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Contributors

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COUNTY
COUNCIL



The . . .
Health of Flintshire

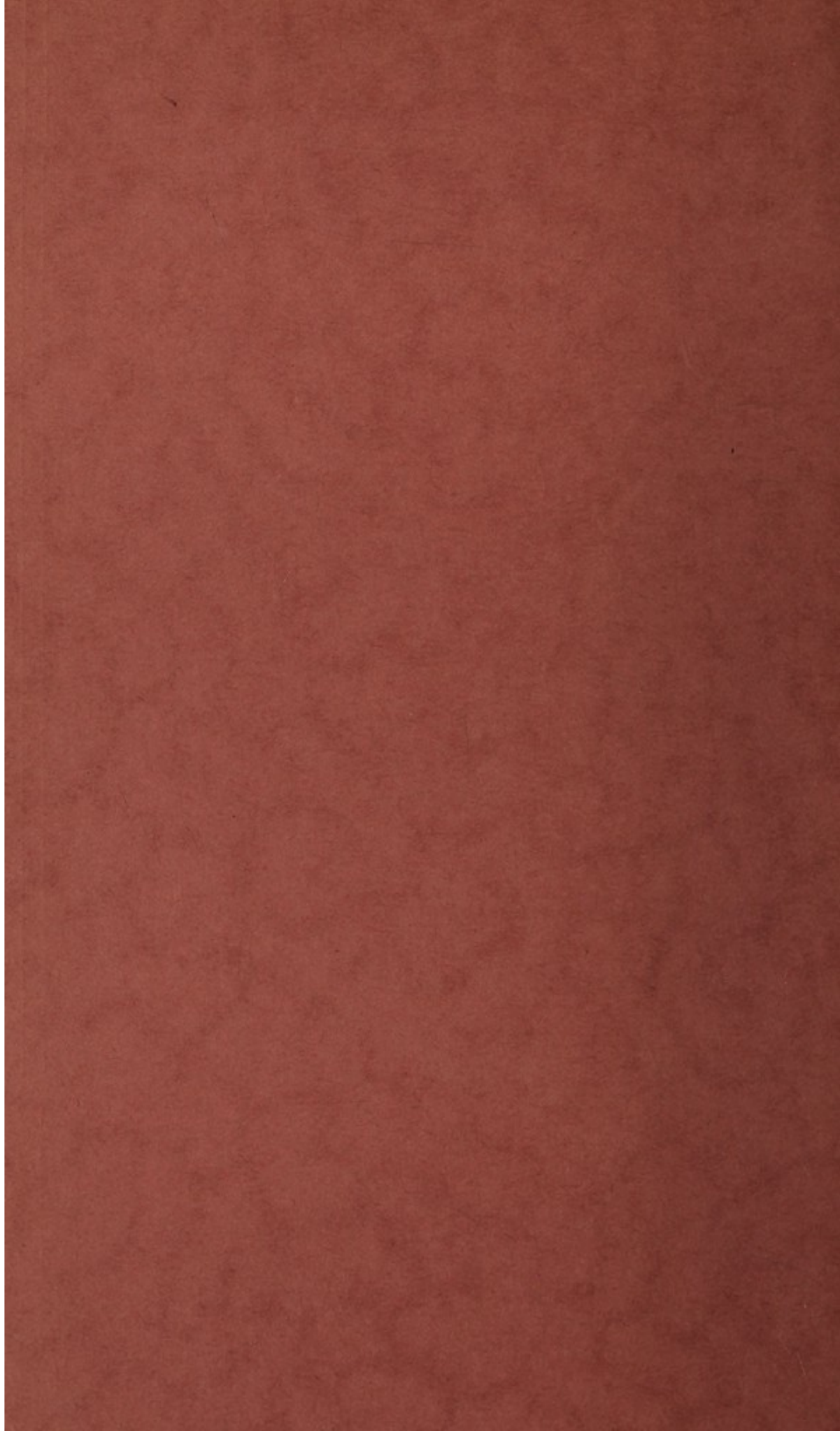
The Report

of the

Medical Officer

for the year

1963



Flintshire County Council

THE HEALTH OF FLINTSHIRE

The Report

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FOR THE YEAR

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INTRODUCTION.

COUNTY HEALTH OFFICES, LLWYNEGRIN, MOLD.

To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

The health of the population of the County remained good during 1963. There were no epidemics of serious illness, no marked changes in the incidence of the usual diseases, and no unforeseen health hazards. During 1963 the rise in birth rate for the County was higher than in previous years, but again this was in line with the national trend. The number of persons over 65 years of age also showed an increase during the year and the Flintshire figure of 12.09 % is now higher than the national figure of 11.93 %. The high percentage of over 65 in the County is mainly due to the attractions of Prestatyn and Rhyl as places for retirement, and in these areas it is estimated that 1,500 bungalows and small dwellings have been built since 1946 and are mainly occupied by elderly persons who have moved into the area on retirement.

The high incidence of aged persons in the Western sector of the County presents special problems to the services of the Health Department, particularly the home help service, home nursing, health visiting and the ambulance service.

The need for close co-operation of all services is also vital in this field of caring for the aged, hospital, general practitioners, welfare services, voluntary services and the Health Department. Some idea of the problems involved can be gained from the fact that nearly half the home helps employed by the Authority serve in this Western sector with a population of less than a third of the County as a whole.

The first three months of 1963 will be remembered for exceptionally cold weather, and most areas were frozen during this period. This unusually long spell of very cold weather added greatly to the difficulties of providing domiciliary services, particularly in the rural areas. At one stage we had to cancel all ambulance work except emergency cases due to the danger of having vehicles out and the risk of accident or patients being stranded in vehicles. The Department used its own four wheel drive vehicles to maintain services and hired other four wheel drive vehicles to take home helps, nurses and other workers to persons in their own homes. Tribute should be paid to the staff for their devotion to duty in the face of great difficulties during this period. One midwife delivered a baby at home having travelled to the mother part of the way in her own car, part of the way on a tractor and the remainder of the way on foot,

Reference was made in last year's Report to the development of health and welfare services for a ten year period. In the main the health services planned for the first year of the period were implemented. During the year also the first revision of the main plan was carried out and after approval by the Health Committee submitted to the Welsh Board of Health. Before submission to the Welsh Board of Health the revised plan was discussed with representatives of general practitioners in the County, and their views were taken into consideration in the development of the services of the Department. The main difficulty in implementing the plan is the lack of trained staff in nearly all health department services and particularly so in the field of mental health services and services for the handicapped.

During the year the Ministry of Health published the report on Health and Welfare—Development of Community Care (H.M.S.O. Command 1973). This report was prepared from details submitted by each health and welfare authority in England and Wales and gave comparative information on the level of services available and planned in the whole County.

Considerable expansion of industry continued in the Eastern half of the County and with it increase in population and house building, particularly private development. Local authorities have been very active in building new houses particularly to replace unfit houses, but in addition several new estates are being developed in the Eastern half of the County and when complete will provide an additional 8/10,000 dwellings.

During the early part of the year the Local Government Commission for Wales submitted its final report and recommended that Flintshire and Denbighshire should be combined to form one administrative County of 280,000 population. A small part of Denbighshire was to be attached to Montgomery but the remainder was to be combined with Flintshire and this would mean that the Maelor R.D. and the parishes of Marford and Hoseley would form part of the proposed new County and not be detached. (At the time of submitting this report to the printers, the recommendations of the Local Government Commission relating to Flintshire and Denbighshire have not been accepted by the Minister for Welsh Affairs and the Government is proposing to submit an alternative scheme on Local Government reform in 1964).

Further developments occurred in the provision of services for the mentally disordered during the year. The most notable event was the opening of the Adult Training Centre at Greenfield for sixty subnormal adults, male and female. Provision of training facilities for subnormal children remained as in previous years at Tirionfa (Rhuddlan) and Chester, and were quite adequate for the demands made. The Social Club continued to function at Rhyl for mentally ill persons requiring help and support, as also did the handicraft class. One of our biggest problems was the shortage of trained Mental Welfare Officers to deal with the social work in the community, and it is hoped that the position will be eased in 1964 when the two officers in training complete their course and return to duty. I still consider that this authority will not have adequate trained staff for its various mental

health services for at least another five years, and until then we have to use the limited trained staff in the best possible way.

During the year, the Nursing Homes Act of 1963 became law and regulations were made under the Act relating to the registration and conduct of nursing homes. The new Act makes it easier to remedy any breach of the regulations relating to the premises or conduct of nursing homes. In this respect the new provisions will make it easier for the County Council to maintain the highest standards in nursing homes as regards adequate staff and premises.

It is pleasing to report the valuable help which is given by voluntary workers in the County, both organised groups and individual workers or small local groups. During the year efforts were made to get closer working between voluntary bodies and the County Health and Welfare Services. Meetings were arranged between representatives of all voluntary bodies and the County Council and as a result three Joint Committees of voluntary bodies were formed in the three areas into which the County is divided for purposes of health administration. The three Joint Committees to have representation on the three Area Sub-Committees of the Health Committee and also to encourage officers of the Health Department to attend meetings of the Joint Committees when this appears desirable. This arrangement should foster closer working relations between voluntary bodies and the Health Department.

Good relations were maintained during the year with general practitioners in the County and hospital staff. This entailed regular contact with doctors in general practice and hospital workers and attendance at hospital committees and local medical committees where problems relating to general practice are discussed.

I would like to thank the staff of the Department for their loyal service during the year and the co-operation of other staff with whom we work closely in the Children's Department, Welfare Service and the Department of Education. I would, in particular, thank 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 also like to thank the Chairman and members of the Health Committee for their interest and support during the year. The Clerk of the County Council and his staff have, as always, been ever ready to help and advise, and also the County Treasurer and his staff. It is a pleasure to record the good relations between all Departments of the Council and to thank those who have co-operated with the Health Department during 1963.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

County Medical Officer of Health.

STAFF CHANGES.

Medical.

Dr. L. L. Munro was designated Senior Assistant Medical Officer as from the 1st December, 1963. Dr. Edith V. Woodcock commenced duty as Assistant Medical Officer on the 9th December, 1963. Dr. M. J. W. Dobbin terminated her services as part-time Assistant Medical Officer on the 31st May, 1963. Dr. K. Gammon commenced duty as part-time Assistant Medical Officer on the 8th November, 1963.

