roughly half the County.

In past years reference has been made to the Health Visitors as the general purpose Social Worker of the Health Department. With the greater integration of the Local Health Authority Services with the hospital, and particularly with General Practitioners, the need for a Social Worker becomes more urgent and her role more valuable. Gradually more General Practitioners appreciate the potential of Health Visitors, and the part the Health Visitor can play in acting as a link with certain types of social and other difficulties which have a bearing on health. In the County more doctors are now inviting Health Visitors into their surgeries at regular intervals for discussion of common problems. Also, more Health Visitors are working directly with General Practitioners in certain fields of work, particularly geriatrics, the handicapped and child care, especially child care when the parent or parents need a great deal of supervision and support.

For many the liaison of Health Visitor and General Practitioner is proceeding too slowly, but co-operation is something that has to be "worked out" particularly in such personal context as family health and illness. Co-operation cannot be imposed from above it must proceed as a result of direct contact, out of mutual respect and appreciation, and each partner must appreciate what the other can do to help. This co-operation between General Practitioners and Health Visitors is proceeding very surely, even if slowly, and the firmer it is established the easier will be the task of General Practitioners and Health Visitors.

Health Visitors have certain statutory duties to perform under the National Health Service Act, 1946, and these cover a wide range from infants to the elderly. In carrying out many of these duties they must act on their own using their training and initiative. At other times they must call in other workers, or make contact with other bodies that can provide help such as the National Assistance Board, Ministry of National Insurance, Ministry of Labour or some other statutory or voluntary body.

As mentioned earlier, Health Visitors also act as School Nurses and here again their work has changed. In the school the Health Visitor is becoming more an adviser on health matters rather than a nurse carrying

out routine inspections. In addition more and more Health Visitors are taking an active part in health education work in schools, working closely with teachers.

The Health Visitor has many opportunities for Health Education, at the home, in the clinic, at school and during her visit to Social Centres such as Old People's Clubs, etc. In this way, she is able to give information and advice on health matters, and also information on services and facilities available in her area which have been provided to help particular persons or particular groups of persons.

The future of Health Visiting, however, lies in establishing close working arrangements with hospitals and General Practitioners. Here much depends on the interest and the initiative of the Health Visitor, and co-operation imposed from "above" by circular and other means is not as real or as effective as co-operation from "below" where the actual workers get together and discuss their common problems.

The total number of visits paid in 1960 by Health Visitors to expectant mothers was 849, to children under one year of age 18,077, to children aged one and under two years 11,942, to children aged two and under five years 14,130. Other visits 13,852. To these figures has to be added 45,049 children seen at school and 3,271 home visits in connection with the school health service.

SUPERINTENDENT HEALTH VISITOR'S REPORT FOR 1960.

Number of visits to Infant Welfare Centres	...	...	...	120
Number of visits to School Clinics	...	...	...	9
Number of visits to Health Visitors to see their records and discuss work generally	...	...	...	189
Number of interviews with Health Visitors and Clinic Nurses at the Office	...	...	...	200
Number of film talks to groups of mothers	...	...	...	5

The Tuberculosis Visitors employed by the Authority attend the Chest Clinics, visit all cases of tuberculosis as soon as notified, and report on home conditions. The Chest Physicians and their Assistants have greatly appreciated the assistance and the valuable information given to them by these Tuberculosis Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been re-housed and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are

fully appreciated by the patients themselves, as it is to these Tuberculosis Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 2,588 visits to patients in their homes, and of these 113 were first visits to newly notified cases.

With the gradual fall in the number of tuberculosis cases attending at Chest Clinics, Chest Physicians have been devoting more time to non-tuberculous chest conditions such as bronchitis, asthma, bronchiectasis, etc. Many of these patients also have social problems and are in need of help in the same way as the tuberculosis cases. During the year a start was made in utilising the services of the Tuberculosis Visitors to visit the non-tuberculous chest cases attending Chest Clinics. This work is being gradually developed in consultation with the two Consultant Chest Physicians who very much appreciate this extension of the work of the visitors.

Table 15.

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	
		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)	(12)	
(a) L. H. A.	11222	539	849	2723	18077	11942	14130	44	13852	7221	2588	
			47*		1026*	677*	790*	2*	557*		303*	
(b) Vol Org.	..	..	..	..	..	..	..	..	..	..	..

B. Clinics :

- (a) Total number of attendances made by health visitors at local health authority clinic sessions during the year ... 1547
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year ... 308

(N.B.—In addition, the Health Visitors and Tuberculosis Visitors paid 3,628 "no access" visits as shown by * above).

HOME NURSING.

As already mentioned the policy of the Authority now is to employ District Nurse/Midwives and not separate Midwives and District Nurses. The number of whole-time District Nurses was reduced during the year from six to five. At the same time the number of District Nurse/Midwives increased from 34 to 36, and in addition some of the full-time Midwives carried out certain general nursing duties in their area.

Certain matters relating to staff meetings, equipment, refresher courses and policy matters have already been dealt with under Domiciliary Midwifery and apply equally to Home Nursing.

A report on the Home Nursing Service by the County Nursing Officer is given below :—

REPORT OF COUNTY NURSING OFFICER.
DISTRICT NURSING SERVICE.

"During 1960 forty-four District Nurses have carried out general nursing duties. Thirty-nine of these have also practised Midwifery in their districts. Three full-time Midwives carried out relief general nursing duties when necessary. One District Nurse/Midwife in Rhyl has resigned during the year. A full-time Relief District Nurse/Midwife was transferred to this district. This leaves one vacancy for a full-time Relief District Nurse/Midwife. One full-time Midwife in Flint who resigned earlier in the year has been replaced by a District Nurse/Midwife. Two full-time Relief District Nurse/Midwives have been appointed. The vacancy in Queensferry which occurred in December, 1959, has been filled by a District Nurse/Midwife. Four Nurses have completed their District Training and have been placed on the Roll of the Queen's Institute of District Nursing. Two of these were new appointments included in above and two were already on the staff. Ten Nurses have attended Post-graduate Courses in District Nursing. These have been valuable and have helped in keeping the Nurses up to date in new treatment and procedures. Four of the staff attended a two day course in Wrexham arranged by the Central Council for Health Education. All the staff have visited the Geriatric Unit of the Clatterbridge Hospital. From the instruction and demonstrations given during these visits many patients have been helped in their own homes. Loan equipment, such as walking aids, elbow crutches, etc., are available to the District Nurse for her patients. Underpads for incontinent patients are also available to help the Nurse in her work and have proved of great value to the patient and relatives especially in the saving of laundering. The latter is a great asset to the patient who lives alone.

There have been slight alterations in the arrangements of some districts during the year. This has been necessary to obtain a more even distribution of nursing duties.

The arrangement for off-duty described more in detail in the Midwifery Nursing Service Report is still being used.

The general nursing bags are up to date and the equipment contained in these is of a good standard.

One hundred and forty-four visits have been made to the District Nurses for the purpose of examining their records and observing practical work in the patients' own home. The running of the Service also entails visits from and to the Nurses regarding their work, supply of equipment, etc. Two hundred and fifty-six visits have been made for this purpose.

Eighty-two interviews with nursing staff and others have been carried out.

In addition to the three monthly meetings of all staff, seventeen groups of Nurses have been arranged to discuss nursing matters. There have been one hundred and three attendances.

Ten visits have been made to five Nursing Homes under the Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

The co-operation of all District Nurses during the year has been very much appreciated."

VACCINATION AND IMMUNISATION.

Vaccination—During recent years every opportunity has been taken to impress on mothers the importance of vaccination against smallpox, and particularly the advantages of doing this during infancy, preferably before the first birthday.

When vaccination ceased to be compulsory in 1948 the number of children under one year receiving primary vaccinations fell and in 1952 this number had dropped to 350. (In 1947 the number was 841). Partly due to increased propaganda on the importance of primary vaccination and partly due to the provision of extra facilities for vaccination, the number of infants vaccinated increased in 1957 to 824, in 1958 to 1068, in 1959 the figure was 1039, and in 1960 it was 1115.

The following table shows the number of vaccinations and re-vaccinations carried out during the year 1960.

Table 17 (a).

VACCINATION.

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)
DURING THE YEAR 1960.

	Age at date of Vaccination.						Total.
	Under 1.	1.	2 to 4.	5 to 14.	15 or over.		
Number Vaccinated	1115	39	46	52	81	1333	
Number Re-vaccinated	—	1	5	13	235	254	

More use has been made of the facilities available for vaccination at County clinics, and in 1960 531 children were vaccinated in our own clinics, which is higher than the number in 1959 (520).

These figures are shown in the following table.

Table 17 (b).

NUMBER OF CHILDREN VACCINATED BY HEALTH DEPARTMENT
STAFF DURING THE YEAR 1960.

Age at date of Vaccination.									
Under 1.		1.	2 to 4.		5 to 14.		15 or over.		Total.
476	...	25	...	17	...	12	...	1	531

(Above figures are included in Table 17 (a)).

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.

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 Table 18 (b) indicates the success of that campaign, and the extent to which children have been protected against this dread disease.

Table 18 (a).
DIPHTHERIA IMMUNISATION, 1960.

	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) during 1960	... 1683	... 504	... 404	... 2591
B. Number of children who received a Secondary (Reinforcing) Injection (i.e., subsequently to primary immunisation at an earlier age) during 1960	... 2	... 158	... 1964	... 2124

"Boosting" injections are given in Clinics and also in schools.

Table 18 (b).
DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1960, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1946).

Age at 31/12/60 i.e., Born in Year	Under 1 1960	1-4 1956-1959	5-9 1951-1955	10-14 1946-1950	Under 1 Total
A. Number of children whose last course (primary or booster) was completed in the period 1956-1960	... 1279	... 5048	... 5998	... 1994	... 14319
B. Number of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	... 3009	... 11037	... 14046
C. Estimated mid-year child population	... 2350	... 9050	... 23200	...	... 34600
Immunity Index 100 A/C	... 54.43 %	... 55.78 %	... 34.45 %	...	... 41.67 %

Year.	Diphtheria Notification.		Deaths.
1936	...	208	11
1937	...	221	13
1938	...	268	16
1939	...	200	12
1940	...	202	6
1941	...	342	15
1942	...	255	5
1943	...	208	8
1944	...	316	10
1945	...	108	5
1946	...	33	1
1947	...	15	1
1948	...	5	—
1949	...	8	1
1950	...	3	—
1951	...	1	—
1952	...	2	—
1953	...	3	—
1954	...	3	—
1955	...	—	—
1956	...	—	—
1957	...	—	—
1958	...	—	—
1959	...	—	—
1960	...	—	—

Immunisation against Diphtheria, Whooping Cough and Tetanus—After considerable inquiry it was decided by the Health Committee to introduce, in September of this year, a combined "Triple" vaccine against Diphtheria/Whooping Cough and Tetanus (Triple Antigen). Parents were informed of the introduction of the triple antigen and given the choice of this vaccine or separate vaccines for Diphtheria and Whooping Cough, as in the past.

It is quite obvious that parents are choosing the triple antigen, and although the number given this vaccine is small at the end of the year, the number will be much larger in 1961. Children given triple antigen will be given a booster dose of Diphtheria/Tetanus vaccine when they enter school at five years of age. They will not be given triple antigen containing Whooping Cough vaccine, as Whooping Cough is only a serious illness in the first year of life, so further protection against Whooping Cough at five years of age is not necessary.

Table 19 (a).
CHILDREN WHO RECEIVED COMBINED DIPHTHERIA/WHOOPING COUGH IMMUNISATION, 1960.

DISTRICT.	PRIMARY IMMUNISATIONS.				RE-INFORCING INJECTIONS.			
	Under 1 Year.	1-4	5-14.	Total.	Under 1 Year.	1-4	5-14.	Total.
Urban :								
Buckley	81	25	20	126	—	3	30	33
Connah's Quay	130	41	28	199	—	4	43	47
Flint (M.B.)	132	66	7	205	—	1	66	67
Holywell	99	21	14	134	—	3	28	31
Mold	75	30	12	117	—	6	64	70
Prestatyn	119	19	2	140	—	5	39	44
Rhyl	223	48	15	286	1	5	75	81
Rural :								
Hawarden	366	102	61	529	—	22	167	189
Holywell	205	56	30	291	—	13	104	117
Maelor	45	6	4	55	—	5	12	17
St. Asaph	101	28	4	133	—	6	19	25
TOTAL URBAN	859	250	98	1207	1	27	345	373
TOTAL RURAL	717	192	99	1008	—	46	302	348
WHOLE COUNTY	1576	442	197	2215	1	73	647	721

N.B.—See Table 19 (b) for cases (included above) who received "Triple Antigen."

Table 19 (b).

CHILDREN WHO RECEIVED TRIPLE ANTIGEN INJECTIONS (DIPHTHERIA, WHOOPING COUGH, TETANUS).

DISTRICT.	PRIMARY IMMUNISATIONS.				RE-INFORCING INJECTIONS.			
	Under 1 Year.	1-4	5-14.	Total.	Under 1 Year.	1-4	5-14.	Total.
Urban :								
Buckley	25	3	3	31	—	—	—	—
Connah's Quay	12	—	—	12	—	—	—	—
Flint (M.B.)	16	5	1	22	—	—	—	—
Holywell	10	—	6	16	—	2	2	4
Mold	13	3	—	16	—	—	—	—
Prestatyn	37	2	—	39	—	—	4	4
Rhyl	35	7	3	45	—	1	21	22
Rural :								
Hawarden	47	21	13	81	—	—	2	2
Holywell	45	10	8	63	—	1	3	4
Maelor	18	—	1	19	—	—	—	—
St. Asaph	33	6	2	41	—	—	2	2
TOTAL URBAN	148	20	13	181	—	3	27	30
TOTAL RURAL	143	37	24	204	—	1	7	8
WHOLE COUNTY	291	57	37	385	—	4	34	38

N.B.—These cases are included in Table 19 (a).

