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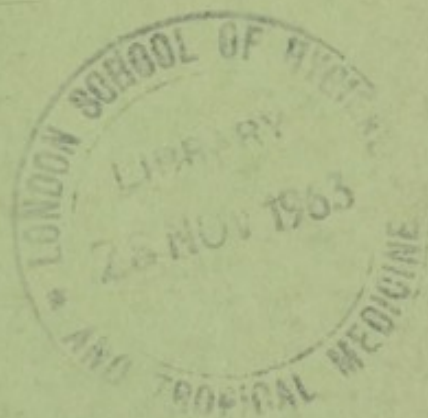


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COUNTY  
COUNCIL

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The . . .  
Health of Flintshire

The Report

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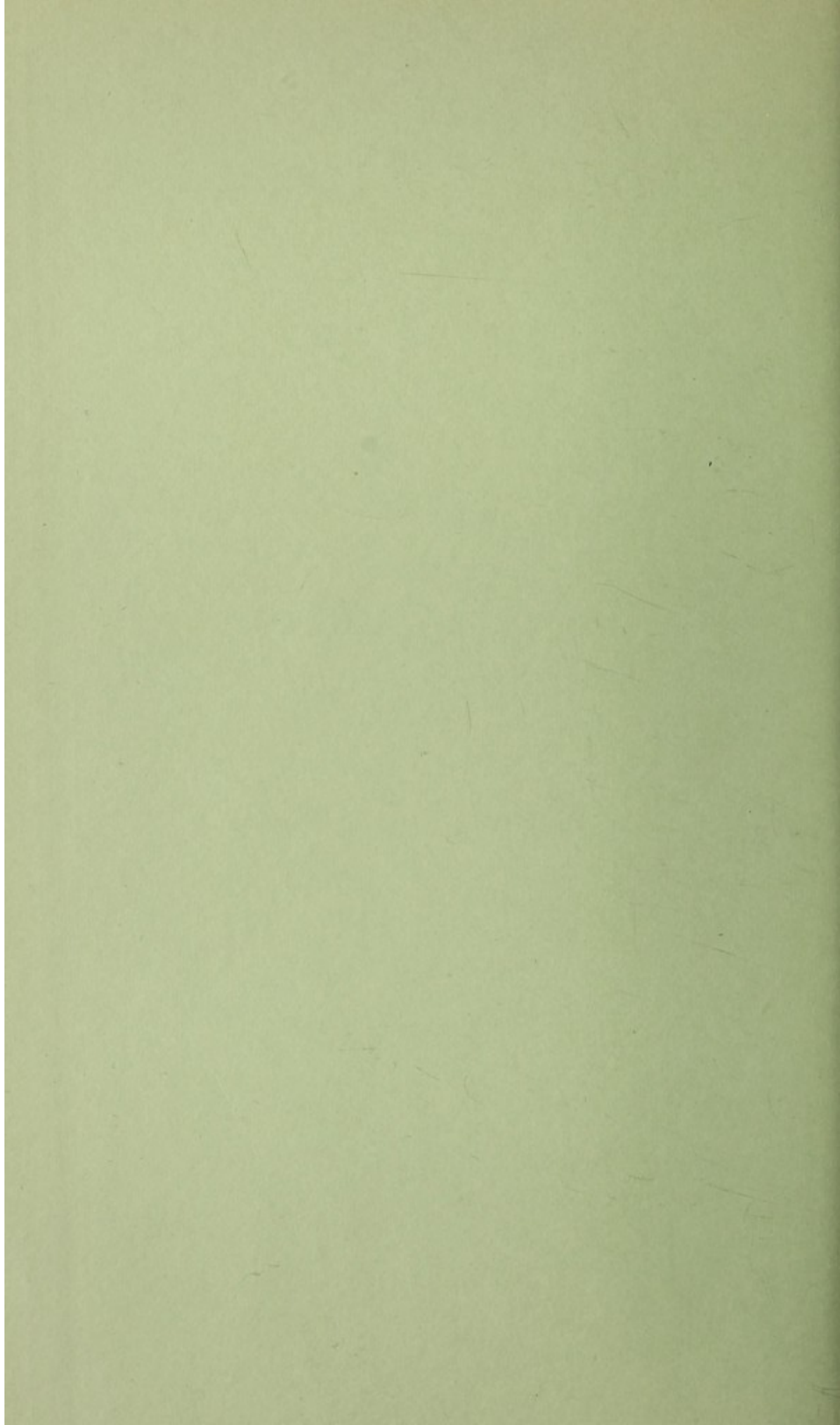
of the

Medical Officer

for the year

1962

(Incorporating the Report of  
the County Welfare Officer)



Flintshire County Council

# THE HEALTH OF FLINTSHIRE

## The Report

OF THE

## Medical Officer

FOR THE YEAR

1962

(Incorporating the Report of the  
County Welfare Officer)

Flintshire County Council

# THE HEALTH OF FLINTSHIRE

The Report

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Medical Officer

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(Incorporating the Report of the  
County Welfare Officer)

## INDEX.

- 
- Accidents—28.  
 Administration—13-17.  
 Aged Persons—122-124.  
 Ambulance Service—17, 76-89.  
 Analgesia—58.  
 Ante-Natal Care—41-43.  
 Area—20-22.  
 Associated Officers—18.  
 B.C.G. Vaccination—73, 90.  
 Births—23-26, 47, 60.  
 Blind, Welfare of the 112-114.  
 Cancer—6, 30.  
 Child Welfare—45, 48, 49.  
 Chiropody—126.  
 Clinics and Centres—45, 48, 49.  
 Committees—40.  
 Convalescence—91.  
 Courses—10-12.  
 Deaf, Dumb, Welfare of—115, 116.  
 Deaths, General—28, 39, 40.  
     „ Heart and Circulation—32.  
     „ Infantile and Neo-Natal—33-38.  
     „ Infectious Diseases—33.  
     „ Malignant Diseases—30-32.  
     „ Maternal—38.  
     „ Tuberculosis—29, 32, 103.  
 Dental Care—52.  
 Dental Staff—8, 11, 14.  
 District Medical Officers—13, 19.  
 Domestic Help—16, 91, 92, 93.  
 Expectant Mothers (See Ante-Natal, Mother and Baby Homes, Unmarried Mothers).  
 Family Planning—42.  
 Fertilisers and Feeding Stuffs—110, 111.  
 Financial—23.  
 Fluoridation of Water—7.  
 Foods, Welfare—46, 50, 51.  
 Food and Drugs—107-110.  
 Geriatrics—14.  
 Handicapped Persons—117-119.  
 Health Education—63, 94, 95, 110.  
 Health Visitors and Health Visiting—8, 12, 15, 61-64.  
 Home Nurses and Home Nursing—9, 11, 15, 16, 65-67.  
 Infectious Diseases—33, 100, 101.

- Immunisation (Diphtheria)—6, 68-72.
- Introduction—5.
- Influenza—7, 33.
- Marriage Guidance—42.
- Mass Radiography—90, 104, 106.
- Maternity Outfits—42.
- Meals on Wheels—125.
- Medical Loans—91.
- Medical Officers—8, 10, 13.
- Mental Health—6, 7, 95-99.
- Mental Welfare Officers—10, 12, 17.
- Midwives and Midwifery—9, 11, 15, 16, 53, 54, 56-59.
- Milk—108, 109.
- Mothercraft—54, 55.
- Mother and Baby Homes—44.
- National Assistance Act—112, 128.
- Nursing Homes—60.
- Nurses (See Home Nursing).
- Pharmacy and Poisons Act—111.
- Poliomyelitis—6, 73-75.
- Population—20-22.
- Premature Infants—24, 27, 46.
- Prevention of Illness, Care and After-Care—90, 91.
- Public Health Inspectors—19.
- Rate, Product of a Penny—23.
- Shops Act—111.
- Staff—8-17.
- Statistical and Social Conditions—20-22.
- Training Centres—(See Mental Health).
- Tuberculosis and Tuberculosis Visitors—29, 63, 64, 90, 102-105.
- Tetanus (Immunisation)—6, 69, 72.
- Unmarried Mothers—44.
- Vaccination, Smallpox—68.
- Venereal Diseases—107.
- Vital Statistics—22.
- Voluntary Workers—41, 130.
- Welfare Officers—112-131.
- Welfare Foods—46, 50, 51.
- Whooping Cough (Immunisation)—6, 69, 71, 72.

## INTRODUCTION.

COUNTY HEALTH OFFICES,  
LLWYNEGRIN,  
MOLD.

To the Chairman and Members  
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

In January, 1962, the Minister of Health submitted his report "A Hospital Plan for England and Wales" (Command 1604 H.M.S.O.), which, when implemented, will play a vital part in shaping the future pattern of hospital care of the sick and will also play a part in shaping General Practitioner and Local Health Authority Services. As far as the county is concerned it is intended to build a district general hospital with between six and seven hundred beds at or near Rhyl, and to close or change the use of several of the small hospitals. The centralisation of skilled hospital care at a base hospital is a sound concept both as regards hospital care and the mobilising and provision of community services. In recent years there has been closer co-operation between hospitals and the county health services, with the development of both services and increased complexity of care, it will be much easier to work with a base hospital providing the main range of services than with several small hospitals providing only isolated forms of medical care. I see an opportunity for closer working with the hospital authority and general practitioners with the implementation of the Hospital Plan for England and Wales.

In January, also, the Authority received from the Welsh Board of Health Circular 2/62 (Wales) requesting the County to prepare a development programme for the health and welfare services covering the next ten year period. The programme was to be in considerable detail for the first five years and in less detail for the second five year period. It covered every aspect of the work of the Local Health Authority—staff, training, provision of new buildings and the introduction of new services. A draft plan was prepared and submitted to the Health Committee—later this draft was discussed with General Practitioners and Hospital Management Committees and a final report on future developments submitted to the Welsh Board of Health.

Developments in the hospital and Local Health Authority services show considerable overall expansion during the next ten years. The Ministry of Health estimate that expenditure on the National Health Service as a whole will increase at the rate of  $2\frac{1}{2}$  % per annum over the next ten years—hospital expenditure increasing at the rate of 2 % per annum and Local Health Authority expenditure at 4 % per annum.

Early in 1962 the new Sabin (Oral) Vaccine to protect against poliomyelitis was received and put into use. This was the first time ever that a vaccine had been given by mouth to protect against a major illness. So much progress has now been made in medicine that new and revolutionary methods of prevention and treatment of disease are accepted by the public as nothing other than to be expected. The new Sabin vaccine is claimed to be unique in another property also namely that the vaccine partly protects the patients against contracting poliomyelitis as well as protecting the patient from the harmful effects of the disease once contracted. The level of protection against poliomyelitis and other diseases for which vaccines are available remained high and full details are contained in the report.

At the end of 1962 a new development in the field of vaccines was reported on in the medical journals—the introduction of quadruple vaccine. This mixed vaccine will protect against poliomyelitis, diphtheria, whooping cough and tetanus, and is a development of the triple vaccine already in use. This quadruple vaccine although available for use has not yet been introduced into our clinics, but the Health Committee has approved its use as and when this appears desirable.

During the year, the Royal College of Physicians issued its very detailed report on Smoking and Health. This full report dealt with the reaction of smoking and cancer of the lung and other diseases and some of the conclusions were startling. The report succeeded in pointing out that cancer of the lung was only one of the harmful effects of heavy cigarette smoking. Smoking also played a part in the development and progress of chronic bronchitis, and in the incidence and severity of coronary heart disease. Quoting from the conclusions of the report—"Cigarette smoking is a cause of lung cancer and bronchitis and probably contributes to the development of coronary heart disease and various less common diseases—the chance of dying in the next ten years for a man aged thirty-five who is a heavy smoker is one in twenty-three, whereas the risk for a non-smoker is one in ninety." This report got wide nation publicity and we followed this up with health education in the County aimed primarily at senior school children to try and discourage them from starting to smoke cigarettes—as we felt this would be more likely to succeed than convincing confirmed smokers to give up.

Steady development took place during the year in our mental health services. We transferred to a new Junior Training Centre for the subnormal at Tirionfa, Rhuddlan, in September—this providing training facilities for nearly double the previous numbers in the Western half of the County. A craft class was opened in Rhyl during the year for mentally disordered requiring rehabilitation through practical work and social contact. The Mental Welfare Officers in the Western area were transferred into better premises during the year at Craigmor, Russell Road, Rhyl, where facilities are available for private interviews and for group meetings. In September, 1962, a part-time Social Worker was engaged in collaboration with the

North Wales Hospital Management Committee to assist the subnormal in hospital and the community to find and retain employment.

At the end of the year plans had been completed for a hostel for the mentally disordered at Rhyl and work had started on the Adult Training Centre at Greenfield. Also, two of our Mental Welfare Officers obtained places on training courses for the Diploma in Social Work Training—they will be away for two years and it will be difficult to provide a service in their absence. However, in the long run, the level of the Mental Health Service will benefit from the increase in trained staff, even if great difficulties are encountered in the next few years in meeting the demands placed on Local Health Authorities for community care for the mentally ill.

Apart from an outbreak of influenza (Type B) in the early months of the year the County remained free of any major outbreak of infectious illness. The influenza epidemic affected the whole county and continued into early March when it subsided. The epidemic was mild in character and mainly confined to children and the elderly.

At the end of the year the Ministry of Health sent a circular on Fluoridation of Water Supplies. The work done at various centres where fluoride had been added to the water at a rate not exceeding one part per million had proved very successful in the reduction of dental caries in children. In children under five years of age the incidence of caries had been reduced by half and to a smaller extent in children over this age. The Ministry of Health recommended that Local Health Authorities should give serious consideration to the addition of fluoride to water as a means of reducing the increasing incidence of dental caries in children.

Good working relations were maintained during the year with General Practitioners and Hospital Staff. In fact there was evidence during the year of closer co-operation between the three branches of the health services than in previous years, and it is hoped that this trend will continue with the new outlook on future care of patients being shared between the three branches of the service. As was pointed out at a meeting of the Royal Society of Health in London, future planning of the National Health Service should start with the patient in mind and not the needs or interests of any one service.

I would also like to pay tribute to the work done by the staff of the Department at all levels and the good relationships that exist between the workers in different sections and between the Department and other workers in the Children's Department, Welfare Section and Education. My particular thanks are due to Mr. W. I. Roberts, Chief Clerk of the Department, for his valuable services during the year and his work in the preparation of this Report.

I would again like to thank the Chairman and members of the Health Committee for their active interest in the work of the Department. The Clerk of the County Council and his staff have given us every help during the year and I would like to thank them and the other Departments of the Council who have co-operated with us during 1962.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

County Medical Officer of Health.

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#### STAFF CHANGES.

##### Medical.

Dr. K. S. Deas was appointed to succeed Dr. G. F. Devey as Deputy County Medical Officer, and took up his appointment on 1st April, 1962.

##### Dental.

The following changes occurred in the Dental Surgery Assistants Staff :—

Mrs. J. M. Mills, part-time Dental Surgery Assistant, left the Service on 1st March, 1962, and Mrs. B. M. Welsh, Dental Surgery Assistant, resigned on 30th November, 1962.

Mrs. E. M. Coppack commenced duty as full-time Dental Surgery Assistant on 26th November, 1962.

##### Health Visitors/School Nurses.

Mrs. M. Jones, Health Visitor/School Nurse for Shotton District, resigned on the 31st May, 1962.

Mrs. P. B. M. Coupé, who was formerly District Nurse/Midwife in the Caergwrle area, successfully completed the Health Visitors' Training Course on the 16th July, 1962, and commenced duty as Health Visitor/School Nurse in the Shotton district on the 23rd July, 1962.

Mrs. D. Thompson, Health Visitor/School Nurse for the Saltney district, resigned owing to ill health on the 30th September, 1962.

Mrs. S. Lewis commenced duty as a temporary Health Visitor/School Nurse for Saltney district on 28th February, 1962, and was transferred to the permanent appointment at Caergwrle on 1st October, 1962.

Mrs. M. Williams commenced duty as part-time Clinic Nurse on 5th March, 1962.

### Visitor for Chest Diseases.

Mrs. A. R. Iball, who had been employed as part-time Clinic Nurse since 24th February, 1958, commenced duty as Visitor for Chest Diseases for the Eastern half of the County on 22nd January, 1962.

### Nurses and Midwives.

The following District Nurse/Midwife retired during the year :—

Miss H. L. Parry—2nd November, 1962.

Miss F. M. Higginson, Gwernaffield District, commenced the Health Visitor's Training Course on 9th September, 1962.

The following resigned their appointments on the dates shown below :—

Miss A. Ellwood, Mold District, on 31st August, 1962.

Mrs. A. Davies, Caergwrle District, on 17th March, 1962.

The undermentioned Nurses were appointed during the year :—

Mrs. D. Jeronimidis, Nurse/Midwife, Leeswood area, commenced duty on 8th January, 1962.

Mrs. A. M. Roberts, Relief Nurse/Midwife, Western and Central areas, commenced duty on 21st February, 1962.

Mrs. M. Ralphs, Nurse/Midwife, Saltney area, commenced duty on 9th April, 1962.

Mrs. M. Williams, Nurse/Midwife, Buckley No. 2 area, commenced duty on 4th May, 1962. Transferred to Relief Nurse/Midwife, Eastern and Central areas, on 25th September, 1962.

Mrs. M. A. Godding, Nurse/Midwife, Caergwrle District, commenced duty on 2nd July, 1962.

Mrs. V. M. Pearce, Temporary Relief Nurse/Midwife, Eastern and Central areas, commenced duty on 2nd July, 1962. Appointed full-time Relief Nurse/Midwife on 17th December, 1962.

Miss P. K. Ager, Relief Nurse, Eastern and Central Areas, commenced duty on 1st August, 1962.

Miss E. E. Jones, Nurse/Midwife, Buckley No. 2 area, commenced duty on 24th September, 1962.

Mrs. S. E. Kingston, Nurse/Midwife, Rhyl No. 3 area, commenced duty on 24th September, 1962.

Miss B. Jones, Nurse/Midwife, Mold and New Brighton areas, commenced duty on 1st October, 1962.

Mrs. M. Hughes, District Nurse, Gwernaffield area, commenced duty on 10th December, 1962.

### **Mental Health Staff.**

Miss G. J. Evans commenced duty as Assistant Mental Welfare Officer for the Eastern half of the County on 3rd September, 1962.

Mrs. S. R. Olsen commenced duty as Part-time Temporary Social Worker (Combined appointment between Flintshire County Council and North Wales Hospital Management Committee), on 17th September, 1962.

Mr. J. H. E. Hawkins, who formerly held the dual appointment as Mental Welfare Officer and Welfare Officer (National Assistance Act) ceased to act as Mental Welfare Officer on 31st December, 1962.

Mrs. G. M. Williams commenced duty as a Part-time Handicraft Instructor on 5th September, 1962.

### **Visitors for the Handicapped.**

Miss M. E. Rich commenced duty as Home Visitor for the Handicapped in the Eastern half of the County on 1st October, 1962.

### **Ambulance Service.**

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

### **ATTENDANCE AT COURSES AND CONFERENCES.**

Particulars of Courses and Conferences attended by members of the Health Service Staff are given below :—

#### **Medical Officers :**

Dr. G. W. Roberts—Royal Society of Health Annual Congress, Scarborough, 9th to 13th April.

Central Council for Health Education, London, 25th January.

Chest and Heart Association Conference for Executives, London, 29th November.

Dr. K. S. Deas—National Association for Mental Health Conference, London, 30th October.

Dr. L. L. Munro—Child Development Research Centre London, 8th to 17th March.

Dr. A. Cathcart—Civil Defence Course, Sunningdale, 4th to 9th March.

Dr. D. P. W. Roberts—Civil Defence Course Sunningdale, 4th to 9th March.

**Dental Officers :**

Mr. A. Fielding—British Dental Association Annual Conference, Nottingham, 16th to 20th July.

Mr. L. Harris—Children's Dentistry Course, London, 7th to 11th January.

Mr. A. O. Hewitt—Dental Clinical Meeting, Manchester, 19th October.

**County Public Health Inspector :**

Mr. E. Lewis—Central Council for Health Education, Summer School, Bangor, 14th to 24th August.

Royal Society of Health Annual Congress, Scarborough, 9th to 13th April.

**County Ambulance Officer :**

Mr. D. J. Jones—Civil Defence Ambulance and First Aid Study, Sunningdale, 20th to 23rd March.

National Competition for Ambulance Service, Moreton-in-the-Marsh, 7th October.

**Speech Therapist :**

Mrs. R. E. Ward—Speech Therapists' Conference, Keswick, 3rd to 6th October.

**Nurses and Midwives :**

Superintendent Nursing Officer—Miss L. Mann—Study Course for Administrators, Liverpool, 27th June to 4th July.

Standing Conference of Training Centre Superintendents, London, 15th to 16th January.

Deputy Superintendent Nursing Officer—Miss M. McKellar Farrall—Association of Supervisors of Midwives, Leeds, 8th to 14th April.

Mrs. J. E. Rainbow—Residential Course for Senior District Nurses, Liverpool, 10th to 17th May.

Mrs. R. A. Roberts—Residential Course for Senior District Nurses, Liverpool, 10th to 17th May.

Miss S. C. Francis and Mrs. T. G. Roberts—Refresher Course for District Nurses, Bristol, 5th to 12th April.

Mrs. M. W. Owen and Mrs. E. Edwards—Refresher Course for District Nurses, Liverpool, 12th to 22nd June.

Miss L. J. Williams and Miss C. Roberts—Midwifery Refresher Course, Oxford, 1st to 7th April.

Miss E. Roberts—Midwifery Refresher Course, 23rd to 29th September.

Mrs. A. Davies and Mrs. T. G. Roberts—Queen's Training Course, Liverpool, 22nd May to 20th August.

Miss D. G. Asquith—Royal College of Nursing, Refresher Course, Birmingham, 1st to 5th October.

#### **Health Visitors :**

Superintendent Health Visitor and Domestic Help Organiser—Miss P. M. Matthews—Conference of Institute of Home Help Organisers, Cambridge, 27th to 29th September.

Central Council for Health Education Conference, London, 25th January.

General Dental Council for Health Education, London, 25th to 26th October.

Mrs. M. E. Pearce—Royal College of Nursing Refresher Course, Manchester, 2nd to 11th July.

Mrs. L. Pritchard—Health Visitors Association Refresher Course, Oxford, 7th to 21st July.

Miss G. Jones—Central Council for Health Education, Summer School, Bangor, 14th to 28th August.

Mrs. A. R. Iball—Chest and Heart Association Conference, London, 17th October.

Miss M. Lees—Health Visitors Association Annual Conference, Brighton, 17th to 20th October.

Miss G. Jenkins—Health Visitors Association Autumn School, Bangor, 25th August to 8th September.

#### **Mental Health Staff :**

Miss Neris Haf Lloyd Jones commenced a course of training in General Social Work at the North Western Polytechnic Department of Child Care and Social Studies, London, on 24th September, 1962.

Mr. Raymond Powell commenced a full-time National Certificate Course for Social Workers at the City of Liverpool College of Commerce, on 10th September, 1962.

#### **Training Centre Staff :**

Supervisor—Mrs. D. Goodwin—National Association for Mental Health Refresher Course for Supervisors, Hoddeston, 25th to 28th April.

Assistant Supervisor—Mrs. I. Banks—National Association for Mental Health Refresher Course, Sheffield, 26th July to 3rd August.

Trainee Assistant—Miss M. L. Davies—Diploma Course for Teachers of the Mentally Handicapped, September, 1962, to July, 1963.

#### **Clerical Staff :**

Mr. Ewart Roberts—N.A.L.G.O. Summer School, Cambridge, 19th to 26th September.

## 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 :**

Kenneth Steven Deas, M.B., Ch.B., D.P.H. (since 1st April, 1962).

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

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

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

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

Lillie Lund Munro, M.B., Ch.B., 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.

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

D. P. W. Roberts, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

**Assistant Medical Officers (part-time sessional) :**

Dr. E. M. Harding.

Dr. M. J. W. Dobbin.

**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) :**

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

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

**Orthopaedic Consultant (Clwyd and Deeside Hospital Management Committee, Prince Edward War Memorial Hospital, Rhyl) :**

R. Owen, M.Ch. (Orth.), F.R.C.S.

**Consultant Paediatrician (Regional Hospital Board Staff) :**

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

**Consultant Obstetricians and Gynaecologists :**

Mr. E. Parry-Jones, M.D., M.S., F.R.C.O.G. (Clwyd and Deeside Hospital Management Committee).

Mr. D. B. Whitehouse, M.D., F.R.C.S., M.R.C.O.G. (Wrexham, Powys and Mawddach Hospital Management Committee).

**Consultant Geriatricians :**

Dr. June P. Arnold, M.D., M.R.C.P. (Clwyd and Deeside Hospital Management Committee).

Dr. Evan Griffiths, M.B., B.S. (Lond.), L.R.C.P., M.R.C.S., F.R.C.S. (Edin.), F.R.C.S. (Eng.) (Wrexham, Powys and Mawddach Hospital Management Committee).