Dental.

Mr. Leslie Hanson, full-time Dental Officer, retired on the 31st December, 1963.

Health Visiting.

Miss E. Weston, Senior Health Visitor for the Western Area, resigned on the 31st July, 1963. Miss J. M. Jewell was designated Senior Health Visitor for the Western Area on the 1st September, 1963. Mrs. M. Roberts commenced duty as part-time Clinic Nurse on the 1st April, 1963. Mrs. S. A. Latham commenced duty as part-time Clinic Nurse on the 27th May, 1963.

Nurses and Midwives.

The under-mentioned District Nurse/Midwives retired during the year :—

Mrs. A. M. Jenkins, Shotton—31st March, 1963.

Mrs. E. Edwards, Northop—31st December, 1963.

The under-mentioned Nurses resigned during the year :—

Miss M. M. Farrall, Deputy County Nursing Officer—13th April, 1963.

Mrs. T. G. Roberts, Relief Nurse/Midwife, Eastern Area—31st October, 1963.

Mrs. R. Jones, District Nurse/Midwife, Flint Area—31st December, 1963.

The under-mentioned Nurses were appointed during the year :—

Miss P. G. O'Sullivan, Deputy County Nursing Officer, commenced duty on 1st July, 1963.

Mrs. M. Taylor, District Nurse, Prestatyn Area, commenced duty on 11th March, 1963.

Mrs. I. Jones, S.E.N., Western Area, commenced duty on 10th June, 1963.

Mrs. S. Tudor Evans, Relief Nurse/Midwife, Western Area, commenced duty on 1st October, 1963.

Miss B. E. Jones, District Nurse/Midwife, Hawarden Area, commenced duty 23rd October, 1963.

Mrs. F. J. Cowx, Relief District Nurse/Midwife, Western Area, commenced duty on 16th December, 1963.

Miss M. Hinchin, Hawarden District, commenced the Health Visitors' Training Course on 16th December, 1963.

Mental Health Staff.

Mr. H. Yeoman commenced duty as Assistant Mental Welfare Officer for the Eastern half of the County on 1st August, 1963.

Mrs. S. R. Olsen resigned her appointment as Part-time Temporary Social Worker and commenced duty as Part-time Mental Welfare Officer on 1st February, 1963.

Miss M. T. Harding commenced duty as Part-time Temporary Social Worker (combined appointment between Flintshire County Council and the North Wales Hospital Management Committee) on 27th February, 1963. Miss Harding is also authorised to act as a Mental Welfare Officer (part-time).

Training Centre Staff.

Greenfield Adult Training Centre.

Mr. A. J. Murray commenced duty as Male Assistant Supervisor on 1st September, 1962, and was appointed Supervisor on 1st December, 1963.

Mrs. C. Hickie commenced duty as Female Assistant Supervisor on 1st September, 1962.

Mr. N. J. Roebuck commenced duty as Male Assistant Supervisor on 1st May, 1963.

Mr. D. J. Shortland commenced duty as Male Assistant Supervisor on 26th August, 1963.

Mrs. C. Brady commenced duty as Female Assistant (Laundry) on the 4th February, 1963.

Miss F. Davies commenced duty as Trainee Female Assistant Supervisor on 1st July, 1963.

Tirionfa Junior Training Centre, Rhuddlan.

Miss D. M. T. Owen commenced duty as Trainee Assistant on the 10th September, 1963.

Visitors for the Handicapped.

Miss B. Baron commenced duty as a Home Visitor for the Handicapped in the Western half of the County on 2nd December, 1963.

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 member of the Health Service Staff are given below :—

Medical Officers :

Dr. G. W. Roberts—Central Council for Health Education, London, 24th January.

Royal Society of Health Annual Congress, Eastbourne, 29th April to 3rd May.

Society of Medical Officers—Administrative Conference, London, 17th to 20th September.

Dr. K. S. Deas—National Association for Mental Health Conference, London, 28th February to 1st March.

Dr. E. Pearse—National Deaf Children's Society Conference, London, 7th November.

Dr. L. L. Munro—National Deaf Children's Society Conference, London, 7th November.

Dental Officers :

Mr. A. Fielding—British Dental Association Annual Conference, Oxford, 22nd to 26th July.

Health Visitors :

Miss P. M. Matthews—Institute of Home Help Organisers' Annual Conference, Buxton, 26th to 29th September.

Royal College of Nursing Co-ordination within Health Service, London, 3rd to 5th December.

Miss A. M. Stewart—Central Council for Health Education Summer School, Bangor, 13th to 23rd August.

Nurses and Midwives :

Superintendent Nursing Officer, Miss L. Mann—Supervisor of Midwives Post Graduate Course, Bedford College, 31st April to 5th May.

Conference on Co-ordination within the Health Service, London, 3rd to 5th December.

Miss Ager and Miss Roberts—William Rathbone College, Liverpool, Rehabilitation Course, 12th to 16th August.

Mrs. Jeronimidis and Mrs. Kingston—Midwifery Post Graduate Course, Hull, 1st to 7th April.

Miss B. Jones and Mrs. Shepherd—Midwifery Post Graduate Course, Bangor, 13th to 20th July.

Mrs. I. B. Williams and Mrs. L. E. Roberts—Queen's Institute of District Nursing, District Nursing Course, Liverpool, 30th June to 6th July.

Mrs. Bell and Mrs. M. Williams—Refresher Course for State Enrolled Nurses, Birmingham, 25th to 29th March.

County Public Health Inspector :

Mr. E. Lewis—Royal Society of Health Annual Congress, Eastbourne, 29th April to 3rd May.

Central Council for Health Education Summer School, Bangor, 13th to 22nd August.

County Ambulance Officer :

Mr. D. J. Jones—Annual Conference of National Association of Ambulance Officers, Hastings, September.

Mental Health :

Mr. J. C. Seaman—National Institute for Social Work Training, Swansea, 27th to 29th September.

Mr. R. Powell—National Certificate Course for Social Workers, Liverpool, on two year Course.

Miss Nerys Haf Lloyd Jones—General Social Work Course, London, on two year Course.

Mr. A. J. Murray—National Society for Mentally Handicapped Children, Manchester, 9th October.

Clerical Staff :

Mr. E. F. Jones—Public Health Lay Administrators' Conference, Oxford, 11th to 14th 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.

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

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

Senior Assistant Medical Officer :

Lillie Lund Munro, M.B., Ch.B., D.P.H. (since 1st December, 1963).

Assistant Medical Officers (full-time) :

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

Edith V. Woodcock, M.B., Ch.B. (since 9th December, 1963).

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

Dr. M. J. W. Dobbin (left 31st May, 1963).

Dr. K. Gammon, B.Sc., M.B., B.Ch. (since 8th November, 1963).

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.

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.E.

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. (retired 31st December, 1963).

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 (terminated 31st August, 1963).

Dr. M. E. Lloyd.

Dr. C. W. Fisher.

Dr. H. Evans (since 16th May, 1963).

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 (left 30th April, 1963).

Miss P. G. O'Sullivan, S.R.N., S.C.M., Q.N., H.V.Cert. (since 1st July, 1963).

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.H.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 (left 31st July, 1963).

Miss J. M. Jewell, Senior Health Visitor/School Nurse, Western Area (from 1st September, 1963).

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

Mrs. P. B. M. Coupé.

Mrs. L. Pritchard.

Miss M. J. Hughes.

Mrs. M. E. Pearse.

Miss Ellen Jones.

Mrs. E. G. E. Rees.

Miss G. Jones.

Miss M. W. Wright.

Miss G. Jenkins.

Miss E. M. L. Morgan.

†Miss J. S. Rogers.

Mrs. D. M. Lewis.

Miss M. Lees.

Miss G. M. Jones.

Miss A. M. Stewart.

Miss M. Y. Secker.

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

Mrs. S. Lewis.

† Also acts as part-time Health Education Officer.

Clinic Nurses (Part-time—Sessional) :

Mrs. H. Davies.

Mrs. M. M. Digweed.

Mrs. R. Williams.

Mrs. R. Cunah.

Mrs. M. Williams (left 26/3/63).

Mrs. M. Roberts (since 1/4/63).

Mrs. S. A. Latham (since 27/5/63).

Visitors for Chest Diseases :

Mrs. M. M. D. Roberts, S.R.N., S.C.M., T.B.Cert. (part-time).

Mrs. A. R. Iball, S.R.N. (part-time).

Ambulance Officer :

David John Jones, F.I.A.O., F.I.C.A.P.

Senior Mental Welfare Officer :

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

Supervisor, Adult Training Centre :

A. J. Murray.

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 (left 31/7/63).

Miss M. E. Rich.

Miss B. Barron (since 2/12/63).

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 Nurse/Midwives	...	...	...	40
District Nurses	...	...	...	10
				<hr/>
Total	...			50
				<hr/>

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

Whole-time	...	...	...	1
Part-time	...	...	...	120
				<hr/>
Total	...			121
				<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—three full-time Mental Welfare Officers 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.

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, Mold 234.

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—Mr. H. Yeoman, County Health Offices, Mold.

Telephone—Day, Mold 106 ; Night and weekend, Caergwrle 365.

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

Officer (Part-time)—Miss M. T. Harding, Broughton Hospital, Broughton.

Telephone—Day, Hawarden 2280 ; Night and weekend, Ruthin 466.

(Social Worker—An appointment shared equally by the Local Health Authority and the North Wales Hospital Management Committee).

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, 1963).

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 (left 30/6/63). Mr. H. L. Fields, U.D.C. Offices, Holywell (commenced 1/8/63).
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. L. 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. Tinneswood, 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.

During the year the population again increased by 1,900 to 152,310, very much the same annual increase as has been noted for the past ten years. The increase occurs mainly in Rhyl and Prestatyn and on Deeside. In Rhyl and Prestatyn the increase is mainly in aged persons who come to reside in the area on retirement, and this is particularly true of Prestatyn U.D. On Deeside—Connah's Quay, Flint and part of Hawarden Rural District— young families move in attracted by the various industries in the area.

Although the County has an unusually high percentage of aged in the Western area and an above average number of young families on Deeside, the statistics of births and deaths for the County as a whole are much the same as the national average, as the marked variations in the two areas tend to cancel each other and approach the national figure. However, on looking at Rhyl and Prestatyn areas, one finds a death rate of 19.5, compared with a rate of 13.18 in England and Wales. Similarly, the birth rate for the Deeside authorities is 19.59 compared with a national figure of 18.2.