B.C.G. Vaccination against Tuberculosis—During 1960 B.C.G. vaccination continued on much the same pattern as in 1959. Two main groups were offered B.C.G. vaccine, "contacts" of cases and older children at Secondary Schools. The first group "contacts" is vaccinated by the Chest Physician at Clinics, whilst school children are given the preliminary tests and B.C.G. vaccine at school by the medical and nursing staff of the Health Department.

Details of the B.C.G. vaccination work done for contacts, children and young persons are given in Table 20. It is worth noting that there was a considerable increase in the number receiving B.C.G. vaccine both as contacts and as young persons in 1960.

Table 20.

B.C.G. VACCINATION AGAINST TUBERCULOSIS—YEAR 1960.

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contact Scheme.

(Circular 72/49 (Wales)).

(i) Number skin tested	...	...	...	1101
(ii) Number found positive	...	...	...	507
(iii) Number found negative	...	...	...	321
(iv) Number vaccinated	...	...	...	288

B. Children and Young Persons Scheme.

(Circulars 22/53 (Wales) and 7/59 (Wales)).

(i) Number skin tested	...	...	...	1949
(ii) Number found positive	...	...	...	609
(iii) Number found negative	...	...	...	1286
(iv) Number vaccinated	...	...	...	1057

C. Students attending further education establishments.

(Circular 7/59 (Wales)).

(i) Number skin tested	...	...	...	—
(ii) Number found positive	...	...	...	—
(iii) Number found negative	...	...	...	—
(iv) Number vaccinated	...	...	...	—

Poliomyelitis Vaccination—During the year poliomyelitis vaccination continued at the same high level as the latter part of 1959. Early in the year a considerable amount of publicity was given in local papers, by posters and leaflets to the value of poliomyelitis vaccination, and facilities for vaccination were made as convenient as possible for the public at our Clinics. The public were also informed that they could have the vaccination done by their own General Practitioner if they so wished.

During January and February, 1960, special evening sessions were arranged throughout the County for the purpose of giving third injections, particularly for those over fifteen years of age and not at School or College. These evening sessions were well attended, and further evening sessions were arranged during April and May.

In March, 1960, Circular 3/60 (Wales) was received raising the age of those eligible for poliomyelitis vaccine up to forty years (previously the age was twenty-five). This brought a large number of the public into the scheme and a large number of requests for vaccination were received from persons in the new age group. They were dealt with by open sessions held at various centres during the day and by arranging special evening Clinics throughout the County.

General Practitioners continued to play an important part in the Poliomyelitis vaccination scheme during the year. They were kept informed of all new developments, technical information was made available to them when required, and convenient depots of Poliomyelitis Vaccine were established at five centres in the County.

At the end of 1960, 46,781 persons had received two injections of vaccine, 37,147 of these had received three injections. There was only a very small waiting period for poliomyelitis vaccination during 1960. At the end of the year 78.5 % of children under 15 years of age had been vaccinated, but only 50.8 % of those between 15 and 40 years of age had received vaccination.

Table 21.

POLIOMYELITIS VACCINATION.

(A)—PERSONS WHO RECEIVED TWO INJECTIONS.

Year of Injection.	YEAR OF BIRTH										1924 & earlier	Priority Group	Total
	1956-60	1951-55	1946-50	1941-45	1936-40	1931-35	1925-30						
1956	...	128	178	...	...	...	...	...	...	...	...	306
1957	...	903	2554	...	...	...	...	...	...	...	...	3461
1958	...	4764	3522	1611	109	31	...	...	...	324	...	12467
1959	...	2721	3842	5029	3577	1901	...	...	...	1083	...	21021
1960	...	1525	618	490	665	1729	...	1880	...	531	...	9527	
Totals	...	9264	10714	7130	4351	3661	...	1880	...	1488	1941	46781	

(B)—PERSONS WHO RECEIVED THREE INJECTIONS.

1959	...	6460	...	...	...	...	...	...	...	...	20562
1960	...	1868	...	...	...	...	...	...	...	...	16585
Totals	...	8328	9819	6549	3828	2042	142	114	1422	...	37147*

* These are included in the total of 46,781 in Section (A) above.

AMBULANCE SERVICE.

The following table shows the number of patients conveyed by the County Council Ambulances during the year 1960. For the purpose of comparison, the figures for 1959 are shown, together with those for 1955, i.e., the year in which the re-organised service became operative.

It will be seen from the following table that 2,680 more patients were dealt with by the ambulances in 1960 than in 1959, and 14,116 more than in 1955. The number of journeys show an increase of 1,075 when compared with the 1959 figures, and 1,751 when compared with 1955. The mileage incurred during 1960 was 19,930 more than in 1959, and 107,207 more than in 1955.

The average number of miles per patient in 1960 was 9.50, in 1959 it was 9.75, and in 1955 it was 10.75.

The average number of patients per journey in 1960 was 3.9, in 1959 it was 4.1, and in 1955 it was 3.1.

Ambulances.

Month.	1960				1959				1955			
	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage
January	530	2,406	775	28,928	621	2,339	772	29,746	456	708	526	12,719
February	482	2,383	747	29,020	572	2,335	666	28,659	360	564	404	11,027
March	518	2,917	836	31,925	588	2,369	689	28,672	437	857	553	14,367
April	641	2,499	792	30,328	537	2,437	699	28,570	456	1,382	766	18,350
May	559	2,916	797	32,140	574	2,360	737	30,950	427	1,808	555	22,600
June	630	2,885	850	33,845	576	2,598	762	29,851	517	2,017	909	27,342
July	588	2,637	901	33,548	598	2,603	813	31,895	578	1,900	911	26,388
August	715	2,652	919	33,214	561	2,468	815	30,256	565	1,888	862	28,175
September	560	2,653	853	31,349	508	2,699	774	30,824	434	2,166	727	26,226
October	488	2,878	834	30,414	408	2,791	718	31,184	441	2,142	686	27,000
November	516	3,108	819	31,570	442	2,664	704	27,483	465	2,322	611	28,981
December	586	2,658	829	30,279	544	2,633	728	29,560	409	1,991	691	26,178
TOTAL	6,813	32,592	9,952	376,560	6,529	30,296	8,877	357,630	5,544	19,745	8,201	269,353

Hired Sitting Case Cars.

Month	1960				1959			
	Patients	Journeys	Mileage	Cost	Patients	Journeys	Mileage	Cost
				£ s. d.				£ s. d.
January	222	126	2076	105 15 2	543	188	3321	162 16 8
February	234	125	2268	114 2 6	476	195	3136	153 7 10
March	473	211	3846	199 3 10	463	173	3053	149 16 3
April	451	211	4061	209 4 0	576	188	3215	159 12 0
May	412	200	3630	186 7 9	548	168	3119	153 1 0
June	416	202	4003	202 4 8	379	125	2401	120 6 0
July	386	198	3903	197 8 7	355	144	2628	130 0 5
August	217	111	2082	106 1 8	230	95	1705	82 11 1
September	376	143	2754	141 18 2	260	127	2089	103 6 4
October	337	138	2540	132 0 6	228	105	1719	87 0 3
November	506	210	3976	204 13 3	175	86	1455	74 9 3
December	478	190	3819	196 3 0	217	113	1686	84 3 10
Totals	4508	2065	38958	1995 13 1	4450	1707	29527	1460 10 11

From the foregoing table, it will be noted that there was an increase of 58 patients conveyed by Hired Sitting Case Cars in 1960, as compared with 1959. Journeys show an increase of 358, and the mileage was increased by 9,431. Costs show an increase of £535/2/2. This is accounted for by the use of hired cars on long journeys, e.g., to South Wales for the purpose of conveying mentally subnormal patients to hospitals in that area. The number of patients carried by sitting case cars in 1960 were fewer by 9,999 than in 1955. Journeys were also reduced by 4,065 and mileage was reduced by 118,684. Costs were reduced by £6,142/6/0.

Patients conveyed by rail—The number of patients conveyed by rail during 1960 was 32, compared with 39 in 1959 and 19 in 1955.

Mobile Clinic—The following tables give figures relating to the use of the Mobile Clinic and Ambulance RDM 454 which is used as the towing vehicle.

Mobile Clinic.

1960.		1959.	
Sessions.	Mileage.	Sessions.	Mileage.
183	4725	205	5166

**Mothers and babies conveyed to the Mobile Clinic by Ambulance RDM 454
(Towing Vehicle).**

1960.			1959.		
Mothers.	Babies.	Mileage.	Mothers.	Babies.	Mileage.
905	1307	908	740	1000	875

Delivery of Welfare Foods by Ambulance RDM 454 (Towing Vehicle).

1960.		1959.	
Journeys.	Mileage.	Journeys.	Mileage.
64	3287	81	3950

Analysis—The following table is an analysis of the patients dealt with during 1960 by the County Council Ambulances and Hired Sitting Case Cars and of patients carried by rail, and mothers and babies transported to the Mobile Clinic (these are shown as "Others") with comparative figures for 1959 and 1955.

	1960			1959			1955		
Road accidents	516	...	541	...	223	...
Miscellaneous accidents	291	...	246	...	111	...
Maternity cases	987	...	819	...	246	...
Emergency cases	2951	...	2005	...	1279	...
Infectious cases	159	...	113	...	79	...
General removals and clinic cases	39009	...	37551	...	37839	...
Patients by rail	32	...	39	...	19	...
Others	2212	...	1740	...	—	...
	—	...	—	...	—	...
Totals	46157	...	43054	...	39796	...

The following shows the total patients (including mothers and babies transported to Mobile Clinic), total journeys (including towing Mobile Clinic), delivery of Welfare Foods and total number of miles involved, with comparative figures for 1959 and 1955.

	1960			1959			1955		
Total patients	46,157	...	43,054	...	39,796	...
Total journeys including towing Mobile Clinic and delivery of Welfare Foods	12,264	...	10,870	...	14,331	...
Total mileage including towing Mobile Clinic, delivery of welfare foods and conveying mothers and babies	424,438	...	397,148	...	426,995	...
	—	...	—	...	—	...
	1960	...	1959	...	1955	...
The average number of emergency calls every 24 hours during the year	13.50	...	10.25	...	5.25	...
Average patients dealt with every 24 hours	126.50	...	117.75	...	109.25	...
Average miles per day	1162.75	...	1088.28	...	1169.75	...

Fuel—12,408 gallons of petrol were consumed by the ten petrol vehicles at a cost of £2,357/13/5 to cover 229,436 miles—the average miles per gallon was 18.50.

5,517 gallons of Derv were consumed by the six diesel ambulances at a cost of £1,012/13/3 to cover 156,044 miles, and the average miles per gallon were 28.25.

Records show that diesel vehicles are much more economical to run than petrol vehicles. Petrol consumption alone has shown a saving of 3,000 gallons. A reduction is also shown in the cost of maintenance of diesel vehicles compared with petrol driven vehicles.

Some local authorities have not favoured the use of diesel vehicles as ambulances because, they say, of the smell of fumes and the "roughness" of the engine when "idling."

I have not received any such complaints in this County and we find that fumes and smell do not enter the interior of the ambulances. I do not advise that all the Authority's ambulances should be diesel ambulances but I consider fifty per cent. is a desirable proportion.

Annual County Ambulance Competition—The Annual Ambulance Competition for 1960 was held, by kind permission of the Chief Fire Officer, at the Fire Service Headquarters, Coast Road, Rhyl, on the 1st May, 1960. Four teams competed—Mold, Rhyl, Queensferry and Holywell. The adjudicators were Dr. C. T. Baines, Deputy County Medical Officer, Caernarvonshire, and Mr. F. W. Hitchinson, Chief Fire and Ambulance Officer, Caernarvonshire. The winning team was Holywell—Driver Mrs. I. McKay and Attendant P. A. Thomas with 101½ marks out of the total of 150. Rhyl were second with 95½ marks, Mold third with 95 marks and Queensferry fourth with 84½ marks.

The County Shield was presented to the winning team by the Chairman of the Health (Ambulance) Sub-Committee, Alderman J. R. Gilbert.

The winning team also qualified to represent the County at the Wales Regional Ambulance Competition, held at Newtown, Montgomeryshire, on 26th June, 1960. Nine teams took part—these were, Anglesey, Caernarvonshire, Carmarthenshire, Cardiff, Denbighshire, Flintshire, Merionethshire, Montgomeryshire and Monmouthshire.

The winning team was Caernarvonshire, with 282½ marks out of a possible 400, Montgomery came second with 249, Monmouth 230½, Carmarthen 217, Anglesey 214½, Flintshire 202½, Cardiff 202, Denbighshire 193½ and Merionethshire 187½.

The County Medical Officer and County Ambulance Officer were invited to judge the 1960 Ambulance Competitions at Denbighshire, Caernarvonshire and Cheshire. Dr. A. Cathcart deputised for the County Medical Officer in Cheshire, the County Ambulance Officer also acted as Chief judge in the Cheshire Civil Defence County Competition.