**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.

David Rodney Pearse, B.D.S.

**Consultant Orthodontist (part-time sessional) :**

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

**Dental Anaesthetists (part-time sessional) :**

Dr. J. M. Hands.  
 Dr. G. E. S. Robinson.  
 Dr. A. H. Babbington.  
 Dr. M. E. Lloyd.  
 Dr. C. W. Fisher.

**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 M. McKellar Farrall, S.R.N., S.C.M., Q.N., H.V.Cert.

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

Miss P. M. Matthews, S.R.N., S.C.M., H.V.Cert., N.A.P.M.Cert.

**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, Western Area.

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern Area.

Mrs. P. B. M. Coupé

(since 23/7/62).

Mrs. M. E. Pearse.

Mrs. E. G. E. Rees.

Miss M. J. Hughes.

Mrs. D. Thompson

Miss J. M. Jewell.

(resigned 30/9/62).

Miss Ellen Jones.

Miss M. W. Wright.

Miss G. Jones.

Miss E. M. L. Morgan.

Miss G. Jenkins.

Mrs. D. M. Lewis.

†Miss J. S. Rogers.

Miss G. M. Jones.

Miss M. Lees.

Mrs. M. Jones (resigned 31/5/62).

Miss A. M. Stewart.

Miss M. Y. Secker.

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

Mrs. S. Lewis (as part-time 28/2/62,  
 then full-time from 1/10/62).

Mrs. L. Pritchard.

† Also act as part-time Health Education Officers.

**Clinic Nurses (Part-time—Sessional) :**

Mrs. H. Davies.

Mrs. M. M. Digweed.

Mrs. R. Williams.

Mrs. R. Cunnah.

Mrs. M. Williams (since 5/3/62).

**Visitors for Chest Diseases :**

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

Mrs. A. R. Iball (part-time since 22/1/62).

**Ambulance Officer :**

David John Jones.

**Senior Mental Welfare Officer :**

J. C. Seaman, Dip. Soc. Sc., A.M.I.A.

**Supervisor of Junior Training Centre :**

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

**Home Visitor for Handicapped Persons (General Classes) :**

Mrs. J. H. Tucker.

Miss M. E. Rich (since 1/10/62).

**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	...	...	...	...	8
					<hr/>
Total	...	...	...	...	48
					<hr/>

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

Whole-time	...	...	...	...	1
Part-time	...	...	...	...	118
					<hr/>
Total	...	...	...	...	119
					<hr/>

**Mental Welfare Officers :**

At the end of the year the Authority employed, in addition to a Senior Mental Welfare Officer—Mr. J. C. Seaman—two full-time Mental Welfare Officers, one full-time Assistant Mental Welfare Officer, and one part-time Mental Welfare Officer.

The areas served by the Mental Welfare Officers are as follows :—

Officer—Full-time—Mrs. B. Howell, Craigmor, Russell Road, Rhyl.

Telephone—Day, Rhyl 1950 ; Night and weekend, Rhyl 1986.

Officer—Part-time—Mrs. S. R. Olsen, Craigmor, Russell Road, Rhyl.

Telephone—Day, Rhyl 1950 ; Night and weekend, Bodfari 319.

(Mrs. Olsen was also part-time Social Worker—an appointment shared equally by the Local Health Authority and the North Wales Hospital Management Committee).

District—Rhyl U.D., Prestatyn U.D., St. Asaph R.D., Parishes of Gwaenysgor, Llanasa, Trelawnyd, Whitford, Caerwys, Ysceifiog and Brynford.

Officer—Mr. I. Thomas, Ambulance Headquarters, Mold.

Telephone—Day, Mold 106 ; Night and weekend, Connah's Quay 300.

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

Officer—Miss G. J. Evans, County Health Offices, Mold.

Telephone—Day, Mold 106 ; Night and weekend, Mold 234.

District—Connah's Quay U.D., Holywell U.D., Flint M.B., Parishes of Hawarden, East Saltney and West Saltney.

As mentioned earlier in this report, one other full-time Mental Welfare Officer, namely Mr. R. Powell, and one Assistant Mental Welfare Officer, Miss Nerys Haf Lloyd Jones, are at present attending a full-time Course of Training in General Social Work.

**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, Solicitor.

**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. Struct. Eng., A.M.I. Mun. Eng.

**County Architect :**

R. W. Harvey, A.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.

**Public Analyst (Fee-paid) :**

J. G. Sharratt, B.Sc., F.R.I.C.

**Deputy Public Analyst (Fee-paid) :**

R. Sinar, B.Pharm. B.Sc., F.P.S., F.R.I.C.

# Health Officers of the Several Sanitary Districts (as on 31st December, 1962).

District.	Medical Officer.	Public Health Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. D. Harwood, 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. D. P. W. Roberts	Mr. J. M. Edwards, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. D. P. W. Roberts	Mr. E. L. Ll. Jones, U.D.C. Offices, Rhyl (Chief P.H.I.). Mr. E. G. Black, U.D.C. Offices, Rhyl (Deputy P.H.I.). Mr. D. Kaye, U.D.C. Offices, Rhyl (Additional P.H.I.).
Hawarden Rural (Dist. No. 1)...	Dr. Allan Cathcart	Mr. M. Emlyn Thomas, R.D.C. Offices, Hawarden.
Hawarden Rural (Dist. No. 2)...	Dr. Allan Cathcart	Mr. D. R. George, R.D.C. Offices, Hawarden.
Holywell Rural	Dr. D. J. Fraser	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell. Mr. G. T. Tinnewood, R.D.C. Offices, Holywell. Mr. R. D. Jones, R.D.C. Offices, Holywell.
Maelor Rural	Dr. Allan Cathcart	Mr. S. J. V. James, R.D.C. Offices, Overton.
St. Asaph Rural	Dr. D. P. W. Roberts	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph. Mr. R. W. Easton, R.D.C. Offices, St. Asaph.

## Section A.

STATISTICS AND SOCIAL CONDITIONS OF  
THE COUNTY.

Geographically, Flintshire is the smallest County in Wales with an area of 163,707 acres and a population of 150,430. The County has a high density of 0.91 persons per acre. This acreage and population includes the two detached areas—Maelor R.D. and the Civil Parish of Marford and Hoseley.

Flintshire, as a County, presents three economic units—(a) an industrial belt mainly on Deeside, and (b) an important holiday industry on the coast at Rhyl, Prestatyn and the adjoining coastal strip, and (c) an agricultural industry covering the remainder of the County. In recent years a considerable dispersion of industry has occurred from the Deeside and the District Councils and the County Council has actively promoted this new industrial expansion.

In the past two years there has been active development of private house building in the Eastern and Western ends of the County—this is in addition to local authority housing which has mainly concentrated on the clearance and replacement of unfit dwellings. In the Eastern end of the County the private developments have been largely the result of industrial expansion on Merseyside. Some of the workers preferring to reside in more pleasant surroundings and where building land is still available. The private housing in the Western area has been largely of the bungalow type to meet the needs of persons wishing to retire to the seaside and country areas.

The seaside areas of Rhyl, Prestatyn and part of Holywell R.D.C. present special problems for the health services as they also attract a large number of permanent residents on retirement. These areas make heavy demands on the Home Help Service, Nursing and Health Visiting Service, and the Ambulance Service. Although the normal resident population in these areas amounts to less than a third of the County population they obtain over half the total services in the County in the above categories. These seaside areas present quite a separate problem in the summer when the population is three times the normal resident population. Providing holiday facilities is, in itself, an industry and it is a normal part of the work of the Health Department to meet the extra demands that the holiday population makes.

The County has two very large industries on Deeside—steel and synthetic fibre which between them employ over 15,000 men and women. Apart from these two main industries much of the other industrial developments is comparatively small and varied in character. This diversification of industry is on the whole beneficial in providing employment and training of workers and this probably accounts for the low unemployment rate in the County during the year compared with the rest of Wales.

The agricultural community accounts for about 50,000 persons and apart from the Maelor area is concentrated mainly on comparatively small sized farms and holdings. This population tends to be more "settled" than the population of the industrial area and makes fewer demands on the County Health Services. This is probably due to the greater tradition of family support normally associated with an indigenous population.

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 (pre-1934).	Population (By Census).					
		1901	1911	1921	1931	1951	1962
<b>Urban—</b>							
Buckley	2034	5780	6333	6726	6899	7699	7659
Connah's Quay	4214	3396	4596	5060	5980	7365	8375
Flint (Mun. Boro.)	3435	4625	5472	6298	7655	14257	13707
Holywell	917	2652	2549	3073	3424	8196	8477
Mold	854	4263	4873	4659	5137	6436	6894
Prestatyn	1640	1261	2036	4415	4512	8809	10786
Rhyl	1700	8473	9005	13968	13485	18745	21737
<b>Rural—</b>							
Hawarden	31588	15821	20571	24036	26575	34659	36443
Holywell	64519	23999	25328	25933	26709	22324	21636
Maelor	29749	5057	5176	5102	4761	6760	4889
St. Asaph	23057	6158	6766	7347	7752	9858	9479
<b>Total Urban</b>	<b>14794</b>	<b>30450</b>	<b>34864</b>	<b>44199</b>	<b>47092</b>	<b>71507</b>	<b>77635</b>
<b>Total Rural</b>	<b>148913</b>	<b>51035</b>	<b>57841</b>	<b>62418</b>	<b>65797</b>	<b>73601</b>	<b>72447</b>
<b>Whole County</b>	<b>163707</b>	<b>81485</b>	<b>92705</b>	<b>106617</b>	<b>112889</b>	<b>145108</b>	<b>150082</b>

Table 1 (b).

District.	Area in Statutory Acres at 1/4/34.	Area in Statutory Acres as per 1961 Census.	Population (estimated mid-year).						
			1939	1944	1949	1954	1959	1961	1962
<b>Urban—</b>									
Buckley ...	2646	2638	7345	6895	7622	7670	7690	7690	7700
Con. Quay ...	4214	4214	6505	6420	7455	7350	8030	8390	8600
Flint M.B. ...	6243	6802	13020	11750	14160	14220	14300	13690	13700
Holywell ...	2532	2428	6918	7286	7870	8210	8320	8400	8400
Mold ...	1164	1175	5880	5700	6354	6600	6680	6840	7000
Prestatyn ...	3219	2796	7422	8098	8659	8910	9720	10670	11100
Rhyl ...	1700	1700	16510	18370	18710	19200	19810	21120	21200
<b>Rural—</b>									
Hawarden ...	31576	31576	28750	29760	32450	34980	35520	36450	36800
Holywell ...	58515	58329	20730	20920	21920	22290	22090	21500	21500
Maelor ...	29749	29749	4356	4599	6720	5850	4520	4660	4600
St. Asaph ...	22149	22300	7494	7471	8380	10520	10320	9830	9800
Total Urban	21718	21753	63600	64510	70830	72160	74550	76800	78000
Total Rural	141989	141954	61330	62750	69470	73640	72450	72440	72000
Total County	163707	163707	124930	127260	140300	145800	147000	149240	150000

## VITAL STATISTICS—FLINTSHIRE, 1962.

Live Births	...	...	...	...	...	...	2,653
Live birth rate per 1,000 population	...	...	...	...	...	...	17.64
Illegitimate live births per cent. of total live births	...	...	...	...	...	...	4.70 %
Stillbirths	...	...	...	...	...	...	50
Stillbirth rate per 1,000 live and stillbirths	...	...	...	...	...	...	18.50
Total live and stillbirths	...	...	...	...	...	...	2,703
Infant deaths (under 1 year)	...	...	...	...	...	...	66
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	24.88
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	24.54
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	31.41
Neo-natal mortality rate per 1,000 live births (first four weeks)	...	...	...	...	...	...	16.96
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	15.83
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	...	...	...	...	...	...	34.03
Maternal deaths (including abortion)	...	...	...	...	...	...	1
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	...	.37

### 3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1962-63 was £27,581.

### 4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

### 5. BIRTHS.

During the year under review, 2,703 births were registered as pertaining to the County, that total being made up as follows :—

			Live Births.		Still Births.		Total.
Legitimate	...	...	2526	...	47	...	2573
Illegitimate	...	...	127	...	3	...	130
			<hr/>		<hr/>		<hr/>
Total	...		2653		50		2703
			<hr/>		<hr/>		<hr/>

Compared with the previous year, 1961, these figures show a decrease of 62 live births, and a decrease of 5 still births, the total births thus showing a decrease of 67.

Of the 2,653 live births, 1,380 were males and 1,273 females.

Of the 50 still births, 22 were males and 28 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 1962 was 17.64, which is lower than the rate for England and Wales, namely, 18.0, and is lower than the County rate for 1961 which was 18.19.

The still birth rate per 1,000 total (live and still) births was 18.50, as compared with the corresponding rate for England and Wales which was 18.1.

**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.
1961	...	42.96	do.
1962	...	48.09	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 169 premature births in 1962, 158 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, 9 live births and 2 still births occurred at home.

Table 3 shows that of the 9 live births at home, 3 were transferred to hospital, and all 3 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, 1962.**  
**(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.	
<b>Urban—</b>							
Buckley	138	1	17.87	.13	18.58	.13	7.19
Connah's Quay	176	4	20.39	.46	19.17	.43	22.22
Flint M.B.	243	2	17.62	.14	17.26	.14	8.16
Holywell	184	4	21.72	.47	21.94	.47	21.28
Mold	143	2	20.43	.28	20.63	.28	13.79
Prestatyn	144	3	12.89	.27	13.27	.28	20.41
Rhyl	347	5	16.30	.23	16.63	.23	14.20
<b>Rural—</b>							
Hawarden	703	10	19.08	.27	19.27	.27	14.02
Holywell	363	15	16.84	.69	18.69	.76	39.68
Maelor	64	—	13.70	—	13.97	—	—
St. Asaph	148	4	15.91	.43	16.23	.44	26.31
<b>Total Urban</b>	1375	21	17.61	.27	17.79	.27	15.04
<b>Total Rural</b>	1278	29	17.66	.40	18.54	.42	22.18
<b>Whole County</b>	2653	50	17.64	.33	18.17	.34	18.50

\* 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 ... .. 133  
(b) At home ... .. 9  
(c) In private nursing home (see note (1) ) ... .. —

Total ... 142

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

(a) In hospital ... .. 25  
(b) At home ... .. 2  
(c) In private nursing home (see note (1) ) ... .. —

Total ... 27

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)	18	7	9	..	..	..	..	..	..	..	..	..	..	..	..	20	1	..
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	19	3	14	..	..	..	1	..	1	..	..	..	..	..	..	..	1	..
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	29	..	28	1	1	..	1	..	1	..	..	..	..	..	..	3	..	..
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	67	2	64	5	..	5	1	..	1	..	..	..	..	..	..	2	..	..
<b>TOTAL</b>	<b>133</b>	<b>12</b>	<b>115</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>..</b>	<b>3</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>25</b>	<b>2</b>	<b>..</b>

**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 3

(Child to read at all 55 to child this has read well - PRESENTATION)

The summary is tabulated in the following manner: (a) Number of premature live births notified (see also notification) —

... 131	(a) In hospital	... 131
... 9	(b) At home	... 9
... 140	(c) In private nursing home (see note (1))	... 140
Total		280

## PREMATURE LIVE BIRTHS

Weight at birth		Survived 24 hours or more		Born at home	
(1)	(2)	(3)	(4)	(5)	(6)
Under 1 lb. 4 oz. or less (1,200 gms. or less)	18	7	9	...	...
Over 1 lb. 4 oz. up to and including 1 lb. 6 oz. (1,500-1,600 gms.)	19	1	14	1	...
Over 1 lb. 6 oz. up to and including 1 lb. 12 oz. (1,600-1,750 gms.)	20	1	28	1	1
Over 1 lb. 12 oz. up to and including 2 lb. 0 oz. (1,750-2,250 gms.)	21	1	64	1	6
TOTAL	137	10	115	3	7

## NOTES:

Stillborn infants are included in the total number of premature live births notified. (1) The group of stillborn infants is included in the total number of premature live births notified. (2) The group of stillborn infants is included in the total number of premature live births notified. (3) The group of stillborn infants is included in the total number of premature live births notified. (4) The group of stillborn infants is included in the total number of premature live births notified. (5) The group of stillborn infants is included in the total number of premature live births notified. (6) The group of stillborn infants is included in the total number of premature live births notified.



Table 4.  
DEATHS (GENERAL) 1962.  
SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
Tuberculosis—respiratory ... ..	7	3	10	.52
"    other ... ..	1	—	1	.05
Syphilitic disease ... ..	3	—	3	.15
Diphtheria ... ..	—	—	—	—
Whooping Cough ... ..	—	—	—	—
Meningococcal Infections ... ..	—	—	—	—
Acute Poliomyelitis ... ..	—	—	—	—
Measles ... ..	—	—	—	—
Other infective and parasitic diseases	5	—	5	.26
Malignant Neoplasm—stomach ... ..	31	24	55	2.84
"    bronchus ... ..	52	12	64	3.31
"    breast ... ..	1	34	35	1.81
"    uterus ... ..	—	13	13	.67
Other malignant and lymphatic neoplasms ... ..	83	74	157	8.12
Leukaemia, aleukaemia ... ..	5	4	9	.46
Diabetes ... ..	8	4	12	.62
Vascular lesions of nervous system	136	198	334	17.28
Coronary disease, angina ... ..	219	136	355	18.36
Hypertension with heart disease ... ..	20	29	49	2.53
Other heart disease ... ..	67	107	174	9.00
Other circulatory disease ... ..	39	47	86	4.45
Influenza ... ..	10	3	13	.67
Pneumonia ... ..	40	39	79	4.09
Bronchitis ... ..	71	19	90	4.65
Other diseases of respiratory system	19	6	25	1.29
Ulcer of stomach and duodenum ... ..	13	3	16	.83
Gastritis, enteritis, diarrhoea ... ..	7	7	14	.72
Nephritis and nephrosis ... ..	4	10	14	.72
Hyperplasia of prostate ... ..	14	—	14	.72
Pregnancy, childbirth, abortion ... ..	—	1	1	.05
Congenital malformations ... ..	14	9	23	1.19
Other defined and ill-defined diseases	81	89	170	8.79
Motor vehicle accidents ... ..	22	7	29	1.50
All other accidents ... ..	40	25	65	3.36
Suicide ... ..	11	5	16	.83
Homicide and operations of war ... ..	1	1	2	.10
Totals ... ..	1024	909	1933	

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

Table 4 (a).

## DEATHS FROM RESPIRATORY TUBERCULOSIS.

County District.	Males.	Females.	Total.
<b>Urban—</b>			
Buckley	—	—	—
Connah's Quay	—	1	1
Flint (M.B.)	—	1	1
Holywell	—	—	—
Mold	—	—	—
Prestatyn	2	—	2
Rhyl	1	1	2
<b>Rural—</b>			
Hawarden	1	—	1
Holywell	2	—	2
Maclor	1	—	1
St. Asaph	—	—	—
<b>TOTAL URBAN</b>			
	3	3	6
<b>TOTAL RURAL</b>			
	4	—	4
<b>WHOLE COUNTY</b>			
	7	3	10

## DEATHS FROM MALIGNANT DISEASES.

Table 5 (a) shows the deaths due to malignant diseases (cancer) in each of the County Districts and the rate per 1000 of the population for each district.

The death rate per 1,000 population in each district taken without reference to previous years is not a reliable index of conditions in a given area, and it should be emphasised that this rate can be greatly affected by a comparatively small increase or decrease in total deaths in the district concerned. However, total deaths due to cancer in the County as a whole are a fairly reliable guide to the present position and are easily compared with previous years.

Some trends are worth noting—better diagnostic and hospital facilities tend to discover accessible cancers earlier and if treatment is accepted the outlook for the patient is better—this is noted in cancers of the stomach, breast and uterus. This position, unfortunately, is not true in relation to lung cancer as this condition does not tend to be found in its early stages—when found it is often too advanced for effective treatment either by surgery or radiotherapy. Lung cancer showed an increase in deaths during 1962 and what is more disturbing a marked increase in deaths of females due to lung cancer.

In 1962 for the first time in Flintshire total deaths due to lung cancer were the biggest single group of defined cancer deaths—exceeding deaths due to cancer of the stomach which had been the biggest defined group of cancer deaths in previous years.

Although a great deal of publicity has been rightly given to cancer in recent years the gradual annual increase in cancer deaths, the relative position of cancer deaths and deaths from two other main causes must not be overlooked. During 1962, deaths from diseases of the heart and circulation accounted for 51.62 % of all deaths, bronchitis and other respiratory diseases 10.71 %, and all forms of cancer 17.23 %.

It will be seen that the problem of reducing deaths due to diseases of the heart and circulation, particularly in those under 65 years of age, is a more urgent preventive medicine problem than trying to reduce cancer deaths. Indeed, the public are gradually becoming more aware of these factors and the relative importance of the main causes of deaths and to a lesser extent something of the preventive aspects relating to these illnesses. This is a field of health education that should be pursued with vigour in an attempt to reduce preventable deaths from cancer, diseases of the heart and circulation and respiratory diseases, particularly in the age group 45 to 65 years of age.

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. (7,720)	M	2	2	—	—	6	1	11	2.72
	F	2	2	—	2	4	—	10	
Con. Quay U.D. (8,630)	M	—	2	—	—	2	—	4	1.39
	F	2	—	2	—	4	—	8	
Flint M.B. (13,790)	M	1	4	—	—	4	—	9	1.23
	F	2	—	1	—	5	—	8	
Holywell U.D. (8,470)	M	3	3	—	—	10	1	17	5.08
	F	2	1	6	1	8	—	18	
Mold UD. (7,000)	M	—	1	—	—	—	—	1	1.14
	F	1	1	1	—	5	—	8	
Prestatyn U.D. (11,170)	M	2	8	—	—	14	—	24	3.22
	F	1	2	3	1	3	2	12	
Rhyl U.D. (21,290)	M	6	9	—	—	11	2	28	2.35
	F	3	3	6	3	6	1	22	
Hawarden R.D. (36,840)	M	10	11	—	—	15	1	37	1.79
	F	5	1	5	2	15	1	29	
Holywell R.D. (21,550)	M	5	7	1	—	15	—	28	2.46
	F	5	1	4	3	12	—	25	
Maelor R.D. (4,670)	M	1	1	—	—	1	—	3	1.93
	F	—	—	2	1	3	—	6	
St. Asaph R.D. (9,300)	M	1	4	—	—	5	—	10	2.07
	F	1	1	4	—	9	—	15	
Total Urban (78,070)	M	14	29	—	—	47	4	94	2.30
	F	13	9	19	7	35	3	86	
Total Rural (72,360)	M	17	23	1	—	36	1	78	2.11
	F	11	3	15	6	39	1	75	
Whole County (150,430)	M	31	52	1	—	83	5	172	2.21
	F	24	12	34	13	74	4	161	
Total		55	64	35	13	157	9	333	

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	...	—	—	—	2	2	3	—	...	7
"	F	...	—	—	—	1	1	1	—	...	3
Other	M	...	—	—	—	—	1	—	—	...	1
"	F	...	—	—	—	—	—	—	—	...	—
Totals			—	—	—	3	4	4	—		11
Malignant Diseases :—											
Stomach	M	...	—	—	—	—	9	15	7	...	31
"	F	...	—	—	—	2	5	4	13	...	24
Lung, bronchus	M	...	—	—	—	—	22	17	13	...	52
"	F	...	—	—	—	1	6	3	2	...	12
Breast	M	...	—	—	—	—	—	1	—	...	1
"	F	...	—	—	—	3	12	12	7	...	34
Uterus	F	...	—	—	—	—	8	3	2	...	13
Other	M	...	—	—	—	3	26	27	27	...	83
"	F	...	—	—	1	—	18	27	28	...	74
Leukaemia	M	...	—	—	—	1	—	2	2	...	5
"	F	...	—	—	—	1	1	1	1	...	4
Totals			—	—	—	1	11	107	112	102	333
Heart and Circulation :—											
Vascular lesions of nervous system	M	...	—	—	1	1	15	55	64	...	136
	F	...	—	—	—	1	24	59	114	...	198
Coronary disease, angina	M	...	—	—	—	8	84	65	62	...	219
	F	...	—	—	—	—	30	47	59	...	136
Hypertension with heart disease	M	...	—	—	—	—	3	8	9	...	20
	F	...	—	—	—	—	4	9	16	...	29
Other heart	M	...	—	—	—	4	9	16	38	...	67
	F	...	—	—	—	2	9	23	73	...	107
Other circulatory	M	...	—	—	—	—	6	9	24	...	39
	F	...	—	—	—	—	5	9	33	...	47
Totals			—	—	—	1	16	189	300	492	998

## DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1962 deaths attributable to Infectious Disease were as follows:—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	—
Meningococcal Infections	...	...	...	...	—
Acute Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	—
Other Infective and Parasitic Diseases	...	...	...	...	5
Influenza	...	...	...	...	13
Pneumonia	...	...	...	...	79
Bronchitis	...	...	...	...	90
Gastritis, Enteritis and Diarrhoea	...	...	...	...	14

It will be noted that there were no deaths during 1962 from the major infectious conditions—which is a remarkable testimony if such were needed to the effectiveness of our vaccination and immunisation campaigns.