The rest of the County has statistics of births and deaths much like the rest of England and Wales and a more static native population which, on the whole, has roots in the community where it is situated.

The three "divisions" of the County are very arbitrary and not as clear cut as outlined above, but they do present a separate picture as regards social conditions and their demands for health services also vary.

In the Western end of the County the extra number of aged persons make very heavy demands on the Home Help Service—over half the Home Helps in the County serve this area of less than a third of the County's population. The same is true of Home Nursing, Ambulance Service, Home Visitors for the Blind and Deaf, Social Work demands and the various welfare services designed specially for the aged.

In the Eastern end of the County and particularly on Deeside, the demand is heavy on Child Welfare Clinics, Health Visiting, Midwifery, Home Visitors for the Handicapped and to a lesser extent on the Mental Welfare Officers.

In the Central area of the County of native population the demand is fairly even on all services but at a lower level than in the other two areas. The established population with relatives within easy reach meets the initial demands for help from within its own ranks and calls on other services when the demands exceed their resources. On the other hand, new populations, whether young or old, make immediate demands on health and social services when faced with illness or social difficulties.

During the year the County enjoyed full employment and the average unemployment figure was 1.7 %, compared with 3 % for Wales and of 2.1 % for Great Britain. Full employment and a regular wage packet are probably more important in maintaining a high standard of health and well being

than well developed health and social services, and this is a truth that we should not overlook. The only exception being in the field of mental disorder when the incidence increases with affluence and vice versa, and is probably associated with greater tensions and poor use of leisure in communities with high employment.

The whole County is adequately supplied with electricity from the national grid, piped water supplies and water carriage sanitation are the rule and only isolated villages are not so provided. A considerable number of Local Authority and private houses were completed during the year—1,130 houses, 233 built by Local Authorities and 897 by private builders. Many more new houses are still needed in nearly all Local Authority areas to replace unfit houses and to meet new demands. Good progress has also been made by many of the Local Authorities to provide special dwellings for the aged, and ready help obtained in the adaptation of houses for physically handicapped persons.

The County, as Local Health Authority, provides a full range of health services including permissive services. During the year under review, steady progress was made in developing some of the newer and more specialised services for the mentally disordered and the physically handicapped.

No major epidemic occurred during the year, no particular difficulties were met in providing health services as regards staff or premises, and it is fair to say that social conditions in the County as a whole are good.

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

District.	Area in Statutory Acres		Population (By Census).				
	(pre-1934).	1901	1911	1921	1931	1951	1962
Urban—							
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
Rural—							
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
Total Urban	14794	30450	34864	44199	47092	71507	77635
Total Rural	148913	51035	57841	62418	65797	73601	72447
Whole County	163707	81485	92705	106617	112889	145108	150082

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	1949	1954	1959	1961	1962	1966	
Urban—										
Buckley ...	2646	2638	7345	7622	7670	7690	7690	7720	784	
Con. Quay ...	4214	4214	6505	7455	7350	8030	8390	8630	874	
Flint M.B. ...	6243	6802	13020	14160	14220	14300	13690	13790	1395	
Holywell ...	2532	2428	6918	7870	8210	8320	8400	8470	847	
Mold ...	1164	1175	5880	6354	6600	6680	6840	7000	711	
Prestatyn ...	3219	2796	7422	8659	8910	9720	10670	11170	1149	
Rhyl ...	1700	1700	16510	18710	19200	19810	21120	21290	2144	
Rural—										
Hawarden ...	31576	31576	28750	32450	34980	35520	36450	36840	3712	
Holywell ...	58515	58329	20730	21920	22290	22090	21500	21550	2156	
Maclor ...	29740	29749	4356	6720	5850	4520	4660	4670	467	
St. Asaph ...	22149	22300	7494	8380	10520	10320	9830	9300	992	
Total Urban	21718	21753	63600	70830	72160	74550	76800	78070	7904	
Total Rural	141989	141954	61330	69470	73640	72450	72440	72360	7327	
Total County	163707	163707	124930	140300	145800	147000	149240	150430	15231	

VITAL STATISTICS—FLINTSHIRE, 1963.

Live Births	...	...	...	...	...	2,781
Live birth rate per 1,000 population	...	...	...	...	...	18.26
Illegitimate live births per cent. of total live births	...	...	...	...	...	4.42%
Stillbirths	...	...	...	...	...	51
Stillbirth rate per 1,000 live and stillbirths	...	...	...	...	...	18.01
Total live and stillbirths	...	...	...	...	...	2,832
Infant deaths (under 1 year)	...	...	...	...	...	75
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	26.97
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	26.71
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	32.52
Neo-natal mortality rate per 1,000 live births (first four weeks)	...	...	...	...	...	18.34
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	15.82
Perinatal mortality rate (stillbirths and deaths under 1 week) combined per 1,000 total live and still births)	...	...	...	...	...	30.01
Maternal deaths (including abortion)	...	...	...	...	...	—
Maternal mortality rate per 1,000 live and still births	...	...	...	...	...	—

3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1963-64, was £27,870.

4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

5. BIRTHS.

During the year under review, 2,832 births were registered as pertaining to the County, that total being made up as follows:—

		Live Births.		Still Births.		Total.
Legitimate	... ..	2658	...	49	...	2707
Illegitimate	... ..	123	...	2	...	125
		<hr/>		<hr/>		<hr/>
Total	... ..	2781		51		2832
		<hr/>		<hr/>		<hr/>

Compared with the previous year, 1962, these figures show an increase of 128 live births and an increase of 1 still birth, the total births thus showing an increase of 129.

Of the 2,781 live births, 1,415 were males and 1,366 females.

Of the 51 still births, 32 were males and 19 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 1963 was 18.26, which is slightly higher than the rate for England and Wales, namely, 18.20, and is higher than the County rate for 1962 which was 17.64.

The still birth rate per 1,000 total (live and still) births was 18.01, as compared with the corresponding rate for England and Wales which was 17.3.

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.
1963	...	44.14	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 176 premature births in 1963, 168 were born in hospitals or Maternity Homes within the National Health Service, and 20 of these were stillbirths. 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. The remaining eight births occurred at home.

Table 3 shows that of the 8 live births at home, 1 was transferred to hospital, and all 8 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, 1963.
(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.	Total.	
Urban—							
Buckley	136	2	17.35	.25	18.39	18.65	14.49
Connah's Quay	196	3	22.42	.34	20.63	21.94	15.08
Flint	245	6	17.56	.43	18.09	18.53	23.90
Holywell	174	1	20.54	.12	19.92	20.04	5.71
Mold	160	1	22.50	.14	22.50	22.64	6.21
Prestatyn	155	5	13.49	.43	17.40	17.95	31.25
Rhyl	340	4	15.86	.18	17.60	17.80	11.63
Rural—							
Hawarden	731	11	19.69	.30	20.08	20.39	14.82
Holywell	393	13	18.23	.60	20.05	20.71	32.02
Maclor	79	3	16.92	.64	18.78	19.49	96.34
St. Asaph	172	2	17.34	.20	19.94	20.17	11.49
Total Urban	1406	22	17.79	.28	18.86	19.15	15.41
Total Rural	1375	29	18.77	.39	20.08	20.50	20.65
Whole County	2781	51	18.26	.33	19.35	19.70	18.01

* Adjusted by comparability factor for comparison with other areas.

Number of premature births, i.e., live and still births of 5½ lbs. or less at birth (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Born in Hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day				Born	
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In Hospital	At home or in a nursing home
1. 2 lb 3 oz or less	4	3	1	..	..	..	..	..	..	..	..	..	4	..
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	15	5	1	1	..	..	..	..	..	..	..	..	3	..
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	26	5	3	..	..	..	..	..	1	..	..	..	7	..
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	34	..	..	..	1	..	..	..	..	..	..	..	1	..
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	69	..	1	..	6	..	..	..	..	..	..	..	5	..
6 TOTAL	148	13	6	1	7	..	..	..	1	..	..	..	20	..

1 = 1,000g. or less; 2 = 1,001 - 1,500g.; 3 = 1,501 - 2,000g.; 4 = 2,001 - 2,250g.; 5 = 2,251 - 2,500g.

Table 4.
DEATHS (GENERAL) 1963.
SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
Tuberculosis—respiratory	13	2	15	.75
„ other	1	—	1	.05
Syphilitic disease	2	1	3	.15
Diphtheria	—	—	—	—
Whooping Cough	—	—	—	—
Meningococcal Infection	1	1	2	.10
Acute Poliomyelitis	—	—	—	—
Measles	—	—	—	—
Other infective and parasitic diseases	2	3	5	.25
Malignant Neoplasm—stomach	28	25	53	2.64
„ lung bronchus	56	4	60	2.99
„ breast	—	28	28	1.39
„ uterus	—	12	12	.60
Other malignant and lymphatic neoplasms	92	83	175	8.71
Leukaemia, aleukaemia	8	4	12	.60
Diabetes	3	3	6	.30
Vascular lesions of nervous system	157	206	363	18.08
Coronary disease, angina	237	138	375	18.67
Hypertension with heart disease	21	29	50	2.49
Other heart disease	83	116	199	9.91
Other circulatory disease	36	46	82	4.08
Influenza	3	8	11	.55
Pneumonia	46	51	97	4.83
Bronchitis	84	25	109	5.43
Other diseases of respiratory system	13	6	19	.95
Ulcer of stomach and duodenum	5	4	9	.50
Gastritis, enteritis, diarrhoea	4	9	13	.65
Nephritis and Nephrosis	8	6	14	.69
Hyperplasia of prostate	14	—	14	.69
Pregnancy, childbirth and abortion	—	—	—	—
Congenital malformations	8	9	17	.85
Other defined and ill-defined diseases	94	93	187	9.31
Motor vehicle accidents	13	3	16	.79
All other accidents	21	22	43	2.14
Suicide	10	7	17	.85
Homicide and operations of war	1	—	1	.05
Totals	1064	944	2008	

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

Table 4 (a).

DEATHS FROM RESPIRATORY TUBERCULOSIS.