Safe Driving Awards for 1960—The under-mentioned drivers qualified for awards in the National Safe Driving Competition for 1960.

Senior Driver T. E. Bellis, Mold—5 Year Silver Medal.

„ C. Grace, Rhyl—4th Diploma.

Amb. Driver J. Wardman, Rhyl—4th Silver Bar.

„ W. Reynolds, Rhyl—5 Year Silver Medal.

„ E. Wilson, Flint—5 Year Silver Medal.

„ E. G. Roberts, Holywell—4th Diploma.

„ Mrs. I. McKay, Holywell—4th Diploma.

„ D. G. Griffiths, Mold—3rd Diploma.

„ T. Thomas, Mold—3rd Diploma.

„ T. A. Goodwin, Mold—4th Diploma.

„ P. Hallows, Queensferry—4th Diploma.

„ E. S. Roberts, Mold—1st Diploma.

„ T. Hughes, Holywell—2nd Diploma.

Amb. Drv./Att. Ll. Lloyd, Flint—1st Diploma.

„ M. Gatehouse, Rhyl—1st Diploma.

Three drivers failed to qualify consequent upon their having been involved in minor accidents. The standard set for the award is high, as each of these drivers had covered over 21,000 miles in twelve months often in very difficult conditions.

The ambulances were involved in eleven accidents during the year, in eight of which the cause was attributed to other road users, three were, however, due to “mis-judgment” by drivers.

Claims were made against the Insurance Company for repairs in each instance.

National Association of Ambulance Officers—The County Ambulance Officer attended three Welsh Regional Meetings at Shrewsbury during the year. He has held the office of Chairman of the Wales Region for the past four years, and has been re-elected for 1961. Useful information is gained at these meetings, and also at the Annual Conference of the Association held in London, which was attended by the Chairman of the Health (Ambulance) Sub-Committee and the Ambulance Officer.

Accommodation—The new County Ambulance Headquarters at Mold will be completed by March, 1961. When the Headquarters staff are transferred to the new premises the control will operate on a 24-hour basis and the fact that the administrative and control staff will be brought together in these premises will facilitate more direct supervision by the Ambulance Officer and consequently enhance efficiency.

It is also gratifying that in 1961 a new Station will be built in Holywell where hitherto accommodation for ambulances has been seriously inadequate and where there have been no facilities of any kind for cleaning or maintaining ambulances.

Resignation—Ambulance Attendant F. Stephenson, stationed at Queensferry Ambulance Station, resigned on 9th April, 1960, to take up other employment.

Transfer—Relief Ambulance Driver A. Parry, stationed at Mold, was transferred to Queensferry Ambulance Station on 11th April, 1960, to replace Attendant F. Stephenson.

Appointments—Relief Ambulance Driver A. S. Hughes of Lloc, Near Holywell, was appointed on the 23rd May, 1960, as Relief Driver stationed at Mold to replace Driver Parry.

Mr. H. T. Owen, Mold, was appointed as temporary Ambulance Driver on 2nd August. The appointment was in connection with the hired ambulance from H. Lomas Limited on 21st July, 1960, to provide cover for the Holywell area owing to the closing down of Holywell Cottage Hospital. After the return of this ambulance on the 25th August, Mr. Owen terminated his employment on 3rd September, 1960.

Sickness : Operational Staff—221 days involving 1,652 man working hours were lost during the year owing to sickness of drivers and attendants.

Establishment of the Ambulance Service at 31st December, 1960.

Head of Service—County Medical Officer of Health.

Office in Charge—County Ambulance Officer.

Control Staff, Holywell—2 Female Clerks and 2 Male Clerks.

Control Staff at Rhyl Fire Service Headquarters—1½ Control Clerks.

Administrative—1 Part-time Clerk.

Operational.

Senior Drivers, Mold and Rhyl	...	...	2
Ambulance Drivers, Mold	...	...	5
" Rhyl	...	...	4
" Queensferry	...	...	2
" Holywell	...	...	3
" Flint	...	...	1
Ambulance Relief Driver	...	...	1
Ambulance Attendants, Mold	...	...	1
" Rhyl	...	...	2
" Queensferry	...	...	1
" Holywell	...	...	1
" Flint	...	...	1
Part-time driver at Hanmer	...	...	1
Total Staff			32

Other Authorities.**Flintshire patients conveyed by other Authorities.**

Authority.	Patients.	Journeys.	Mileage.	Cost.
				£ s. d.
Chester City	189	148	1072	200 0 0
Denbighshire C.C.	40	36	442	65 6 0
Shropshire C.C.	54	43	482	68 15 0
Cheshire C.C.	2	2	91	12 1 9
Caernarvon C.C.	3	3	68	8 9 0
Montgomery C.C.	3	3	74	6 9 6
Monmouth C.C.	2	2	24	1 10 0
London C.C.	1	1	39	8 15 6
Cardiff City	1	1	26	1 19 0
Leeds Corporation	1	1	18	2 14 0
Total	296	240	2,336	£375 19 9

Work carried out by the Flintshire Ambulance Service on behalf of other Authorities.

Authority.	Patients.	Journeys.	Mileage.	Cost.
				£ s. d.
Denbighshire C.C.	132	105	1506	194 4 0
Anglesey C.C.	2	2	72	6 6 0
Cheshire C.C.	17	15	326	33 1 3
Caernarvon C.C.	1	1	25	2 3 9
Liverpool Corporation	4	4	90	7 12 6
Manchester Corporation	1	1	40	3 10 0
Shropshire C.C.	1	1	39	5 17 0
London C.C.	1	1	6	no charge
Surrey C.C.	2	2	16	no charge
Birmingham Fire and Ambulance Service	1	1	8	12 0
National Coal Board, Point of Ayr Colliery	14	14	275	35 6 3
Wirral Motor Club	—	4	38	22 10 0
Go-Kart Racing :				
Prestatyn	—	3	30	8 13 9
Hawarden Park	—	1	5	3 17 6
Point-to-Point, Rhuddlan	—	1	12	3 8 6
St. Asaph Hospital	1	1	25	3 15 0
Total	177	157	2,513	£330 17 6

Conclusion—The demands on the Ambulance Service are increasing each year. Accidents and emergency calls were nearly three times as many in 1960 as compared with 1955. The number of patients carried amount to more than one-third of the population of the County.

I would like to pay tribute to the County Ambulance Officer and all members of the Ambulance Service Staff, both Control and Operational, for the loyal and efficient service which they maintained during the year in spite of the growing demands upon their efforts.

I wish also to record my very sincere thanks to the Officers and members of the British Red Cross Society in the County for their very valuable service in providing escorts to travel with patients on long distance train journeys. During the year, they provided escorts on twenty-eight occasions. All this service was given voluntarily.

Finally, I would like to thank the Chief Fire Officer and his staff for their co-operation in dealing with all night and weekend calls. I am grateful also to the Chief Constable and his staff for their assistance and co-operation in connection with the Radio Control of Ambulances.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(a) **Tuberculosis**—All tuberculosis cases on the register including newly noted cases were visited during the year by the two Tuberculosis Visitors. Repeat visits being paid to cases where necessary, particularly so to cases where social, financial or other factors made this desirable.

It should be made clear that home visiting of the tuberculous has a two-fold purpose, to help the patient and his or her family as regards the illness, and to give every assistance with the social and economic factors arising as a result of the illness.

As in previous years all contacts of newly diagnosed cases are visited and advised to attend a Chest Clinic for examination and B.C.G. vaccine if found suitable and under 21 years of age.

During the year 271 contacts out of a possible total of 302 were examined—that is 89.7 % of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 1,101 persons during the year and gave B.C.G. vaccine to 288 persons.

Grants of milk and other foods were made during the year by the Area Care and Nursing Sub-Committees to 166 cases of tuberculosis at a total cost of £2,517. These grants of milk and other foods continue to meet a real need, particularly in cases of prolonged illness, and they are in addition to any special grants of the National Assistance Board. Grants are only made by the authority if all contacts have been examined and the patient is accepting the treatment recommended by the Chest Physician.

As a step to prevent Tuberculosis, all staff employed by the Authority have a chest x-ray on engagement, this applies to all grades of staff, and during 1960 a total of 315 newly appointed staff had a chest x-ray.

B.C.G. vaccination of school children and young persons attending colleges and universities continued during the year. B.C.G. vaccine was offered to those over thirteen years of age receiving full-time or part-time education. At the end of the year 1,057 young persons had received B.C.G. vaccine under this scheme, which is administered directly by the Health Department. These persons are in addition to those receiving B.C.G. vaccine from the Chest Physicians.

During the year the Semi Static Mass X-Ray Unit visited four centres in the County at intervals of three weeks—Rhyl, Holywell, Shotton and Mold. Good attendances were recorded and General Practitioners made very good use of the Unit by referring cases with chest symptoms.

I would like to record my thanks to the two Tuberculosis Visitors who continued to do excellent work during the year, both in Chest Clinics and on their districts. My sincere thanks are also due to the two Chest Physicians and their staff for their valuable and ever ready help.

(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 1960. The cost of this was £88.

During the year the British Red Cross Society and the St. John Ambulance Brigade continued to operate Medical Loan Depots at eighteen centres in the County. All these depots have nursing equipment such as back rests, bed pans, urinals, rubber sheeting, etc., which is available on loan to persons ill at home. Both organisations rendered invaluable service during the year in this field, and new depots recently opened at the request of the Health Committee operated very efficiently.

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 thirteen such patients in 1960. 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 1960 (700) is the highest recorded.

This service has been gradually built up since 1948 and this largely due to the hard work and initiative of Miss Gray the Domestic Help Organiser. Miss Gray retired in July of this year and had the satisfaction

of seeing a service that had started in a small way reach a stage of development and efficiency that was very favourably commented upon by the Health Committee. The Committee also feel assured that the service will continue at its present efficient level under the new Organiser, Miss P. M. Matthews.

During the year help at home was provided for medical, surgical, maternity and other cases including families when the mother was suffering from or recovering from mental illness. As in past years the majority of cases helped (70.43 %) were the aged, many of whom got regular short periods of help including visits during the weekend.

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 receiving the services of a Home Help contribute towards the cost of the service on a scale approved by the County Council. This scale has been simplified in recent years, and brought in line with the scale used by the National Assistance Board. Many of the persons helped are elderly and do not contribute towards the cost of the service as their only income is a pension, sometimes supplemented by National Assistance.

As mentioned last year requests were received from General Practitioners for more evening and weekend help, and even night help. Arrangements were made to provide all-night sitters, but very little call has been made on this service by the public. Evening and weekend help is also available when required now, this being provided by the existing helps by a re-organisation of hours of duty.

The Home Help Service has become one of the most valuable services we provide, it is a personal service, meeting a real need in the patients' homes, at a critical period. It is also a service that is much appreciated by all concerned, doctors, hospital staff, social workers and most of all by those who are cared for by the Home Helps in their own homes.

Details of cases helped and hours worked are shown in Table 22.

Table 22.

DOMESTIC HELP SCHEME.

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

Maternity (including expectant mothers)	37	(1)
Tuberculosis	13	(2)
Chronic Sick (including aged and infirm)	493	(84)
Medical	103	(14)
Surgical	27	
Special	27	
	<hr/>	<hr/>
	*700	(101)

* Twenty-nine of these received evening help.

(Figures in brackets denote cases included in previous column in which help began prior to 1960).

Number of first visits to patients by Organiser	175
Number of re-visits to patients by Organiser	703

878

Number of prospective helpers interviewed at office	14
Number of prospective helpers interviewed at home	38

Number of Domestic Helps employed at 31st December, 1960 :—

(a) Full-time	2
(b) Part-time	111

113

Number of Domestic Help Organisers employed	1*
Number of meetings arranged for Home Helps	10
Number of talks given and films shown to Home Helpers	10
Number of first visits to helpers	43
Number of re-visits to helpers	606

* Part-time.

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

Eastern 34,071.	Central 25,955.	Western 64,820.
Total 124,846.		

New cases served in 1960 :—

Maternity	35
Tuberculosis	10
Chronic sick (including aged and infirm)	167
Others :	
Medical	78
Surgical	23
Special	19

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HEALTH EDUCATION.

Many of the projects started in 1959 continued during 1960, in particular the work done in Secondary Schools by Dr. E. Pearce, Dr. W. Manwell and Miss Rogers, Health Visitor.

A great deal of Health Education is done in homes and at Clinics by Health Visitors. This is work that goes on steadily throughout the year. During the year several displays were prepared dealing with particular topics such as Immunisation, Vaccination, Care of the Feet, Clothing, Food Facts, etc. These displays were moved from one Clinic centre to another and were even displayed in the Mobile Clinic. The displays not only give information to mothers but also act as an introduction to questions and discussion.

Special reference should be made to the Health Education done at mothercraft classes by the County Nursing Officer, her Deputy, Midwives and Health Visitors. At these classes a great deal of valuable information is presented to expectant mothers in an interesting, practical way. A great deal of preparation is necessary before the Classes, and a selection of valuable visual aids has now been accumulated by the department. The value of mothercraft classes has now been firmly established, and the important part of the work done is the opportunity given to the expectant mothers to ask questions on personal problems that may worry them. In this way, many of their worries are allayed and "old wives' tales" dispelled.