Deaths due to influenza showed a decrease on 1961 from 44, to 13 in 1962. Deaths due to pneumonia and bronchitis remained high at 79 and 90 respectively—these conditions are often terminal illnesses in persons with other disabilities and are not true infectious diseases in the same sense as poliomyelitis, meningitis, etc. During the year we had an outbreak of intestinal infection affecting both children and adults during the summer months and a total of 14 deaths. It should be noted that three-quarters of these deaths were infants or aged persons—two groups with considerably reduced resistance to gastric intestinal infections.

The Isolation Hospitals at Colwyn Bay, Clatterbridge and Wrexham continued to admit infectious cases during the year requiring hospital treatment. The majority of infectious cases were as in the past treated at home and modern treatment has reduced the period in bed and the liability to complications in the majority of the commoner infectious conditions.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 66 infants died before attaining the age of twelve months, and of these 44 were males and 22 females, whilst 62 were legitimate and 4 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 24.88, which is higher than the rate for England and Wales, namely 20.70

The causes of death of the 66 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 should be noted that of the 66 deaths in the first year of life, 42 had died in the first week of life (early neo-natal deaths) and at the end of four weeks after birth the total deaths was 45 (neo-natal deaths). It will be noted that the majority of deaths occur in the first week of life and, indeed, in the first 48 hours of life. This position is explained by the developments in ante-natal care and paediatrics, which results in fewer miscarriages and stillbirths, and means that more premature and other "weakly" babies are born alive—but fail to survive more than a few hours or days.

The present position will continue until more is known about the causes of prematurity and congenital deformity.

The prospects for the full-term healthy baby are better than ever—only twenty-one babies died in the last eleven months of their first year.

It is still very necessary for all branches of the Health Service to work closely together in all branches of medicine, and in particular in the field of child care. It is gratifying to report the close co-operation that exists between Paediatricians, General Practitioners and the County Health Department staff and this has great advantages to the mothers of small children. It is a pity that some mothers do not make full use of the clinic and other advisory services available to them. The remedy may lie in our educational system, where more and more pupils are now being informed of the services available to them under the National Health Service Act, and how to make the best use of these services.

Table 6 (a).

## INFANTILE DEATHS, 1962.

(Under 1 year of age).

District.	MALES.			FEMALES.			Infants. Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
<b>Urban :—</b>								
Buckley	1	—	1	1	—	1	2	
Connah's Quay	2	—	2	—	—	—	2	
Flint M.B.	7	—	7	4	—	4	11	
Holywell	4	—	4	3	—	3	7	
Mold	3	—	3	2	1	3	6	
Prestatyn	2	—	2	1	—	1	3	
Rhyl	8	1	9	2	—	2	11	
<b>Rural :—</b>								
Hawarden	6	1	7	5	—	5	12	
Holywell	7	—	7	2	1	3	10	
Maelor	—	—	—	—	—	—	—	
St. Asaph	2	—	2	—	—	—	2	
Total Urban	27	1	28	13	1	14	42	
Total Rural	15	1	16	7	1	8	24	
Whole County	42	2	44	20	2	22	66	

The causes of death were :—

Influenza	...	...	...	...	1
Pneumonia	...	...	...	...	6
Bronchitis	...	...	...	...	1
Gastritis, Enteritis and Diarrhoea	...	...	...	...	2
Congenital Malformations	...	...	...	...	19
Other defined and ill-defined diseases	...	...	...	...	30
Accidents (other than motor vehicle accidents)	...	...	...	...	7
Total	...	...	...	...	66

Table 6 (b).

## INFANT MORTALITY, 1962.

(Children aged under 12 months).

Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants. Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
<b>Urban :—</b>								
Buckley ...	7.25	—	7.25	7.25	—	7.25	14.49	
Connah's Quay ...	11.36	—	11.36	—	—	—	11.36	
Flint M.B. ...	28.81	—	28.81	16.46	—	16.46	45.27	
Holywell ...	21.74	—	21.74	16.30	—	16.30	38.04	
Mold ...	20.98	—	20.98	13.99	6.99	20.98	41.96	
Prestatyn ...	13.89	—	13.89	6.94	—	6.94	20.83	
Rhyl ...	23.05	2.88	25.93	5.76	—	5.76	31.70	
<b>Rural :—</b>								
Hawarden ...	8.53	1.42	9.95	7.11	—	7.11	17.07	
Holywell ...	19.28	—	19.28	5.51	2.75	8.26	27.58	
Maelor ...	—	—	—	—	—	—	—	
St. Asaph ...	13.51	—	13.51	—	—	—	13.51	
Total Urban ...	19.63	.73	20.36	9.45	.73	10.18	30.54	
Total Rural ...	11.74	.78	12.52	5.48	.78	6.26	18.78	
Whole County ...	15.83	.75	16.58	7.54	.75	8.29	24.88	

Table 6 (c).

## NEO-NATAL DEATHS, 1962.

(Under 4 weeks of age).

District.	MALES.			FEMALES.			Infants. Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
<b>Urban :—</b>								
Buckley	1	—	1	1	—	1	2	
Connah's Quay	1	—	1	—	—	—	1	
Flint (M.B.)	4	—	4	4	—	4	8	
Holywell	4	—	4	3	—	3	7	
Mold	1	—	1	1	—	1	2	
Prestatyn	2	—	2	1	—	1	3	
Rhyl	3	1	4	2	—	2	6	
<b>Rural :—</b>								
Hawarden	5	—	5	5	—	5	10	
Holywell	3	—	3	1	1	2	5	
Maclor	—	—	—	—	—	—	—	
St. Asaph	1	—	1	—	—	—	1	
Total Urban	16	1	17	12	—	12	29	
Total Rural	9	—	9	6	1	7	16	
Whole County	25	1	26	18	1	19	45	

Table 6 (d).

## INFANTILE DEATHS, 1962.

(Infants under 1 week of age).

District.	MALES.			FEMALES.			Infants.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.
<b>Urban :—</b>								
Buckley	1	—	1	1	—	1	2	
Connah's Quay	1	—	1	—	—	—	1	
Flint (M.B.)	4	—	4	3	—	3	7	
Holywell	4	—	4	3	—	3	7	
Mold	1	—	1	1	—	1	2	
Prestatyn	2	—	2	1	—	1	3	
Rhyl	2	1	3	2	—	2	5	
<b>Rural :—</b>								
Hawarden	5	—	5	5	—	5	10	
Holywell	2	—	2	1	1	2	4	
Maelor	—	—	—	—	—	—	—	
St. Asaph	1	—	1	—	—	—	1	
Total Urban	15	1	16	11	—	11	27	
Total Rural	8	—	8	6	1	7	15	
Whole County	23	1	24	17	1	18	42	

**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 Counsultant 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 1962 indicates a very satisfactory standard of hospital and domiciliary midwifery.

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

Table 7.  
DEATHS IN THE SEVERAL DISTRICTS.  
(All Ages—All Causes).

District.	Males.	Females.	Total.	Crude Rate per 1000 Population.	* Rate Adjusted per 1000 Population.
<b>Urban :—</b>					
Buckley	57	50	107	13.86	15.52
Connah's Quay	49	32	81	9.38	13.13
Flint M.B.	82	52	134	9.72	13.02
Holywell	80	66	146	17.24	15.69
Mold	37	38	75	10.71	12.42
Prestatyn	100	104	204	18.26	15.34
Rhyl	183	163	346	16.25	14.62
<b>Rural :—</b>					
Hawarden	223	198	421	11.43	14.40
Holywell	129	127	256	11.88	11.28
Maelor	21	23	44	9.42	9.61
St. Asaph	63	56	119	12.79	10.61
Total Urban	588	505	1093	14.00	14.56
Total Rural	436	404	840	11.61	12.42
Whole County	1024	909	1933	12.85	13.49

\* For 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 ...	145	90	235
Deaths in age groups 65 and over ...	389	386	775
	—	—	—
Totals ...	534	476	1010
	—	—	—

**Rural Districts.**

	Males.	Females.	Total.
Deaths in age groups 45-64 ...	127	69	196
Deaths in age groups 65 and over ...	257	314	571
	—	—	—
Totals ...	384	383	767
	—	—	—

**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 Health, Nursing and Mental Health 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, and in December, 1961, a Health (General Purposes) Sub-Committee was set up.

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

The Health Department also carries out medical examination of all employees on initial employment and subsequently after illness of over four weeks in certain cases where the medical evidence for continued absence is inadequate or the employee has had frequent absences in the past.

The practice of examining employees off work for long periods is operated as a modified form of an Industrial Health Service and in this work we work closely with General Practitioners and Hospital Staff. Very often we are able to help employees to obtain health services as well as checking over their continued absences from work.

The County Medical Officer also carries out the special medical examinations of candidates entering the Police Force and Fire Service, and any subsequent examinations to ensure that Police and Firemen are fit for their special duties.

It should be pointed out that all employees joining the County Council and Education Staff, in addition to a medical examination, also have a chest x-ray examination unless they have had an x-ray examination in the previous eighteen months. This policy is an extension of the Ministry of Health's recommendation that employees coming into regular contact with children should have a chest x-ray on commencing such work and subsequently at the discretion of the authority.

**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 £281/17/6 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.

Many voluntary organisations in the County helped the work of the department during the year. The Flintshire Branch of the National Society for Mentally Handicapped Children gave valuable help to parents of the mentally ill and material help to the Junior Training Centre at Tirionfa. The Chester and District Marriage Guidance Society continued to give the kind of expert service this organisation is so well known for and helped many families resident in the County. Many other local organisations helped with problems in their own areas and individuals also assisted the staff with a multitude of small services all of which add to human happiness and the wellbeing of those helped.

Voluntary Organisations who have given valuable help to the department in the past continued their good work during the year and I would again like to thank the Women's Voluntary Service, British Red Cross Society, St. John Ambulance Brigade and the St. Asaph Diocesan Moral Welfare Association for their ready help.

#### 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, Prestatyn and Mold continued to function. These clinics are held at County Clinics and staffed by the hospital medical staff and midwives from the hospital and the County. A fifth clinic is held at Mancot Maternity Home and here again both hospital and County midwives attend.

It is pleasing to record that attendance at these ante-natal clinics has shown a marked increase in the past few years and that the clinics are used by General Practitioners for screening mothers for selection of hospital cases and for consultation when any abnormalities occur.

Facilities are available at these combined clinics for full ante-natal examination and all usual investigations are carried out. There are adequate facilities for the mothers to be interviewed privately, to undress and for waiting prior to seeing the doctor. Blood samples are taken from each mother for Rh. factor, grouping and haemoglobin. At each visit to the clinic urine is tested, blood pressure taken and the patient weighed. Further investigations such as chest x-ray, etc., are arranged if found necessary at routine ante-natal examination.

Post-Natal examinations are also carried out at Ante-Natal Clinics and it will be seen that 386 mothers attended for Post-Natal examinations during the year. This is not the total who had Post-Natal examinations carried out as many were done by General Practitioners as part of their obstetric care of their patients and these figures are not included in the above total.

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, Caergwrle, Flint, Shotton, Mold, Mancot, Penley and Prestatyn.

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 have been well maintained during the year and Table 8 gives the figures for 1962 in this respect.

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 1962 twenty-two sessions were held and in all 114 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 1962, 451 outfits were issued compared with 512 in 1961.

ANTE-NATAL CLINICS, 1962.

Table 8.

Description.		Flint.	Holywell.	Mold.	Prestatyn.	Rhyl.	Shotton.	Totals.
A.—ANTE-NATAL CASES.								
1. Number of sessions (i.e., number of times clinic opened during the year) when :—								
(a) A Medical Officer was in attendance ...	...	..	51	23	26	49	18	167
(b) A Medical Officer was NOT in attendance ...	...	48	..	..	..	..	..	48
2. Number of women who attended the clinic during the year ...	...	91	436	136	93	374	22	1152
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) ...	...	47	402	101	65	340	9	964
4. Total number of attendances made by women included in (2) above, during the year ...	...	404	1555	652	224	1342	36	4213
B.—POST-NATAL CASES.								
5. Number of Post-Natal cases who attended the clinic during the year ...	...	..	152	45	38	151	..	386
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) ...	...	..	128	44	26	150	..	358
7. Total number of attendances made by women in Section 5 above during the year ...	...	..	154	45	47	151	..	397

NOTE—Clinics held at Holywell, Mold, Prestatyn and Rhyl are combined with Hospital Consultant Clinics. Midwives Clinics are held at Flint. Shotton Clinic closed 31/10/62.

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	2	65 (i.e., Total admissions from all Authorities)	19 (Flintshire cases)	35 days	22 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).	..	..	..	..	..	..	..	..

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

(1) Expectant Mothers	..	..	..	3
(2) Post-Natal Cases	..	..	..	—

† Exclusive of the lying-in period.

**Child Welfare**—Child Welfare Clinics continue to serve a valuable function in our service for the care of mothers and babies. At these clinics the majority of mothers in the County attend regularly and receive expert advice in the management and care of babies and children under school age.

These clinics have been aptly called "Well Baby Clinics"—which goes to show that the main function is to see infants regularly to see that they are "well"—and to maintain them in good health. So many of the problems facing young mothers are problems of management and handling—not sickness. If they receive regular advice on management as their difficulties arise their behaviour and feeding problems can be resolved quickly and satisfactorily. If expert advice is not readily available their problems have a habit of growing and getting out of proportion and taking much longer to resolve, with resultant anxiety to mother and the whole family.

In addition to providing help with care and management of well babies, the clinics also carry out a considerable proportion of the immunisation and vaccination done in the County, have regular health education sessions, sell welfare foods and vitamin preparations, deal with minor ailments and at two centres a Consultant Paediatrician attends to deal with babies referred to her by General Practitioners or clinic doctors whose advice and help is required which may not necessitate special investigations or hospital admission.

To do this work it is essential that clinics are only held in suitable premises—either premises adapted for clinic use or purpose built as clinics. We are fortunate in this County in having satisfactory premises at eighteen of the twenty-one centres where clinics are held—many of these centres are purpose built clinics completed since the war. It is planned in the next five years to build clinics at the three centres where the premises are now unsatisfactory and thus completing our clinic building programme in the first half of the ten-year plan asked for by the Welsh Board of Health.

In addition to static clinics the authority also operates a mobile clinic at eight centres in the rural parts of the County. The mobile clinic attends each location every two weeks and a doctor and health visitor attend each time. The mobile clinic is an all purpose clinic and undertakes all forms of work at each visit—infant work, school children, immunisation, ante-natal examinations and medical examinations for employment.

In January the new clinic in Buckley was opened on a central site on Padeswood Road near Buckley Cross. This clinic is of a new design and very attractive and functional.

A house has been purchased in the Eastern half of Rhyl for conversion as a second clinic to serve the area furthest from the present clinic premises in Marsh Road. The Committee would have preferred to build a new clinic

but a suitable site was not available in this very built up area. It is hoped to carry out the necessary modifications to the newly acquired premises during 1963, to provide full clinic facilities for this area by the end of the year.

The Health Committee agreed to purchase a large bungalow from the Hawarden Rural District Council in the Garden City area of Sealand to provide clinic facilities for this area. At present, this area is served by the mobile clinic but the attendances have steadily increased since the mobile clinic service was established and it is now necessary to provide static clinic facilities for the growing community. When the bungalow is adapted for clinic purposes in 1963 it may be possible to close down the child welfare clinic now held at the R.A.F. Station Sick Quarters at Sealand for the wives and children of R.A.F. personnel.

At the end of the year work was in hand on a new clinic in Bagillt and at Connah's Quay and these should be ready about the middle of 1963.

The child welfare service is an integral part of the National Health Service meeting a need in providing help and advice to mothers in the care and management of babies and toddlers and working closely with General Practitioners and Hospital Staff.

**Care of Premature Infants**—During the year under review, the number of domiciliary premature live births was 9, and the number of premature live births in private nursing homes was nil, a total of 9.

Of the 9 births at home, 6 were nursed entirely at home and 3 were transferred to hospital. Of the 6 nursed at home 5 survived 28 days, one died within 24 hours of birth. The 3 who were born at home and who were transferred to hospital, all survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, 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 :	1955	1956	1957	1958	1959	1960	1961	1962
Number of Registered Live Births ...	2154	2310	2294	2389	2354	2588	2715	2653
Children who attended during the year and who, at the end of the year, were :—								
(a) Under 1 year of age ...	1813	1522	1661	1623	2566	2261	1864	1844
(b) Between 1-5 years ...	2313	2275	2359	2517	2711	1967	2527	3165
Total attendances ...	29166	32505	33179	33240	35628	31708	34056	33623

Table 10 (b).

## CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, 1962.

(See also Table 10 (c) for Centres held in Mobile Clinic).

Description.	Baginbun	Bodelwyddan	Broughton	Buckley	Caerwisle	Caerwys	Connah's Quay	Flint	Greenfield	Gwernafield	Holywell	Mancot & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Sealand (R.A.F.)	Shotton	St. Asaph	TOTALS
1. Number of Sessions ...	50	24	50	49	50	23	50	49	50	24	51	46	50	23	24	51	50	50	22	50	23	859
2. Number of children who first attended during the year and who at their first attendance were under 1 year of age ...	62	60	45	168	74	16	121	224	62	22	67	168	233	26	72	128	179	56	16	234	74	2107
3. Number of children who attended during the year and were born in :—																						
1962	53	50	45	138	64	16	109	106	55	13	52	109	145	23	73	92	167	45	31	134	46	1573
1961	48	61	54	92	51	14	79	130	59	21	64	120	115	24	29	100	132	57	12	133	85	1480
1960-57	90	42	41	64	44	14	118	81	60	29	10	61	80	32	50	80	86	48	22	97	49	1198
4. Total number of children who attended during the year	191	153	140	294	159	44	306	317	174	63	126	290	340	79	152	279	385	150	65	364	180	4251
5. Number of attendances during the year made by children who at date of attendance were :—																						
(a) Under 1 year	1135	306	150	1636	876	172	1892	1905	899	231	642	2142	2126	276	371	1241	1898	928	241	1972	418	22457
(b) 1 year but under 2 years	200	112	169	218	233	67	292	192	229	77	102	424	262	103	139	292	134	149	76	367	128	3965
(c) 2 years but under 5 years	289	100	167	145	117	54	317	188	120	107	66	136	139	91	150	250	133	246	21	308	100	3244
6. Total attendances during the year	1624	518	1486	1999	1226	293	2501	2285	1248	415	810	2702	2527	470	660	1783	2165	1323	338	2647	646	29666

Table 10 (c).

## MOBILE CLINICS—SUMMARY OF ATTENDANCES, 1962.

Description.	Dyserth.	Ewloe.	Ffynnongroew.	Garden City.	Halkyn.	Leeswood.	Penyffordd.	Rhuddlan.	TOTALS.
1. Number of Sessions ...	22	23	24	23	23	22	24	21	182
2. Number of children who first attended during the year and who, at their first attendance, were under 1 year of age ...	32	48	33	46	32	55	26	36	308
3. Number of children who attended during the year and were born in :—									
1962 ...	23	44	27	70	29	31	18	29	271
1961 ...	31	33	24	32	38	29	29	33	249
1960-57 ...	32	27	10	33	47	42	29	18	238
4. Total number of children who attended during the year ...	86	104	61	135	114	102	76	80	758
5. Number of attendances during the year by children who, at date of attendance were :—									
(a) Under 1 year ...	278	362	258	491	360	301	313	279	2642
(b) 1 year but under 2 years	98	151	93	78	92	79	84	78	753
(c) 2 years but under 5 years	55	57	60	69	80	68	60	113	562
6. Total attendances during the year ...	431	570	411	638	532	448	457	470	3957

**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.

**Storage Depots**—The Storage Depot at Fronfraith, Russell Road, Rhyl, was closed during the year and an emergency supply is now kept at the Ambulance Station, Rhyl, the main depot being at the New Ambulance Headquarters, Mold. The administrative office is at the latter address.

**Supplies**—Supplies of Welfare Foods are ordered from Messrs. S. P. D. Ltd., of Liverpool, Llandudno Junction, and Newcastle-under-Lyme, and direct deliveries are made as follows:—

			Liverpool.		Llandudno Junction.		Newcastle-under-Lyme.
Mold Depot	...	...	1	...	—	...	—
Clinics	...	...	2	...	—	...	—
Shops	...	...	2	...	5	...	1

The remaining centres are supplied from the Authority's Storage Depot at Mold:—

Clinics	...	27
W.V.S.	...	1

**Transport**—Deliveries are made from the Storage Depot by the vehicle which is used to tow the Mobile Clinic. Any emergency requirements are delivered by the Welfare Foods Clerk in her car.

**Foods Distributed**—Issues to beneficiaries are losses through breakages, etc., during the year were as follows:—

		National Dried Milk.		Cod Liver Oil.		Vitamins Tablets.		Orange Juice.
Issued against coupons	...	24383	...	2216	...	2348	...	17717
Issued to Hospitals	...	264	...	—	...	—	...	216
Issued at 4/- per tin	...	2072	...	—	...	—	...	—
		—		—		—		—
		26719		2216		2348		17933
Out of date, damaged, etc.	...	389	...	—	...	—	...	—
Sent for analysis	...	5	...	—	...	—	...	—
Losses through breakages, etc.		38	...	17	...	35	...	239
		—		—		—		—
<b>Total</b>	...	27151		2233		2383		18172
		—		—		—		—

## Summary of Coupons, Cash and Stamps :

	Issued.	Charge.	Amount Due.			Amount Received.		
		s. d.	£	s.	d.	£	s.	d.
<b>N.D.M.</b>								
(a) By stamps	... 192	... 2 4	... 22	8	0	... 22	8	0
(b) By cash	... 23094	... 2 4	... 2694	4	6	... 2694	4	6
(c) Free	... 1097	... —	... —			... —		
(d) 4/- issues :								
Cash	... 2074	... 4 0	... 414	8	0	... 414	8	0
<b>C.L.O.</b>								
(a) Free	... 276	... —	... —			... —		
(b) Cash	... 1940	... 1 0	... 97	0	0	... 97	0	0
<b>A. &amp; D.</b>								
(a) Free	... 39	... —	... —			... —		
(b) Cash	... 2309	... 6	... 57	14	6	... 57	14	6
<b>O.J.</b>								
(a) Free	... 1147	... —	... —			... —		
(b) Cash	... 16600	... 1 6	... 1245	0	0	... 1245	0	0
Total Cash			... £4,530	16	6	£4,530	16	6

**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 and five full-time Dental Officers were employed.

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 ..	165	162	161	97
Children under Five ..	346	340	339	248

## B. FORMS OF DENTAL TREATMENT PROVIDED :

	Scalings and Gum Treat- ment	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	DENTURES PROVIDED		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expect- ant and Nursing Mothers	25	86	3	..	426	83	23	10	3
Children under Five	1	48	42	..	379	243	..	..	..

Total number of sessions (i.e., equivalent complete half days  
devoted to maternity and child welfare patients during the year ... 110

## DOMICILIARY MIDWIFERY.

During 1962 the number of domiciliary confinements was 17.18 % of the total which showed little change compared with 1961. The pattern of midwifery is now reasonably established as two-thirds of the births in hospitals and maternity units and one-third at home. Domiciliary midwives also visited mothers confined in hospital and discharged before the tenth day and this includes over half the hospital confinements.

In addition the district midwives do a great deal of valuable work at ante-natal and mothercraft clinics. We have continued with our policy of employing District Nurse/Midwives as this enables a nurse to work in a more compact area and evens out the volume of work over the year—having a regular basis of general nursing and dealing with the irregular midwifery demands as they arise.

Every effort has been made to keep District Nurse/Midwives up to date with the changes in medical and nursing care and in this work we have obtained vacancies on nationally organised refresher courses, obtained help from the medical and nursing staff of local hospitals and arranged our own in-service training courses. Miss L. Mann, the County Nursing Officer, and her Deputy, Miss M. M. Farrall, have taken an active part in this training work as they recognise fully the importance of the domiciliary staff having the same facilities for obtaining information on and using all modern nursing techniques.

Arrangements were completed during the year for establishing two depots of equipment for nurses at Mold and St. Asaph. This has helped greatly in improving the service to nurses in the supply of nursing needs and shows a considerable saving as we are able to buy most of our needs in bulk.

Regular staff meetings have been held each quarter throughout the year—attended by the County Medical Officer, County Nursing Officer and her Deputy. These have proved valuable in keeping Nurses up to date with nay changes and in enabling them to discuss problems of common interest.

We were fortunate in having a full establishment of District Nurse/Midwives for the greater part of the year and the quality of the work done by the Nurses has been again maintained at a very high level.

A report from the County Supervisor of Midwives for the year is given below.

## MIDWIFERY NURSING SERVICE

## COUNTY SUPERVISOR'S REPORT.

At the end of 1962 forty Domiciliary Midwives were employed by the County Council and have practised midwifery during the year. Two casual Part-time Midwives have been employed from time to time.