County District.	Males.	Females.	Total.
Urban—			
Buckley	—	—	—
Connah's Quay	—	—	—
Flint (M.B.)	—	—	—
Holywell	1	—	1
Mold	1	—	1
Prestatyn	3	—	3
Rhyl	1	—	1
Rural—			
Hawarden	5	1	6
Holywell	—	—	—
Maclor	—	1	1
St. Asaph	2	—	2
TOTAL URBAN	6	—	6
TOTAL RURAL	7	2	9
WHOLE COUNTY	13	2	15

DEATHS FROM MALIGNANT DISEASES.

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

Figures, both totals and rates, for each district for a period of one year are not a very accurate index of the true position as the total deaths involved in each district are small and the period of twelve months too short.

To get some indication of the position relating to cancer deaths in each district, figures for several years have to be looked at and averaged out. Also, deaths in each district compared with the total deaths from cancer for the County as a whole during the same period, and in this way death rates over several years for the districts and the County can be compared and certain conclusions arrived at.

Looking back ten years shows that the total cancer deaths in 1953 amounted to 284, and in 1943 to 223. Since 1943, there has been a 50 % increase in the cancer deaths in the County, and even allowing for the population increase, the deaths and death rate from cancer have shown a considerable increase over the years, but this has been very gradual and hardly perceptible from year to year.

Deaths due to lung cancer show a steady increase from year to year and in 1963 totalled 60—56 men and 4 women. In 1953 the lung cancer deaths totalled 45, and separate figures for earlier years are not available for the County. So deaths due to lung cancer have shown a 50 % increase in ten years and the indications are that this trend will continue unless we can persuade young people to give up the habit of smoking cigarettes.

It is disappointing that the total deaths due to cancer of the breast and uterus have shown such a small decline over the past ten years, considering that these cancers do show early signs and are easily accessible and the results of early treatment are good. The total deaths and death rates for these two cancers show very little change since 1953.

Deaths due to cancer of the stomach also remain high and have not altered much in the last ten years. Here the position is different in that the condition is not so easy to discover in the very early stages and the results of treatment have not shown dramatic improvement over the years.

During recent years a great deal of publicity has been given to leukaemia, a form of cancer affecting the blood. Deaths due to leukaemia have not shown much change over the past ten years. In 1953 a total of 11 deaths were recorded and 12 in 1963, and in the intervening years that figure has shown very little variation.

Cancer may attack every system in the body and that is reflected in deaths due to cancer and not specified as affecting individual organs, and in this group 175 occurred, a considerable increase over 1962 (157) and over 1953 (142).

The aspect of cancer deaths that causes concern is the age at death. It will be noted that unlike other main causes of death many of the cancer deaths occur before the age of 65. Out of a total deaths due to cancer of 340, 145 occurred before the age of 65 years.

It is unlikely that any dramatic change in the present pattern will occur until (a) more is found about the cause and prevention of cancer, (b) methods of very early detection of cancer are introduced, (c) some new techniques of treatment become available. In the meantime it must be remembered that work goes on in all these fields and, indeed, much has been discovered about the cause, prevention and treatment of various forms of cancer. We must also remember that education of the public on matters relating to cancer is very important, and unless the public come forward with suspicious early warning signs of possible cancers much of our new knowledge about treatment will be of little help to them.

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. (7,840)	M	1	2	—	—	6	—	9	2.17
	F	1	—	1	—	4	—	8	
Con. Quay U.D. (8,740)	M	4	1	—	—	5	—	10	1.94
	F	1	—	1	—	5	—	7	
Flint M.B. (13,950)	M	3	7	—	—	11	2	23	2.15
	F	2	—	1	—	2	2	7	
Holywell U.D. (8,470)	M	—	3	—	—	4	—	7	2.12
	F	3	—	1	—	7	—	11	
Mold U.D. (7,110)	M	2	2	—	—	4	—	8	2.39
	...	2	1	2	—	4	—	9	
Prestatyn U.D. (11,490)	M	3	4	—	—	7	—	14	3.31
	F	3	—	4	2	13	2	24	
Rhyl U.D. (21,440)	M	3	10	—	—	13	4	30	2.75
	F	2	2	4	5	16	—	29	
Hawarden R.D. (37,120)	M	6	14	—	—	18	1	39	2.18
	F	8	1	10	4	19	—	42	
Holywell R.D. (21,560)	M	3	11	—	—	17	—	31	1.90
	F	2	—	1	1	6	—	10	
Maelor R.D. (4,670)	M	1	1	—	—	3	—	5	1.50
	F	1	—	—	—	1	—	2	
St. Asaph R.D. (9,920)	M	2	1	—	—	4	1	8	1.71
	F	—	—	3	—	6	—	9	
Total Urban (79,404)	M	16	29	—	—	50	6	101	2.45
	F	14	3	14	7	51	4	93	
Total Rural (73,270)	M	12	27	—	—	42	2	83	1.99
	F	11	1	14	5	32	—	63	
Whole County (152,310)	M	28	56	—	—	92	8	184	2.23
	F	25	4	28	12	83	4	156	
Total		53	60	28	12	175	12	340	2.23

Table 5 (b).

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

		AGE GROUPS.												
Disease.	Sex.	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Tota		
Tuberculosis :—														
Respiratory	M	...	—	—	—	—	1	3	2	2	5	...	13	
”	F	...	—	—	—	—	—	1	—	—	1	...	2	
Other	M	...	—	—	—	—	—	—	—	1	—	...	1	
”	F	...	—	—	—	—	—	—	—	—	—	...	—	
Totals		—	—	—	—	—	1	4	2	3	6		16	
Malignant Diseases :—														
Stomach	M	...	—	—	—	—	—	—	8	10	10	...	28	
”	F	...	—	—	—	—	—	—	7	4	14	...	25	
Lung, bronchus	M	...	—	—	—	—	—	8	18	18	12	...	56	
”	F	...	—	—	—	—	1	1	1	—	1	...	4	
Breast	M	...	—	—	—	—	—	—	—	—	—	...	—	
”	F	...	—	—	—	—	5	5	7	5	6	...	28	
Uterus	F	...	—	—	—	—	1	3	4	3	1	...	12	
Other	M	...	—	—	2	2	3	5	7	21	25	27	...	92
”	F	...	2	—	—	2	2	2	22	27	26	...	83	
Leukaemia	M	...	—	—	—	—	—	2	2	4	—	...	8	
”	F	...	—	—	—	—	—	—	2	1	1	...	4	
Totals		2	—	2	2	5	14	28	92	97	98		340	
Heart and Circulation :—														
Vascular lesions of nervous system	M	...	—	—	—	—	4	6	21	46	80	...	157	
	F	...	—	—	—	1	1	5	13	49	137	...	206	
Coronary disease, angina	M	...	—	—	—	—	10	23	63	79	62	...	237	
	F	...	—	—	—	—	2	6	22	45	63	...	138	
Hypertension with heart disease	M	...	—	—	—	—	1	—	3	11	7	...	22	
	F	...	—	—	—	—	—	—	3	9	17	...	29	
Other heart	M	...	—	—	1	3	1	9	10	15	43	...	82	
”	F	...	—	—	—	—	2	6	8	17	83	...	116	
Other circulatory	M	...	—	—	—	—	1	—	3	10	22	...	36	
”	F	...	—	—	—	—	—	1	5	8	32	...	46	
Totals		—	—	—	1	4	22	56	151	289	546		1069	

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1963 deaths attributable to infectious disease were as follows :—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	—
Meningococcal Infections	...	...	...	...	2
Acute Poliomyelitis	...	...	...	...	—
Measles	...	...	...	...	—
Other Infective and Parasitic Diseases	...	...	...	...	5
Influenza	...	...	...	...	11
Pneumonia	...	...	...	...	97
Bronchitis	...	...	...	...	109
Gastritis, Enteritis and Diarrhoea	...	...	...	...	13

It will be noted that there were no deaths during 1963 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 1962 from 13 to 11 in 1963. Deaths due to pneumonia and bronchitis remained high at 97 and 109 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 13 deaths. Over three-quarters of these deaths were persons over the age of 65 years, the remainder were between 25 and 45 years of age.

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 75 infants died before attaining the age of twelve months, and of these 44 were males and 31 females, whilst 71 were legitimate and 4 were illegitimate.

The infant mortality rate (deaths per 1,000 live births) is therefore 26.97, which is higher than the rate for England and Wales, namely, 20.90.

The causes of death of the 75 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 75 deaths in the first year of life, 44 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 51 (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-four 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, 1963.

(Under one year of age).

District.	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.
Urban—								
Buckley	3	—	3	2	—	2	5	
Connah's Quay	2	—	2	2	—	2	4	
Flint (M.B.)	5	—	5	1	—	1	6	
Holywell	6	—	6	—	—	—	6	
Mold	3	1	4	3	—	3	7	
Prestatyn	2	—	2	—	—	—	2	
Rhyl	7	—	7	6	1	7	14	
Rural—								
Hawarden	10	1	11	12	—	12	23	
Holywell	2	—	2	1	1	2	4	
Maelor	1	—	1	—	—	—	1	
St. Asaph	1	—	1	2	—	2	3	
Total Urban	28	1	29	14	1	15	44	
Total Rural	14	1	15	15	1	16	31	
Whole County	42	2	44	29	2	31	75	

The causes of death were:—

	Males.		Females.		Total.
Meningococcal infections	1	—	—	—	1
Other infective and parasitic diseases	1	—	—	—	1
Other malignant and lymphatic neoplasms	—	2	—	—	2
Influenza	—	1	—	—	1
Pneumonia	6	6	—	—	12
Bronchitis	1	1	—	—	2
Congenital malformations	7	5	—	—	12
Other defined and ill-defined diseases	27	14	—	—	41
Accidents (other than motor vehicle accidents)	1	2	—	—	3
Totals	44	31	—	—	75

(Children aged under 12 months).

Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants		
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.		
Urban—									
Buckley	22.06	—	22.06	14.70	—	14.70	36.76		
Connah's Quay	10.20	—	10.20	10.20	—	10.20	20.40		
Flint (M.B.)	20.41	—	20.41	4.08	—	4.08	24.49		
Holywell	34.48	—	34.48	—	—	—	34.48		
Mold	18.75	6.25	25.00	18.75	—	18.75	43.75		
Prestatyn	12.90	—	12.90	—	—	—	12.90		
Rhyl	20.59	—	20.59	17.65	2.94	20.59	41.18		
Rural—									
Hawarden	13.68	1.37	15.05	16.41	—	16.41	31.46		
Holywell	5.08	—	5.08	2.54	2.54	5.08	10.16		
Maelor	12.66	—	12.66	—	—	—	12.66		
St. Asaph	5.81	—	5.81	11.62	—	11.62	17.43		
Total Urban	19.91	.71	20.62	9.96	.71	10.67	31.29		
Total Rural	10.18	.72	10.91	10.91	.72	11.63	22.54		
Whole County	15.10	.72	15.82	10.43	.72	11.15	26.97		

Table 6 (c).