As 1960 was Mental Health Year, a considerable amount of Health Education work in this specialised sphere was undertaken. The main purpose of the work in Flintshire was to give wide publicity to the problems of mental illness and the prevention of mental illness, and to outline the facilities for treatment and after-care. Opportunity was taken to deal with the special needs of the Subnormal and Severely Subnormal, and to show some of the results of training at special centres. This work was spread over the whole year, but a special Mental Health Week was held in July and much interest was taken in the activities arranged. Much of our work was directed at the public, not at the mentally ill, as we felt that the success of the new legislation would depend on the tolerance, friendliness and understanding shown to the mentally ill by relatives, friends and neighbours.

Much of our Health Education in general was directed at the public, more to selected audiences than to random groups, i.e., Women's Organisations, Students at Technical Colleges, Senior School Children, etc. The topics covered were as varied as the groups addressed and covered clean food, social services, food values, foot health, accidents in the home, immunisation, vaccination, child care, child development, fevers, prevention of Tuberculosis, adolescence, etc.

The department has now available to the staff two strip and slide projectors and a sound film projector. Already a small library of film strips has been built up, and catalogues of sound and silent films obtained. There is close liaison with the Visual Aids Officer of the Education Department who has been most helpful in obtaining films and other aids for the department during the year.

All the outside staff of the Health Department undertake Health Education, but certain members of the staff do more than others. These include Miss E. Weston and Miss J. S. Rogers, who are part-time Health Education Officers; Miss P. M. Matthews, the Superintendent Health Visitor, and Mr. Lewis, the County Public Health Inspector. Mr. Lewis, the County Public Health Inspector, is in charge of all visual aids used by the members of the staff and does very valuable work in this field and, also, in arranging and co-ordinating various Health Education projects.

During the year Dr. E. Pearse and Dr. W. Manwell continued their series of lectures on Health Education to secondary school pupils. These lectures included films and discussion groups on human reproduction.

Mr. E. Lewis, the County Public Health Inspector, attended the Summer School of the Central Council for Health Education held at Bangor, North Wales.

MENTAL HEALTH.

In 1960 the whole of the Mental Health Act, 1959, came into operation. Part of the Act came into operation in October, 1959—dealing with informal admission of the mentally ill. A further part of the Act came into operation in July, 1960, dealing in particular with the duties of local health authorities under the new legislation. The remainder of the Act came into operation on November 1st. It should be noted that on November 1st the existing legislation relating to Mental Illness was repealed.

A great deal of preliminary work was necessary before the Act came into force. In January the County's proposals for the provision of services under the Mental Health Act were submitted to the Welsh Board of Health and approved. A copy of the approved provisions are contained as a special section at the end of this annual report. Also in January the Authority appointed a Senior Mental Welfare Officer. Also during the early months several meetings were held with the part-time Mental Welfare Officers (previously Duly Authorised Officers) concerning the changes to be brought about by the new Act.

Introducing the new Act also meant publicity for the changes involved and this was done by reports in the press, public meetings, instructing our staff in changes and by posters and leaflets. As 1960 was Mental Health Year much of the publicity given to mental health work helped to publicise the new Act and the changes involved.

In May the first full-time Mental Welfare Officer was appointed—Mr. R. Powell—and allocated a district on Deeside. Also during May the North Wales Psychiatric Hospital arranged a two weeks Course for Mental Welfare Officers which proved of great help to the staff of this department. Following the Course arrangements were made by the North Wales Hospital for regular case conferences with the staff and these are continuing.

Mention was made in the 1959 report about the difficulties of recruiting trained Mental Welfare Officers. In view of this authorities will have to take advantage of every form of training provided and possibly do some of the training themselves. The Government has accepted the main recommendations of the Report of the working party on Social Workers in Local Authority Health and Welfare Services and this means that one of the main sources of training in future will be the two year Course leading to a National Diploma in Social Work Training. This will be the main source of trained Mental Welfare Officers in future, the difficulty facing authorities is providing services until these trained workers are available.

In referring to staff mention should be made of the valuable contribution of the Health Visitors particularly with the sub-normal patients, and in the after care of female patients who had families to care for.

Several meetings were held concerning the new legislation, meetings with general practitioners, with the staff of the Welsh Board of Health, meetings with the senior medical staff at the North Wales Hospital and with the Health Visitors and nursing staff of the County Council.

The Psychiatric Club started by the hospital for ex-patients, and held at Fronfraith, Rhyl, was taken over by the Health Department in September and became known as the Fronfraith Social Club. Although the Health Department became responsible for the activities of the Social Club, the hospital staff continued to give valuable help, particularly Mrs. Iolo Jones, the Senior Psychiatric Social Worker and her Staff.

The new Act came into force on November 1st with very little fuss and no administrative difficulties were experienced, probably due to the extensive preparatory work undertaken in the early months of the year. The key people concerned with the Act, namely, the General Practitioners and the Mental Welfare Officers, had been kept fully informed of the new arrangements in the County to implement the Act when it came into force.

Already at the end of the year there were clear signs that more and more mentally ill patients were seeking informal admission for treatment, hospital stay was being reduced and patients were becoming much more willing and anxious for help after leaving hospital when active treatment had been completed.

Table 23 (a).

NATIONAL HEALTH SERVICE ACT, 1946.
LOCAL HEALTH SERVICES.

Part 1—(Mental Deficiency Acts, 1913-1938) (see note 1).

				Under age 16.		Aged 16 and over.	
				M.	F.	M.	F.
1. Particulars of cases reported during the period							
1/1/60 to 31/10/60 :							
(a) Cases ascertained to be defectives "subject to be dealt with" :—							
Number in which action taken on reports by :—							
(1) Local Education Authorities on children :							
(i) While at school or liable to attend school	...	3	2	...	—	—	—
(ii) On leaving special schools	...	—	—	...	1	—	—
(iii) On leaving ordinary schools	...	—	—	...	—	—	—
(2) Police or by Courts	...	—	—	...	—	—	—
(3) Other sources	...	—	1	...	—	—	—
TOTAL of 1 (a)				...	3	3	1
				...	—	—	—
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground							
				...	—	—	3
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)							
				...	—	—	—
(d) Cases reported in which action was incomplete at 31st October, 1960, and are thus excluded from (a) or (b)							
				...	—	—	—
TOTAL of 1 (a)-(d) inc.				...	3	3	4
				...	—	—	—
2. Disposal of cases reported during the period							
1/1/60 to 31/10/60 :							
(The total of 2 (a), (b) and (c) must agree with that of 1 (a) and (b) above).							
(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	3	...	1	—	—
(ii) Placed under Guardianship	...	—	—	...	—	—	—
(iii) Taken to "Places of Safety"	...	—	—	...	—	—	—
(iv) Admitted to Hospitals	...	—	—	...	—	—	—
TOTAL of 2 (a)				...	3	3	1
				...	—	—	—

Table 23 (a)—continued.

	Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.
(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	2	4
(ii) Action unnecessary	—	—
	—	—	—	—
TOTAL of 2 (b)	...	—	2+1*	4
	—	—	—	—
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	...	—	—	—
	—	—	—	—
TOTAL of 2 (a)-(c) inc.	...	3	3	4
	—	—	—	—

* One patient, although not "subject to be dealt with," was admitted to hospital informally.

N.B.—The above table covers period to 30th October only. Position at 31st December, 1960, is shown in Table 23 (c).

Table 23 (b).

NATIONAL HEALTH SERVICE ACT, 1946.

LOCAL HEALTH AUTHORITY MENTAL HEALTH SERVICES.

DETAILS OF CENTRES PROVIDED FOR THE MENTALLY DISORDERED AS AT 31st DECEMBER, 1960.

PART 1A.

Type of Centre by number of half day sessions.	No. of Centres provided by L.A. and Voluntary Organisations for persons			Maximum number of places for persons		
	Under age 16 only.	Of all ages.	Age 16 & over only.	Under age 16 only.	Of all ages.	Age 16 & over only.
	(1)	(2)	(3)	(4)	(5)	(6)
A. Day training or occupation centres :						
(i) Over 8 sessions per week	...	—	1	...	35	—
(ii) 3-8 sessions per week	...	—	—	...	—	—
(iii) Less than 3 sessions per week	...	—	—	...	—	—
(iv) Total of (i)-(iii)	...	—	1	...	35	—
B. Mental Category of patients catered for :						
(i) Mentally ill	...	—	—	...	—	—
(ii) Psychopaths	...	—	—	...	—	—
(iii) Subnormal	...	—	—	...	—	—
(iv) Severely Subnormal	...	—	33*	...	35	—

* Also 31 Flintshire patients were in attendance at Chester Training Centre at 31/12/60 by agreement with Chester Authority.

Table 23 (b)—continued.

Type of Centre by number of half day sessions.	No. of Centres provided by L.A. and Voluntary Organisations for persons			Maximum number of places for persons		
	Under age 16 only. (1)	Of all ages. (2)	Age 16 & over only. (3)	Under age 16 only. (4)	Of all ages. (5)	Age 16 & over only. (6)
2A. Residential training or occupation centres :						
(i) Over 8 sessions per week	...	—	—	...	—	—
(ii) 3-8 sessions per week	...	—	—	...	—	—
(iii) Less than 3 sessions per week	...	—	—	...	—	—
(iv) Total of (i)-(iii)	...	—	—	...	—	—
2B. Mental Category of patients catered for :						
(i) Mentally ill	...	—	—	...	—	—
(ii) Psychopaths	...	—	—	...	—	—
(iii) Subnormal	...	—	—	...	—	—
(iv) Severely Subnormal	...	—	—	...	—	—
3A. Social Centres or Clubs :						
(i) Over 8 sessions per week	...	—	—	...	—	—
(ii) 3-8 sessions per week	...	—	—	...	—	—
(iii) Less than 3 sessions per week	...	—	1 (17 members)	...	—	not fixed
(iv) Total of (i)-(iii)	...	—	1 (17 members)	...	—	not fixed
3B. Mental Category of patients catered for :						
(i) Mentally ill	...	—	17	...	—	not fixed
(ii) Psychopaths	...	—	—	...	—	—
(iii) Subnormal	...	—	—	...	—	—
(iv) Severely Subnormal	...	—	—	...	—	—

PART 1B.**CHANGES SINCE 31st DECEMBER, 1959.****(a) Opened since 31st December, 1959 :**

Social Club referred to in 3 (A) above. Held in evenings in the premises of the Fronfraith Training Centre, Boughton Avenue, Off Russell Road, Rhyl (at present one evening per week).

(b) Closed since 31st December, 1959 :

NIL.

Table 23 (c).

NUMBER OF PATIENTS UNDER L.H.A. CARE AT 31/12/60.

					Under age 16.		Aged 16 and over.		Total Patients.		
					M.	F.	M.	F.			
3.											
(a)	Receiving training or occupation in day centre	22	19	...	8	15	...	64			
	Awaiting training or occupation in day centre	5	2	...	25	30	...	62			
(b)	Receiving training or occupation in residential centre	...	...	...	—	—	...	—	—
	Awaiting training or occupation in residential centre	...	...	...	—	—	...	—	—
(c)	Receiving home training	...	...	...	—	—	...	—	—
	Awaiting home training	...	...	...	—	—	...	—	—
(d)	Resident in L.A. home/hostel	...	...	...	—	—	...	—	—
	Awaiting residence in L.A. home/hostel	...	...	...	—	—	...	—	—
(e)	Resident at L.A. expense in private residential home	...	...	...	—	—	...	—	—
(f)	Resident at L.A. expense by boarding out in private home	...	...	...	—	—	...	—	—
(g)	Receiving home visits and not included under (a) to (f) :—										
	Mental Illness	...	...	...	—	—	...	16	55	...	71
	Subnormal and Severely Subnormal	...	5	...	45	37	...	87			
(h)	Others (including not yet visited)	...	...	...	—	—	...	—	—
(i)	Number of Patients involved at (a) to (h)	...	32	21	...	94	137	...	284		
Number of Patients in L.H.A. area on waiting list for admission to hospital at 31/12/60 :—											
	(a) In urgent need of hospital care	...	...	3	...	1	1	...	5		
	(b) Not in urgent need of hospital care	...	...	...	...	—	—	...	—
Number of Patients admitted temporarily for for residential care during 1960 :—											
	(a) To N.H.S. hospitals	...	4*	...	3	4	...	11			
	(b) Elsewhere	...	1*	1	...	1	1	...	1		

* One patient included in both columns.

Statutory Guardianship—At the 31/12/60 there were two male patients (over 16 years of age) under statutory guardianship of private persons.

Table 23 (d).

MEMBER OF LOCAL HEALTH AUTHORITY STAFF IN CERTAIN CATEGORIES AT 31st DECEMBER, 1960.

N.B.—Officers engaged on a combination of duties are shown as part-time in each category concerned.

Grade	In post at 31/12/60		Vacancies on establishment at 31/12/60	
	Number of whole-time Officers	Part-time Officers Whole-time equivalent	Number of whole-time Officers	Part-time Officers Whole-time equivalent
A. Training Centres				
(1) Organisers	—	—	—	—
(2) Supervisors	1	—	—	—
(3) Assistant Staff (excluding Domestic Staff)	4	—	—	—
B. Hostels for the Mentally Disordered				
(1) Wardens	—	—	—	—
(2) Others (excluding Domestic Staff)	—	—	—	—
C. Mental Health and Mental Welfare Services				
(1) Psychiatric Social Workers (qualified)	The Authority has an agreement with the North Wales Mental Hospital Management Committee for that Committee's Psychiatric Social Workers to visit Flintshire patients as and when required.			
(2) Social Workers in lieu of P.S.W.s but not qualified as such				
* Three officers held dual appointments as Mental Welfare Officers and Welfare Officers for (3) Mental Health or Mental Welfare Officers employed in a supervisory capacity of their time is devoted to Mental Health duties. Also, Health Visitors (21) undertake some supervision of mentally ill and mentally subnormal female patients, and male patients aged under 16 years.	1	—	—	—
	1	3	—	—
	—	—	—	—

• See note in first column

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 of 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.