There have been four resignations, one of these has retired after giving twenty-seven years service; one has taken up hospital nursing; one has resigned for domestic reasons; and one commenced her Health Visitors Course of Training in Liverpool.

There have been nine District Nurse/Midwives appointed during the year and one District Nurse/Midwife has been transferred to another district within the County. On the 31st December, 1962, there was one vacancy in the Prestatyn area.

Post-graduate Courses have been attended by Midwives and this includes a Half-day Study Day arranged by the Royal College of Midwives, Flintshire Branch, at the Clinic, King Street, Mold. Three Midwives attended a Post-graduate Course in accordance with the Central Midwives Board, Rule G. 1.

Five Pupil Midwives have taken their Part II District Training in this County by arrangement with H.M. Stanley Hospital, St. Asaph. Four lectures to Pupil Midwives have been given in the Hospital and each Pupil Midwife has been visited and records and practical work seen during her time on the district.

There has been a slight decrease in the percentage of domiciliary confinements as compared with hospital confinements during the year. 1,171 mothers were discharged from Hospital before the tenth day as compared with 990 in 1961.

Each Domiciliary Midwife has been visited during the year for the purpose, among other things, of seeing practical work and for examination of her records. In all 164 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 included in the report on the District Nursing Service.

Twenty-five visits have been paid to Ante-natal Clinics and forty-seven visits have been made to Mothercraft Classes.

In accordance with the rules of the Central Midwives Board, seven visits have been paid to Maternity Hospitals. In all thirty-seven hospital midwives have notified their intention to practise during 1962.

286 mothers attended the ten Mothercraft Classes held throughout the County and the total attendances were 914. Any mother can attend these classes whether she is having her baby at home or in hospital. These classes only consist of instruction. Clinical examination of the mother is not carried out. The maintenance of these classes has been due to the interest and work of Miss M. M. Farrall, Deputy County Nursing Officer, and the co-operation of the Midwives concerned. I give below her Annual Report of the Mothercraft Classes :—

Centre.	No. of mothers attending 1962.	Total attendances 1962.	Remarks.
Buckley ...	6	40	... Poor attendance in early months and later months of year. Mothers attended regularly for the summer months.
Caergwrle ...	—	—	... Classes recommenced but with little success, some mothers promised nurse to attend but failed to do so. Nurse stated several mothers book late and also difficulty of transport.
Flint ...	17	110	... Poor attendance in August and September. Classes well carried out. Good co-operation between Nurses and Health Visitor.
Holywell ...	34	100	... Changed to holding session on a Friday. This appears more satisfactory and attendance has improved.
Mancot ...	60	110	... Good attendance at film shows shown during the year. Small nucleus have been regular during the year.
Mold ...	37	84	... Regular attendance has been maintained at this clinic. Mothers have expressed their appreciation.
Penley ...	6	16	... Attendances have been good during short time classes have been held. Only one course was held, commencing October. The Midwives in this area have run the classes very well and have also taken mothers from the surrounding areas to clinic each time.
Prestatyn ...	52	108	... Good attendance has been maintained. Nurses have carried out good teaching.
Shotton ...	35	424	... Regular attendance by all mothers. Letters of appreciation received from the mothers. It is encouraging to hear that Doctors have expressed their appreciation.
Rhyl ...	34	103	... Attendance has been maintained during the year.

Midwives continued to attend the five combined Domiciliary and Hospital Ante-natal Clinics. These are attended by a Consultant Obstetrician. Several Midwives attend Ante-natal Clinics arranged by the General Practitioners in their own surgeries.

The following Central Midwives Board notifications have been received :—

(a) From Domiciliary Midwives :—

Puerperial Pyrexia	...	...	...	...	8
Medical Aids	...	...	...	...	31
Liable to be a Source of Infection	...	...	...	...	13
Ophthalmia Neonatorum	...	...	...	...	4
Neo-natal Deaths	...	...	...	...	2
Still-births	...	...	...	...	6

(b) From two Maternity Homes :—

Medical Aids	...	...	...	...	8
Ophthalmia Neonatorum	...	...	...	...	1
Liable to be a Source of Infection	...	...	...	...	10
Neo-natal Deaths	...	...	...	...	1
Still-births	...	...	...	...	5

During the year a new pattern of relief for holidays and off-duty has been adopted. The County is covered by five Area Full-time Relief Nurses. Each Relief Nurse carries out her duties where she is most needed either due to nurses on holiday, sick leave or where there is a vacancy. The districts are paired. Except in extreme circumstances, each nurse can arrange regular off-duty.

The co-operation of all nursing staff has been very much appreciated especially during difficult weather conditions.

The help received by the Medical Department has been of valuable assistance.

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, 1962.

Table 11.

## DELIVERIES ATTENDED BY MIDWIVES.

Number of Deliveries attended by Midwives in the Area during the year 1962.

Number of Deliveries attended by Midwives in the Area during the year 1962.							
	Domiciliary Cases.					Totals	Cases in Institutions
	Doctor not booked.		Doctor booked.				
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child			
	(2)	(3)	(4)	(5)			
(1)							(7)
(a) Midwives employed by the Authority	6	6	125	319	456	..	..
(b) Midwives employed by Voluntary Organisations:—							
(i) Under arrangements with the Local Health Authority in pursuance 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	..	..	..	..	..	2198	..
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	..	..	..	..	..	..	..
Totals	6	6	125	319	456	2198	2198

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the tenth day ... 1171

**Table 12.**  
**ADMINISTRATION OF INHALATIONAL ANALGESICS**  
(Domiciliary Midwives).

	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 administered by midwives in domiciliary practice during the year:				No. of cases in which pethidine was administered by midwives in domiciliary practice during the year:	
		Gas & Air (3)	Tri-lene (4)	When doctor was present at time of delivery of child		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)
				Gas & Air (5)	Tri-lene (6)				
(1) Domiciliary Midwives employed directly by Local Health Authority ...	40 *	29	11	81	54	98	184	86	194
(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 ...	—	—	—	—	—	—	—	—	—
<b>Totals</b> ...	40 *	29	11	81	54	98	184	86	194

\* In addition 4 midwives who were engaged on a casual basis for short periods during the year.

Table 13.

## MIDWIVES IN PRACTICE ON 31st DECEMBER, 1962.

	Domiciliary Midwives.	Midwives in Institutions.	Total.
(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	...	37	37
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	...	...	...
Total	40*	37	77*

\* In addition, 4 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	... 455	455	... 4	4	... 459	459
Institutional	... 2170	2185	... 41	44	... 2211	2229
Totals	... 2625	2640	... 45	48	... 2670	2688

It will be noted by reference to page 23 that the adjusted figures show that this is 13 live births less and 2 stillbirths less 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 premises and care at three of the Nursing Homes was very good but at one Home a considerable amount of minor repairs and maintenance was necessary and also the staffing position was not entirely satisfactory. This was brought to the notice of the person holding the registration certificate with a time limit of some weeks to do the work. At the end of the year the necessary work had been completed, the standard of maintenance raised and the staffing position improved.

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 :			Totals.
	of Homes.		Maternity.	Others.		
Homes first registered during year	...	...	—	...	—	—
Homes whose registrations were withdrawn during the year	...	...	—	...	—	—
Homes on the register at end of the year	...	...	4	...	50	50
Homes exempt from registration at the end of the year	...	...	—	...	—	—

## HEALTH VISITING.

During 1962, Health Visitors continued to do combined duties as Health Visitors and School Nurses. At the end of the year twenty-one Health Visitors were employed on combined duties and two Visitors for Chest Diseases. Two of the Health Visitors are designated Senior Health Visitors and based at Rhyl and Mold respectively. They deal with day to day problems in the Eastern and Western sectors of the County, working with the Superintendent Health Visitor.

The Superintendent Health Visitor is also Home Help Organiser and although this places a great deal of responsibility on one person it does mean close co-operation between the Health Visitor and Home Help Service.

Apart from the two Visitors for Chest Diseases the Authority does not employ specialist Health Visitors, i.e., Health Visitors who work with certain groups of persons or illnesses only. A partial exception being two Health Visitors who do part-time Health Education work in the Western and Eastern sectors of the County. They do this work in addition to health visiting in a restricted area and co-operate with the Health Visitors working on districts in these areas.

One of the Health Visitors is now fully attached to a group practice in the Holywell area and does not do any other duties such as school work or clinics. The General Practitioners in the practice have found this arrangement very helpful to them and the Health Visitor concerned is also finding the work interesting and valuable. The General Practitioners state that until this scheme was put into operation they never realised the amount of valuable socio medical work a Health Visitor could do for them.

In another group practice arrangements have been made for two Health Visitors in the area to call in daily at a fixed time to discuss problems in the practice of common interest.

Already, these two schemes of closer liaison with General Practitioners have aroused considerable interest amongst other Practitioners and even though no immediate plans have been made to integrate other Health Visitors into practices closer liaison has been established in several areas by the establishment of more direct regular contact between General Practitioners and Health Visitors.

We continued to use clinic nurses during the year at the bigger clinics to relieve Health Visitors of the less skilled work at clinics and to do some of the clerical work such as sending out appointments, etc. Clinic nurses have also helped with school medical inspections in certain areas and assisted at immunisation and vaccination sessions.

Both in the field of Health Visiting and school nursing, Health Visitors are being relieved of the more routine aspects of their duties, to enable them to concentrate on more important work which their training has qualified them to carry out. Even the pattern of home visiting has changed greatly with the introduction of selective visiting of infants and better attendance of mothers at clinics. Health Visitors are now able to give more time to the aged in need of care, the handicapped, families in social difficulties and after-care of persons who have had some form of illness and require help prior to return to full or modified work.

One of the main issues that needs further development is that of contact and communication between Hospitals, General Practitioners and Health Visitors. This is very largely a matter which depends on the interest and initiative of the Health Visitor and cannot be imposed from above. Advice and help can be given in methods of co-operation but Health Visitors must see the need for co-operation and the valuable part it plays in helping patients to meet their problems and needs. Progress in this field initiated by Health Visitors themselves would be a valuable contribution to removing the invisible barriers between the three branches of the health service.

Fortunately, the statutory duties of the Health Visitors as outlined in Section 24 of the National Health Service Act, 1946, are such that they can cover all "illness" which includes mental illness, injury or physical disability.

If one couples with these duties the work that can be undertaken in the field of social advice and education it becomes plain that there is great scope for useful and satisfying work—provided always that Health Visitors keep abreast of the changes in the medical and social services and are prepared to deal with the more demanding aspects of the duties and delegate to others the more routine and traditional aspects of their work.

The total number of visits paid in 1962 by Health Visitors to expectant mothers was 1,285, to children under one year of age 17,848, to children aged one and under two years 9,514, to children aged two and under five years 11,834. Other visits 13,382. To these figures has to be added 20,160 children seen at school and 2,704 home visits in connection with the school health service.

## SUPERINTENDENT HEALTH VISITOR'S REPORT FOR 1962.

Visits to Child Welfare Centres	...	...	...	...	175
Visits to School Clinics	...	...	...	...	20
Visits to other clinic sessions	...	...	...	...	7
Visits to Hospitals and Homes for the Aged	...	...	...	...	6
Number of interviews with Health Visitors, Visitors for Chest Diseases, Clinic Nurses and Home Visitors for the Handicapped	...	...	...	...	735
Other interviews	...	...	...	...	144
<b>Health Education :</b>					
Talks to Voluntary Groups	...	...	...	...	15
Talks to mothers at Clinics	...	...	...	...	2
Films and talks for school children	...	...	...	...	43
Films and talks for members of staff	...	...	...	...	4
Lecture to Queen's Institute of District Nursing Students	...	...	...	...	1
<b>Handicapped Persons :</b>					
Visits to Craft Centres	...	...	...	...	5
Exhibitions for Handicapped Persons	...	...	...	...	3
Meetings at Mold Grammar School to arrange party for Handicapped Persons	...	...	...	...	5

**Visitors for Chest Diseases** (formerly known as 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 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 tuberculosis 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 Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 1,928 visits to patients in their homes.

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 1962, the two Visitors for Chest Diseases gradually increased their work with the non-tuberculous chest patients attending the chest clinics in the County. This work will take time to develop as it is a new departure for the Visitors and the Chest Physicians. We are endeavouring to provide the same home visiting and relief in kind benefits for the non-tuberculous chest cases as provided for many years very successfully to the tuberculous cases.

**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 visits (10)	Total No. of families or households visited by Health Visitors (11)	Total visits paid to tuberculous households (12)
		First visits (3)	Total visits (4)	First visits (5)	Total visits (6)	Total visits (7)	Total visits (8)	Total visits (9)						
(a) L.H.A.	11543	551	1285	2720	17848	9514	11834	144	13382	10306	1928	211*	..	..
(b) Vol. Org.	..	..	74*	..	2286*	894*	1035*	14*	980*	..	..	..	..	..

**B. Clinics :**

- (a) Total number of attendances made by health visitors at local health authority clinic sessions during the year ... 1555  
 (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year ... 287

(N.B.—In addition, the Health Visitors and Tuberculosis Visitors paid 5,494 "no access" visits as shown by \* above).  
 † Now known as "Visitors for Chest Diseases."

## HOME NURSING.

As the majority of the nursing staff do combine home nursing and midwifery duties the general remarks made under midwifery equally apply to home nursing.

During the year two additional nurses were designated Senior Nurses, making three Senior Nurses in all. There is now a Senior Nurse in the area covered by each Area Nursing and Mental Health Sub-Committee. Senior Nurses work in close collaboration with the County Nursing Officer and deal with day to day nursing problems in their area. This means that many of the more routine nursing problems can be dealt with locally and only major problems referred to the County Nursing Officer for attention. The two new posts were filled by promoting two of our existing Queen's Nurse/Midwives already on our staff.

In 1962, the whole problem of nursing cover for the County was reviewed and a new system of working introduced after full consultation with the Nurses. Under the new system all Nurses work in pairs—relieving each other for days off, weekends and even holidays in certain cases. The County was also divided into five areas and a Full-time Relief Nurse appointed to each area. This Full-time Relief Nurse is available for work anywhere in her area depending on pressure of work and not merely because a district nurse is absent due to holiday or sickness.

During the year every opportunity was taken to provide further training for district nurses and also to introduce new nursing techniques and equipment. In service training of staff takes time but is very much worth while and it is gratifying to report that our scheme for the training of Queen's Nurses continued during the year, and up to date, five Nurses already on our staff have been trained in the County and passed the examination of the Queen's Institute which admits them to the roll of the Queen's Institute and to obtain the National District Nursing Certificate.

The Home Nursing Service is one that is known to all in the community, used widely by General Practitioners and Hospital Staff and manned by capable, well trained nurses who obtain a great deal of satisfaction from doing a hard but very valuable job.

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

## REPORT ON HOME NURSING SERVICE.

At the end of 1962 forty-four District Nurses were carrying out general nursing duties. Thirty-six of these were also practising midwifery. Three part-time Relief Nurses have assisted when required.

There have been four resignations of District Nurse/Midwives and details of these are found in the Report for the Midwifery Service.

Eleven District Nurses have been appointed during the year and one District Nurse has been transferred to another district within the County.

Two important aspects of district nursing includes re-habilitation of the patient to help him to fit in to family life, and the nursing of the patient in his own home so as to leave available more hospital beds for those who are not able to be nursed at home.

Loan equipment such as hoists and walking aids, continue to be used. They are proving a great benefit in the nursing care both to patient and relatives. The visits to elderly patients have increased. The disposable polythene backed undersheets continue to be used and have been much appreciated.

Since the County was approved as a Queen's District Training Authority five District Nurses already on the staff of the County Council have been successful in passing the examination and have been placed on the Roll of the Queen's Institute of District Nursing and have received the National District Nursing Certificate issued by the Ministry of Health.

Six Student District Nurses from Manchester Corporation have spent three days in this County gaining rural experience as part of their Queen's District Training. Two District Nurse Students from Manchester University have taken part of their District Training in the Rhyl and Prestatyn areas.

A film on "Posture and Lifting" and a demonstration by a Physiotherapist was attended by eighteen of the District Nursing Staff.

Seven District Nurses have attended a District Nursing Post-graduated Course arranged in different parts of the country by the Queen's Institute of District Nursing and the Royal College of Nursing.

In addition to the three Monthly Meetings of all staff arranged by the County Medical Officer, twenty-four groups of Nurses have been arranged in different parts of the County. This has enabled each Nurse to attend four meetings.

168 visits have been made to District Nurses for the purpose of examining their records and observing practical work in the patients own homes.

The running of the service also entails visits to Nurses regarding their work, supply of equipment and the issuing of loan equipment. 231 visits have been made for this purpose. 132 interviews with Nursing Staff and others have been carried out.

The arrangements for relief duties is given in the Report on the Midwifery Service.

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

The co-operation of all Nursing Staff has been very much appreciated, especially during difficult weather conditions.

The help received by the Medical Department has been of valuable assistance.

L. MANN.



## 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 persons vaccinated increased in 1957 to 824, in 1960 it was 1,115, in 1961 it was 1,373, and in 1962 it was 2,613.

The following table shows the number of vaccinations and re-vaccinations carried out during the year 1962.

Table 17 (a).

## VACCINATION.

## NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

DURING THE YEAR 1962.

	Age at date of Vaccination.					Total.
	Under 1.	1.	2 to 4.	5 to 14.	15 or over.	
Number Vaccinated	692	115	206	757	843	2613
Number Re-vaccinated	13	5	45	544	1794	2401

More use has been made of the facilities available for vaccination at County clinics, and in 1962 1,155 children were vaccinated in our own clinics, which is higher than the number in 1961 (571).

These figures are shown in the following table.

Table 17 (b).

NUMBER OF CHILDREN VACCINATED BY HEALTH DEPARTMENT  
STAFF DURING THE YEAR 1962.

Age at date of Vaccination.						Total.
Under 1.	1.	2 to 4.	5 to 14.	15 or over.		
545	69	88	235	218		1155

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

**Immunisation against Diphtheria**—Immunisation against diphtheria on a large scale started in 1941. In that year, Flintshire had 342 cases of Diphtheria and 15 deaths. Immunisation has continued since that time and figures of cases and deaths are given below :—

Year.	Diphtheria Notification.		Deaths.	
1941	...	342	...	15
1946	...	33	...	1
1951	...	1	...	—
1956	...	—	...	—

The number of babies immunised against Diphtheria gradually increased year by year from 1941 until 1945 when approximately 50 % of children under 5 years of age had been wholly or fully protected. Once this position was reached there was a dramatic drop in cases and deaths due to Diphtheria and in 1946 only 33 cases were notified and only one death occurred due to Diphtheria. The year 1946 saw the end of Diphtheria as a major infectious disease of infants as very few cases of Diphtheria have been notified in the County since that date and no deaths have been caused by Diphtheria since 1950.

It is necessary to remind mothers still that Diphtheria is not completely conquered in England and Wales, as in 1962 a total of 62 cases were notified and one death caused. However, no cases were notified in the County in 1962 and it follows no deaths caused by Diphtheria.

The important point of stress is that if we are to maintain this position we must ensure that over half the children under five years of age are fully protected against Diphtheria by immunisation. In 1962, the Immunity Index for Flintshire children born in 1961 was 56 %, and for the age group 0 to 14 it was 46 %. The corresponding figures for Wales as a whole were 61 % and 52 % respectively.

Since 1960 it has been our policy to give Diphtheria protection combined with Whooping Cough and Tetanus Vaccines in a combined vaccine known as "Triple" Vaccine. In this way a child is protected against three major illnesses by a mixed vaccine given on three occasions at intervals of one month. The introduction of the triple vaccine has considerably raised the diphtheria immunity index—mainly because mothers are anxious to protect their children against whooping cough (one of the components of the triple vaccine) which is still a distressing and serious illness of infants under one year of age.

Also, more parents are now anxious to obtain protection against Tetanus, another serious illness, particularly since publicity has been given to the possible serious reaction following repeated use of Tetanus Serum which was commonly given after injury, particularly where wounds had been contaminated by soil or dirt.

It is still our policy to give fully protected infants one "booster" dose of Diphtheria/Tetanus vaccine on school entry between five and six years of age. The Whooping Cough component is not included in the "booster" as Whooping Cough is only a serious illness in children under one year of age.

Table 18.

## DIPHTHERIA IMMUNISATION 1962.

	Children born in years:						Total.
	1962	1961	1960	1959	1958	1948-52.	
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) during the year ended 31st December, 1962	517	947	112	42	25	133	1801
B. Number of children who received a secondary (reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1962	—	9	4	6	45	936	1035

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

Table 19.

CHILDREN WHO RECEIVED COMBINED DIPHThERIA/WHOOPING COUGH IMMUNISATION, 1962.

DISTRICT.	PRIMARY IMMUNISATIONS				RE-INFORCING INJECTIONS.			
	Under 1 Year.	1-4.	5-14.	Total.	Under 1 Year.	1-4.	5-14.	Total.
<b>Urban :</b>								
Buckley	...	2	3	5	...	—	2	2
Connah's Quay	...	7	4	11	...	—	3	3
Flint (M.B.)	...	—	—	—	...	—	—	—
Holywell	2	4	—	6	...	—	1	1
Mold	—	—	—	—	...	—	1	1
Prestatyn	—	—	—	—	...	—	1	1
Rhyl	—	—	1	1	...	—	—	—
<b>Rural :</b>								
Hawarden	—	2	2	4	...	8	6	14
Holywell	—	—	—	—	1	5	1	7
Maelor	—	—	—	—	—	—	—	—
St. Asaph	—	—	—	—	—	—	—	—
<b>TOTAL URBAN</b>	2	13	8	23	—	—	8	8
<b>TOTAL RURAL</b>	—	2	2	4	1	13	7	21
<b>WHOLE COUNTY</b>	2	15	10	27	1	13	15	29

N.B.—Above are included in Table 18, also see Table 20 for cases (included in Table 19) who received "Triple Antigen."

Table 20.

CHILDREN WHO RECEIVED TRIPLE ANTIGEN INJECTIONS (DIPHTHERIA, WHOOPING COUGH AND TETANUS), 1962.

DISTRICT.	PRIMARY IMMUNISATIONS				RE-INFORCING INJECTIONS.			
	Under 1 Year.	1-4.	5-14.	Total.	Under 1 Year.	1-4.	5-14.	Total.
Urban :								
Buckley	20	74	12	106	—	—	6	6
Connah's Quay	23	62	3	88	—	—	1	1
Flint (M.B.)	41	96	11	148	—	1	33	34
Holywell	36	48	3	87	—	—	8	8
Mold	27	70	5	102	—	1	9	10
Prestatyn	22	62	3	87	—	3	28	31
Rhyl	66	149	16	231	—	4	84	88
Rural :								
Hawarden	133	268	15	416	—	20	54	74
Holywell	65	146	8	219	—	10	35	45
Maelor	18	35	5	58	—	1	48	49
St. Asaph	33	68	2	103	—	1	7	8
TOTAL URBAN	235	561	53	849	—	9	169	178
TOTAL RURAL	249	517	30	796	—	32	144	176
WHOLE COUNTY	484	1078	83	1645	—	41	313	354

N.B.—These cases are included in Tables 18 and 19.

**B.C.G. Vaccination against Tuberculosis**—During 1962 B.C.G. vaccination continued on much the same pattern as in 1961. 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 21.

Table 21.

**B.C.G. VACCINATION AGAINST TUBERCULOSIS—YEAR 1962.**

**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	...	...	...	843
(ii) Number found positive	...	...	...	452
(iii) Number found negative	...	...	...	195
(iv) Number vaccinated	...	...	...	144

**B. Children and Young Persons Scheme.**

(Circulars 22/53 (Wales), 7/59 (Wales), and 6/61 (Wales) ).

(i) Number skin tested	...	...	...	1769
(ii) Number found positive	...	...	...	721
(ii) Number found negative	...	...	...	1004
(iv) Number vaccinated	...	...	...	650

**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**—Poliomyelitis vaccination was offered throughout the year and at the end of 1962 55,956 persons had received two injections of poliomyelitis vaccine, of these 50,296 had received three injections. Looking at the population protected as a whole 74 % of children under 15 years of age had been vaccinated and 50 % of persons between 15 and 40 years of age.

As mentioned in last year's report, the Minister of Health announced in late 1961 that Sabin attenuated live vaccine which could be given by mouth had been approved as safe and effective for use in protecting against poliomyelitis. It was not known in early 1962 when the oral vaccine would be available so we continued to use Salk vaccine by injection until February when the oral vaccine became available.

The Joint Committee on Poliomyelitis Vaccine issued full details of the Sabin Vaccine in Circular 3/62 which was received in February. The Sabin vaccine was an attenuated live vaccine comprising the three strains already used in the Salk vaccine, the dose was three drops in syrup or on a lump of sugar, and a complete course was three separate doses with an interval of four to eight weeks between each dose.

The vaccine was to be offered to the same group, namely, infants over six months and others up to the age of forty years. In addition, the priority groups already mentioned in previous reports were also eligible. Persons over the age of forty could be vaccinated by General Practitioners but only with the Salk vaccine. The Salk vaccine would continue to be available and anyone wishing protection by Salk vaccine in preference to Sabin vaccine could request this.