NEO-NATAL DEATHS, 1963.

(Under four weeks of age).

District.	MALES.			FEMALES.			Infants
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.
Urban—							
Buckley	...	3	—	...	3	...	5
Connah's Quay	—	—	—	—	—	—	—
Flint (M.B.)	...	4	—	...	4	...	5
Holywell	...	4	—	...	4	...	4
Mold	...	1	1	...	2	...	4
Prestatyn	...	2	—	...	2	...	2
Rhyl	...	6	—	...	6	...	10
Rural—							
Hawarden	...	8	1	...	9	...	16
Holywell	...	1	—	...	1	...	3
Maelor	...	1	—	...	1	...	1
St. Asaph	...	1	—	...	1	...	1
Total Urban	...	20	1	...	21	...	30
Total Rural	...	11	1	...	12	...	21
Whole County	...	31	2	...	33	...	51

Table 6 (d).

INFANT DEATHS, 1963.

(Infants under one week of age).

District.	MALES.			FEMALES.			Infants Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
Urban :—								
Buckley	3	—	3	2	—	2	5	
Connah's Quay	—	—	—	—	—	—	—	
Flint (M.B.)	2	—	2	1	—	1	3	
Holywell	4	—	4	—	—	—	4	
Mold	1	1	2	1	—	1	3	
Prestatyn	2	—	2	—	—	—	2	
Rhyl	6	—	6	2	1	3	9	
Rural :—								
Hawarden	7	1	8	6	—	6	14	
Holywell	1	—	1	1	1	2	3	
Maelor	1	—	1	—	—	—	1	
St. Asaph	—	—	—	—	—	—	—	
Total Urban	18	1	19	6	1	7	26	
Total Rural	9	1	10	7	1	8	18	
Whole County	27	2	29	13	2	15	44	

MATERNAL MORTALITY—There was no death attributable to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain a confidential report from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician giving complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

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

There has been a steady fall over the years in maternal deaths in the County indicating a very satisfactory standard of hospital and domiciliary midwifery.

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

Table 7.

DEATHS IN THE SEVERAL DISTRICTS.

(All Ages—All Causes).

District.	Males.	Females.	Total.	Crude Rate per 1000 Population.	* Rate Adjusted per 1000 Population.
Urban—					
Buckley	51	43	94	11.90	14.45
Connah's Quay	40	34	74	8.47	13.13
Flint (M.B.)	96	50	146	10.46	13.39
Holywell	61	68	129	15.23	13.10
Mold	47	36	83	11.67	15.17
Prestatyn	88	117	205	17.84	11.42
Rhyl	190	182	372	17.35	13.53
Rural—					
Hawarden	229	213	442	11.91	14.29
Holywell	164	113	277	12.85	12.34
Maelor	39	21	60	12.85	14.13
St. Asaph	59	67	126	12.70	11.56
Total Urban	573	530	1103	13.95	13.11
Total Rural	491	414	905	12.35	13.21
Whole County	1064	944	2008	13.18	13.18

* 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 ...	166	95	261
Deaths in age groups 65 and over ...	346	404	750
Totals ...	512	499	1011

Rural Districts.

	Males.	Females.	Total.
Deaths in age groups 45-64 ...	114	72	186
Deaths in age groups 65 and over ...	320	308	628
Totals ...	434	380	814

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. During the year the Health Committee gave consideration to the establishment of three sub-centres at Rhyl, Mold and Connah's Quay, at the main Clinics in these areas, to be manned by clerical staff during the ordinary office hours. Doctors, Hospitals and other persons who get in direct contact with the staff are given the names of Nurses, Health Visitors, Mental Welfare Officers and others so that they can contact them direct. If these persons experience difficulty in contacting Health Department workers during the daytime, they can telephone the central office at Mold and information will then be passed to the officers concerned. Outside office hours, contact can be made with the Ambulance Headquarters, which is manned for twenty-four hours, and the staff on duty have a list of various members of the Department and can, in this way, contact them for Doctors or Hospitals concerned.

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. There is also a Health (General Purposes) Sub-Committee and urgent matters requiring attention between meetings of the Health Committee are referred to this Sub-Committee.

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 Services and in this way 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 their continued absences from work.

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.

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. The County Medical Officer and his staff also carry out work for the Road Fund Licensing Committee. The work entails the medical examination of persons who apply for Driving Licences and there is some doubt as to their fitness to hold full licences. Often, in addition to medical examinations, this work entails the obtaining of reports from Consultants and from Hospitals. Each case referred to the Department entails a considerable amount of work, as most of the applicants have a right to appeal against decisions and therefore it is necessary for all investigations which may be desirable in coming to a decision as to fitness to drive, to be carried out before a final recommendation is made to the Road Fund Committee.

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 again like to thank the Child Welfare Voluntary Committees for their valuable and loyal service during the year. Many of the Committees have given items to the Clinics which they are concerned with, or money to purchase various additional items of equipment for the Clinics. The Committees also help individual mothers in need and make available at reduced cost fireguards for use in homes with small children,

During the year the Flintshire Branch of the National Society for Mentally Handicapped Children continued to give valuable service for those attending the Junior Training Centre at Tirionfa, those attending the Adult Training Centre at Greenfield and parents of mentally handicapped children at home.

The County Medical Officer administers two funds to which money is contributed by individuals and various Voluntary Organisations, one fund is to help the physically handicapped and the other to help mentally disordered—both subnormal and the mentally ill.

A further step was taken during the year to get better co-ordination between the various Voluntary Organisations in the County and the Health and other Departments. Area Voluntary Committees were established, covering the same areas as the Area Health Committees at present in being. On these Area Health Committees all voluntary bodies are represented, as well as members of the statutory bodies in the area concerned. These bodies meet regularly and information is given to them about statutory services available and they, in turn, are able to offer help to the various departments of the County Council according to the facilities and staff in the respective districts. It is hoped, in time, that still closer working relations can be established through the Area Committees, between voluntary bodies and the Health Department, particularly as the Voluntary Organisations become more and more aware of the needs of the Health Department in their respective districts.

I would like, in particular, to pay tribute to the work done by the Chester and District Marriage Guidance Society during 1963, the Women's Voluntary Service, the British Red Cross Society, St. John's Ambulance Brigade and the St. Asaph Diocesan Moral Welfare Association.

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 420 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, Broughton, 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 1963 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 1963 twenty-two sessions were held and in all 181 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 1963, 408 outfits were issued compared with 451 in 1962.

Table 8.
ANTE-NATAL CLINICS, 1963.

Description.	Flint.	Holywell.	Mold.	Prestatyn.	Rhyl.	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	—	...	—	...	—	—
(b) A Midwife was in attendance	51	...	—	...	—	51
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	—	...	—	...	—	—
(d) Hospital Medical Staff in attendance	—	51	24	25	48	148
(e) Total sessions	51	51	24	25	48	199
2. Number of patients attending for the first time this year	33	442	126	82	393	1076
3. Total attendances	204	1632	683	233	1522	4274
B.—POST-NATAL CASES.						
1. Number of sessions (i.e., number of times Clinic opened during the year) when :—						
(a) A Medical Officer was in attendance	—	...	—	...	—	—
(b) A Midwife was in attendance	—	...	—	...	—	—
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	—	...	—	...	—	—
(d) Hospital Medical Staff in attendance	—	46	21	21	48	136
(e) Total sessions	—	46	21	21	48	136
2. Number of patients attending for the first time this year	—	165	64	23	168	420
3. Total attendances	—	165	73	23	168	429

NOTE—Clinics held at Holywell, Mold, Prestatyn and Rhyl are combined with Hospital Consultant Clinics.
Midwives Clinics are held at Flint.

Table 9.

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

Name and Address of Home or Hostel	Number of Beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in Col. (6) for which the authority was responsible.	Average length of stay	
	Total beds (excl. mat. and lab. and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots			Ante-natal	†Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority :— Bersham Hall—used jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered by the C.M.O., Denbighshire.	18	..	1	12	66 (i.e., Total admissions from all Authorities)	18 (Flintshire cases)	35 days	21 days
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec. 22 (1) or to which the Authority make payment under Sec. 22 (5).	..	..	..	..	..	..	These figures relate to Flintshire cases only	
(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis :—								
					...	...	...	2
					—

† Exclusive of the lying-in period.

Child Welfare—Child Welfare Clinics or Well Baby Clinics continued 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 attendances during 1963 showed an increase on the very satisfactory attendances in previous years. The main purpose of the Clinics still remains the giving of expert advice on the management and care of babies and children under school age.

As more and more selective visiting is now done by Health Visitors throughout the County it becomes more important that mothers do attend Child Welfare Clinics so that advice can be given on the many problems of management and handling that young mothers are faced with. If the mothers receive regular advice on management and care in the early stages of their difficulties, these can usually be easily resolved. If expert advice is not readily available in the early stages, the problems have a habit of growing and getting out of proportion, and taking much longer to resolve during the later stages, quite apart from the anxiety to the mother and the whole family.

Certain infants require closer supervision than others, and these are referred to as "Children at Risk." In this group are—

- (a) Premature infants ;
- (b) Children with haemolytic disease of the new born ;
- (c) Children with congenital abnormalities ;
- (d) Babies following difficult births ;
- (e) Babies born to mothers with a history of virus infection.

The home visiting cards of these babies are marked with a distinctive mark to ensure more frequent supervision and follow up. They are all reviewed every year and if special supervision is no longer necessary the distinctive mark is removed from their home visiting card.

As in previous years, a considerable proportion of the immunisation and vaccination of infants in the County is carried out at Child Welfare Clinics. It is estimated that a little over 50 % of all the immunisation and vaccination done in the County is carried out at Clinics, the remainder being carried out by General Practitioners in their own surgeries.