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

Smallpox	...	...	...	...	—
Cerebro-Spinal Fever	...	...	...	...	—
Diphtheria	...	...	...	...	—
Dysentery	...	...	...	...	41
Enteric Fever (Typhoid)	...	...	...	...	—
Erysipelas	...	...	...	...	8
Food Poisoning	...	...	...	...	2
Measles	...	...	...	...	1220
Meningococcal Infections	...	...	...	...	—
Ophthalmia Neonatorum	...	...	...	...	1
Paratyphoid	...	...	...	...	7
Acute-encephalitis—Infective	...	...	...	...	—
„ Post-infective	...	...	...	...	—
Acute Poliomyelitis—Paralytic	...	...	...	...	—
„ Non-paralytic	...	...	...	...	—
Pneumonia	...	...	...	...	55
Puerperal Pyrexia	...	...	...	...	14
Scarlet Fever	...	...	...	...	34
Whooping Cough	...	...	...	...	29
Malaria (contracted abroad)	...	...	...	...	—
Total					1411

There were no cases of Typhoid or Diphtheria notified.

1220 cases of Measles were notified compared with 889 in 1959. No deaths occurred from this disease, however.

34 cases of Scarlet Fever and 29 cases of Whooping Cough were notified compared with 69 and 73 respectively in 1959.

Notified cases of Dysentery and Food Poisoning for the past five years are given below. It is very difficult to assess the number of cases of Dysentery and Food Poisoning as I am quite certain that all cases are not notified.

	1956	1957	1958	1959	1960
Dysentery	... 33 ...	9 ...	42 ...	18 ...	41
Food Poisoning	... 64 ...	7 ...	5 ...	4 ...	2

The law relating to infectious diseases is contained in the Public Health Act, 1936, as amended. The main purpose of the legislation is to provide facilities for the control of spread of infection, but this is not being achieved at present as only a minority of infectious or "notifiable" diseases are notified. It is for this reason that I consider that the law relating to infectious diseases is in urgent need of amendment. At present, the legislation contained in the Public Health Act is not being observed and it would be better to have no legislation relating to infectious diseases than legislation which is completely out of date.

During the year I continued to use four group practices in the County as "spotters." Doctors in these four practices inform me of all outbreaks of infectious illnesses in their practices and, in this way, I am able to keep my staff informed of what is happening, and take the necessary action at Schools and other Centres.

Infectious diseases requiring hospital care are admitted to Isolation or Infectious Diseases Hospitals at Colwyn Bay, Wrexham or Clatterbridge.

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

Table 24.

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	..	3	5	4	9	12	6	2	45
Respiratory, Females	2	1	1	..	1	7	5	4	4	5	4	3	..	37
Non-Respiratory, Males	..	..	..	1	1	1	1	..	1	..	..	..	..	5
Non-Respiratory, Females	..	..	..	..	..	..	4	3	1	1	..	..	1	9

Table 25 shows the deaths from Tuberculosis during 1960, showing those in males and females and due to respiratory and non-respiratory illness.

Table 25.

DEATHS FROM TUBERCULOSIS, 1960.

		Males.	Females.	Total.
Respiratory Tuberculosis	... ..	7	2	9
Non-respiratory Tuberculosis	... ..	1	2	3
		<hr/>	<hr/>	<hr/>
All forms	... ..	8	4	12
		<hr/>	<hr/>	<hr/>

The total deaths show a reduction on 1959, when the total deaths were 14. The crude mortality rate from Tuberculosis (all forms) in the County shows a marked fall since the beginning of the Century. In 1911 the mortality rate per 1,000 of the population was 1.45. This rate had been reduced by approximately a half by 1935 when the rate was 0.68 per 1,000 population. The 1935 rate was halved in 1952—0.35. In 1957 the rate was 0.17, 1958—0.08, 1959—0.09, and in 1960—0.08. Translated to individuals, this means that in 1911 180 persons died of Tuberculosis compared with 12 in 1960.

Notifications of new cases of Tuberculosis have also dropped, but not as dramatically as deaths in recent years. In 1937, 1.40 per 1,000 of the population were notified as new cases of Tuberculosis. By 1947 this had dropped to 1.21. In 1957 the rate was 0.89, and in 1960—0.65 per 1,000 of the population. In terms of individuals, this means that 170 new cases of Tuberculosis were notified in 1937 compared with 96 in 1960. This is a reduction of approximately a half in twenty years. This indicates that the fall in new notifications, although significant, is not as marked as the fall in deaths due to Tuberculosis. This pattern is a national one of a greater fall in deaths than in notifications, and it does indicate that Tuberculosis is no longer a major problem in the County, either as regards new cases seeking treatment or deaths.

Table 26.

CASES NOTIFIED.

	1940	1950	1955	1960
Table 1 (Flintshire) :				
Respiratory T.B.	135	132	125	82
Non-Respiratory T.B.	44	34	25	14
Table 2 (Flintshire) :				
Notification per 1000 population	1.28	1.14	1.03	0.65
Table 2 (England and Wales) :				
Notification per 1000 population	1.16	1.18	0.89	*
Table 3 (Flintshire) :				
Death rate per 1000 of the population,				
Respiratory and Non-Respiratory	0.46	0.40	0.23	0.06
Table 3 (England and Wales) :				
Death rate per 1000 of the population,				
Respiratory and Non-Respiratory	0.99	0.59	0.15	*

* Figures not available.

During the year every possible step was taken to try and get all "contacts" of notified cases of Tuberculosis examined. The two Tuberculosis Health Visitors did excellent work in this connection and 271 out of 302 (89.7 %) contacts were examined, which is a higher rate of examination than ever previously achieved. (See Table 27).

During the year the close co-operation existing in the past with the National Assistance Board and the Group Resettlement Officer of the Ministry of Labour has been maintained.

I would also like to thank Dr. E. Clifford Jones and Dr. J. B. Morrison, the two Consultant Chest Physicians who serve Flintshire, for their ready co-operation and valuable assistance in the work of prevention and after-care of tuberculosis.

Tuberculosis : Mass X Ray Survey—The County is served by a semi-static mass x-ray unit which visits four centres in the County every three weeks. The centres are Rhyl, Holywell, Shotton and Mold. Any member of the public can attend without prior appointment, and General Practitioners have been requested to refer patients with chest symptoms to these centres. The work done by the semi-static unit is shown in Table 28.

During the year the second report of the Adrian Committee on Radiation was published. This report confirmed that there was a slight risk from harmful radiation to expectant mothers having chest and other x-ray examination at a mass x-ray unit—so all expectant mothers now have a large plate chest x-ray at a clinic or hospital. The report stated that if certain modifications were done to mass x-ray units then school children could safely attend for chest x-ray. All mass x-ray units operating in this area were modified and school children found to have a positive skin test during pre-B.C.G. testing are referred to the nearest semi-static mass x-ray unit. Children with strongly positive skin tests continue to be referred to the nearest chest clinic for large plate x-ray examination

No routine mass x-ray surveys of school children are now undertaken. These were discontinued in 1959 due to the very low number of cases found, and the fact that all positive mantoux cases are referred for chest x-ray, and it is amongst this group that cases of tuberculosis, if any, will be found.

Table 27.

TUBERCULOSIS—CARE AND AFTER-CARE.

	During 1960.								
	Males.			Females.			Total.		
	Under 16.	Over 16.	Total.	Under 16.	Over 16.	Total.	Under 16.	Over 16.	Total.
1. Number of cases notified to Tuberculosis Visitors:—									
Respiratory	6	42	48	6	39	45	12	81	93
Non-Respiratory	2	5	7	..	9	9	2	14	16
Total	8	47	55	6	48	54	14	95	109
2. Number of persons in contact (at home) with above cases:—									
Respiratory	54	72	116	55	74	129	109	146	255
Non-Respiratory	11	15	26	5	16	21	16	31	47
Total	65	87	142	60	90	150	125	177	302
3. Of the "contacts" shown in (2) above: number known to have been examined by Tuberculosis Physician:—									
Respiratory	52	60	112	51	69	120	103	129	232
Non-Respiratory	10	14	24	4	11	15	14	25	39
Total	62	74	136	55	80	135	117	154	271

Table 28.
SURVEY OF GENERAL POPULATION VISITED BY MASS RADIOGRAPHY UNIT DURING 1960.

Location.	Total number examined.	NUMBERS FOUND ABNORMAL.			Total.
		Definite Pulmonary Tuberculosis.	Number referred for further investigation.	No. of other Pulmonary Abnormalities (not requiring further observation).	
Holywell	785	—	13	9	22
Mold	658	—	9	16	25
Rhyl	1,957	—	109	116	225
Shotton	556	—	6	8	14
Special Surveys to Factories ...	1,967	—	18	46	64
Totals ...	5,923	—	155	195	350

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

Syphilis	...	...	...	5
Gonorrhoea	...	...	...	10
Other conditions	...	...	...	86
				<hr/>
Total	...	...	...	101
				<hr/>

Section D.

NATIONAL ASSISTANCE ACT, 1948.

The Welfare Committee now administers the services provided by the Authority under Sections 21-28 of the National Assistance Act. The Health Department continues to administer Sections 29 and 30 of the Act.

There is close liaison between the Welfare Department and the Health Department and all medical matters affecting the Welfare Department are referred by the County Welfare Office to the Health Department.

National Assistance Act : Sections 29 and 30—These important sections of the National Assistance Act are administered by the Health Committee. The County provides services for the blind and partially sighted and the deaf and dumb through agency arrangements with the Chester and District Blind Welfare Society and the Chester and North Wales Deaf and Dumb Society respectively. These two voluntary societies have given excellent service to the community for many years and continued their good work in the County during the year.

The total blind and partially-sighted persons in the County are shown on page 101. These persons were visited during the year by the Home Teachers of the Society and reported on to the appropriate Area Health and Nursing Sub-Committees which are attended by a representative of the Blind Society.

Every effort is made to find suitable work for blind persons who are employable, either in open industry or in sheltered workshops. In this work the County use the placement service of the National Institute for the Blind, the officers of this service working closely with the Group Disablement Resettlement Officer and the staff of the Chester Blind Society.

The majority of blind and partially sighted persons on the register are elderly. Amongst these persons valuable social work is done by the Home Teachers by regular visiting. Regular visiting ensures that the many needs of the blind are met and met quickly, whether financial problems, domestic or purely personal and social.

From Table 30 will be seen that there are 79 deaf persons in Flintshire who are visited by the Chester and North Wales Deaf and Dumb Society and many of whom also avail themselves of the excellent club facilities provided by the Society.

Reports on the work of the welfare officers are submitted to each Area Care and Nursing Sub-Committee and the Secretary of the Deaf and Dumb Society attends. The Health Committee has always been appreciative of the excellent work done by the Society for the deaf and dumb and the partially deaf in the County. The present Secretary has a record of service going back many years and one that would be difficult to equal anywhere.

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, 1960, was :—

Blind 310. Of these 8 were under 16 years of age, and 73 in the employable age groups from 16 to 59. 1 blind person was in training for open industry, and 26 were working as follows :—

Workshops—8.

Home Workers—3.

Open Industry Employment or Self-Employed—15.

Partially Sighted—105, of these 5 were in employment and 11 were children in special schools.

Table 29.

A.—FOLLOW-UP OF REGISTERED BLIND AND
PARTIALLY-SIGHTED PERSONS, 1960.

		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 :								
Blind	...	4	...	1	...	—	15	
Partially Sighted	...	4	...	1	...	—	3	
(b) Treatment (medical, surgical or optical) :								
Blind	...	9	...	4	...	—	5	
Partially Sighted	...	7	...	2	...	—	7	
Total Blind and Partially Sighted		24	8	—	—	—	30	
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment :								
Blind	...	2	...	4	...	—	3	
Partially Sighted	...	3	...	1	...	—	6	
Total Blind and Partially Sighted		5	5	—	—	—	9	

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**

New Cases—Blind 32 ; Partially Sighted 20.

The Report of the Secretary of the Chester and North Wales Deaf and Dumb Society for 1960 is given below:—

Table 30.

TOTAL NUMBER OF DEAF PERSONS.

Aged:—		Males.	Females.	Total.
5 to 16 years	... ..	5	4	9
16 to 21 years	... ..	4	1	5
21 to 50 years	... ..	15	14	29
50 to 65 years	... ..	6	14	20
Others	... ..	8	8	16
		<hr/>	<hr/>	<hr/>
		38	41	79
		<hr/>	<hr/>	<hr/>

Number of new cases—3.

The above is a complete summary of the cases on our Register for the County of Flintshire, these are regularly visited by our Welfare Officers.

Reports on these cases are forwarded to the Clerk of the Council at the end of the quarter, and the Secretary attends the Health Care and Nursing Meetings at Hawarden, Flint and Rhyl, or at whatever place the Committee meeting is being held.