The Sabin vaccine presented considerable transport and storage problems as it had to be kept frozen until used, and once thawed out had to be used within a month. Once out of a refrigerator its safe life was only twenty-four hours.

The Sabin vaccine was safe and had no reactions and very few instances where it could not be used, the main one being gastro-intestinal upsets and known bowel infections. As it was a live vaccine it was recommended in Circular 8/62 (July) that it should not be given to expectant mothers earlier than the fourth month of pregnancy.

The first batch of Sabin vaccine was received on 16th February, and the first Clinic using Sabin vaccine was held on 26th February, 1962, at Mold Clinic. The introduction of the Sabin vaccine aroused considerable public interest and the acceptance by mothers was immediate and no requests were received for Salk vaccine in preference. Arrangements were made from the start for General Practitioners to obtain Sabin vaccine and hospital medical staff and supplies proved adequate throughout the year to meet all our needs.

Certain improvements in the vaccine were introduced during the year and in July a 'stabilised' Sabin vaccine was introduced which was supplied in a liquid state and which remained potent at normal room temperature for up to fourteen days.

At the end of 1962, 1,768 persons had received Sabin vaccine, the majority being infants under one year and children under fifteen years of age. At the end of the year, 55,956 persons were also protected against Poliomyelitis by Salk vaccine.

Table 22.  
POLIOMYELITIS VACCINATION.  
(A)—PERSONS WHO RECEIVED TWO INJECTIONS.

Year of Injection	1962	1961	1956-60	1951-55	1946-50	1941-45	1936-40	1931-35	1925-30	1924 & earlier	Priority Group	Total
1956	...	...	...	128	178	...	...	...	...	...	...	306
1957	...	...	4	903	2554	...	...	...	...	...	...	3461
1958	...	...	2106	4764	3522	1611	109	31	...	...	324	12467
1959	...	...	2721	2868	3842	5029	3577	1901	...	...	1083	21021
1960	...	...	1525	601	618	490	665	1729	1880	1488	531	9527
1961	...	258	2603	483	374	359	868	352	1590	1641	20	8548
1962	9	184	75	15	34	39	38	45	79	93	15	626
Total	9	442	9034	9762	11122	7528	5257	4058	3549	3222	1973	55956
(B)—PERSONS WHO RECEIVED THREE INJECTIONS.												
1959	...	...	2704	6460	7593	2773	327	175	...	...	530	20562
1960	...	...	2199	1868	2226	3776	3501	1867	142	114	892	16585
1961	...	13	1692	585	522	388	501	926	1797	1708	166	8298
1962	1	268	957	245	183	202	349	462	859	1267	58	1851
Total	1	281	7552	9158	10524	7139	4678	3430	2798	3089	1646	50296*
(C)—PERSONS WHO RECEIVED FOUR INJECTIONS.												
1961	...	...	1310	7195	1791	...	...	...	...	...	...	10296
1962	...	8	903	586	68	...	...	...	...	...	...	1565
Total	...	8	2213	7781	1859	...	...	...	...	...	...	11861*
(D)—PERSONS WHO RECEIVED ORAL VACCINATION.												
1962	106	643	246	120	55	34	52	89	149	274	...	1768

\* These are included in the total of 55,956 in Section (A) above.

## AMBULANCE SERVICE.

Although the demands made upon it continued to increase, the Ambulance Service operated efficiently throughout the year. The total number of cases reached the new high figure of 51,481. This represents an increase over the previous year's total of 3,298 and 11,685 more than the total for 1955.

Over the past eight years, the emergency calls have progressively increased from 2,440 in 1955 to the present figure of 5,793 in 1962. The accident figure, likewise, has increased from 534 in 1955 to 776 in 1962. Stretcher cases in 1962 show an increase of 316 over the figure for 1961 and 2,650 over the corresponding figure for 1955.

The number of sitting cases have increased from 34,063 in 1955 to 43,315 for the year 1962.

The average number of patients dealt with every 24 hours was 93 in 1955 but in 1962 the figure rose to 141. In 1955, also, four-tenths of the work was carried out by hired cars and six-tenths by ambulance, whereas, in 1962, only one-tenth of the work was done by hired cars while nine-tenths was done by ambulances.

The number of ambulances in commission in the County in 1955 was eleven, manned by fifteen Driver/Attendants. The average number of patients carried by each ambulance during the year was 2,271. In 1962, fourteen ambulances were in commission daily and the average patients carried by each vehicle were 3,265. The continued use of radio equipment and careful mobilisation of vehicles by Central Control enabled the service to be operated economically and efficiently.

Eleven ambulances covered 269,353 miles in 1955 and the average mileage per vehicle was 24,486. In 1961, the corresponding mileage was 403,478 covered by the seventeen vehicles. This mileage, which includes the towing of Mobile Clinics, etc., brings the average miles per vehicle to 23,736. The figure for 1962 has reached 417,098—this again includes the mileage involved in towing the clinics, the average miles per vehicle being 23,172. This mileage would be much higher if long distance removals were undertaken by ambulances. Whenever possible, however, these are now dealt with by Rail.

### Ambulances.

The following table shows the number of patients conveyed by the County Council Ambulance Service during the year 1962. Again, I show, for comparison, the figures for 1961 together with those for 1955, i.e., the year in which the re-organised service became operative.

Month.	1962				1961				1955			
	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage
January	657	2,998	879	33,945	610	2,782	847	30,080	455	708	526	12,719
February	575	2,899	747	30,419	547	2,620	780	29,312	360	564	404	11,027
March	662	3,222	894	36,233	630	3,221	835	31,870	437	857	553	14,367
April	637	3,033	819	31,640	537	2,819	820	30,887	456	1,382	766	18,350
May	659	3,459	882	34,744	649	3,362	915	36,325	427	1,808	555	22,600
June	651	2,992	894	34,394	750	3,002	881	35,062	517	2,017	909	27,342
July	671	3,489	968	35,918	723	2,843	907	34,943	578	1,900	911	26,388
August	733	3,225	933	34,887	715	3,007	919	33,683	555	1,888	862	28,175
September	603	3,059	874	34,224	609	2,972	823	33,785	434	2,166	727	26,226
October	710	3,408	893	36,608	595	3,060	839	32,822	441	2,142	686	27,000
November	792	3,118	835	32,858	690	3,012	835	33,804	465	2,322	611	28,981
December	733	2,648	872	30,979	712	2,820	863	32,012	409	1,991	691	26,178
<b>TOTAL</b>	<b>8,083</b>	<b>37,550</b>	<b>10,490</b>	<b>406,849</b>	<b>7,767</b>	<b>35,520</b>	<b>11,264</b>	<b>394,585</b>	<b>5,544</b>	<b>19,745</b>	<b>8,201</b>	<b>269,353</b>



It will be noted that 925 more patients were conveyed by Hired Cars than in 1961. The journeys have increased by 197, mileage by 4,510 and cost by £394/9/9.

**Patients conveyed by Rail**—As stated previously in this Report, all long distance removals of patients are made whenever possible by Rail. This is working very satisfactorily. It is often to the benefit of the patients to travel by Rail rather than by ambulance for the reasons that they reach their destination quicker, arrangements are made for an ambulance to meet the train and convey the patients to their final destinations. The staff of the British Railways are always very helpful to patients, particularly in assisting them when changing from one train to another.

83 patients were conveyed to different parts of the country (most of them to London), during 1962, compared with 56 in 1961.

**Analysis**—The following is an analysis of patients dealt with during 1962 by the County Council Ambulances, Hired Sitting Case Cars and patients carried by Rail with comparative figures for 1961 and 1955 :—

	1962	1961	1955
Road accidents ... ..	487	477	223
Miscellaneous accidents ... ..	289	269	111
Maternity cases ... ..	1041	1039	246
Emergency cases ... ..	3902	3375	1279
Infectious cases ... ..	74	115	79
General removals and clinic cases ...	45605	42852	37839
Patients by rail ... ..	83	56	19
	—	—	—
	51481	48183	39796
	—	—	—

**Mobile Health and Dental Clinic**—The following table gives figures relating to the use of the Mobile Health Clinics in the County, with comparative figures for 1961 :—

1962.		1961.	
Sessions.	Mileage.	Sessions.	Mileage.
190	4268	192	4629

The following shows the number of mothers and babies conveyed from the surrounding districts by the towing vehicle to the Mobile Clinic during 1962 and corresponding figures for 1961 :—

1962.				1961.			
Total				Total			
Mothers.	Babies.	Carried.	Mileage.	Mothers.	Babies.	Carried.	Mileage.
1383	2049	3432	1990	926	1297	2223	1061

The above figures show that 457 more mothers were conveyed in 1962 and 752 more babies, and the mileage increased by 929.

#### Delivery of Welfare Foods.

1962.		1961.	
Journeys.	Mileage.	Journeys.	Mileage.
62	2874	51	2484

#### Mobile Dental Clinic.

1962.		1961.	
Journeys.	Mileage.	Journeys.	Mileage.
20	570	7	245

The clinic visits various schools in the County staying at each school until the Dental Officer has completed his work there.

The following shows the number of journeys made and miles covered by the towing vehicles to deliver various equipment, and in other service runs in connection with the Health Department and the Ambulance Service during the year, with comparative figures for 1961.

1962.		1961.	
Journeys.	Mileage.	Journeys.	Mileage.
25	565	13	474

The total mileage shown for towing the clinics, delivery of welfare food, equipment and service runs is 10,267 miles. This is in addition to the 406,849 miles shown for ambulances, making a grand total mileage for the eighteen vehicles in the service on 31st December, 1962, of 417,116 miles compared with 403,478 miles in 1961.

The following shows the quantity of petrol and diesel consumed during the year by the ambulances.

7,906 gallons of Derv were consumed by the eight diesel vehicles to cover 219,346 miles—average miles per gallon 27.7. The cost was £1,489/17/0, and the cost per mile 1.63d.

11,458 gallons of petrol were consumed by the petrol vehicles to cover 197,770 miles—average miles per gallon 18.1. The cost was £2,324/2/8, and the cost per mile 2.83d.

The above figures prove that diesel vehicles are more economical to run than petrol driven vehicles. On fuel consumption only, over £800 has been saved. They also show economy in general maintenance.

**The Mersey Tunnel**—The Mersey Tunnel was used by the ambulances during the year on 1,142 occasions to convey patients to and from Liverpool Hospitals and to places beyond Liverpool.

**Tyres**—Fifty new tyres were purchased during the year. Average miles per tyre approximately 25,000.

**Maintenance**—The year 1962 was the first full year when the maintenance of ambulances was carried out by the full-time employed mechanic at the Ambulance Headquarters, Mold. I am pleased to report that not only is this far more economical and more efficient but vehicles are now only kept out of commission for a very short time. The only major repairs carried out on ambulances during the year at outside garages were replacement of engines on three ambulances. The reason for this is that our workshop is not fitted with the lifting tackle necessary to get an engine out of the chassis—also, this work requires two men. Other repairs carried out by outside garages were body repairs and re-spray.

**Insurance Claims**—Twenty Insurance Claims were made during the year for repairs on ambulances due to accidents. Most of these were due to no fault of our drivers.

I would like to compliment all our ambulance drivers on their fine record of good driving during the year, each driver covered an average of 16,000 miles, often under very hazardous conditions.

The following drivers qualified for their Awards for 1962 :—

Senior Driver C. Grace, Rhyl Station—4th Year Diploma.  
 Senior Driver T. E. Bellis, Mold Station—1st Silver Bar (6 years).  
 Ambulance Driver J. Wardman, Rhyl Station—1st Oak Leaf (11 years).  
 Ambulance Driver E. Wilson, Flint Station—2nd Silver Bar (7 years).  
 Ambulance Driver T. Thomas, Mold Station—4th Year Diploma.  
 Ambulance Driver D. G. Griffiths, Mold Station—5th Year Silver Medal.  
 Ambulance Driver A. T. Goodwin, Mold Station—3rd Year Diploma.  
 Ambulance Driver E. S. Roberts, Mold Station—3rd Year Diploma.  
 Driver/Attendant Ll. Lloyd, Rhyl Station—3rd Year Diploma.  
 Ambulance Driver T. Hughes, Holywell Station—3rd Year Diploma.  
 Ambulance Driver A. Earnshaw, Queensferry Station—2nd Year Diploma.  
 Driver/Attendant A. Parry, Queensferry Station—2nd Year Diploma.  
 Driver/Attendant M. Gatehouse, Rhyl Station—2nd Year Diploma.  
 Ambulance Driver A. Hughes, Holywell Station—1st Year Diploma.  
 Relief Driver G. Thomas—1st Year Diploma.

Five drivers failed to qualify for Awards.

**Training**—The increase in the number of road accidents often involving serious injuries make it essential that the ambulance crews shall have a sound knowledge of first aid and also be able to recognise the serious nature of a case in the absence of medical assistance.

The National Association of Ambulance Officers has endeavoured to bring to the notice of higher Authorities the importance of initial training for all ambulance personnel. The scheme is similar to that provided for the Police and Fire Service, where new recruits attend a Training School for a period to obtain appropriate instruction for duty in the Ambulance Service. During the year one of our drivers took a correspondence course in the Institute of Certified Ambulance Personnel and was successful in passing the Associate Examination. The Syllabus of this Institute is that for advanced First Aid, Physiology, Anatomy and Hygiene. About 16 of the full-time Ambulance Drivers/Attendants showed interest in the course and applied through the County Ambulance Officer for classes to be arranged. The Further Education Department was approached by the Ambulance Officer and evening classes were arranged at Mold, Rhyl and Holywell, and the examination will be arranged by the Institute about April, 1963.

All ambulance drivers and attendants in the Service on 31st December, 1962, had qualified for their St. John and British Red Cross Society Certificates and Awards for 1962.

The following shows the number of patients conveyed by the Flintshire Ambulance Service on behalf of other Authorities (together with costs recovered) and comparable figures for 1961:—

FLINTSHIRE PATIENTS CONVEYED BY OTHER AUTHORITIES.

Authority.	1962.				1961.			
	Patients.	Journeys.	Mileage.	Cost.	Patients.	Journeys.	Mileage.	Cost.
				£ s. d.				£ s. d.
Anglesey C.C.	...	2	53	4 12 9	...	2	46	2 16 0
Birmingham City	...	2	43	5 2 9	...	—	—	—
Bristol C.B.	...	—	—	—	...	1	10	1 10 0
Chester City	...	2	71	6 4 3	...	4	22	2 12 3
Cheshire C.C.	...	17	179	19 12 0	...	13	224	12 17 6
Caernarvon C.C.	...	4	84	10 0 0	...	—	—	—
Denbigh C.C.	...	114	1380	190 0 6	...	125	1091	264 12 9
East Sussex C.C.	...	—	—	—	...	1	27	2 7 3
Hereford C.C.	...	1	27	2 7 3	...	—	—	—
Kent C.C.	...	—	—	—	...	1	28	2 9 0
Liverpool Corporation	...	7	172	17 2 3	...	5	111	9 16 3
Manchester Corporation	...	1	20	3 0 0	...	—	—	—
Radnor C.C.	...	—	—	—	...	1	152	7 14 6
Stafford C.C.	...	1	70	1 14 0	...	—	—	—
Sports Meetings, Races and N.C.B.	...	—	85	51 17 6	...	8	243	61 0 3
Totals	151	161	2184	£311 13 3	169	161	1954	£367 15 9

The following shows the number of patients conveyed by other Authorities on behalf of Flintshire during 1962 with comparable figures for 1961 :—

Authority.	1962.				1961.			
	Patients.	Journeys.	Mileage.	Cost. £ s. d.	Patients.	Journeys.	Mileage.	Cost. £ s. d.
Anglesey C.C.	...	1	40	3 10 0	...	1	32	2 15 0
Birmingham C.B.	...	2	48	5 18 0	...	—	—	—
Buckingham C.C.	...	1	130	5 9 6	...	—	—	—
Caernarvonshire C.C.	...	—	—	—	2	2	29	2 10 0
Chester City	...	151	785	200 0 0	128	124	721	200 0 0
Denbighshire C.C.	...	122	1606	202 15 6	106	94	1161	162 4 6
Huddersfield C.B.	...	—	—	—	1	1	8	12 0
Liverpool Corporation	...	—	—	—	1	1	30	12 3
London C.C.	...	1	55	12 9 3	—	—	—	—
Manchester C.B.	...	—	—	—	2	2	105	5 18 3
Monmouthshire C.C.	...	1	46	6 18 0	—	—	—	—
Salford C.B.	...	9	75	9 4 11	9	9	75	6 15 10
Shropshire C.C.	...	24	589	52 5 6	24	17	438	61 16 6
Totals	312	257	3374	£498 10 8	274	251	2599	£443 4 4

**Emergency Calls occurring over the County Boundary**—You will have noticed in the preceding table relating to emergency calls outside the County dealt with by our Service that the figures shown for Denbighshire are higher in comparison to others. This is because Flintshire answers quite a number of accident and emergency calls in the Towyn, Abergele and Loggerheads (near Mold) area of Denbighshire..

With a view to agreeing mutual arrangements for dealing with each others emergency cases, a meeting was held between Dr. Islwyn Jones, County Medical Officer of Health, Denbighshire, the County Ambulance Officer, and myself at Wrexham on 22nd October and it was agreed that any calls received at our Control from the Denbighshire areas mentioned would be met by our Mold and Rhyl Stations respectively. Likewise, ambulances from Wrexham will answer similar calls from the border area of Flintshire (namely, Caergwrle and Ffrith). These arrangements are working quite satisfactorily.

The arrangements with Chester City Ambulance Service are at present under review but, meanwhile, Chester Ambulance Service continues to cover the part within a radius of fifteen miles from the City Centre.

**Annual County Ambulance Competition**—The Annual Competition between the Personnel of the Ambulance Stations in the County was held on 20th May, 1962, at the County Ambulance Headquarters, Mold. Adjudicators were Dr. M. T. Islwyn Jones, County Medical Officer of Health, Denbighshire, and Mr. G. L. Britton and members of the County Health Department, Denbighshire County Council.

Five Stations took part, namely, Mold, Rhyl, Holywell, Queensferry and Flint.

The winning team was Holywell with 234 marks out of the possible 400. Rhyl was second with 216 marks, Mold 193½, Flint 191½ and Queensferry 179.

The winning team was presented with the County Shield by Councillor G. Vaughan of Rhyl in the absence of Alderman J. R. Gilbert, Chairman of the Ambulance Sub-Committee, who was unfortunately unable to attend owing to ill health.

Among those who attended the competition was Alderman Schwartz, Vice-Chairman of the County Council. He also attended the National Competition held at Newtown on 24th June, 1962, when the following nine Authorities took part—Cardiff, Cardiganshire, Caernarvonshire, Carmarthenshire, Denbighshire, Flintshire, Merionethshire, Monmouthshire and Montgomeryshire. The winning team was Cardiganshire with 325 marks, Caernarvonshire second with 306 marks, Carmarthen 291, Flintshire 271. The Flintshire team was awarded the highest marks for the best equipped and cleanest ambulance—57 marks out of a possible 60.

**National Association of Ambulance Officers**—The County Ambulance Officer attended three Regional Meetings at Shrewsbury during the year. He was again re-elected Chairman of the Wales Region for the seventh consecutive year. He also attended the Annual Conference held at Weston-super-mare on 13th and 14th September, 1962.

**New Ambulances**—Four new ambulances were purchased during the year—three standard ambulances to take two stretcher cases and one converted Morris 'J' Omnibus type for the Maelor area. The three standard type ambulances were to replace the following vehicles—LDM 721, LDM 719, and MDM 450, the three of which had been in the Service since 1955 and had covered between them over 640,850 miles. They were sold in part-exchange for the new vehicles.

**Vehicles**—Total vehicles in service at 31st December, 1962:—

Type.	Make.	Year.	Condition.	Reg. No.
Standard 2 Stretcher	Austin Petrol	1962	New	73 DDM
do.	Austin Diesel	1962	New	61 DDM
do.	do.	1962	New	83 DDM
Conversion 1 Stretcher	Morris Petrol	1962	New	959 BDM
Standard 2 Stretcher	Austin Diesel	1961	Good	51 ADM
do.	Morris Petrol	1961	Good	52 ADM
do.	do.	1961	Good	72 ADM
Towing 1 Stretcher	Land Rover Petrol	1961	Good	174 ADM
Standard 2 Stretcher	Morris Diesel	1960	Good	WDM 562
Light 2 Stretcher	Land Rover Petrol	1960	Good	VDM 156
Standard 2 Stretcher	Morris Diesel	1959	Good	SDM 953
do.	Morris Petrol	1959	Good	SDM 982
do.	Morris Diesel	1958	Good	RDM 563
do.	do.	1958	Fair	RDM 571
Standard Dual Purpose	Bedford Petrol	1958	Good	RDM 454
Standard 2 Stretcher	Morris Diesel	1957	Fair	PDM 138
do.	do.	1956	Fair	NDM 694
do.	Bedford Petrol	1955	Fair	LDM 781
Mobile Health Clinic	Coventry Steel	1958	Good	—
Mobile Dental Clinic	do.	1961	Good	—

**Establishment of Service as at 31st December, 1962.**

Head of Service—County Medical Officer of Health.	
Officer-in-Charge—County Ambulance Officer.	
Record Clerk	1
Control Clerks: Males	4
Females	2
	6
Telephonist	1
Shorthand Typist (part-time)	1

**Operational :**

Senior Ambulance Drivers	...	...	...	2
Ambulance Drivers	...	...	...	13
Relief Driver	...	...	...	1
Ambulance Attendants (able to drive)	...	...	...	8
Part-time Ambulance Driver—Hanmer	...	...	...	1
Mechanic	...	...	...	1
Caretaker—Part-time, Headquarters	...	...	...	1

**Resignations**—Two of the Ambulance Control Staff resigned from the Service in November, namely, Mr. P. Sowery and Mr. P. Duffy, to take up other employment.

**Appointments.**

**Operational Staff**—Mr. H. Hughes of Mynydd Isa, Mold, was appointed Ambulance Attendant in January, 1962, on a temporary basis to replace Attendant G. George who resigned from the Service in December, 1961.

**Control Staff**—Mr. W. Bently and Mr. G. C. Williams were appointed in November, 1962, to replace the two Control Clerks who resigned in the same month.

**Conduct and Health**—I wish to record also my appreciation of the service of the County Ambulance Officer who has been largely responsible for maintaining a very efficient Ambulance Service throughout the year.

The general conduct of the staff (control and operational) throughout the year has been excellent; they have endeavoured to carry out their duties (often under very difficult conditions) in a very efficient manner. Sickness, however, was responsible for staff being off duty as follows:—

Control staff—25 working days.

Operational staff—1,248 man hours.

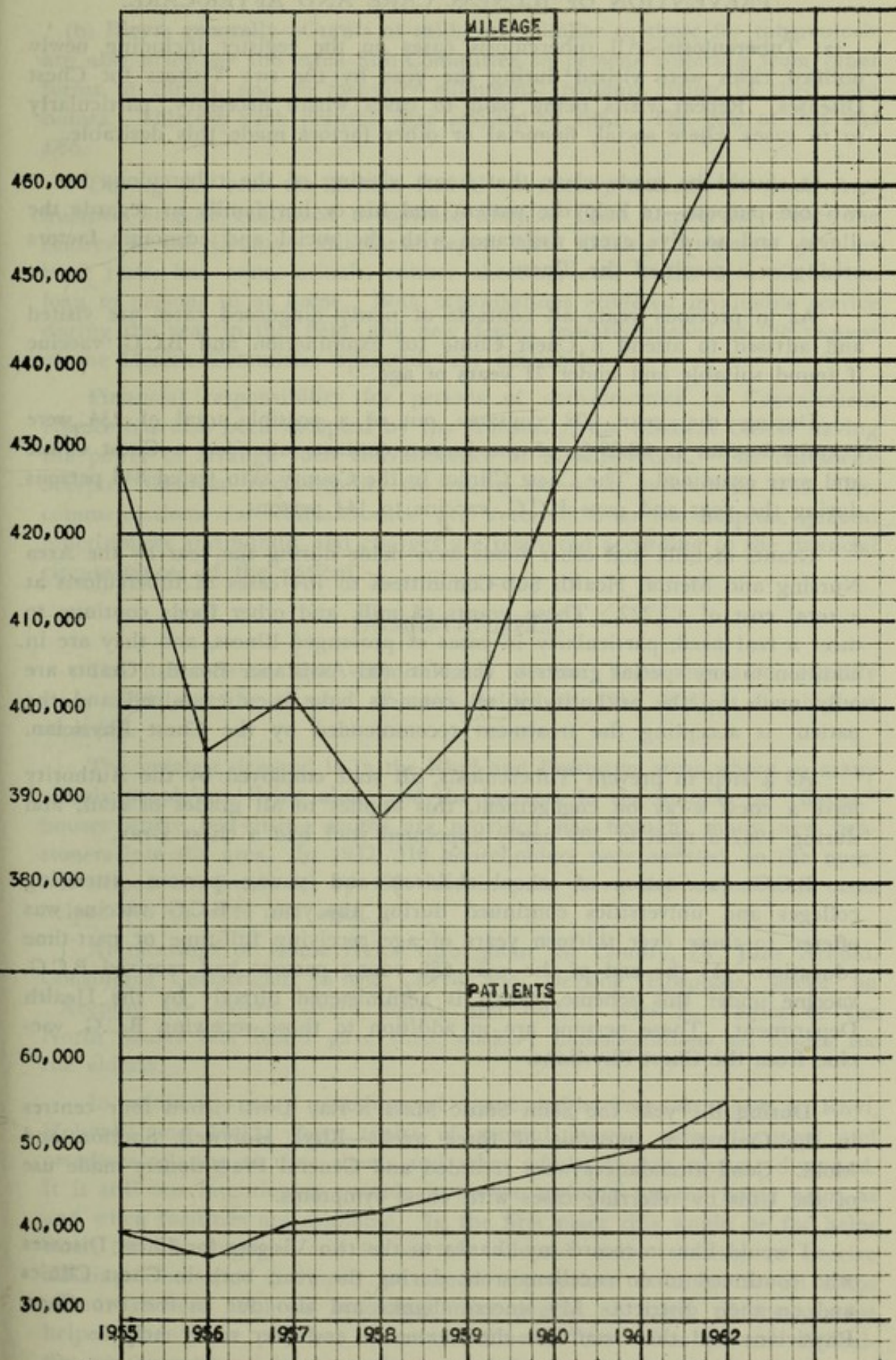
**Civil Defence**—The response for volunteers in the Ambulance Section of the Civil Defence Service has been poor, the only Detachment under training is in the Rhyl area where approximately twenty-four attend the weekly training sessions.