With the employment of more Clinic Nurses at Child Welfare Clinics throughout the County, Health Visitors have more time to carry out valuable health education work at Clinics. The extra time available to Health Visitors for this work is very much appreciated and serves a very useful purpose at all the main Centres.

At two Centres in the County 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 investigation or hospital admission.

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, schoolchildren, immunisation, ante-natal examinations and medical examinations of employees.

Our programme of new Clinic premises is now nearing completion and, during the year, new Clinics were opened at Bagillt on 4th July, Greenfield on 8th October, Sealand on 7th November and Connah's Quay on 29th November. Only nine new Clinics are now needed to complete our original programme. Clinics are planned for the future at areas where development is now taking place, but these were not scheduled in our original Clinic Programme which was prepared five years ago. With the increase in population in the Rhyl area, a second Clinic is to be opened during 1964. This will serve the developing area on the eastern side of Rhyl and the adjoining western half of Prestatyn, where a considerable number of new houses and bungalows have been built, and the new Clinic will provide all the facilities found in our bigger Clinics, in addition to facilities for Child Guidance, Home Visitors for the Handicapped, and the Area Mental Welfare Officer. In the coming years this new Clinic in the eastern sector of Rhyl will serve as the Sub-Centre for the western area of the County already referred to.

During 1963, more and more toddlers were encouraged to attend Child Welfare Centres and at some of the Clinics special facilities have been provided for toddlers, and separate sessions held for them. It is hoped in this way to discover defects which occur during the pre-school years early, and so reduce the total number of defects found in children on school entry at the age of five.

A new innovation took place at Prestatyn Clinic during the year, in the establishment of a Mothers' Club. The Clinic premises were made available to mothers in the area to meet once a week and to bring with them their toddlers. No Doctor or Nurse attended regularly. The primary function of the Centre is to enable mothers new to the district to meet others, and to discuss problems in common in relation to child care and to other matters quite apart from child care and welfare. Health Visitors and other members of the Health Department Staff attend on request to give talks on the problems which concern the mothers and to advise on health matters in general. The Clubs will be run by the mothers themselves, and the nature of the activities will depend largely on their needs in the particular locality in which the Club is situated. The experiments now taking place at Prestatyn will be followed with interest and if there appears to be a need for similar Clubs in other parts of the County these will be established during the coming year.

During the latter part of the year the Ministry of Health notified all concerned that congenital malformations were to be notified to the Medical Officer of Health of the Local Health Authority. The Medical Officer of Health was responsible for making any further investigations and for transferring the information each month to the Registrar General.

The Child Welfare Services continue to form an integral part of the National Health Service, meeting a need in providing help and advice to mothers on 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 8, and the number of premature live births in private nursing homes was nil, a total of 8.

Of the 8 births at home, 7 were nursed entirely at home and 1 was transferred to hospital. The one who was born at home and who was transferred to hospital 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.

The Maternity Departments at the above three Hospitals have premature baby nurseries with specially trained staff. Premature babies born in the district are transferred into these Units in special incubators which are picked up at the Hospitals and conveyed in the County ambulances to the Home, and then the baby is transferred to the Unit accompanied by a Nurse from the premature baby nursery.

Premature babies born in Hospital or on a district and later transferred to Hospital are not discharged home until a report on the home conditions has been sent into the Hospital by the Health Visitor for the area concerned. This report on the home conditions serves two purposes:—

1. To make sure that the home is suitable for the discharge of the baby ; and
2. To inform the Health Visitor when the baby is being discharged so that adequate follow-up and advice can be given during the crucial first days or weeks that a premature baby is being cared for at home, and this is particularly important during the colder months of the year.

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.

A meeting is held each year with representatives of all the voluntary workers from the various Clinics to discuss with them the range of foods to be kept at Centres and to be made available for infants and expectant mothers. During 1963 it was decided to extend the range of foods kept at Welfare Centres to include special foods for the aged, particularly foods that will help maintain health where diet is inadequate. All foods sold at Welfare Centres are sold at special Welfare Centre rates and many of them are packed in special Welfare containers. A request is also made to voluntary workers at Centres not to keep a bigger range of products than is asked for by mothers of infants, expectant mothers or likely to be requested by old people. In this way competition with chemists and other stores is avoided.

It was reported to the Health Committee during 1963 that the continued sale of National Welfare Foods was not necessary, as there is now an adequate supply of proprietary foods easily available in all parts of the County and the difference in costs between the foods is small, if any. Also, the amounts of National Welfare Foods, both milk, cod liver oil and orange juice, has been steadily decreasing during the year and again showed a decrease during 1963. The continued sale of National Welfare Foods is a duplication of service, and often two groups of workers at the same Clinic are selling the two separate foods, the proprietary Welfare Foods and a corresponding range of National Welfare Foods, and this is a duplication of effort and a waste of time. During the year a request was made from the Health Committee to the Welsh Board of Health for permission to discontinue the sale of National Welfare Foods, but so far a reply to this request has not been received from the Board.

Table 10 (a).

CHILD WELFARE CLINICS.

Year :	1956	1957	1958	1959	1960	1961	1962	1963
Number of Registered Live Births ...	2310	2294	2389	2354	2588	2715	2653	2781
Children who attended during the year and who, at the end of the year, were :—								
(a) Under 1 year of age ...	1522	1661	1623	2566	2261	1864	1844	1871
(b) Between 1-5 years ...	2275	2359	2517	2711	1967	2527	3165	2894
Total attendances ...	32505	33179	33240	35628	31708	34056	33623	32556

Table 10 (b).

CHILD WELFARE CENTRES.

(See also Table 10 (c) for Centres held in Mobile Clinic, and Table 10 (d) for Summary).

Description.	Bagillt	Bodelwyddan	Broughton	Buckley	Caerwre	Caerwys	Connah's Quay	Flint	Greenfield	Gwerna- thfield	Holywell	Mancoff & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Sealand (R.A.F.)	Shotton	St. Asaph	TOTALS
1. No. of Sessions held by :—																						
(a) Medical Officers	23	23	23	23	23	10	24	23	23	10	22	22	23	21	24	23	24	21	14	24	22	445
(b) Health Visitors (without Doctor)	25	1	27	26	27	14	25	25	28	14	28	28	28	..	..	27	27	28	10	28	1	417
(c) General Practitioners employed by Local Health Authority on sessional basis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(d) Hospital medical staff	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(e) Total sessions	48	24	50	49	50	24	49	48	51	24	50	50	51	21	24	50	51	49	24	52	23	862
2. No. of infants who attended and who were born :—																						
(a) 1963	52	39	61	114	47	9	116	142	57	9	70	111	131	22	51	103	145	56	49	174	40	1598
(b) 1962	51	58	52	103	40	11	106	96	64	11	40	117	113	25	30	89	98	49	16	134	55	1358
(c) 1958-1961	69	70	58	42	37	10	105	39	41	23	37	79	81	28	50	107	44	62	15	49	66	1112
3. Total attendances by all children under 5 years of age	1607	697	1461	2051	1475	150	2371	2215	936	172	805	2480	2272	428	625	1938	1642	1417	473	2957	711	28883
4. No. of children seen by a Doctor at the Centre :—																						
(a) For the first time since birth	41	41	49	81	33	1	125	140	46	8	67	88	111	36	61	74	127	58	34	136	39	1396
(b) Subsequent interviews	293	109	188	341	300	22	582	83	227	42	147	613	679	104	222	99	177	343	177	757	91	5596
5. No. of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination	1	17	1	2	6	2	3	19	..	2	..	5	4	..	5	2	8	..	4	8	10	99
6. No. of children "at risk" * at the end of the year	13	6	5	16	6	1	3	20	..	6	..	1	14	8	5	45	70	2	5	8	12	246

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities,

Table 10 (c).

MOBILE (CHILD WELFARE) CLINICS.

(See Summary—All Clinics, Table 10 (d)).

Description.	Dyserth.	Ewloe.	Ffynnongroew.	Garden City †	Halkyn.	Leeswood.	Penyffordd.	Rhuddlan.	TOTALS.
1. Number of Sessions held by :—									
(a) Medical Officers ...	21	21	23	19	22	22	18	22	168
(b) Health Visitors (without Doctor) ...	—	—	—	—	—	1	2	2	5
(c) General Practitioners employed by Local Health Authority on sessional basis ...	—	3	—	—	—	—	3	—	6
(d) Hospital Medical Staff ...	—	—	—	—	—	—	—	—	—
(e) Total Sessions ...	21	24	23	19	22	23	23	24	179
2. Number of infants who attended during the year and who were born in :									
(a) 1963 ...	24	40	26	47	35	34	37	30	273
(b) 1962 ...	23	44	22	41	33	32	18	24	237
(c) 1958 to 1961 ...	28	15	23	19	37	21	24	20	187
3. Total attendances by all children under 5 years of age ...	337	615	343	512	486	411	443	526	3673
4. Number of children seen by a Doctor at the Centre :—									
(a) For the first time since birth ...	34	40	40	39	41	45	43	41	323
(b) Subsequent interviews ...	207	327	197	274	249	159	224	208	1845
5. Number of children under 5 years of age referred to General Medical Practitioner or Specialist for special treatment or advice after medical examination ...	13	1	6	4	2	3	—	37	66
6. Number of children "at risk" * at the end of the year ...	10	1	7	12	20	6	4	10	70

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in mother, etc.

† This Clinic was discontinued on 25th October, 1963.

Table 10 (d).

CHILD WELFARE CENTRES.

SUMMARY OF TABLES 10 (b) AND 10 (c).

Description.	Total Fixed Clinics.	Total Mobile Clinics..	Grand Total.
1. Number of Sessions held by :—			
(a) Medical Officers	445	168	613
(b) Health Visitors (without Doctor) ...	417	5	422
(c) General Practitioners employed by Local Health Authority on sessional basis	—	6	6
(d) Hospital Medical Staff	—	—	—
(e) Total sessions	862	179	1041
2. Number of infants who attended and who were born :—			
(a) 1963	1598	273	1871
(b) 1962	1358	237	1595
(c) 1958-1961	1112	187	1299
3. Total attendances by all children under 5 years of age			
	28883	3673	32556
4. Number of children seen by a Doctor at the Centre :—			
(a) For the first time since birth	1396	323	1719
(b) Subsequent interviews	5596	1845	7441
5. Number of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination			
	99	66	165
6. Number of children “at risk ”* at the end of the year			
	246	70	316

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in mother, etc.