There are nine children at school and these are visited when they are home on holiday, and the Secretary pays periodical visits to the schools to ascertain, if possible, what these children intend doing when they finish school.

Outings are arranged during the school holidays, and at Christmas time provision is made for the children to see the Pantomime. Indeed, a full day's enjoyment with lunch and tea in one of our city cafes provided, and at the close of the day all the children are presented with gifts which they treasure all the year round.

The care of the adult deaf presents many problems, but our Welfare Officers are instructed that everything possible must be done to assist them to overcome their handicap. During the past year several of the deaf have been in hospital necessitating interpretation. The Welfare Officers are called upon, not only for the hospitals, but in cases appearing before tribunals, at Labour Exchanges, National Assistance Boards, and when trouble arises between employer and employee, where interpretation is essential.

It may be of interest if I give one or two examples of cases we have encountered during the past year from April 1st, 1960, to April 1st, 1961.

1. A young woman working in a factory was discovered by her employer receiving wages under false pretences for work she was supposed to have done. The employer had no alternative but to dismiss her on the spot but was good enough to inform the Society. The Welfare Officer immediately went to the place of employment, met the employer and

got the charge squashed, then took the person in question and found for her fresh employment where she is doing well and is quite happy. Needless to say it has taught her a lesson. The Welfare Officer had to go to the Home and mediate with the parents of the girl.

2. Visiting in one of the homes, the Welfare Officer discovered that the man had to attend the Chester Royal Infirmary for an examination following an accident to his arm while in the course of his employment. This case has been going on for about three years and an x-ray was found necessary to assess the damage. Our Officer accompanied the injured man, and was able to assist the Orthopaedic Surgeon in his enquiry on the case.
3. Another man injured at work had to attend hospital for treatment and required the assistance of the Welfare Officer for interpretation. The case had our immediate attention.
4. One of the registered deaf men suffering from suspected Pernicious Anaemia, his general health was very low. He was ordered into the City Hospital where treatment was to be administered. Again our Welfare Officer was of great help to the Doctors and Nurses.
5. A young man working in a baking establishment had an eye injury and had to attend the Chester Royal Infirmary, but it was found necessary for him to have an interpreter. A telephone message was received at the Office and the need was supplied.
6. A deaf woman, mentally retarded, and very difficult to approach, was told by her Doctor that she must have spectacles as her eyes were very bad. The mother was at her wits end, just how to get her to the Oculist, when the Welfare Officer arrived at the home. Soon the trouble was over, the woman was taken by car and attention given, the Welfare Officer interpreted, and soon the spectacles were delivered.
7. **There is the brighter side.** A young lady decided to get married, and I must say she is a credit to the Society and the County. The Secretary-Superintendent was acquainted with the facts and he conducted the service in the sign language. They are very happy together, and arrangements have been made for them to go on holiday.
8. We cannot have the sunshine without the shadows. Coming off the Register this year are two of our old ladies. Mrs. C. Vickers, a long sufferer with Arthritis yet her handicap did not deter her from happy conversation when one of our Welfare Officers called to see her. Her husband, who predeceased her, had the triple affliction—being deaf, dumb and blind—yet they lived happily together until the ripe years of eighty.

Mrs. A. Evans, Park House, Prestatyn, who appreciated all that was done for her and was always grateful to the Matron for her kindness. They rest from their labours.

9. A letter was received at the Office one morning asking the Secretary to come and help to solve the problem of bequest to one of our deaf people. It was felt that this required professional attention and she was referred to the proper course and is now happy in the knowledge that she is able to live comfortably. She was very grateful for the help she received.

D. RUSSELL MACFARLANE.

Handicapped Persons, General Classes—The Council approved in 1959 a scheme for the welfare of generally handicapped persons (excluding blind and deaf and dumb). This scheme prepared under Sections 29 and 30 of the National Assistance Act was approved by the Welsh Board of Health towards the end of the year.

Under the scheme the authority proposed to engage Home Visitors for the handicapped, and provide a range of training facilities and social activities.

In January, Miss J. H. Shipperlee was appointed as the first Home Visitor for the Handicapped and her first task was to visit the handicapped already on our list and decide on priorities for the training facilities available.

Steady development of facilities for the generally handicapped took place during the year and close liaison was maintained between those directly concerned with the welfare of these persons, namely, medical staff, home visitor, health visitors and district nurses, Group Disablement Re-settlement Officer and voluntary workers.

In addition to craft training at home many social and other problems of the handicapped have been dealt with and quite a lot of valuable experience gained in dealing with the many facets of this big new field of work. It is fully appreciated that much remains to be done, particularly in arranging group activities for handicapped persons and in widening their sphere of contact and interests.

At the end of 1960 the number of handicapped persons (excluding blind and deaf and dumb) on our register were as follows :—

			Aged under 16.		Aged 16 to 64.		Aged 65 and over.		Total.
Males	...	...	21	...	102	...	16	...	139
Females	...	...	20	...	69	...	8	...	97
Total	...	...	41	...	171	...	24	...	236

REPORT BY THE COUNTY WELFARE OFFICER.

The County Welfare Officer welcomes this opportunity of including his annual report with that of the Medical Officer.

Without this inclusion little would be known of the department's activities apart from those details shown in the minutes. The department is responsible for the duties which fall under Sections 21-28, 31 and 32, 37-46, 48-52, 55 and 56 of the National Assistance Act.

1960 saw the complete emancipation of the old form of residential accommodation and on the 3rd February, 1960, Part III Accommodation, Lluesty Hospital, Holywell, was relinquished and on 24th February, 1960, Part III Accommodation, St. Asaph, was finally relinquished and all residents transferred to Y Gorlan, Rhyl.

Section 21, National Assistance Act—Y Gorlan, together with The Lawn, Park House, Carr Holm and Hafan Glyd, provide residential accommodation which the Council has a duty to provide under Section 21 of the Act. Attached to the Home by way of a basement flat is a Homeless Persons Unit for the accommodation of one family, this fulfils the Council's duty in part, to provide temporary accommodation, and during 1960 no less than four evicted families were housed in this unit.

The total accommodation provided by the Council during the year was as follows :—

Park House (females)	...	...	...	20
Carr Holm (females)	...	...	...	24
The Lawn (males)	...	...	...	56
Hafan Glyd (males and females)	...	...	...	40
Y Gorlan (males and females)	...	...	...	88
Total				228

Owing to the particular handicaps of certain persons who are in need of care and attention, it is necessary to provide special accommodation and this has been done by admissions to (a) blind homes, and (b) homes for handicapped persons, the numbers thus accommodated are (a) 8, and (b) 13.

The Council has also assumed responsibility for accommodation in Homes outside the County for persons who are chargeable to Flintshire, and the numbers accommodated at 31st December, 1960, were 10.

Conversely, the County provides accommodation in Flintshire Homes for six persons who were chargeable to other Authorities.

Section 26, National Assistance Act—In 1949 the Council entered into arrangements with the Plas Coed Management Committee for elderly females to be admitted to their Home known as Plas Coed, Rhyl, and during 1960 18 persons were accommodated at the expense of the Council.

Plans were approved during the year for the fitting of lifts at Hafan Glyd and The Lawn as it is increasingly difficult to get old people to negotiate the stairs.

Since the adaptations of sick bays at three of our Homes the number of transfers to hospital for short periods is on the decrease but the provision of chronic sick accommodation has not improved during the year in spite of our being able to relinquish Part III beds at Lluesty and St.

Asaph Hospitals. It is only possible to obtain admissions to hospital on an exchange basis and the waiting list stood at 16 men and 34 women, a total of 50 at the 31st December, 1960. The number of elderly persons accommodated for short periods to relieve their relatives was three.

Preventive Work—Although Flintshire is geographically small it is heavily populated by comparison and there are inevitably a number of social problems that confront the department.

Problem families are found in all communities and Flintshire is not immune from these types.

Case work has been carried out on 614 cases during the year and I am confident that but for the vigilance thus exercised far more units of temporary accommodation would be required than at present. This kind of work is carried out in the community by the Area Welfare Officers who act as family case workers and perform a valuable service in so far as they combine the effect of supervising elderly people in their own homes, carry out boarding out arrangements of certain selected cases and assist in preventing family breakdowns amongst the problem cases referred to the department.

The following are figures quoted in support of the preventive work carried out in Flintshire :—

No. of eviction cases dealt with during the year	...	...	...	50
No. of persons admitted to temporary accommodation	...	...	...	26
No. of problem families under supervision during the year	...	...	...	76
No. of cases in which action was taken under Section 47				
		of the National Assistance Act	...	9
No. of cases in which action was taken under Section 48				
		of the National Assistance Act	...	18

Cases are referred to the department from time to time where it is necessary in accordance with the provisions of Section 47 of the Act to take action by a Public Health Authority for the compulsory removal of persons to residential accommodation or to hospitals where they are suffering from grave chronic diseases or being aged, infirm or physically incapacitated and living in insanitary conditions and are unable to devote to themselves and are not receiving from others proper care and attention. The number of cases so dealt with during the year were 9.

The Council also have a duty to afford temporary protection of movable property belonging to persons admitted to hospitals or institutions where no arrangements can be made, many of these cases lead up to receiverships, the number of cases so dealt with during the year was 18.

It will be seen from the above that preventive work plays an important part in the Welfare Services and not the least problem is the tramp in modern dress whose *modus operandi* is an attempt to obtain shelter in a hospital on the pretext of feigned illness. These are often able bodied persons who are not in need of care and attention but require a night's lodging. They are not the responsibility of local authorities neither will the National Assistance Board assume responsibility because they have no fixed abode. As most of the reception centres have now been closed, Welfare Officers have often to spend hours in solving this particular type of problem and as we are a corridor county many of these persons pass through and are referred to us for disposal. It is not always an easy task to recognise the genuine case from the imposter owing to some of the ruses that these persons adopt.

Our Area Welfare Officers are rapidly assuming the role of family case workers and it will be seen from the above table that 76 problem families were under supervision during 1960. Some of these require weekly visits, others less often but all require continual guidance and control to prevent them falling into arrear with rents and subsequent eviction or to avoid County Court Orders being obtained against them through debt on hire purchase payments. In Flintshire the role of the case worker has become one of major importance. His duties were laid down in a scheme approved by the Welfare Committee in 1956 and these means have enabled the department to prevent many persons coming into accommodation both permanent and temporary who might otherwise have to be admitted—note there are less Homes for the Aged in Flintshire than in the other neighbouring authorities even where the population is less but these conditions cannot be sustained. The waiting list is mounting and some thought should be given to the question of providing more residential accommodation as it is impossible to meet the growing need, and in spite of the opening of Y Gorlan our net gain in beds is only 22 after relinquishing the joint user accommodation.

The number of old people has shown a marked increase especially in the Western part of the County where several elderly persons have recently taken up residence after retirement.

We are receiving several applications for accommodation daily and many of these are such that they are only suitable for care in a Home for the Aged. The problem is now getting out of hand and serious consideration should be given to:—

- (a) the opening of another Home ;
- (b) the expansion of the Home Help Service and the Night Attendance Service by the recruitment of more staff.

I have recently worked out some figures in respect of other Welsh counties showing certain comparisons.

County.	Popu- lation.	No. of Beds.	Ratio per 1000.	Population over 65.	Aged Population per 1000 of total.
Flint ...	148060	228	1.54	17600	11.88
Caernarvon ...	121400	228	1.88	18900	15.56
Carmarthen ...	168250	392	2.33	19800	11.76
Denbigh ...	170699	382	2.23	22400	13.12
Montgomery ...	44720	160	3.57	5900	13.19

The standard charge at our Homes is now fixed at £5/8/6 per week and is still somewhat lower than that of other authorities.

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.

Hot meals delivered to the homes of persons who are unable to cater for themselves are still an important feature of the domiciliary service and thirteen schemes are in operation, a total of 14,805 meals were distributed during the year at a net cost of £892/9/1.

During the year a comprehensive chiropody scheme was established covering the entire County with the exception of the Eastern strip. For the six months ended 31st December a total of 2,040 treatments were carried out at the surgeries of the Chiropodists and 238 treatments were carried out at the homes of patients where they were unable to visit the surgery and in addition six sessions were carried out at various centres. The cost of the scheme for the six months was £386/17/1.

Close liaison is maintained with all the voluntary bodies operating within the County who cater for the needs of old people, and as there is no County Committee for the voluntary welfare of old people, the department act as a co-ordinating link with these various committees and I am particularly grateful for the valuable assistance and practical help rendered in various ways throughout the year.

The department acknowledges also the valuable work that is being carried out by the Women's Voluntary Service, this body assists with the Meals on Wheels and Chiropody Schemes and also operates a clothing scheme and several needy cases which have come to the notice of the department have been referred to them during the year.

I also acknowledge with gratitude the generosity of such bodies as the British Legion, Toc H and Rotary movements who have given gifts in cash and kind to our various Homes during the year. Old Age Pensioners' Organisations have also arranged parties and outings for the resi-

dents of the Homes. I am also grateful to people of goodwill who have arranged concerts at Christmas time and at other times of the year at our Homes, and to the Clergy of various denominations for their constant ministrations and the holding of religious services during the year.

The Boarding Out Scheme continues to meet the needs of those elderly persons who only need a modicum of care, and has steadily expanded. New accommodation has been found and a total of 49 persons placed during the year. Many of these are not permanent cases and due to several factors there is a continual turn over, with the result that the number under supervision at any given time is not as large as the number of cases dealt with. I am grateful to the officers of the National Assistance Board for their co-operation with this scheme.