Three vehicles are maintained for this work, one first aid party vehicle and two ambulances.

The County Ambulance Officer attended a three-day study group at the Civil Defence Staff College, Sunningdale, in March, 1962.

Senior Ambulance Driver T. E. Bellis who had gained a restricted Instructor's Certificate in 1957 at the Civil Defence School, Falfield, was called to attend a re-qualifying course at Falfield in November. I am sorry to report that Mr. Bellis felt he would not be able to carry out the required test and returned after two days. His Certificate has now been cancelled.

**Conclusion**—I wish to thank the Flintshire Branch of the British Red Cross Society for their excellent co-operation in providing escorts to most of the patients conveyed by rail transport throughout the year at no cost to the Service other than subsistence. My thanks are also due to the Chief Constable for providing Police escorts for our ambulances when dealing with emergency transfers to Liverpool, etc.

AMBULANCE AND SITTING CASE CARS

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(a) **Tuberculosis**—All tuberculosis cases on the register including newly notified cases were visited during the year by the two Visitors for Chest Diseases. 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 208 contacts out of a possible total of 234 were examined—that is 88.89 % of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 843 persons during the year and gave B.C.G. vaccine to 144 persons.

Grants of milk and other foods were made during the year by the Area Nursing and Mental Health Sub-Committees to 164 cases of tuberculosis at a total cost of £2,222. 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 1962 a total of 309 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 650 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 use of the Unit by referring cases with chest symptoms.

I would like to record my thanks to the two Visitors for Chest Diseases 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-Committee to persons suffering from other forms of illness, and to mentally subnormal patients living in their own homes. Thirteen such persons were assisted in 1962. The cost of this was £86.

During the year the British Red Cross Society and the St. John Ambulance Brigade continued to operate Medical Loan Depots at twenty-one 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 twenty-two such patients in 1962. Recommendations for convalescence are received from the hospital, 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 1962 (808) is the highest recorded.

The greatest demand is in the Rhyl and Prestatyn areas where so many elderly people are living alone and the increase in the number of "flatlet" houses where bed-sitting rooms are provided has brought many new pensioners into the area. In 1952, 310 householders were assisted, so the number helped has increased by 498. As in past years, the majority of cases helped (78 %) were the aged.

At meetings of Home Helps throughout the County, Dr. June Arnold, Consultant Geriatrician to the Clwyd and Deeside Hospitals, spoke on "Keeping the elderly lively, happy and well." Miss K. Taylor of the North Wales Gas Board gave three cookery demonstrations on dishes for the elderly.

In addition, group meetings of home helps were arranged at Rhyl, Holywell and Mold, where topics of general interest were discussed and problems relating to time sheets and other administrative matters discussed. It is still our intention to provide in-service training for the home helps as and when facilities are available. In the first place this would be for helps when initially engaged and for certain selected helps waiting to receive training. Later, it is hoped to extend appropriate training for all helps in our service. This is becoming more urgent as many of the persons helped often have physical or mental illnesses that often present difficulties not encountered in the early days of the home help service.

During the year home helps continued when requested to assist the district nurses who were visiting cases receiving help. This is particularly valuable in helping with lifting and handling heavy and helpless patients cared for at home. In this way, also, home helps were often able to contact the nurse when a patient's condition deteriorated and nursing care appeared necessary.

The new National Assistance Board scale of assessments was introduced and the new scale approved by the County Council was started in September.

Some elderly people have received the benefit of the Service for eleven years and many are sustained in their own homes for a longer period than would be otherwise possible.

Seventeen of the Home Helps have now completed more than ten years service and a number are now of pensionable age or widows and their earnings are restricted. It will be of benefit when the limitations of earnings rule is altered.

Two Home Helps—Mrs. L. Hall and Mrs. M. Knight—retired during the year. Mrs. Hall gave most valued service as a full-time Helper until 1961 when she undertook part-time duties. Mrs. Knight was the first Home Help to be appointed in 1949 and has done excellent work in the Buckley area.

The Home Helps have continued to give loyal and devoted service and their efforts are much appreciated by the elderly people. Many do extra kindnesses which are not included in the list of duties and some have even enlisted the help of their husbands for decoration and repairs. The number of helpers has been increased in some areas to meet the growing demands and during the year requests were met in remote districts not previously served.

Home Helps continued to give evening service as part of their ordinary service, very often calling in on a case to settle them for the night, after attending them earlier in the day. A few requests are also received for night sitters, from very ill patients who do not require hospital care. These requests for night service are met from existing staff or from temporary helpers recruited for this purpose. It should be emphasised that night service is only provided if no relatives or other persons are available to provide this form of care.

The Home Help Service is an integral part of the County Health Services providing a personal service to persons in their own homes, shopping, cooking, cleaning and acting as a link with other services and the outside world. The service is much appreciated by all concerned, doctors hospital staff, social workers and most of all by those who are cared for by the helpers in their own homes.

Details of cases helped and hours worked are shown in Table 23.

Table 23.

## DOMESTIC HELP SERVICE.

Number of cases where domestic help was provided during the year :—

Maternity	...	...	...	...	...	22
Tuberculosis	...	...	...	...	...	7
Chronic Sick	...	...	...	...	...	633
Medical	...	...	...	...	...	113
Surgical	...	...	...	...	...	17
Special	...	...	...	...	...	16
Total						808

Number of above having evening help ... .. 13

Hours worked :—

Eastern Area	...	...	...	31,369 $\frac{3}{4}$
Central Area	...	...	...	23,843
Western Area	...	...	...	61,846
Total				117,058 $\frac{3}{4}$

Number of first visits to patients ... .. 208

Number of re-visits to patients ... .. 759

Number of first visits to helpers ... .. 42

Number of re-visits to helpers ... .. 836

Prospective helpers interviews at office or home ... .. 69

Helpers employed 31st December, 1962 :—

Full-time ... .. 1

Part-time ... .. 118

Number of Meetings held for Home Helps ... .. 5

New cases served in 1962 :—

	Eastern.	Central.	Western.	Total.
Maternity	7	3	11	21
Tuberculosis	—	1	2	3
Chronic Sick	74	43	99	216
Medical	17	8	53	78
Surgical	3	2	8	13
Others :				
Special—includes				
Chronic Sick and				
Mentally Ill	4	4	1	9
Total	105	61	174	340

## HEALTH EDUCATION.

As the gross community diseases such as rickets, tuberculosis, diphtheria, typhoid, etc., are being controlled by improved environmental services and new drugs so health education moves more and more from problems that concern the community to problems that concern the individual. At the turn of the century health education was aimed at informing the public on matters which needed attention by the community as a whole—pure water, pure food, water carriage sanitation. Many of these objectives have now been attained and we are faced with informing the public of the part played by the individual in maintaining health and preventing disease.

This problem of informing the individual is a more difficult and more specialised job than community instruction. We are now faced with giving facts on healthy living to individuals in the hope that we can convince them of the value to them of adopting what we advocate and in this way often changing habit patterns well or not so well established. To do this effectively we should start our health education work in primary and secondary schools and continue the work in centres of further education and in the community. Many schools do give instruction in health education and wherever possible we help in this work—even so health education is not regarded as a true part of school instruction as vital to the pupil as any normal subject.

With the adult population education in healthy living only touches the fringe of some main issues, and the results are very small compared with the effort required to get the knowledge over. On the other hand, health education in primary and secondary schools affects the habits and ways of life of pupils and in this way a positive approach to healthy living is obtained. The good habits acquired in school will continue in the adult with very beneficial results to the individual and the community.

During the year a considerable amount of our time and resources were spent on informing the public on various methods of protection against infectious diseases by immunisation and vaccination. It is necessary still to remind the public that protection is now available against diphtheria, tetanus, whooping cough, poliomyelitis, tuberculosis, smallpox. To achieve our ends we used leaflets, posters, lectures and press publicity.

In March, we received the report "Smoking and Health" published by The Royal College of Physicians on smoking and atmospheric pollution, and this detailed report proved beyond doubt that heavy cigarette smoking was a major cause of lung cancer, and also played a vital role in causing chronic bronchitis and influenced adversely the incidence and outlook in coronary heart disease.

The report points out that 75 % of men and 50 % of women in Britain smoke cigarettes and these percentages are increasing. Deaths due to cancer of the lung have increased alarmingly in recent years—particularly so in men. In 1916, a total of 300 deaths occurred due to lung cancer, but in 1960 this number had increased to 22,000. The report points out that for a man aged 35 years of age the chances of dying in the next ten years are one in ninety if he is a non-smoker, but one in twenty-three if he smokes twenty-five cigarettes a day. Put in another way, one person in six will die before pensionable age in the community—but this is reduced to one in three who will die before pensionable age if heavy smokers.

The report concludes that cigarette smoking is an important cause of lung cancer and that every possible step should be taken to reduce smoking in the community and particularly to discouraging young persons from starting the habit.

The contents of this report got widespread national publicity on television, radio, and in the press. We did what we could locally to bring the message home, particularly to senior school children and teenagers. To do this we showed films on smoking and its effects on health in secondary schools, displayed posters, issued leaflets and gave talks to many organisations, particularly youth organisations.

The staff of the department took part in health education work to all sorts of audiences in various places—schools, conference of teachers, Dyserth Summer Festival, Flint and Denbigh Agricultural Show, Parent/Teachers Organisations, Women's Organisations, etc.

I would again like to thank all the staff for the valuable work they do in the field of health education, in particular, Dr. E. Pearse and Dr. W. Manwell for their valuable work in secondary schools, Mr. E. Lewis, the County Public Health Inspector, for being responsible for lectures and the Visual Aids Section of the Department. Also Miss P. M. Matthews and Miss L. Mann, Miss E. Weston and Miss M. Williams, the two Senior Health Visitors, and Miss J. S. Rogers who does Health Education as a specialised part of her Health Visiting duties.

#### MENTAL HEALTH.

Services for the mentally disordered provided by the Authority under the Mental Health Act, 1959, were maintained during the year and in certain spheres improved. The Act has placed emphasis on the community care of the mentally ill, and in this work Mental Welfare Officers play a vital role, and it is here that we are facing our greatest problem. No training scheme for Mental Welfare Officers was introduced before the Act became law and it is only now that courses are available and places on these courses are very limited. Further, no adequate training facilities are

available for staff already in this work—Duly Authorised Officers under the old legislation. For these reasons our community services in common with other Local Health Authorities are inadequate to meet the demands—we are, in fact, only meeting day to day calls and not able to plan community care as a necessary long term service, working closely with General Practitioners and the Hospitals.

During the year we were able to get two of our Mental Welfare Officers away on two-year training courses leading to the Diploma in Social Work Training and it is only when these members have returned as trained workers that we will be able to start planning a comprehensive after-care service for the mentally ill. In the meantime, we have to provide community care with a Senior Mental Welfare Officer, two Mental Welfare Officers and one Assistant Mental Welfare Officer who has been recruited into a trainee post.

This, in effect, means providing a service with half the authorised staff. As mentioned before, the urgent need in the field of care for the mentally ill is for more trained Mental Welfare Officers and more training facilities.

Services for the subnormal were improved during the year with the transfer of the Junior Training Centre from Fronfraith, Rhyl, to Tirionfa, Rhuddlan. Tirionfa has accommodation for sixty children—boys and girls—and more space and scope for both indoor and outdoor activities. Subnormal children from East Flintshire continued to attend the Chester Training Centre during the year and receive very excellent training there. During 1962, a start was made on building the Adult Training Centre at Greenfield to serve the whole County, and it is hoped that this will be ready early in 1963.

The Psychiatric Club for ex-hospital patients and others continued its good work during the year under the guidance of Mrs. Howell, the Mental Welfare Officer for the Rhyl area, assisted by other members of the Mental Health Section of the Department. During the year, also, a Handicraft Class for the mentally ill was opened at Rhyl—for those in need of practical work rather than social contacts.

At the end of the year plans were completed for the erection of a hostel at Rhyl for the subnormal—to provide accommodation for twenty-five females and fifteen males. This hostel will be able to offer places to other Counties and it will work in close co-operation with Dr. M. Craft, the Consultant at Oakwood Park Hospital.

During the year a determined effort was made to get some subnormal females both from hospital and their own homes into employment. For this purpose a part-time Social Worker was engaged working partly for the hospital and the Local Health Authority and a good start on this work had been made at the end of the year.

It will be gathered that we are able to meet the needs of the mentally disordered as regards premises and material needs and it is meeting the demands for trained staff in the service that is presenting serious difficulties at present. As far as one can see at present it will be at least five years before we can expect to man our mental health services with trained staff.

I would again like to thank all General Practitioners in the County for their help and forbearance in the administration of the Mental Health Services. Our sincere thanks go to Dr. J. H. O. Roberts of the North Wales Hospital, Denbigh, and also the Medical Staff, Social Workers and Nursing Staff of the Hospital for their ready help. I would also like to thank Dr. M. J. Craft of Oakwood Park Hospital for all his help in dealing with the many difficult and urgent problems that arise in providing help for the subnormal in the community.

**Mental Health Act, 1959**—There has been a gradual annual increase in the number of patients admitted informally since the introduction of the new Act. It is estimated that the figure of seventy-three in the table is about half the total that did, in fact, obtain hospital admission as informal patients.

Table 24.

MENTALLY-ILL PATIENTS DEALT WITH BY MENTAL WELFARE OFFICERS, 1962.

	Males.	Females.	Total
Admitted to Hospital for observation :			
Under Section 25 ... ..	6	10	16
Under Section 29 ... ..	35	45	80
	<hr/>	<hr/>	<hr/>
Total ... ..	41	55	96
	<hr/>	<hr/>	<hr/>
Admitted to Hospital for treatment :			
Under Section 26 ... ..	—	1	1
Admitted to Hospital informally :			
Under Section 5 ... ..	30	43	73
Psychopathic Patients (admitted to Hospital) ... ..	—	—	—

Details of the work done in the community for the mentally subnormal are given in Table 26. Also, subnormal patients admitted to hospital during the year for short-term care or for longer periods. Home visiting of subnormal patients is carried out by Health Visitors and the Mental Welfare Officers. The Health Visitors visit boys under sixteen years of age and women of all ages and the Mental Welfare Officers visit the older males and any other cases presenting special problems. Reports on home visits are submitted by the staff to each Area Nursing and Mental Health Subcommittee.

Table 25.

## MENTAL SUBNORMALITY.

## CASES ON LIST FOR VISITING IN THE COMMUNITY.

	Age under 16.			Age 16 & over.			Total.
	M.	F.	T.	M.	F.	T.	
1961	31	25	56	85	76	161	217
1962	43	26	69	72	78	150	219

## PATIENTS ADMITTED TO HOSPITAL.

	Age under 16.			Age 16 & over.			Total.
	M.	F.	T.	M.	F.	T.	
1962 :							
Informally—							
Under Section 5 of Act	...	...	—	1	1	...	4
For observation—							
Under Section 25 of Act	...	...	—	—	—	...	—
Under Section 29 of Act	...	...	—	—	—	...	—
For treatment—							
Under Section 26 of Act	...	...	—	—	—	...	—
By Court Order—							
Under Section 60 of Act	...	...	—	3	—	3*	3*
Short-term Care	...	...	6	2	1	3	11
Total	6	3	9	6	3	9	18

\* In one of these cases an order was made also under Section 65 (i.e., without limit of time).

In Table 26, details are given of visits paid by Mental Welfare Officers since the new Act came into force. It will be noted that 710 after-care visits were paid and 712 visits other than after-care, where advice and help was sought, and in many instances for patients who did not receive hospital treatment.

Table 26.

## VISITS PAID BY MENTAL WELFARE OFFICERS.

To Mentally Ill Patients :—	1961.	1962.
(a) After-care visits	512	710
(b) Visits (other than after care)	589	712
To Mentally Subnormal Patients	385	400

In addition, Health Visitors paid 804 visits to Mentally Subnormal Patients and 452 visits to patients who were mentally ill.

Table 27.

	MENTALLY ILL.				PSYCHOPATHIC.				SUBNORMAL.				SEVERELY SUBNORMAL.				TOTALS.				GRAND TOTAL.						
	Under age 16.		16 and over		Under age 16.		16 and over.		Under age 16.		16 and over.		Under age 16.		16 and over.		Under age 16.		16 and over.								
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)					
Number of patients under L.H.A. care at 31/12/62 :																											
(a) Total number	...	...	—	2	74	133	...	—	—	—	—	—	37	34	...	43	26	35	44	...	43	28	146	211	...	428	
(b) Attending day training centre	...	...	—	—	—	—	—	—	—	—	—	—	3	3	...	26	16	10	12	...	26	16	13	15	...	70	
Awaiting entry thereof	In process of revision preparatory to opening new adult training centre early 1963.																										
(c) Resident in residential training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	—	—	
Awaiting residence therein	...	...	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	
(d) Receiving home training	...	...	—	—	—	—	—	—	—	—	—	—	—	2	...	—	—	—	2	...	—	—	—	—	4	...	4
Awaiting home training	...	...	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	
(e) Resident in L.A. home/hostel	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	—	—	
Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	
Resident at L.A. expense in other residential homes/hostels	...	...	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	—	
Resident at L.A. expense by boarding out in private household	...	...	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	
(f) Receiving home visits and not included under (b) to (e)	...	...	—	2	74	133	...	—	—	—	—	—	34	29	...	17	10	25	30	...	17	12	133	192	...	354	
Number of admissions for temporary residential care (e.g., to relieve the family) :																											
(a) To N.H.S. hospitals	...	...	—	—	—	—	...	—	—	—	—	—	—	1	...	6	2	2	—	...	6	2	2	1	...	11	
(b) To L.A. residential accommodation	...	...	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	
(c) Elsewhere	...	...	—	—	—	—	—	—	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	—	
(d) Total	...	...	—	—	—	—	—	—	—	—	—	—	—	1	...	6	2	2	—	...	6	2	2	1	...	11	

## FOOTNOTE:

There were no patients under statutory guardianship during the year 1962. Also, of the 70 attending Day Training Centres, 39 were in attendance at the Authority's Training Centre at Rhyl, 30 were in attendance at the Chester Training Centre and 1 was attending a Denbighshire Centre.

Table No. 28.

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1962.

Referred by :		MENTALLY ILL.				PSYCHOPATHIC.				SUBNORMAL.				SEVERELY SUBNORMAL.				TOTALS.				GRAND TOTAL.	
		Under age 16.		16 and over		Under age 16.		16 and over.		Under age 16.		16 and over.		Under age 16.		16 and over.		Under age 16.		16 and over.			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
(a) General practitioners	...	...	—	1	48	57	...	—	—	...	—	—	...	—	—	...	—	1	48	57	...	106	
(b) Hospitals, on discharge from in-patient treatment	...	...	—	—	28	46	...	—	—	...	—	—	...	—	—	...	—	—	28	46	...	74	
(c) Hospitals, after or during out-patient or day treatment	...	...	—	—	15	25	...	—	—	1	...	—	—	...	—	—	...	—	15	26	...	41	
(d) Local education authorities	...	...	—	—	—	—	...	—	—	...	—	—	...	12	5	—	—	...	12	5	—	17	
(e) Police and courts	...	...	—	—	24	10	...	—	—	...	—	—	...	—	—	...	—	—	24	10	...	34	
(f) Other sources	...	...	—	—	21	35	...	—	—	1	...	—	—	1	...	1	—	—	25	35	...	61	
(g) Total	...	...	—	1	136	173	...	—	—	1	1	...	—	1	...	13	5	2	...	13	6	...	333



INFECTIOUS AND OTHER COMMUNICABLE DISEASES

Section C. The following table shows the number of cases of infectious and other communicable diseases reported to the Health Officer of the County of Los Angeles during the year 1910. The diseases are classified according to the nature of the infection, and the number of cases is given for each disease. The diseases are: Diphtheria, Scarlet Fever, Typhoid Fever, Smallpox, Measles, Whooping Cough, and other communicable diseases. The number of cases for each disease is given in the following table:

Disease	Number of Cases
Diphtheria	10
Scarlet Fever	20
Typhoid Fever	30
Smallpox	40
Measles	50
Whooping Cough	60
Other communicable diseases	70

The following table shows the number of cases of infectious and other communicable diseases reported to the Health Officer of the County of Los Angeles during the year 1910. The diseases are classified according to the nature of the infection, and the number of cases is given for each disease. The diseases are: Diphtheria, Scarlet Fever, Typhoid Fever, Smallpox, Measles, Whooping Cough, and other communicable diseases. The number of cases for each disease is given in the following table:

## 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	...	...	...	...	90
Enteric Fever (Typhoid)	...	...	...	...	1
Erysipelas	...	...	...	...	6
Food Poisoning	...	...	...	...	5
Measles	...	...	...	...	549
Meningococcal Infections	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	—
Paratyphoid	...	...	...	...	—
Acute-encephalitis—Infective	...	...	...	...	—
"          Post-infective	...	...	...	...	—
Acute Poliomyelitis—Paralytic	...	...	...	...	—
"          Non-paralytic	...	...	...	...	—
Pneumonia	...	...	...	...	82
Puerperal Pyrexia	...	...	...	...	2
Scarlet Fever	...	...	...	...	23
Whooping Cough	...	...	...	...	9
Malaria (contracted abroad)	...	...	...	...	—
Total					768

The number of infectious diseases notified during the year is low compared with previous years and more important the number of notifications of the major conditions is low or absent.

During the year there were no cases of smallpox, diphtheria, meningitis or paralytic poliomyelitis notified. Several cases of smallpox were notified in England and Wales and some deaths recorded, and all key workers in the Health and other Departments of the Council were offered vaccination during the year. In all 280 members of the Council Staff were vaccinated or re-vaccinated in addition to primary vaccination of infants.

During the early months of 1962, influenza was very prevalent in all parts of the County affecting mainly children and the aged. The epidemic was due to Type B Virus. Type B is the European Virus and Type A the Asian Virus). Cases tended to be mild, with few serious complications except in the aged, and recovery in five to seven days. The epidemic persisted until the middle of March and then quickly subsided. The increased notification of pneumonia and the greater number of deaths due to pneumonia in 1962 was largely due to the influenza epidemic and the cases and deaths occurred in the elderly who developed influenza.

One case of typhoid was notified, ninety cases of dysentery and five cases of food poisoning. These cases, apart from typhoid, are probably only a fraction of the total cases which occur in the County and again this emphasises how inadequate and out of date is the present scheme of notification of infectious diseases. Cases of dysentery and food poisoning are preventable and more positive action is still needed by food handlers to reduce the incidence of this type of illness in the community.

Other cases notified during the year were 549 cases of measles—about half the 1961 figures—23 scarlet fever and 9 whooping cough.

Again we used the four group practices in the County as "spotters" for outbreaks of infectious cases. The Doctors in these practices covering the whole County inform the Department when cases of infectious illness occur in their practices and also very often when fresh cases cease to crop up. In this way, we know what outbreaks of infectious illness are prevalent at any given time and take steps to deal with outbreaks and measures to prevent spread where applicable. This scheme works much more effectively in practice than relying on information supplied as a result of practitioners notifying infectious diseases statutorily under the Public Health Act, 1936.