WELFARE FOODS SERVICE—The distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, 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—An emergency supply is kept at the Ambulance Station, Rhyl, but the main depot is at the Ambulance Headquarters, Mold; the administrative office also being at the latter address.

Supplies—Supplies of Welfare Foods were 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	...	26
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—Issued to beneficiaries and losses through breakages, etc., during the year were as follows:—

		National Dried Milk.		Cod Liver Oil.		Vitamins Tablets.		Orange Juice.
Issued against coupons	...	20946	...	2238	...	1836	...	20659
Issued to Hospitals	...	336	...	—	...	—	...	—
Issued at 4/- per tin	...	2053	...	—	...	—	...	—
		23335		2238		1836		20459
Out of date, damaged, etc.	...	113	...	—	...	—	...	—
Sent for analysis	...	1	...	—	...	—	...	—
Losses through breakages	...	—	...	20	...	52	...	361
		23449		2258		1888		20820

Summary of Coupons, Cash and Stamps :

	Issued.	Charge.	Amount Due.	Amount Received.
		s. d.	£ s. d.	£ s. d.
N.D.M.				
(a) By stamps ...	125	2 4	14 11 8	14 11 8
(b) By cash ...	19564	2 4	2282 9 4	2282 9 4
(c) Free ...	1280	—	—	—
(d) 4/- cash ...	2053	4 0	410 12 0	410 12 0
C.L.O.				
(a) Free ...	162	—	—	—
(b) Cash ...	2076	1 0	103 16 0	103 16 0
A. & D.				
(a) Free ...	11	—	—	—
(b) Cash ...	1825	6	45 12 6	45 12 6
O.J.				
(a) Free ...	836	—	—	—
(b) Cash ...	19823	1 6	1274 17 0	1274 17 0
Total Cash			£4,131 18 0	£4,131 18 0

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

At the end of the year one Principal Dental Officer 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	No. who commenced treatment during year	No. of courses of treatment completed during year
Expectant and Nursing Mothers ..	128	124	101
Children under Five ...	326	310	202

B. FORMS OF DENTAL TREATMENT PROVIDED :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	DENTURES PROVIDED		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	11	150	—	1	321	64	44	13	4
Children under Five	1	70	35	..	330	215	..	..	..

Total number of sessions (i.e., equivalent complete half days devoted to maternity and child welfare patients during the year ... 145

DOMICILIARY MIDWIFERY.

During 1963 the number of domiciliary confinements was 15.39 % of the total as compared with 17.18 % in 1962. 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 P. G. O'Sullivan, 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.

During the year the two depots established for the issue of equipment to Nursing Staff functioned very satisfactorily. Equipment, wherever possible, is purchased in bulk and stored at the two depots—Mold and St. Asaph—and issued weekly to all District Nurse/Midwives in the area by the Senior District Nurses for the area concerned. During the year disposable equipment of varying type was made available to Nurses for use in emergencies and where this type of equipment would be convenient. It is not the practice at present to issue disposable equipment universally, but it is made available to the Nursing Staff where it is particularly valuable, e.g., the giving of injections at night and to cases where there are inadequate facilities for sterilisation, etc. During the year also we simplified our system of issuing nitrose-oxide cylinders to Midwives throughout the County to ensure greater turnover of cylinders and shorter storage time.

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 any 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 1963 forty Domiciliary Midwives were employed by the County Council and have practised midwifery during the year. Five casual part-time Midwives have been employed from time to time.

There have been five resignations, two of these have retired, one after twenty-seven years service and the other after thirteen years service. Of the remaining three, two have resigned for domestic reasons and one is taking the Health Visitors Course of Training in Liverpool.

There have been three District Nurse/Midwives appointed during the year and two District Nurse/Midwives have been transferred to another district within the County. On the 31st December, 1963, there were two vacancies, one in Northop and one in Flint.

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, in H.M. Stanley Hospital, St. Asaph. Four Midwives attended a Post-graduate Course in accordance with the Central Midwives Board Rule G.1.

Eight 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 3 % decrease in the number of domiciliary confinements as compared with hospital confinements of mothers living in Flintshire during the year. 1,259 mothers were discharged from hospital before the tenth day during 1963 as compared with 1,171 mothers in 1962.

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, one hundred and sixty 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-six visits have been paid to Ante-natal Clinics and thirty-two visits have been made to Mothercraft Classes.

In accordance with the rules of the Central Midwives Board, five visits have been paid to Maternity Hospitals. In all, forty-two Hospital Midwives have notified their intention to practise during 1963.

Two hundred and seventy-five mothers attended eleven Mothercraft Classes held throughout the County and the total attendances were 1,008. 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 and, later, Miss P. G. O'Sullivan, Deputy County Nursing Officers, and the co-operation of the Midwives concerned.

I give below the annual report of the Mothercraft Classes :—

MOTHERCRAFT CLASSES.

Clinic.	Sessions.	New Cases.	Attendances.	Remarks.
Holywell	20	25	59	Response continues to be disappointing but good work is being done for those who attend.
Prestatyn	22	25	112	Constant encouragement given to mothers to attend. Very poor attendance in summer months.
Flint	50	50	161	Attendances improved in the autumn. Film shows appreciated.
Rhyl	30	41	108	The mothers show much appreciation of the classes.
Buckley	8	14	16	Attendances very poor at times.
Broughton	6	13	44	Classes commenced on the 15th October, 1963, for two trial periods of six weeks. These periods alternate with Mancot classes. The Midwives are very enthusiastic and do much to enable the mothers to enjoy the classes.
Caergrwle	14	8	46	Classes re-commenced in September and have proved very popular.
Mancot	18	22	53	The classes are now held for six week periods alternating with Broughton Clinic. This seems suitable for the mothers. Film shows are well attended.
Penley	3	9	23	Well attended for the number of sessions held. Nurses transport mothers to this Clinic.
Shotton	50	41	285	Attendances remain good. Demonstration material continues to be shown. The mothers appreciate the discussion periods and film shows.
Mold	24	27	101	Constant efforts are made to keep number of attendances up. It is hoped to arrange weekly classes at this Clinic.

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

The following Central Midwives Board notifications have been received :—

(a) **From Domiciliary Midwives :—**

Puerperal Pyrexia	...	...	...	8
Medical Aids	...	...	...	21
Liable to be a Source of Infection	...	...	...	7
Ophthalmia Neonatorum	...	...	...	1
Neo-natal Deaths	...	...	...	—
Still-births	...	...	...	3

(b) **From two Maternity Homes :—**

Puerperal Pyrexia	...	...	...	2
Medical Aids	...	...	...	10
Ophthalmia Neonatorum	...	...	...	—
Liable to be a Source of Infection	...	...	...	3
Neo-natal Deaths	...	...	...	3
Still-births	...	...	...	4

The arrangements for relief duties introduced in 1962 have proved successful. There has been a more even distribution of work among the District Nurse/Midwives. There are now six area Relief Nurses, an extra appointment has been made in the Western part of the County. Each Relief Nurse carries out her duties where she is most needed, either due to sickness, Nurses on holiday or where there is a vacancy. The districts are paired. Except in extreme circumstances each Nurse can arrange regular off-duty.

Again I record my appreciation of the co-operation of the Midwives and the help given in the Health Department.

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 12 shows the number of midwives who were in practice in the area on 31st December, 1963.

Table 11.
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1963.

Number of domiciliary confinements attended by midwives under N.H.S. arrangements.			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before tenth day.
Doctor not booked.	Doctor booked.	Total.	
(1)	(2)	(3)	(4)
7	421	428	1,259

Table 12.

MIDWIVES IN PRACTICE ON 31st DECEMBER, 1963.

	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	—	39	—	39
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—
Total	40	39		79

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 13.

	Live Births.			Stillbirths.			Totals.		
	Actual.	Adjusted.		Actual.	Adjusted.		Actual.	Adjusted.	
Domiciliary	... 425	425 ...		3	3	...	428	428	
Institutional	... 2318	2387 ...		35	40	...	2353	2427	
	—	—		—	—		—	—	
Totals	... 2743	2812		38	43		2781	2855	

It will be noted by reference to page 23 that the adjusted figures show that this is 31 live births more and 8 stillbirths less than the total of live and stillbirths received in the returns from the Registrar-General.

NURSING HOMES.

During the year the Nursing Homes Act, 1963, became law and regulations for the conduct of nursing homes were prepared by the Ministry of Health. Nursing homes will continue to be registered under the provisions of the Public Health Act, 1936, and registration now applies to all types of nursing homes. Under the 1936 Act, nursing homes not run for profit were exempt, but this provision has now been repealed.

Under the 1963 Act it is much easier to remedy unsatisfactory conditions at any registered nursing home, and this is a step very much in the interest of patients accommodated at the homes. Under the previous procedure when unsatisfactory conditions were found on inspection and not remedied by the owner when requested to do so then the registration authority had no alternative but to proceed to cancel registration. This was a slow and unsatisfactory procedure as the owner could appeal and do part of the work and in this way delay carrying out the necessary improvements. Under the 1963 Act, any breach of regulations is brought to the notice of the owner in writing, giving a time to remedy the breach, and if the owner does not comply, then proceedings can be instituted against the owner and this could lead to cancellation of registration if the breach is finally not remedied.

During the year regular inspections were carried out at all the registered nursing homes in the County and only minor matters requiring attention were found and these were remedied within a matter of days or few weeks. The conditions at the nursing home reported as unsatisfactory last year are now satisfactory, and the new Act will help to deal with any such home in the future.

More elderly persons are now being admitted to the nursing homes in the County, and few medical or surgical cases. This trend will possibly

increase and will be taken into consideration when any new applications for registration are received in the future.

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	1	—	8	...	8	
Homes whose registrations were withdrawn during the year	—	—	—	...	—	
Homes on the register at end of the year	5	—	58	...	58	
Homes exempt from registration at the end of the year	—	—	—	...	—	

HEALTH VISITING.

During 1963, Health Visitors continued to do combined duties as Health Visitors and School Nurses. At the end of the year twenty 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. Two other Health Visitors call regularly each week at one of the surgeries to meet the General Practitioners.

Already these scheme 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.