In September, a conference was arranged at the Alexandra Hospital, Rhyl, which was attended by the Hospital Secretary, representatives of the National Assistance Board, the Police and the Welfare Department. The purpose of the conference was to examine ways of dealing with stranded persons late at night found in Rhyl and district without means. It was decided that if the person was elderly and in need of care and attention, then arrangements might be made to put him up at Y Gorlan for the night, but otherwise a suitable lodging house was earmarked in Rhyl and the Board agreed to pay the charges on a bed and breakfast basis. Whilst these persons are not numerous they do present a serious problem when it is encountered, and since many of these are persons travelling the country and living on their wits it has been necessary to adapt a very stiff attitude towards them. Since the closing of casual wards in 1948 the old fashioned tramp has disappeared from the countryside, but he has been replaced by the type now mentioned.

Section 37: Registration of Disabled Persons or Old Persons Homes—
The number of Homes registered in the County is as follows:—

Plas Coed, Dyserth Road, Rhyl—24 females. Proprietors, The Plas Coed Management Committee.

Henshaws Blind Institution, Rhyl—24 males. Proprietors, Henshaws Institution, Manchester.

Sandford, Gronant Road, Prestatyn. Proprietor, Mrs. M. M. Holmshaw, S.E.A.N.

Prengwyn Villas, High Street, Dyserth. Proprietor, Mrs. M. L. Jones.

Glyn Abbott, Bagillt Road, Holywell. Proprietor, Mrs. A. E. Maxfield, S.R.N.

Quarterly inspections were carried out during the year and satisfactory reports were made in every case.

Section 50: Burials and Cremations—It was necessary to arrange the funerals of five persons who died in our Homes during the year and expenditure amounting to £108/8/3 was incurred, of this amount £89/8/10 was subsequently recovered from the estates of the deceased persons.

Receiverships—I have been appointed Receiver in eighteen cases and a sum of £459/17/5 has been recovered by way of current maintenance charges and £100 by way of old Poor Law arrears during the year. The amount recovered by way of administrative charges during the year was £54/8/6.

T. WESLEY HUGHES,

County Welfare Officer.

Section E.

FOOD AND DRUGS ACT, 1955.

REPORT OF THE COUNTY PUBLIC HEALTH INSPECTOR.

In 1960 was celebrated the centenary of the first Act of Parliament which made it an offence to sell adulterated food or drink. Over the years trade methods have changed, techniques of control have improved, old practices have been stopped and new ones created. In the past hundred years the law has developed in many ways to keep abreast with food manufacture and its distribution to ensure that the food, when exposed for sale, is genuine, free from adulteration and that the purchaser is not deceived by false or misleading descriptions or claims on the labels.

The use of colouring matter, flavours, additives and preservatives, weedkillers and insecticides in agricultural products, the hygiene of staff, premises and machinery, the presence of radioactive materials in foodstuffs are among the many present day problems.

Each year sees its crop of new legislation and this year Orders and Regulations included the amended Arsenic in Food Regulations dealing with the amount of Arsenic permitted in yeast and yeast products, and a regulation to enable the consumer to distinguish between whole milk and "filled milk." Filled milk is milk, liquid dried or condensed milk which has had all its butter fat removed and replaced by vegetable fat or some fat other than milk fat. Reports also appeared on Bread, Flour and Antioxidants in Food and amended methods and standards for the examination of "designated" milk. Modern food manufacture entails a considerable amount of handling and processing, so that pure food is not something that just happens. It is the result of the safeguards laid down a hundred years ago and that have been developed over the years by the teamwork of those whose job it is to feed the public and by those whose duty it is to protect it.

1,103 samples were taken during the year ended 31st December, 1960. 630 of these were submitted to the Public Analyst for chemical analysis, 389 were sent to the Public Health Laboratory for bacteriological examination, and the remaining 82 were samples of school milk which were tested in the office for milk fat and solids content.

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

Article.	Number taken.	Genuine.	Not genuine or below standard.
Milk	312	235	77
Dairy Products	19	19	—
Sausages	45	42	3
Ice Cream and Lollies	16	16	—
Miscellaneous Groceries	185	182	3
Alcoholic Drinks	9	7	2
Fish and Meat Products	35	33	2
Patent Medicines	9	9	—
	630	543	87

Milk—312 samples were submitted to the Public Analyst for chemical analysis. The samples were taken from roundsmen, dairies, farmers, schools and restaurants, and were tested for colouring matter, added water, fat deficiency, solids not fat, blood, dirt and preservatives. 77 samples were the subject of special or adverse reports. 13 samples had a low butter fat content, 7 contained added water, and 57 were low in solids content.

Successful legal proceedings were instituted in respect of the samples containing added water. In all cases of poor quality milk the producers were advised to contact the Advisory Services of the Ministry of Agriculture and Food.

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.

Two samples taken from a small pasteurising plant failed the test and on investigation it was found that there had been labour trouble at the dairy and unskilled staff were trying to operate the plant.

A number of washed milk bottles are taken each month from the three bottle washers and submitted for bacteriological examination,

School Milk—Milk supplied to the schools and school meals services was tested each week and all samples were found to be genuine.

Biological Milk Sampling—No evidence of bovine tuberculosis was found in any of the samples submitted for biological examination but brucellosis was found in the supplies of milk delivered by nine producer retailers. Brucellosis in milk can cause abortion in cattle and undulant fever in human beings. Section 31 of the Food and Drugs Act, 1955, makes it an offence for anyone to sell milk for human consumption from a cow which he knows is suffering from an infection of the udder or teats which is likely to convey disease, and this infection includes brucellosis. Undulant fever in human beings is not a notifiable disease and brucellosis in cattle is not a scheduled disease under the Diseases of Animals Act. A considerable amount of time can be spent tracing infected animals and little can be done to control their movements from one district to another.

Other Foods—318 samples of foodstuffs were submitted to the Public Analyst and 10 were reported as being not genuine. Successful legal proceedings were instituted in respect of 4 samples and a warning letter was sent to the others.

Sausages—It is not an offence to sell sausages containing the permitted amount of preservative provided the butcher has a notice visibly displayed in the shop stating that the sausages contain preservatives. Three informal samples of sausages contained traces of permitted preservatives and the necessary notice was not displayed. A warning letter was sent in each case.

Whisky and Brandy—During a routine inspection of Public Houses on one Saturday evening one sample of whisky was found to contain 14.6 % added water and a sample of brandy contained 16.2 % added water. Successful legal proceedings were instituted in both cases.

Canned Foods—The labels on a sample of canned strawberries and canned carrots infringed the labelling orders. The distributors had made the wrongful use of another firm's registered trade mark. Successful legal proceedings were instituted in both cases.

Health Foods—The attention of the manufacturers was drawn to the claims made on the labels and they agreed to alter them.

Cooking Fat—A sample of cooking fat taken from a fish fryer's range was found to be rancid. The matter was referred to the District Health Department for inspection and advice.

Meat Pies—There is no standard for the meat content of meat and pork pies. Thirty samples were taken during the year and the meat content varied from 15 % to 45 %. Two samples of steak and kidney pie had a good meat content but no kidney was present. The attention of the manufacturers was drawn to the matter.

SUMMARY OF LEGAL PROCEEDINGS.

Article.	Deficiency or Adulteration.	Result.	Total Fines and Costs.
			£ s. d.
Whisky	14.6 % added water	Convicted	14 7 6
Brandy	16.2 % added water	Convicted	14 7 6
Strawberries	Wrongful use of another firms's trade mark	Convicted	29 4 0
Carrots		Convicted	29 4 0
Milk	7 % added water	Convicted	2 15 0
Milk	1 % added water	Convicted	10 12 0
Milk	4 % added water	Convicted	10 12 6
Milk	7 % added water	Convicted	7 11 3
Milk	1 % added water	Convicted	7 11 3
Milk	2 % added water	Convicted	7 11 3
Milk	3 % added water	Convicted	7 11 3
			£141 7 6

70 samples of doubtful foodstuffs found in shops and food manufacturing premises were sent for bacteriological examination. They included frozen chickens, minced beef, meat rissoles, cream and custard confectionery, desiccated coconut, savoury ducks, black puddings, meat pies, sausages and merangues. Undesirable bacteria were found in some of them and the facts were reported to the Health Department of the districts concerned for inspection and advice.

Health Education—Lectures and films were given to such organisations as Women's Institutes, Boy Scouts, Trade Organisations, British Legion, Canteen Staffs, Nursing and Domestic Science Students. The subjects discussed included the Social Services, Public Health, World Health, Clean Food, Environmental Health and Food Values.

Displays dealing with Poliomyelitis, Immunisation, Home Safety, Dental Care and Clean Food were arranged in the Library and in the High Street, Mold.

Other Duties—The inspection of school premises and hospital kitchens, investigation of complaints, atmospheric pollution, river pollution, slaughter-houses, knackers' yards refuse disposal and caravan sites.

Fertilisers and Feeding Stuffs—23 samples of Fertilisers and Feeding Stuffs were taken during the year and the Public Analyst reported that their chemical analysis agreed with their statutory statements.

Complaints were received from one farmer that about 150 young turkeys were found dead and it was suspected that the deaths were due to the feeding stuffs. Samples sent for bacteriological examination were found to be satisfactory but the chemical analysis showed the presence of castor oil shell which can be fatal to poultry.

Another complaint was received stating that poultry had stopped laying as the result of eating a certain foodstuff. Chemical and bacteriological examination of the foodstuffs were found to be satisfactory.

Shops 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 supervision of lighting, washing facilities, facilities for taking meals and seating accommodation for female workers.

The Rhyl Urban District 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.

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 Rules 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 211 listed sellers of poisons in the County and these are subject to a periodic inspection.

E. LEWIS,

County Public Health Inspector.

Section F.

SPECIAL REPORT ON MENTAL HEALTH SERVICE.

NATIONAL HEALTH SERVICE ACT, 1946.

PROPOSALS IN CONNECTION WITH SERVICES TO BE PROVIDED IN THE COUNTY UNDER SECTION 28 (PREVENTION OF ILLNESS, CARE AND AFTER-CARE) OF THE NATIONAL HEALTH SERVICE ACT, 1946, FOR THE PROVISION OF MENTAL HEALTH SERVICES.

1. INTRODUCTION.

This outline is divided into two parts—A and B—of which Part A is a statement of the services which are already being provided. This statement is not part of the submitted proposals but is supplied because it may be helpful to those who read the proposals. It is therefore excluded from the scope of consultation with, or recommendations by, the bodies mentioned in section 20 (2) of the National Health Service Act, 1946, upon which copies of the formal proposals are required to be served. Part B consists of the local health authority's new proposals which are submitted for the Minister's approval under section 20 of the Act of 1946, and contain a description of their plans for the period up to April, 1963, and a further general statement of their subsequent intentions.

2. GENERAL.

A. The proposals in sub-paragraph B are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under section 28 of the National Health Service Act; existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under section 153 of the Mental Health Act, 1959; the proposals relating to duties under the repealed sections will then cease to have effect.

B. The authority will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular, they will provide, or cause to be provided, junior training centres, adult training centres, home training, residential accommodation, day centres, social clubs and a home visiting service.

3. ORGANISATION AND STAFF OF THE SERVICES.

A. The following is, in outline, a description of the existing organisation and staffing arrangements.

The Mental Health Services of the Authority are administered by the Health Committee, the day to day administration being done by three Area Health (Care and Nursing) Sub-Committees.

At present the Authority employs one Senior Mental Welfare Officer, three Duly Authorised Officers and one trainee. The Duly Authorised Officers are also Welfare Officers under Sections 21-28 of the National Assistance Act. The County Welfare Officer acts as Senior Duly Authorised Officer, but is not concerned in the administration of the present Mental Health Service. Each Duly Authorised Officer is assigned to a district and is responsible for carrying out the duties relating to the mentally ill, and male mental defectives over sixteen years of age in his district. The Authority has, up to date, trained its own Duly Authorised Officers by accepting suitable trainees and placing them with experienced Duly Authorised Officers, by giving practical experience, and later arranging for them to attend suitable theoretical courses.

All female mental defectives in the County and boys under sixteen years of age are supervised by Health Visitors.

After-care of persons suffering from mental illness is carried out for the Authority by the Psychiatric Social Workers of the North Wales Hospital for Nervous and Mental Disorders, and payment is made to the Hospital Management Committee for this service. Duly Authorised Officers and Health Visitors assist in this work, in collaboration with the Psychiatric Social Workers from the hospital. There is close liaison on mental health matters between the Duly Authorised Officers, Health Visitors and General Practitioners in the area of the Authority.

All the full-time Medical Staff of the Authority are approved to issue medical certificates under the Mental Deficiency Acts, 1913-1938, and also approved by the Authority for the issue of certificates under the Education Acts concerning educationally sub-normal pupils. In this aspect of their work the medical staff work in co-operation with hospital medical staff and general practitioners.

The Authority also employs suitably trained staff at their Occupation Centre and two of the existing staff hold the Diploma of Teachers of the Mentally Handicapped granted by the National Association for Mental Health. The Authority has made arrangements to enable selected trainees to qualify as teachers for the mentally handicapped.

There is close co-operation between all the Authority's staff and voluntary organisations providing services for the mentally ill and mental defectives.