During the year, cases of infectious illness requiring hospital treatment were admitted to accommodation at Colwyn Bay Isolation Hospital, Wrexham Isolation Unit or Clatterbridge Hospital. Two Hospitals in North Wales are specially equipped to deal with Acute Poliomyelitis including severe spinal and bulbar cases—Gallysil Isolation Hospital, Caernarvonshire, and the Isolation Unit, Maelor General Hospital, Wrexham.

Table 29.  
TUBERCULOSIS—NOTIFICATION.

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

NOTE—In addition to the above, one male patient aged over 70 (not previously notified) was shown in the Registrar's Return of Deaths as having died from Respiratory Tuberculosis.

Table 30 shows the deaths from Tuberculosis during 1962, showing those in males and females and due to respiratory and non-respiratory illness.

Table 30.

## DEATHS FROM TUBERCULOSIS, 1962.

			Maes.		Females.		Total.
Respiratory Tuberculosis	...	...	7	...	3	...	10
Non-respiratory Tuberculosis	...	...	1	...	—	...	1
			—		—		—
All forms	...	...	8		3		11
			—		—		—

Notification of new cases of tuberculosis fluctuate slightly from year to year, but the overall trend is a gradual reduction in new cases notified, both respiratory and non-respiratory, as will be seen from Table 31. In the same way deaths from tuberculosis have also gradually diminished during the last twenty years (Table 31).

It will also be seen in Table 31 that the Flintshire notification rate for 1962 of new cases (0.43) is slightly lower than the rate for England and Wales for 1961 (0.48). On the other hand, the death rate from tuberculosis in Flintshire for 1962 (0.07) is the same as the last known rate for England and Wales (i.e., for 1961 0.07).

Tuberculosis is no longer a major public health problem and quite naturally the facilities used for tuberculosis in the past are now being used for chest diseases in general, and in line with the trend, the Tuberculosis Health Visitors are now designated Visitors for Chest Diseases, and visit all cases with chest complaints when after-care visiting would be of help to the patient.

Table 31.

## CASES NOTIFIED.

			1940	1950	1960	1961	1962
<b>Table 1 (Flintshire) :</b>							
Respiratory T.B.	...	...	135	132	82	89	46
Non-Respiratory T.B.	...	...	44	34	14	11	19

**Table 2 (Flintshire) :**

Notification per 1000 population	...	1.28	1.14	0.65	0.67	0.43
----------------------------------	-----	------	------	------	------	------

**Table 2 (England and Wales) :**

Notification per 1000 population	...	1.16	1.18	0.51	0.48	*
----------------------------------	-----	------	------	------	------	---

**Table 3 (Flintshire) :**

Death rate per 1000 of the population,					
Respiratory and Non-Respiratory	0.46	0.40	0.06	0.12	0.07

**Table 3 (England and Wales) :**

Death rate per 1000 of the population,					
Respiratory and Non-Respiratory	0.99	0.59	0.07	0.07	*

\* 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 Visitors for Chest Diseases did excellent work in this connection and 208 out of 234 (89 %) contacts were examined. (See Table 32).

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 Facilities**—The County is served by mobile and semi-static mass x-ray units. The mobile units visit factories, towns and other centres as requested to x-ray either groups of the public or employees in certain special industries.

The semi-static mass x-ray unit continued during the year to visit the same four centres in the County every three weeks—Rhyl, Holywell, Mold and Shotton. Any member of the public can attend at these centres without prior appointments, and also General Practitioners can refer cases with "chest" symptoms for x-ray without prior arrangements.

Details of cases seen at the semi-static unit, at the four centres, are given in Table 33. Also shown are the total persons who attended at the various centres visited by mobile units other than the semi-static unit during the year.

Routine mass x-ray surveys of schoolchildren are now carried out. Children found to be mantoux positive during the B.C.G. testing are referred to the Mass X-Ray Unit for a chest x-ray. Those found to be strongly positive—a very small number—are referred to the Chest Physician for a large plate chest x-ray and a clinical examination.



Table 33.

## SURVEY OF GENERAL POPULATION BY MASS RADIOGRAPHY UNIT DURING 1962.

Circuit Location.	No. examined.	No. of visits.	Average attendance per visit.	Referred by General Practitioners.		No. referred for further investigation.	No. of other Pulmonary Abnormalities (not requiring further observations).
				Number.	Percentage.		
Holywell	879	14	63	85	9.7	12	15
Mold	670	15	45	40	5.9	10	9
Rhyl	1706	15	114	87	5.1	89	65
Shotton	636	14	45	41	6.4	8	9
Special Surveys in Factories, etc.	5990	—	—	—	—	15	27
TOTALS	9881	58	67	253	6.5	134	125

**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	...	...	...	1
Gonorrhoea	...	...	...	31
Other conditions	...	...	...	104
				<hr/>
Total	...	...	...	136
				<hr/>

### Section D.

## FOOD AND DRUGS ACT, 1955.

### REPORT OF THE COUNTY PUBLIC HEALTH INSPECTOR.

**Legislation**—During the year ended 31st December, 1962, six new Regulations were introduced dealing with the quality of foods and drugs. Probably the most important was the one which controlled the presence of preservatives in food. The number of permitted preservatives is increased, and also a far greater number of foods may now contain preservatives. Among these commodities are bread rolls, cakes, flour confectionery, certain types of cheeses and raw fish.

**Food Sampling**—1,823 samples were taken during the year. 561 of these were submitted for chemical analysis and 1,262 were sent to the Public Health Laboratory for bacteriological examination.

The following is a summary of all samples submitted to the Public Analyst for chemical analysis :—

Article.	Number taken.	Genuine.	Not genuine or below standard.
Milk	283	233	50
Dairy Products	10	10	—
Ice Cream and Lollies	20	18	2
Sausages	53	48	5
Cooking Fats	9	9	—
Fruit and Vegetables	12	12	—
Miscellaneous Groceries	102	12	—
Meat Products	11	10	1
Patent Medicines	10	10	—
Confectionery	21	19	2
Alcoholic Drinks	30	28	2
	<hr/>	<hr/>	<hr/>
	561	499	62
	<hr/>	<hr/>	<hr/>

**Milk**—During the year ended 1962 there were 1,253 farms producing milk in the County. Milk is also retailed in the County from the adjoining Counties of Salop, Cheshire, Denbigh and Caernarvon.

1,405 samples of milk were submitted for analysis—285 samples to the Public Analyst for chemical analysis and the remainder to the Public Health Laboratory for bacteriological examination. The samples were taken from roundsmen, dairies, farms, schools and restaurants and were tested for colouring matter, added water, butter fat deficiency, solids not fat, blood, dirt, preservatives and antibiotics.

50 samples were the subject of adverse reports—4 contained added water, 9 were deficient in butter fat, and 37 were genuine but poor quality milk. Successful legal proceedings were instituted in respect of one added water, and 2 butter fat deficiencies.

The problem of the presence of antibiotics in milk was referred to the Welsh Board of Health and to the Agricultural Executive Committee early in 1961 when twelve samples of milk were found to contain Penicillin. 82 samples of milk were examined this year and in one sample only was there presumptive evidence of penicillin found.

**Milk and Dairies Regulations**—There are two milk pasteurising plants in the County and these are inspected weekly, attention being paid to the structural condition of the building, efficiency of the pasteurising operations and to the cleanliness of the operators.

780 samples were taken during the year, for statutory examination, i.e., keeping quality and efficiency of pasteurisation, and all samples taken off the plants were satisfactory. Twenty-three lots of washed bottles comprising a total of 280 bottles were taken from the bottle washing machines attached to the pasteurising plants and sent for bacteriological examination.

**School Milk**—All milk supplied to the schools and to the school meals service is pasteurised. Samples are taken weekly and all have been found to be satisfactory.

Under present regulations, cows are inspected once a year for bovine tuberculosis by the Veterinary Officer. Unfortunately, there is a proposal to extend this testing to once every two years. I feel that this length of time is too long as there is always the danger of a breakdown even in the best managed herds. This, indeed, happened when a Flintshire farmer unwittingly purchased a tuberculous cow from another County. The tuberculous milk from this cow infected the farmer's son. The cow also infected the whole herd of thirty-seven cows all of which had to be slaughtered.

The housewife accepts the words T.T. (Tuberculin Tested) on the milk bottle as a guarantee of safety against bovine tuberculosis,

Brucellosis in milk causes undulant fever in human beings and abortion in cattle. Undulant fever is a disease which causes much suffering and disability in man. The law regarding its control needs overhauling as unfortunately undulant fever is not a notifiable disease and brucellosis in cattle is not scheduled under the Diseases of Animals Act.

During the year, 359 samples of milk were examined and brucella infection was found in milk sold by eight Producer/Retailers.

**Report from Mr. J. C. Baird, Divisional Veterinary Officer**—"The incidence of Brucellosis (contagious abortion) in cattle has been reduced by the use of vaccine over many years. From 1st May, 1962, vaccination of calves is offered to farmers, free of charge, by the Ministry of Agriculture, but vaccination is restricted to the age of six to eight months inclusive. It is hoped that the free service will further encourage the use of vaccine against the disease and eventually produce conditions which would enable eradication to be considered."

The Milk Marketing Board is endeavouring, by all forms of publicity—beauty competitions, races, etc.—to increase the sales of liquid milk.

It would be an excellent thing if some of the money used for this purpose was spent on designing an attractive lightweight refrigerated milk float which would be a commercial proposition to replace the varied types of delivery vans at present in use.

**Other Foods**—Alcoholic Drinks. Thirty samples were taken and two—one whisky and one rum—were found to be adulterated. Successful legal proceedings were instituted in both cases.

Warning letters were sent in respect of four foodstuffs which did not comply with the regulations—rum fudge, which contained no rum, marmalade and lemon curd, which were deficient in solids and ice cream lollies, the labels of which infringed the Labelling Orders.

**Sausages**—53 samples of sausages were taken and 5 were the subject of adverse reports. 3 samples had slight meat deficiencies and 2 contained slight traces of undeclared preservatives. The attention of the butchers concerned was drawn to the matter.

**Fruit and Vegetables**—Twelve samples were examined for fungicides, weedkillers and colouring matters and all were found to be satisfactory.

**Foodstuffs submitted for bacteriological examination**—samples of minced beef, sausage meat, pancake mixture, desiccated coconut, liquid eggs, custards, pies, swabs taken from draining boards were sent to the Public Health Laboratory for bacteriological examination. Undesirable bacteria were found in some foods, and the facts were reported to the Health Department of the district concerned.

## Summary of Legal Proceedings.

Article.	Deficiency or or Adulteration.	Result.	Total Fines and Costs.
			£ s. d.
Milk ...	5 % added water ...	Convicted ...	28 13 0
Milk ...	27 % deficient in fat ...	Convicted ...	15 17 0
Jersey Milk ...	10 % deficient in fat ...	Convicted ...	26 18 0
Rum ...	5.4 % added water ...	Convicted ...	15 3 0
Whisky ...	3.9 % added water ...	Convicted ...	15 3 0
Eggs ...	Did not comply with the requirements of the Merchandise Meals Act ...	Convicted ...	7 0 0
			<hr/> £108 14 0 <hr/>

**Other Duties**—The inspection of school premises and hospital kitchens, investigations of complaints—atmospheric pollution, river pollution, water supplies, slaughterhouses, refuse disposal and caravan sites.

**Health Education**—Lecture and film shows were given to church organisations, canteen staffs, nursing and domestic science students and hospital kitchen staffs. The subjects discussed included the social services, atmospheric pollution, environmental health, housing and clean food. I also addressed the Women's Advisory Council on solid fuel at their Regional Conference at Chester.

A successful health exhibition was staged at the Flint and Denbigh Agricultural Show held at Prestatyn. The emphasis this year was on the health services in the rural areas.

A Health Exhibition was also organised in conjunction with the Dyserth Welsh League of Youths Midsummer Festival. The displays included careers in the nursing services, safety in the home, clean food, child welfare services, a film show on health matters, demonstration of the kiss of life artificial respiration, folk dancing, ballroom dancing and an archery demonstration.

Dr. G. W. Roberts, County Medical Officer of Health, and Miss P. M. Matthews, Superintendent Health Visitor, contributed to the success of the Teachers Second Annual Visual Aids Course organised by Mr. Ellis, the Visual Aids Officer, when they addressed the teaching staff on Health Education. Tape recordings giving recorded extracts of children's reactions to health education were given and suitable films, flannelgraphs and posters shown.

**Fertiliser and Feeding Stuffs**—Feeding stuffs and fertilisers are manufactured at three factories in the County. There are also a number of mills where feeding stuffs are mixed to the farmers' requirements.

Twenty-two samples were taken during the year and the Public Analyst reported adversely on two samples. In one sample the chemical composition of the feeding stuff was richer than that declared on the statutory statement. The attention of the manufacturer was drawn to the matter.

The other sample of feeding stuff was associated with the death of some heifers. A Veterinary Officer investigating the death of three heifers asked for assistance. The farm was visited and samples of three types of feeding stuffs were taken. In the meantime, another two heifers died and a post-mortem examination by the Veterinary Officer indicated lead poisoning. Following this, another two samples were taken and it was found that one contained lead. It was discovered that this lead came from iron rust which was heavily contaminated with white lead. The rust had flaked off the sides of some metal work into the feeding stuff.

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

E. LEWIS,

County Public Health Inspector.

## Section E.

**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 113. These persons were visited during the year by the Home Teachers of the Society and reported on to the appropriate Area Health Nursing and Mental Health 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 35 will be seen that there are 81 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 Health Nursing and Mental Health 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, 1962, was:—

Blind 307. Of these 6 were under 16 years of age, and 73 in the employable age groups from 16 to 59. 1 blind person was in training for sheltered employment, and 27 were working as follows:—

Workshops—7.

Home Workers—6.

Open Industry Employment or Self-Employed—16.

Partially Sighted—114, of these 11 were in employment, 8 were children in special schools and 2 were attending local day schools.

Table 34.

A.—FOLLOW-UP OF REGISTERED BLIND AND  
PARTIALLY-SIGHTED PERSONS, 1962.

		Cause of Disability.					
		Cataract.	Glaucoma.	Retrolental		Others.	
				Fibroplasia.			
(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	...	—	5
Partially Sighted	...	4	...	—	...	—	5
(b) Treatment (medical, surgical or optical) :							
Blind	...	17	...	4	...	—	4
Partially Sighted	...	8	...	2	...	—	3
Total Blind and Partially Sighted		33		7		—	17
(ii) Number of cases at (i) (b) above which on folow-up action have received treatment :							
Blind	...	12	...	4	...	—	4
Partially Sighted	...	5	...	2	...	—	3
Total Blind and Partially Sighted		17		6		—	7

N.B.—Five cases died and one “transferred out.”

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

The Report of the Secretary of the Chester and North Wales Deaf and Dumb Society for 1962 is given below :—

Table 35.

## TOTAL NUMBER OF DEAF PERSONS.

	Males.	Females.	Total.
Up to 16 years of age	4	3	7
16 to 21 years of age	4	1	5
21 to 50 years of age	14	12	26
50 to 65 years of age	7	19	26
Others	8	9	17
	<hr/> 37	<hr/> 44	<hr/> 81

The above is a summary of cases on our Register in the County of Flintshire, divided up into sections as required by the Board of Health.

The work of the Chester and North Wales Deaf and Dumb Society would be much more difficult were it not that we have the ear of the County Medical Officer of Health and his Staff. Intricate cases that require the help often beyond the province of the Society are immediately given attention when referred to Dr. Roberts or his Assistant.

When visiting the different districts we occasionally find a poor man or woman that is in need of some help, their health has deteriorated or they have had some illness, and they are not able to cope with the work in the home, never once have we been unsuccessful in receiving the help which is required.

Were it possible to tabulate such cases this Report would be much too long. Suffice it to say how very grateful this Society is for the friendly and most helpful co-operation of the County Welfare Officer and his Staff.

The exceptional and very severe weather has not been a deterrent to the Welfare Officers for the Deaf, they have been able to go into the districts sometimes with difficulty and do this work so that the reports could be sent to the Clerk of the County Council giving in detail a summary of the work done.

There are many special cases one would mention to give a picture of the cases dealt with, but I have chosen only a few which I hope will suffice to be of interest for this Report.

1. **E.C.**—A deaf and dumb woman of fifty years bereft of father and mother in the short space of six weeks, was so distressed that it was obvious something had to be done. Constant visits were made, she was put in touch with other deaf to keep her from frustration, enquiries have been made and it is hoped that sooner or later we may be able to find a place for her where she can lead a normal life and do some sort of work.

2. **H.S.**—A deaf and dumb man of forty-nine who had always been with his mother; she cared for him like a child. Unfortunately for him she died rather suddenly, and the Society was asked for advice. No one had room for him although provision had been made for him so far as money was concerned. Inside a week or ten days a lovely home was found for him

with other deaf men and women. He is living a new life as happy as anyone would ever wish to be and is now taking part with others in sport, recreation and doing a little bit of work.

3. **B.H.**—Here is a case of a deaf and dumb man of thirty-eight, a good worker and cabinet maker, unfortunate to lose the index finger of his left hand while working a circular saw not properly protected (according to the report). The Society has taken up his case and are giving all the help possible to enable him to produce enough evidence to support his claim for compensation.

4. **E.S.**—This is a most difficult case as it concerns a father and mother and their daughter who is twenty-four and is deaf with speech. Obviously there has been friction in the home in consequence of which the daughter left and went to live at her fiancé's home. The parents and the daughter have asked for the help of the Society, but there is little we can do as the girl has elected to leave home at the age of twenty-four, and according to the reports, this has been brought about by the disturbance at home. The case is being followed up.

5. **W.C.**—A deaf and dumb man working at the brick works has periods of pain as if something gastric. An appointment was made by his doctor for examination at the Hospital, but being deaf and dumb it was rather difficult for the Specialist to diagnose his condition without the help of an interpreter. The Society was asked to help and an interpreter attended the hospital and gave the necessary help to the doctor and patient.

6. **R.B.**—A child of seven years where some difficulty has arisen on several occasions. Visiting the School for the Deaf, enquiries were made as to her attendance, the report was quite good but the fear of her not returning after a holiday was overcome by a visit to the home, the intervention of Dr. Roberts, M.O.H., who sent a Welfare Officer to see that the child had sufficient clothing to go back to school.

7. **R.C.**—This young man, deaf and dumb, a good worker never been unemployed since he left school, has lost his father, who was for some time a semi-invalid. The question of his mother receiving National Assistance has arisen and the Secretary, who is the Chairman of the National Assistance Board for Cheshire, is looking into the matter and hopes to be able to get her some help.

8. **W.M.**—This man, aged forty-eight years, fell off a scaffolding and has injured his skull that he is unable to hear, when he walks he wants to fall forward. He was seen by the Secretary who in turn informed the County Medical Officer of Health and almost immediately steps were taken to help him.

He is now awaiting the result of his case, but meantime he is doing occupational therapy at home, and the teacher Dr. Roberts sent along is exceptionally kind. Mr. W.M. and his wife are most grateful.

(Signed) D. RUSSELL MACFARLANE,

Secretary/Superintendent,

**Handicapped Persons: General Classes**—Further developments in our services for the generally handicapped took place during the year, the most noteworthy being the appointment of a second Home Visitor for the Eastern half of the County. Miss J. H. Shipperlee, the first Visitor appointed, was this able to concentrate on the Western half of the County and carry out improvements in this area which she had been anxious to introduce for some time.

The Home Visitors continued to give craft instruction at the homes of the handicapped and help with their many social problems. In addition, social and craft centres were established at Prestatyn and Shotton and it is hoped to open another centre soon at Buckley. These centres enable the Visitor to help more cases in the limited time at her disposal, they also mean that the handicapped are able to meet each other and have a break from their home surroundings.

During the year, several exhibitions and sales of work were held at various clinics in the County and the first coach trip for the handicapped was arranged to Colwyn Bay and this proved very popular and was much appreciated.

On 17th December a Christmas Party for handicapped persons in the Eastern half of the County was held at the Mold Grammar School. At this party voluntary organisations helped with refreshments and in loading and unloading severely handicapped persons. The senior pupils at the school working with the voluntary service group in the school helped with refreshments and in entertaining the handicapped before and after tea.

Ever since our work for the generally handicapped started, we have had excellent support and help from numerous voluntary organisations in the County and this valuable help makes it much easier to meet the many calls made on our limited staff by the growing services for this group of persons.

Additional registrations were received during the year and all old and new cases on the register were visited regularly by the Health Visitors, the Home Visitors visiting only those cases where their help with training would be beneficial or was considered necessary. The Home Visitors did not visit cases in employment or who would be unable to do any handwork—but these cases were visited by the Health Visitors.

I would like to thank the outside bodies who helped us in our work during the year—doctors, hospital staff and the many voluntary organisations who were always willing to assist when requested.

At the end of 1962 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	...	...	22	...	81	...	12	...	115
Females	...	...	18	...	89	...	14	...	121
			—		—		—		—
Total	...	...	40		170		26		236
			—		—		—		—

Table 36.  
 PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED  
 PERSONS ON 31st DECEMBER, 1962.

Code.	Classification.	All under 16.			16 to 64.			65 and over.			All ages.		
		M	F	T	M	F	T	M	F	T	M	F	T
A/E. ...	Amputation	...	—	—	2	—	2	2	—	2	4	—	4
F. ...	Arthritis and Rheumatism	...	—	—	3	3	6	—	—	—	3	3	6
G. ...	Congenital Malformations	...	—	—	—	2	2	—	—	—	—	2	2
H/L. ...	Diseases	...	—	—	3	5	8	1	1	2	4	6	10
O/T. ...	Injuries	...	—	—	1	—	1	—	—	—	1	—	1
V. ...	Organic Nervous Conditions	...	2	2	11	18	29	—	3	3	11	23	34
U/W. ...	Other Nervous and Mental Disorders	...	—	—	—	6	6	—	—	—	—	6	6
X. ...	T.B. Respiratory	...	—	—	4	—	4	—	—	—	4	—	4
Y. ...	T.B. Non-respiratory	...	—	—	3	—	3	—	—	—	3	—	3
Z. ...	Other Diseases and Injuries	...	—	—	—	—	—	—	—	—	—	—	—
TOTALS		...	2	2	27	34	61	3	4	7	30	40	70

**Particulars of Visits Paid During Year :**

Number of first visits (i.e., to new patients who have not been visited at any time previously)	...	...	31
Re-visits	...	...	1023
Total visits	...	...	1054

**Particulars of Attendances at Handicapped Persons Classes During Year :**

PRESTATYN CLINIC—182 attendances.

SHOTTON CLINIC—314 attendances.

**REPORT BY THE COUNTY WELFARE OFFICER.**

Mr. Chairman and Members of the Welfare Committee,

This is the second report it has been my pleasure to prepare, and in the following pages details are given of the work which falls under the Committee's control during the fourteen years since the dissolution of the Poor Law System.

Looking back over recent years there has been a steady expansion of the services, especially since the appointment of a Welfare Committee in 1955, and 1960 saw the final extinction of the old type of institutional accommodation when the joint user establishments at St. Asaph and Holywell were relinquished in January of that year. The Welfare Committee meets quarterly, and in addition there is a Welfare (General Purposes) Committee, a Welfare (Tenders) Sub-Committee, and four Welfare (Home) Committees. Members of these Committees are composed of County Council and District Council representatives, and certain co-opted members representing Voluntary Organisations.

One of the provisions of the Ten Year Plan is to secure a greater degree of liason between the County Council and Voluntary Organisations, and these shall, subject to the approval of the County Council, have representation (without voting power) on the Welfare Committee and the Area Sub-Committees of the Health Committee. Although no new accommodation has been acquired since the completion of Y Gorlan in December, 1959, plans for the erection of the new Home at Mold were approved by the Welsh Board of Health and loan sanction obtained. Additional accommodation, however, was acquired at Dolanog Women's Convalescent Home, Rhyl, for seventeen females, which was later increased to twenty-seven.

Details of accommodation available in the County on the 31st December, 1962, are as follows :—

**Homes for the Aged owned by the Authority :**

	Males.	Females.	Total.
Park House, Prestatyn ... ..	—	20	
Carr Holm, Prestatyn ... ..	—	24	
Y Gorlan, Rhyl ... ..	32	56	
The Lawn, Rhyl ... ..	56	—	
Hafan Glyd, Shotton ... ..	7	35	
	<hr/> 95	<hr/> 135	
			<hr/> 230

**Voluntary Homes Registered with the Authority for whom arrangements have been made under Section 26 of the National Assistance Act, 1948 :**

	Males.	Females.	Total.
Plas Coed, Dyserth Road, Rhyl ... ..	—	20	
Dolanog, Russell Road, Rhyl ... ..	—	27	
	<hr/> —	<hr/> 42	
			<hr/> 272

Accommodation has also been provided outside the County for handicapped persons in Homes suited to their particular needs, as follows :—

(a) Crippled and epileptic subjects ... ..	12	5	
(b) Blind persons ... ..	3	3	
(c) Accommodation provided under Shetored Workshop Scheme ... ..	2	—	
	<hr/> 17	<hr/> 8	
			<hr/> 297

Responsibility has also been assumed for the accommodation of persons who, because of special circumstances, have expressed a desire for accommodation near their families or associates. The numbers so accommodated are :—

... ..	13	1	
	<hr/>	<hr/>	
			<hr/> 311

The numbers accommodated under the Boarding Out Scheme have shown a steady increase during the year, and the numbers in accommodation on 31/12/62, are

... ..	21	36	
	<hr/>	<hr/>	
			<hr/> 368

The number of people boarded out during the year amounted to 74.