B. In addition to the existing arrangements, the Authority intend to increase the staff employed in the Mental Health Services and, in particular, intend to appoint a sufficient number of officers to act as Mental Welfare Officers under the Mental Health Act, 1959, from such dates as the relevant

provisions of the Act come into operation. The following additional arrangements are contemplated for strengthening the links with hospitals, general practitioners and other agencies and for the provision of services through voluntary bodies or the agency of other local authorities:—

The services for the mentally disordered to be provided by the Authority under Section 28 of the National Health Service Act, 1946, will continue to be administered by the Health Committee, the day to day administration being left to the Area Health (Care and Nursing) Sub-Committees, which will, in future, be designated Area Health, Nursing and Mental Health Sub-Committees.

The Authority's Senior Mental Welfare Officer will be responsible for the day to day administration of the service, under the direction of the County Medical Officer, and will be the main source of contact between the Authority, hospitals and general practitioners. It is planned not only to increase the establishment of Mental Welfare Officers but also to employ them solely on mental health duties.

The present arrangements whereby the Authority pay the Hospital Management Committee for the part-time services of their Psychiatric Social Workers will continue, and the Senior Psychiatric Social Worker and the Senior Mental Welfare Officer will arrange the best means of using available staff in the prevention, care and after-care of mental illness.

All Health Visitors will continue to play an important part in mental health work, particularly in the prevention of mental illness, and in the care and after-care of the sub-normal and severely sub-normal.

Arrangements will be made for the further training of medical staff, Mental Welfare Officers and Health Visitors as and when opportunities arise.

It is intended to arrange for regular and close contact between the staff of the Authority and the staff of hospitals treating mentally disordered patients from the Authority's area. Every opportunity will be taken to develop close liaison with General Practitioners by regular contact, interchange of information, and by arranging for the General Practitioners to be represented on the Authority's Mental Health Sub-Committee.

The Authority will endeavour to engage fully trained staff for its junior and adult training centres. The Authority will also continue with its present policy of arranging for its present untrained staff and other unqualified staff appointed to receive professional training to qualify them for work in Junior and Adult Training Centres.

The Authority will also engage qualified staff for its residential accommodation for the mentally disordered. Arrangements will also be made to train suitably unqualified staff for this work when the need arises.

The Authority will seek Consultant Psychiatric Services from the appropriate Hospital Management Committee. Arrangements will be made to enable all the full-time Medical Staff of the Authority to complete the medical recommendations specified in the Mental Health Act, 1959, subject to any regulations in this matter which may be made by the Minister.

The Authority will co-operate fully with statutory and voluntary organisations providing services for the mentally disordered.

4. JUNIOR TRAINING CENTRES.

A. One Centre and thirty places are at present directly provided by the Authority. Arrangements are in force with the City of Chester for twenty-five persons from this County to attend the Chester Occupation Centre. Both the Flintshire and Chester Centres are at present mixed centres for children and adults, but the majority of those attending each Centre are children under sixteen years of age.

There is no arrangement with voluntary bodies to provide Occupation Centres but the County has an active branch of the National Society for Mentally Handicapped Children.

At both Centres, hot mid-day meals are provided and also milk. Regular medical and dental inspections are carried out and complete records kept. The Authority's Centre caters for children and others from the Western half of the County and special transport is provided daily for those attending. The Chester Centre caters for those residing in the Eastern half of the County and special transport is provided daily.

B. In addition to the existing arrangements, Junior Training Centres are expected to develop on the following lines. It is considered that two Junior Training Centres will meet the needs of the Authority. The Authority has obtained approval to enlarging its existing Centre to accommodate sixty children under sixteen years of age. The extra accommodation will provide greatly improved facilities for the children and the staff. When the extensions are completed the Centre will adequately meet the needs of children living in the Western half of the County.

Our existing arrangements with the Chester County Borough Council will continue for children from the Eastern half of the County whereby these children attend at the Chester Junior Training Centre. Chester County Borough has provisionally agreed to provide places for forty children from this Authority's area and this will meet, during the next three years, the Authority's need for junior training places for children residing in the Eastern half of the County. The Authority will give consideration to establishing its own Junior Training Centre in the Authority's area if arrangements with the Chester County Borough should not meet adequately the needs for junior training accommodation. The facilities for meals, free milk and medical and dental inspections available at the existing centres will be made available at such centres.

The Authority will make mutual arrangements with neighbouring Authorities to cater for children in need of training whereby the Authority can admit outside children to its own centres, and arrange for children from its own area to attend centres of neighbouring Authorities.

It is the Authority's intention to co-operate in every way with any voluntary organisation concerned with the welfare of children attending a Junior Training Centre.

The Authority's plans are expected to provide, within the next three years, places for all suitable cases.

5. ADULT TRAINING CENTRES.

A. The Authority does not operate an Adult Occupation Centre at present. Certain adults in need of training attend the two Occupation Centres mentioned in 4A which are primarily Junior Occupation Centres, but which will continue to cater for adults until separate arrangements can be made.

B. The training facilities for adults are expected to develop on the following lines.

The Authority hopes to provide, during 1960-61, an Adult Day Training Centre in a central position. The Centre will provide day accommodation for sixty adults and will be designed to allow room for expansion if needed later.

As the Mental Health Services develop the Authority will provide an additional Adult Training Centre or Centres if the need arises. The Authority will provide facilities at this Centre for male and female persons on the following lines:—

1. Those needing a considerable amount of supervision in order to perform the simplest operations.
2. Those who can be provided with useful occupations in a Local Authority's work shop or industrial centre, but cannot be trained for ordinary or sheltered employment elsewhere.
3. Those needing training in work habits or who require some social stabilisation and will then be capable of ordinary or sheltered employment.

The Authority will make mutual arrangements with neighbouring Authorities to cater for adults in need of training, whereby the Authority can admit outside adults to its own Centres, and arrange for adults from its area to attend centres of neighbouring Authorities.

It is hoped that the majority of the adults attending can use public transport but special transport will be provided if necessary. The Centre will provide the usual facilities such as meals, routine medical examination and dental treatment. The Authority's plans are expected to provide, within the next three years, places for nearly all suitable adult cases,

The Authority proposes to use fully the services of voluntary and other organisations providing services for the welfare of adults attending Training Centres.

6. RESIDENTIAL ACCOMMODATION.

A. No residential accommodation is provided by the Authority at present, and no Residential Training Centres are provided. Persons suffering from, or recovering from mental illness and mental defectives if in need of residential accommodation are admitted to the accommodation provided by the Authority under Sections 21 to 28 of the National Assistance Act, 1948. It should be made clear that accommodation is provided if the persons concerned are suitable for this form of care, and are not in need of individual psychiatric supervision or continual nursing care.

B. In addition to the existing arrangements, the following development of existing provision is intended.

The Authority proposes to provide a hostel for the mentally disordered in 1961-62. It is intended to erect this hostel on a suitable central site. Initially, the hostel will cater for thirty persons with room for expansion as and when necessary. The hostel will be designed to meet the needs of patients recovering from mental illness, or left with residual mental disability, and also certain psychopaths found suitable for hostel care.

Other mentally disordered persons will be considered for admission depending on the circumstances relating to each case. The admission to, and discharge from, the hostel will be under the control of the Authority's Medical Officer. It is intended to arrange for the Hospital Service to provide specialist psychiatric advice needed for hostel residents. Other services, including routine medical care, will be arranged by the Authority.

It is intended to try and find employment for hostel residents in ordinary and sheltered employment working in close collaboration with Officers of the Ministry of Labour and representatives of industry. Arrangements will also be made for hostel residents to attend the Authority's Training Centres and provision made for diversional employment at the hostel if required.

As the Mental Health Services develop the Authority will keep under review the type of person requiring hostel accommodation and will, if necessary, make provision for the persons concerned by amending the original functions of the hostel outlined in the previous paragraph by providing additional hostels.

The Authority proposes to consult with adjoining Authorities concerning the provision of hostels to meet the needs of small groups where separate hostels in each Authority's area would be uneconomic.

The Authority will also arrange for suitable mentally disordered persons to be placed with private families either informally or under the guardianship provisions of the Mental Health Act, 1959.

The Authority will avail itself of the services of any voluntary organisation who can assist in the work of caring for persons in hostel accommodation.

7. HOME TRAINING.

A. At present home teaching or training is only given to a small number of defective children who are unable to attend an Occupation Centre or unsuitable for Occupation Centre Training. The work is carried out by trained junior school teachers on a part-time basis, the Authority providing the necessary books and equipment.

No attempt has been made to provide "group" teaching as the need has not so far arisen.

B. Some sub-normal and mentally disordered persons will continue to need home training either singly or in groups. It is planned to meet their needs by appointing either part-time or full-time suitably qualified persons for this work. The Authority will provide the necessary equipment and material for persons trained at home.

It is appreciated that in addition to teaching the mentally disordered in their own homes, teachers will also be expected to help and advise patients and relatives, co-operate with other social services, and deal with problems relating to employment. Home Teachers will need to co-operate closely with Training Centres, Mental Welfare Officers, Home Teachers of the Generally Handicapped, Hospitals, Health Visitors and Voluntary Organisations.

8. DAY CENTRES, SOCIAL CLUBS AND OTHER ACTIVITIES.

A. The Authority does not provide Day Centres or Social Clubs for the mentally ill at present. An active branch of the National Society for Mentally Handicapped Children has been formed in the County and members arrange meetings of parents, provide social activities for mental defectives, and arrange public meetings to acquaint the public with the facts relating to mental deficiency and the care and training available for defectives. Persons suffering from or recovering from mental illness, particularly the aged, are encouraged to use the voluntary and statutory services provided in the community as a whole, such as clubs for the aged, residential care, outings, etc.

B. In addition to the existing arrangements, the following development of the existing provisions are intended :—

The Authority propose to provide Centres in rented premises or purpose built premises for social activities for the mentally disordered, and care and after-care facilities in general. The Centres will be opened as and when required and the co-operation of voluntary organisations will be welcome in this work.

As the services for the mentally disordered develop consideration will be given to enlarging the scope of the work of selected Centres, which will then be designated Mental Health Centres. These selected centres would provide a wide range of services for the mentally disordered and act as a base for the mental welfare officers. The centres will also act as social centres, provide some occupational facilities, be the co-ordinating centre for care and after-care and act as centres of information for patients and others.

It is hoped that the Hospital Management Committee will provide the specialist medical staff to visit the Mental Health Centres, to follow up former patients, and to advise the Centre staff on the medical aspects of their work.

In addition to the above directly provided centres, the Authority will co-operate with voluntary and other bodies providing social amenities, and care and after-care for the mentally disordered.

9. HOME VISITING SERVICE.

A. Home visiting of the mentally disordered is, at present, done by the Psychiatric Social Workers of the North Wales Hospital for Nervous and Mental Disorders, the Duly Authorised Officers, and Health Visitors. Cases on discharge willing to accept after-care are graded by the hospital concerned and visited by the Psychiatric Social Workers or the Authority's own staff according to the patient's needs. The Duly Authorised Officers and Health Visitors carry out their work in collaboration with the Hospital Psychiatric Social Workers.

The position relating to mental defectives is that care and after-care is provided by the Authority's Duly Authorised Officers and Health Visitors. Health Visitors visiting all female cases and males under sixteen years of age; the Duly Authorised Officers visiting all males over sixteen years of age.

Mental defectives are also visited by the Authority's medical staff if necessary when any medical problem arises other than general medical care, which is provided by the patient's own doctor.

B. The Authority has appointed a Senior Mental Welfare Officer to organise the day to day work of the Mental Health Service. For the time being the Mental Welfare Officers, formerly known as Duly Authorised Officers, will perform functions in relation to mental health, and the welfare service under the National Assistance Act, 1946.

Existing Duly Authorised Officers, who are at present doing dual duties, will, at a future date, be offered full-time appointments as Mental Welfare Officers. When new appointments are made Mental Welfare Officers will be appointed to carry out duties exclusively under the Mental Health Act, 1959.

Home visiting of sub-normal and severely sub-normal cases will continue to be done as at present by the Mental Welfare Officers and Health Visitors.

The existing relationship with the North Wales Hospital for Nervous and Mental Disorders, where the Authority pay towards the cost of the services of their Psychiatric Social Workers will continue as long as it appears necessary. There will be close collaboration between the Hospital Staff, General Practitioners, the Mental Welfare Officers and Health Visitors of the Authority. It is hoped to arrange regular meetings, case conferences and full exchange of information between the Hospital, General Practitioners and the Local Authority.

The Authority will arrange further training of Mental Welfare Officers and Health Visitors in mental health duties and avail itself of all suitable training facilities provided. The Authority will also collaborate with any voluntary organisation which has, as part of its work, the home care of the mentally disordered.

The Authority's medical staff working in collaboration with general practitioners will assist the Mental Welfare Officers and Health Visitors in their care and after-care work.

Any skilled psychiatric help required for patients at home will be sought from the Consultant Psychiatrists working for the appropriate Hospital Management Committee.

10. GUARDIANSHIP.

B. The Authority propose to exercise its functions under the Mental Health Act, 1959, in respect of persons placed under guardianship whether under the Authority itself or with other persons approved by the Authority.

It is intended to develop the guardianship provisions of the Act gradually over a period of time to enable the Authority to gain experience of this form of community care. The day to day supervision of cases under guardianship will be carried out by the Mental Welfare Officers. A record of all cases under guardianship in the Authority's area will be kept and details submitted to the Mental Health Sub-Committee.