This service has had beneficial results in many ways since its inauguration. After the war years many elderly folk from English towns took rooms in Rhyl and Prestatyn as a result of war damage in their own areas, and owing to seasonal upheavals had to move out to make way for holiday-makers.

The Department were continually called upon to find temporary accommodation, mostly at the former St. Asaph Institution, and often late at night, and our resources were often taxed to meet these sudden demands. Many of these people have died over the years, and of those remaining the majority are under our supervision in boarding out accommodation, and the problem of temporary accommodation in this direction has been solved.

The service has helped enormously in other directions. January, 1962, will be remembered for the intense cold, accompanied by heavy downfalls of snow and prolonged frost. These conditions taxed the resources of the Department to its limits, as members of the staff were continually called out to rescue elderly people, both during the day and night, from flooded homes due to burst pipes. Many were boarded out as a temporary measure until their homes were fit to return to.

**Particulars of Boarding Out Establishments on the Department's Register on the 31st December, 1962, are as follows:—**

	Males.	Females.
Lynwood, Leeswood (Mrs. M. Ellis) ... ..	1	1
Dolfechlas House, Rhydymwyn (Mrs. W. E. Donaldson) — ...	—	16
Fron Haul, Cilcain (Mrs. Alice Edwards) ... ..	—	3
Tyn Llan, Cicain (Mrs. Jones) ... ..	—	2
2, Aneurin Cottages, Bagillt (Mrs. Booth) ... ..	—	1
Brynhyfryd, Lixwm (Mrs. Jones) ... ..	—	1
Bryn Awel, Trelogan (Mrs. Hughes) ... ..	—	4
Mount Pleasant, Gwespyr (Mrs. Pascall) ... ..	—	4
22, Marine Road, Prestatyn (Mrs. Banks) ... ..	—	6
69, Marine Road, Prestatyn (Mrs. McKay) ... ..	4	—
Dolowen, Marine Road, Prestatyn (Mrs. Roberts) ... ..	8	—
68, Ffordd Pennant, Meliden (Mrs. Harrison) ... ..	—	1
10, Weavers Lane, Dyserth (Mrs. Williams) ... ..	—	2
Voel View, The Bryn, Dyserth (Mrs. Williams) ... ..	—	1
Prengwyn Villas, Dyserth (Mrs. Jones) ... ..	—	3
Pennant, Cobden Terrace, Rhyl (Mrs. Angel) ... ..	5	—
19, West Kimmel Street, Rhyl (Mrs. Owen) ... ..	3	—
6, Brighton Road, Rhyl (Mrs. Golding) ... ..	—	2
	<hr/> 21	<hr/> 47
<b>Total</b> ... ..	<hr/> 68	<hr/>

August, 1962, saw the completion of lift installations at Hafan Glyd and The Lawn. These are now an essential item of equipment in any Home for the Aged, and they have already proved a boon to the elderly and infirm residents who are now living longer, as will be seen by the following chart :

- 60	60 - 70	70 - 80	80 - 90	90 - 100	100 +
8	26	90	119	24	1

One of our residents, viz, Miss Jane Griffith, of Hafan Glyd, attained her 101st birthday on the 4th April, 1962, but unfortunately this had to be celebrated in a quiet way owing to the serious illness from which she died a week later. Another of our residents—Miss Laura Rooke, of Carr Holm—attained her centenary on the 10th August, 1962, and a special birthday party was given, at which the Chairman of the County Council attended, Alderman P. T. Trehearn, and Councillor Mrs. Ethleen Williams Thomas, Chairman of the Park House and Carr Holm Sub-Committee, together with other members and well wishers. Miss Rooke received numerous telegrams and messages of good wishes, including one from Her Majesty the Queen and the Member of Parliament.

Other residents in our care are nearing their century, which speaks well of excellent care and attention bestowed on them by the staffs.

Owing to the greater degree of infirmity, and special care required as a result of increased age, we have had to resort to night supervision at Hafan Glyd and the strengthening of our staffing resources to meet it. An additional female attendant and domestic were appointed, which now enables us to arrange night duty whereby the attendants carry this out once every five weeks.

**Collections of Maintenance Charges**—The total amount collected by way of maintenance charges paid by residents for the year ended 31st December, 1962, amounted to £33,318/15/1; Miscellaneous collections, including kitchen waste, etc., £69/9/0; Amount paid to Suspense Accounts during the year, £1,900/2/8.

Regular inspection of fire prevention appliances and fire drills are carried out at our Homes for the Aged by members of the Fire Services Department.

**Domiciliary Welfare Services for Elderly Persons**—The Committee's policy for the well being of elderly persons, which was contained in a scheme approved in 1956 and developed over the years, has provided real benefits, and the Department have given the fullest possible encouragement to domiciliary visiting and supervision by the Area Welfare Officers concerned, who work in close liason with the Health Visitors and Home Help Organiser.

Advice and guidance is constantly being given in various forms, either by direct services or reference to other Voluntary or statutory Social Services. It is now generally recognised that the provisions of the National Assistance Act and associated legislation has increasingly focussed attention on the elderly as an important section of the community.

We now find that old age, as it affects society, is being approached and studied by important bodies and opinions in the country, and although some elderly people are renowned for their achievements in old age this is usually a period when the necessities and comforts of life are the first consideration, and their inability to keep pace with the younger generation inevitably leads them to depend on some form of social service, be it only monetary or that, together with some other type of service.

Environmental circumstances, improved housing conditions, sanitation and medical knowledge have played an important part in enabling more people to adjust themselves to old age and live longer than was possible, say, fifty years ago. Conversely, the fact that young people leave Wales every year to seek employment elsewhere inevitably leaves their ageing parents without family support when a crisis comes along. We are, however, fortunate in Flintshire in this respect, as due to the industrial potentiality of the County our population is on the increase, and with one or two rare exceptions families in the industrial areas are inter-dependent upon one another and the demand for residential accommodation can only be described as moderate. There are, however, the spinster daughter type, and the childless widow, to whom, as Bacon said, "The worst solitude is to be destitute of sincere friendship." These, together with their male counterparts, constitute the greater proportion of our residents in Homes for the Aged.

With the population projections showing increasing numbers of aged people in the County (the present number is estimated at 17,900 or 12.9 % of the County's population, and in 1970 it is estimated that the figure will be 20,943 and 22,912 in 1975) it is inevitable that the services should be developed to meet the demands that will be made, and in anticipation the Ministry of Health called on Local Authorities to prepare a TEN YEAR PLAN for the development of Health and Welfare Services. The main principles of the Plan were:—A long term plan for the development of Hospitals over the next decade, a review and development of domiciliary Health and Welfare services, and consultation with the Welsh Hospital Board, the Clwyd and Deeside, and Wrexham, Powys and Mawddach Hospital Management Committees, the Denbighshire and Flintshire Local Medical Committee, and the Denbighshire and Flintshire Executive Committee, and also Voluntary Organisations in the County.

The plan envisages the erection of three purpose-built Homes in Mold, Prestatyn, and another part of the County. An interesting development in the care of elderly confused cases will result from the erection of a new

Home at Prestatyn. This will replace the existing two Homes accommodating forty-four females, and known as Park House and Carr Holm. Park House will then operate as a holiday or short stay home, and possibly day centre. This will fulfil a much wanted need in enabling elderly people to be accommodated for a short period while their families take a holiday, or to relieve their families during an illness or other emergency. Carr Holm will then become a unit for the accommodation of twenty-four elderly confused cases.

We are now being asked by the Psychiatric Department of the Mental Hospital to provide accommodation for an increasing number of these people who are in the community, as cases of this type are no longer being admitted to the Mental Hospital.

The plan also provides for an expansion of the Boarding Out Scheme. (This was noted towards the end of the year when new establishments were registered, and more people accommodated); expansion of the Meals on Wheels and Chiropody schemes, and the continuation of the scheme to make **grants to Housing Authorities to provide special welfare facilities in housing schemes for old people.** In this respect it is anticipated that Housing Authorities will provide the following units of housing over the next five years:—

1962/63, 109; 1963/64, 149; 1964-65, 167;

1965/66, 79; 1966/67, 79.

This year saw the commencement of the scheme, and a great deal of preparatory work was carried out by the Deputy County Treasurer and myself, in which we held consultations with officials of practically all the Housing Authorities in the County. These talks were of extreme value as they served to iron out any doubts or misgivings that might exist regarding the limits of the scheme, and what is required to earn a grant, either under a major or minor scheme.

During the year grants were made as follows:—

**Hawarden Rural District Council:**

Bretton (4 Bungalows)—£40/0/0 per annum.

Sandycroft (5 Bungalows)—£50/0/0 per annum.

Treuddyn (8 Bungalows)—£80/0/0 per annum.

Saltney (8 Bungalows)—£118/14/0 per annum.

Caergwrle (7 Bungalows) and Broughton (2 Bungalows)—£97/10/0 per annum.

**Holywell Rural District Council:**

Pentre Halkyn (4 Bungalows), Gwernaffield (6 Bungalows), Rhydymwyn (8 Bungalows), and Trelawnyd (4 Bungalows)—£11/17/10 per Bungalow per annum.

**Maelor Rural District Council :**

Overton (10 Bungalows)—Grant pending.

**Holywell Urban District Council :**

Holywell (3 Flats)—£45/0/0 per annum.

**Distribution of Meals on Wheels**—This has gone apace, and two new schemes were commenced, viz, Leeswood and Queensferry.

The total number of schemes operating in the County during the year was fifteen, as follows :—

Those operated by Voluntary Organisations, who receive a grant from the County Council under Section 31 of the National Assistance Act	... ..	13
Those operated directly by the W.V.S. in Prestatyn and Rhyl, and who receive direct grants from the County Council	... ..	2

The names of the Voluntary Organisations are as follows :—

Connah's Quay W.V.S.  
 Carmel W.V.S.  
 Flint Voluntary Old People's Welfare Committee.  
 Dyserth W.V.S.  
 Holywell W.V.S.  
 Leeswood Old Age Pensioners' Association.  
 Mancot O.A.P.  
 Mold Voluntary Old People's Welfare Committee.  
 Queensferry W.V.S.  
 Rhuddlan W.V.S.  
 Shotton O.A.P.  
 Sychdyn W.V.S.  
 St. Asaph O.A.P.

The number of meals distributed during the year in respect of the schemes in operation amounted to 18,758.

The number of meals distributed during the year in respect of Luncheon Clubs at Prestatyn and Rhyl—10,852.

Total number of containers held at various School Kitchens—48.

Cost of meals for the year—£1,201/4/0.

Cost of equipment during the year—£120/2/2.

Cost of transport—£353/10/0.

Income from meals—£655/4/0.

Net cost of scheme—£1,019/12/2.

Elderly people have not been slow to take advantage of the scheme, especially during the very cold weather, and this branch of the services has proved a boon to those living alone.

Another important branch of domiciliary welfare is the provision of a **Chiropody Service** through grants made to Voluntary Organisations under the National Assistance Act. Circular P.T.A. 94 of the Whitley Councils for the Health Service indicated that as from 1st April, 1962, charges were increased as follows:—

For each treatment given at a Surgery—7/6d. per patient.

For each domiciliary treatment at home—12/6d. per patient, excluding travelling expenses.

As the circular was not received until July it was not possible to report the increased charges until the September meeting, and approval was given to the increases as from 1st October. In each case the patient is required to pay the Chiropodist 2/6d., the Council making up the balance of the charge.

Particulars of the scheme for the year are as follows:—

Surgery treatments—10,468

Domiciliary treatments—2,835.

Mileage—3,723½.

Number of sessions—118.

Number of dressings—630.

Total cost of the scheme—£3,310/18/1.

Plans are afoot to extend the scheme to the Maelor Rural District, and the Parishes of Hope and Llanfynydd, but at the date of this report no Chiropodist practises in Caergwrle or in the Maelor, and there appears to be a shortage of qualified Chiropodists in that part of Flintshire.

All the above schemes, including Boarding Out arrangements, could not be carried out and supervised without an adequate outside staff, and Area Welfare Officers are now charged with the duty of supervising the Meals on Wheels scheme in their respective areas, as well as the Chiropody schemes. They are then able to make immediate arrangements in the event of an elderly person being found in need.

**Preventive Case Work**—It is now fully recognised that the domiciliary visitation of elderly people in their own homes, and the provision of supporting services, is of paramount importance in the care of old people at home. This work is also extended to problem families and people who are evicted or threatened with eviction, and in this respect Co-ordinating Meetings have been held with District Councils who have reported problem families, and rent and mortgage defaulters.

These numbers seem to be on the increase, but in spite of sudden threats of eviction we have managed either to have the matter postponed, or avoided, and other arrangements made, and the following chart will indicate how this work has increased as compared with the previous year:—

	1961.	1962.
(a) No. of cases dealt with during the year ...	320	423
(b) No. of eviction cases dealt with ...	61	76
(c) No. of problem cases under supervision ...	83	71
(d) No of cases admitted to temporary accommodation ...	2	5
(e) No. of visits carried out during the year ...	2014	3414

Strange as it may seem, the majority of problem cases and rent defaulters are to be found on industrial Deeside and the south easterly part of the County, where there is practically full employment. Thanks are due to the Health Visitors and Home Help Department for the valuable co-operation received in the care of the aged; so equally are thanks due to the Children's Department and Inspectors of the N.S.P.C.C. for their valuable co-operation, and to the local Secretaries of the Soldiers, Sailors and Air Force Families Association, for the valuable help with service families and the families of ex-service men.

We now find that families are being reported by Housing Authorities when they are in arrears with mortgage re-payments, and are being threatened with foreclosure. Timely action by the Welfare Officer has averted this in twenty-two cases with one Authority, where it was necessary to visit each family to point out their liability and offer advice and guidance. Subsequent supervision and enquiry has found that the arrears have been considerably reduced as a result, and possible eviction averted.

**Section 37 of the National Assistance Act: Registration of Disabled or Old Persons Homes**—Quarterly inspections were made during the year, and satisfactory reports submitted in every case. Two new registrations were made, and preliminary enquiries set up for another.

Details of the Homes so registered are as follows:—

Plas Coed, Dyserth Road, Rhyl. Proprietors, The Plas Coed Management Committee	24 females.
Henshaws Blind Institution, Rhyl. Proprietors, Henshaws Blind Institution, Manchester	24 males.
*Dolanog, Women's Convalescent Home, Rhyl. Proprietors, The Trustees of the Women's Convalescent Home, Rhyl	17 females.
*Bryn Gwybr, Rhyi Road, Rhuddlan. Proprietress, Miss E. Jones, S.R.N.	3 females.
Sandford, Gronant Road, Prestatyn. Proprietress, Mrs. M. M. Holmshaw, S.E.A.N.	10 females.
Glyn Abbott, Bagillt Road, Holywell. Proprietress, Mrs. A. E. Maxfield, S.R.N.	12 mixed.
†Prengwyn Villas, Dyserth. Proprietress, Mrs. M. L. Jones	4 females.

\* (Registered during 1962).

† (Also used as a Boarding Out Establishment).

All new premises are inspected by the members of the Health and Fire Services Department, and any recommendation noted and suggested to the proprietors, who are urged to implement them either before registration or immediately afterwards.

The duties falling under **Section 47 of the National Assistance Act** are primarily for the Public Health Authority, where it is necessary for the compulsory removal of persons to residential accommodation, or to Hospital, who suffer from grave chronic disease, 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. I find that many Medical Practitioners are not aware of these provisions, and the Department is always willing to explain any points of procedure.

The number of cases in which accommodation was provided in response to applications of District Councils was one.

A growing and important duty falling to the Department is that of the temporary protection of moveable property of persons admitted to Homes or Hospitals where no other arrangements can be made.

**Section 48, National Assistance Act**—The number of cases dealt with during the year amounted to thirty-five, and these ranged from the storage of a casket containing the ashes of the deceased wife of a resident in one of our Homes, to a small estate comprising a Bank Account, Insurance Policies, Retirement Pension and household furniture. In the former case the man lived alone in a neglected condition, and was admitted to a Home for the Aged. It was obvious that he would never be able to live alone again, and eventually he gave the Welfare Officer his written consent to determine the tenancy and sell his few household effects. The only condition he imposed was that we were to put the casket into safe custody, as in the event of his death this was to be buried with him. His wishes were duly carried out, and on going through his papers we were able to trace the whereabouts of his son, who was connected with a travelling theatrical company. He arranged his father's funeral, and the casket was buried with him.

In another case an elderly lady was transferred to one of our Homes but could give very little account of her assets. After enquiry it was ascertained that her neighbour had drawn her pension whilst she was in hospital. He refused to hand this over, and the position was explained to the local officer of the Ministry of Pensions and National Insurance and the allowance stopped. Further enquiries elicited the fact that this man, under the impression that the old lady was unlikely to recover and leave hospital, had persuaded her to hand over to him her Post Office Savings Account, Insurance Policies and household furniture. Much correspondence passed without result, and I eventually interviewed him, accompanied by a Policeman, to avoid a breach of the peace. After a lengthy interview he eventually produced a Bank Book of the Manchester and Salford Trustee Savings Bank in his own name, to which the woman's Post Office Savings Account

had been transferred ; also two Insurance Policies assigned to him and the Pension Book. He was handed a document signed by the woman revoking the previous arrangements, and signed a declaration transferring her property back to her possession.

Two months had now elapsed since the woman's admission. She had now regained her health and strength, and was overjoyed to receive back her possessions. She later gave instructions to sell her furniture, which was removed from the man's house by the Auctioneers. She was transferred to Hospital a few months later, and I was recently informed that she had died and that she had instructed Solicitors to execute her Will which, after payment of testamentary expenses, was left entirely in equal shares to the Comforts Fund of the Home and the Hospital.

In another case an elderly lady was transferred to Hospital, and subsequently recovered well enough to be transferred to a Home for the Aged. It was obvious that she would never be fit enough to return home to live alone, and she gave written instructions to terminate the tenancy and sell what little household effects she had ; subsequently a bundle of papers were salvaged which were found to be Insurance Policies on the life of her sister, who was deceased, but taken out by another sister, who had also passed away. This person also had a Bank Account at Rhyl, and by now our resident was the only survivor. It was explained to her that it would be necessary to apply for a Grant of Representation to claim the monies. She was given every assistance by the Department and she is the richer now by £169/0/0.

These cases have been taken at random from a number of cases handled during the year, and illustrate the vigilance required to protect the affairs of our residents where they are without relatives or friends to act for them. The number of Receivership appointments held by me at the end of the year was twenty-one. Four new appointments were made and one determined during the year, in the majority of which the Council has an interest. A sum of £528/8/4 was recovered by way of current maintenance charges, and £211/4/8 in respect of old Poor Law arrears.

**Section 50, National Assistance Act : Burials and Cremation**—The number of deaths which took place in the Homes during 1962 amounted to forty-two. Of this number it was necessary for the Council to undertake funeral arrangements in one case.

Expenditure of this kind amounted to £22/6/3, and the sum of £5/2/5 was recovered from the estate of the deceased person after winding up. We are fortunate in having accepted the tenders of Undertakers who have a Chapel of Rest, which is always placed at our disposal in order that the body can be removed from the Home with the least possible delay.

Grave spaces are owned by the Council at Rhyl, Prestatyn and Hawarden, and funerals are carried out with due reverence and respect. Where possible, fellow residents or staff always attend and a mourning coach is provided.

**Voluntary Organisations**—The number of Voluntary Organisations operating in the County of Flint solely for the purpose of providing recreation or other facilities for the elderly amount to thirty-six. They are divided as follows:—

- Darby and Joan Clubs.
- Old Age Pensioner Associations.
- Old People's Welfare Committees.

In all cases recreational facilities are provided, either weekly or monthly, together with a Christmas Party and an annual trip. In six Clubs recreational facilities, together with a Meals on Wheels and Chiropody Scheme; in nine Clubs recreational facilities, together with either a Meals on Wheels or a Chiropody service, are provided.

The Department is also indebted to the many other Voluntary Organisations throughout the County, including the Women's Voluntary Service, British Red Cross Society, British Legion, Toc H, Rotary and Round Table, school pupils at Mold, Queensferry, Prestatyn and Rhyl, and many other Organisations and people of good will who have made gifts of cash and kind, or provided some appreciative service to our Homes during the year.

I am particularly grateful to the Clergy of all denominations for their faithful and constant ministrations and for arranging rotas to attend services during the year.

I would not like this opportunity to pass without mentioning the officers of the National Assistance Board at Ruabon, Wrexham and Rhyl, and also those of the Ministry of Pensions and National Insurance at Mold, Shotton, Holywell and Rhyl, all of these officers minister to various parts of the County, and I would like to record my appreciation of the excellent co-operation that exists between us.

**Staff**—It is with regret that I have to report the retirement of Miss A. Williams, formerly Matron of The Lawn, on grounds of ill health. Miss Williams was appointed when the Home was opened in 1951, and had given almost eleven years of loyal and untiring service to the County Council. She has been succeeded by Mrs. A. P. Richards as acting Matron.

Three attempts were made during the year to appoint an Assistant Matron, but in spite of repeated advertising the right type of candidate could not be found.

Miss S. M. Jones was appointed Matron of Carr Holm in November, to take up duties in the New Year on the retirement of Mrs. Isaac.

Mr. Dewi Evans resigned as Clerk at the Welfare Offices in June, and was succeeded by Mr. W. J. Williams.

Mr. J. H. Hawkins relinquished Mental Health duties at the end of the year to take up full time Social Welfare work owing to expansion in this field.

**General**—The following Conferences were attended during the year :—

- 9/4/62—Quarterly Meeting of the County Welfare Officers Society in London.
- 26/4/62—Half-yearly Conference arranged by Welsh Board of Health for Chief Officers of Welfare Authorities in Wales at Aberystwyth.
- 3/5/62—Council of Social Service for Wales and Monmouthshire. Committee for Care of the Elderly. Cardiff.
- 12/10/62—Half-yearly Conference arranged by Welsh Board of Health for Chief Officers of Welfare Authorities at Cardiff.
- 17/10/62—Council of Social Service for Wales and Monmouthshire. Committee for Care of the Elderly. Dolgellau.
- 24/10/62—Quarterly Meeting of the County Welfare Officers Society in London.

The following courses and One Day Schools were attended during the year :—

- 14/4/62—Guild of Social Workers at Colwyn Bay. Presided at evening meeting.
- 5/5/62-6/5/62—Attended two day Civil Defence exercise "Copi Glas" at Colwyn Bay.
- 21/5/62—Addressed Annual General Meeting of S.A.A.F.A. at Prestatyn.
- 30/10/62—British Red Cross Society at Prestatyn. Lectured to one day school on Domiciliary Care of the Elderly.
- 3/11/62—Guild of Social Workers at Colwyn Bay. Member of Brains Trust.

In addition I accepted invitations to speak at various functions arranged by Voluntary Organisations during the year.

To conclude, may I take this opportunity to thank the Chairman and members of the Welfare Committee, together with the Chairman and members of the various Sub-Committees, for their progressive approach to the provision of modern conceptions of Social Welfare. Their support and encouragement has considerably encouraged the staff and myself to ensure that the County of Flint fulfils its responsibilities and to carry out a service of which all may be justifiably proud.

I would like to place on record my grateful thanks to the administrative staff, staffs at the Homes for the Aged, and the Area Welfare Officers for their loyalty and assistance; also the Clerk of the County Council and his staff, and those of the Legal Department, the County Medical Officer and his staff for assistance in all medical matters, the County Architect and his staff, and the Chief Fire Officer and his staff.

I remain, Ladies and Gentlemen,

Your obedient Servant,

T. WESLEY HUGHES,

County Welfare Officer.

General—The following Conferences were attended during the year—

12/10/62—Half yearly Conference of the County Welfare Officers Society in London.

20/4/62—Half yearly Conference arranged by Welsh Board of Health for Chief Officers of Welfare Authorities in Wales at Aberystwyth.

2/5/62—Council of Social Service for Wales and Montgomeryshire Committee for Care of the Elderly—Cardiff.

12/10/62—Half yearly Conference arranged by Welsh Board of Health for Chief Officers of Welfare Authorities at Cardiff.

17/10/62—Council of Social Service for Wales and Montgomeryshire Committee for Care of the Elderly—Montgomery.

24/10/62—Quarterly Meeting of the County Welfare Officers Society in London.

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2/5/62—Council of Social Service for Wales and Montgomeryshire Committee for Care of the Elderly—Cardiff.

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17/10/62—Council of Social Service for Wales and Montgomeryshire Committee for Care of the Elderly—Montgomery.

24/10/62—Quarterly Meeting of the County Welfare Officers Society in London.

3/11/62—Gold of Social Workers at Colwyn Bay, Ministry of Pensions.

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