During 1963 the Health Visitors visited 603 expectant mothers, 2,851 children born in 1963, 2,905 children born in 1962, and 5,923 children born in 1958-61. In addition, visits were paid to 1,636 persons aged 65 or over, 293 mentally disordered persons, 286 persons discharged from hospital (other than maternity and mental hospitals), 72 tuberculous households, 283 households on account of other infectious diseases, and 207 handicapped persons. The total number of visits during the year was 51,301.

SUPERINTENDENT HEALTH VISITOR'S REPORT FOR 1963.

Visits to Child Welfare Centres	...	...	...	124
Visits to School Clinics	...	...	...	16
Visits to other clinic sessions	...	...	...	8
Visits to Hospitals and Homes for the Aged	...	...	...	11
Number of interviews with Health Visitors, Visitors for Chest Diseases, Clinic Nurses and Home Visitors for the Handicapped				
Other interviews	...	...	...	124

Health Education :

Talks to Voluntary Groups	...	...	...	27
Talks to mothers at Clinics	...	...	...	3
Films and talks for school children	...	...	...	8
Films and talks for members of staff	...	...	...	6
Lecture to Queen's Institute of District Nursing Students	...	...	...	5

Handicapped Persons :

Visits to Craft Centres	...	...	...	7
Exhibitions for Handicapped Persons	...	...	...	3

The needs of the elderly present even more urgent problems, especially in Prestatyn and Rhyl. There are many houses let off as bed-sitting rooms in these towns, which are taken by single people living on their own. Facilities are not always adequate, and illness, or increasing frailty, make demands upon the Home Help Service.

Close links with the Geriatric Service in Hospitals have been forged and weekly visits to prepare for discharge and to mobilise the services required are paid by Health Visitors.

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 tuberculous families have been re-housed and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 2,102 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 tuberculous cases.

During 1963 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 14.

HEALTH VISITING.

Cases visited by Health Visitors.				No. of cases.
1. Children born in 1963	...	...	...	2851
2. Children born in 1962	...	...	...	2905
3. Children born in 1958-61	...	...	...	5923
4. Total number of children in lines 1-3	...	...	...	11679
5. Persons aged 65 or over	...	...	...	1636
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	...	...	...	359
7. Mentally disordered persons	...	...	...	293
8. Number included in line 7 who were visited at the special request of a G.P. or hospital	...	...	...	41
9. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	286
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	...	...	...	168
11. Number of tuberculous households visited	...	...	...	72
12. Number of households visited on account of other infectious diseases	...	...	...	283
13. Number of tuberculous households visited by Visitors for Chest Diseases	...	...	...	579
In addition to the above, the work of the Health Visitors for the year under report included :—				
Number of expectant mothers visited	...	...	...	603
Number of handicapped persons visited	...	...	...	207
Clinics, excluding School Clinics :—				
Half-days	...	...	...	1193
Evening sessions	...	...	...	18
Mothercraft Classes attended	...	...	...	128
Talks to groups :—				
In Clinics	...	...	...	96
Elsewhere	...	...	...	38
Interviews with :—				
General Medical Practitioners	...	...	...	942
Social Workers	...	...	...	988
Others, parents, etc.	...	...	...	1210
Total of all visits for the year				51301

HOME NURSING.

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

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 new system of working, introduced in 1962 and reported on fully in last year's Report, continued to function very satisfactorily during 1963. Under the new Scheme, Nurses work in pairs and the County is divided into five areas, each with an experienced full-time Relief Nurse/Midwife. Minor changes have been introduced during the year in the light of experience of working the Scheme, and these have already been implemented. We also find that it may be necessary to increase the number of areas from five to eight, and in this way employ extra full-time Relief Nurses to meet the additional work, particularly in the Western half of the County.

During the year the first State Enrolled Nurse was appointed in the Rhyl area, for general nursing duties, working under the supervision of the Senior Nurse for this area. The Nurse is mainly concerned with nursing duties for the aged, but does undertake some general nursing duties for other groups.

During 1963 we continued with our policy of providing in-service training for all nursing staff. The County is approved as a practical training centre for the Queen's Institute Examination in District Nursing and, during the year six were trained and passed the examination of the Queen's Institute which admits them to the Roll of the Queen's Institute and qualifies them for the National Certificate in District Nursing. In addition, Courses were organised for all the nursing staff on modern methods of rehabilitation, a subject of increasing importance, as the number of aged and handicapped nursed at home is increasing annually. Instruction was also given to all nursing staff in the correct technique of lifting patients. As more aids are being introduced for disabled and handicapped patients nursed at home, it was considered desirable to give instruction to the nursing staff on modern aids and their uses. In this work, film-strips, films and other material was used to illustrate this specialised branch of nursing care.

During the year, also, instruction was given in the special needs of the aged, and visits arranged for all the nursing staff to a Geriatric Unit in the County and, in this work, we obtained valuable help from the Consultant Geriatrician for the Clwyd and Deeside Hospital Management Committee.

Instruction and demonstrations were arranged in new nursing techniques. These were given by the County Nursing Officer and her Deputy, and Nurses were encouraged to use and try new methods, particularly methods that will reduce the more routine aspects of their work.

Our trials with Silicone preparations in the prevention and treatment of bedsores continued during the year, under the supervision of the Deputy County Nursing Officer.

All Nurses have up-to-date equipment, and more and more disposable equipment is being introduced.

Good use was made during the year of the money provided by the Marie Curie Fund for the provision of help for cancer patients nursed at home. This scheme is under the direct control and supervision of the County Nursing Officer.

The Home Nursing Service is used extensively by the public and the staff are able to meet all the demands made upon it, and these services are much appreciated by those nursed at home, by General Practitioners and by Hospital Staff who work closely with the District Nurses.

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

"At the end of 1963 fifty District Nurses were carrying out general nursing duties. Forty of these were also practising midwifery. Six part-time relief nurses have assisted when required.

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

Four District Nurses have been appointed during the year and two District Nurses have been transferred to another district within the County.

One State Enrolled Nurse has been appointed to assist the District Nurse/Midwives in the Western area.

Two important aspects of district nursing include rehabilitation of the patient to help him to fit into 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 of great benefit in nursing care both to patients and relatives. The visits to elderly patients have increased. The disposable polythene backed undersheets continue to be used and are much appreciated.

Since the County was approved as a Queen's District Training Authority eleven 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 of the nursing staff have been successful in 1963.

Eight Student District Nurses from Manchester Corporation have spent three days in this County gaining rural experience as part of their Queen's District Training.

Six District Nurses have attended District Nursing post-graduate courses in different parts of the country, arranged by the Queen's Institute of District Nursing and the Royal College of Nursing.

In order to have a closer link with the Geriatric Units and to be familiar with present-day procedure, arrangements have been made with the Geriatrician for each one of the nursing staff to spend one day in Hospital. So far, twenty nurses have visited either Llesty Hospital, Holywell, or H.M. Stanley Hospital, St. Asaph.

Arrangements have been made for a physiotherapist to give instruction and supervise practice in treatment to aid rehabilitation of temporary partially paralysed patients. So far, two classes have been held and twenty-two of the nursing staff have attended.

In addition to the three-monthly meeting of all staff arranged by the County Medical Officer of Health, nineteen groups of Nurses have been arranged in different parts of the County.

One hundred and ninety-eight 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' Homes regarding their work, supply of equipment and the issuing of loan equipment. One hundred and eighty-three visits have been made for this purpose. One hundred and sixty-two interviews with nursing staff and others have been carried out.

The arrangements for relief duties is given in the report on the Midwifery Service. Eleven visits have been made to the five Nursing Homes under the Registration of Nursing Homes, Sections 187-194, of the Public Health Act, 1936.

Again I record my appreciation of the co-operation of all nursing staff and the help given in the Health Department.

L. MANN."

Table 15.
HOME NURSING.

(1) No. of cases attended by Home Nurses during the year :—	(2) Medical	(3) Surgical	(4) Infec- tious Diseases	(5) Tuber- culosis	(6) Maternal Compli- cations	(7) Others	(8) Totals	(9) Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	(10) Children included in (2)-(7) who were under 5 at the time of the first visit during the year	(11) Total visits.
	3225	818	4	31	80	38	4196	2329	219	106647

VACCINATION AND IMMUNISATION.

Vaccination—Every opportunity is taken to impress on mothers the value of vaccination in infancy. Up to 1963 vaccination was performed at three to four months of age, but as a result of Ministry of Health Circular 27/62 it was decided as policy to offer vaccination between twelve and twenty-four months of age. All General Practitioners and Medical Staff of the Department were informed of this new timing of vaccination, and the policy was introduced throughout the County during the year.

The change in policy resulted in a much smaller number of primary vaccinations during 1963, a total of 581 compared to the previous figure of approximately 1,000 each year for the past three years. It is hoped that the position will return to normal by 1964. Vaccination and immunisation are available either from the patient's General Practitioner or at the County Clinics, and approximately 60 % of vaccinations and immunisations are done at Clinics and 40 % by General Practitioners.

The following table shows the number of vaccinations and re-vaccinations carried out during the year 1963.

Vaccination	Number		Total
	At County Clinics	By General Practitioners	
Polio	182	334	516
Diphtheria	110	212	322
Tetanus	80	33	113
Whooping Cough	32	0	32
Measles	80	0	80
Scarlet Fever	30	1	31
Smallpox	30	0	30
German Measles	10	0	10
Re-vaccination	30	1	31

It is noteworthy that the epidemic of whooping cough which occurred in England and Wales in 1963 was confined to the County of Down. In 1963 and 1964 there were no deaths caused by whooping cough in the County.

Table 16 (a).

SMALLPOX VACCINATION.

Age at date of vaccination	I. Number of persons vaccinated (or re-vaccinated during period)		II. Number of cases specially reported during period		
	Number vaccinated	Number re-vaccinated	(a) Generalised Vaccinia	(b) Post-vaccinal Encephalo- myelitis	(c) Death from complications of vaccination other than (a) and (b)
0-3 months	52	1	..	..	..
3-6 months	61	..	..	..	..
6-9 months	38	..	..	..	..
9-12 months	36	1	..	..	..
1	80	..	..	..	..
2-4	35	5	..	..	..
5-14	98	38	..	..	..
15 or over	179	249	..	..	..
TOTAL	581	294	..	..	..

Table 16 (b).

NUMBER OF CHILDREN (included in Table 16 (a)) WHO WERE
VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1963.

Age at date of vaccination.	Number vaccinated.
0-3 months	18
3-6 "	12
6-9 "	8
9-12 "	13
1-2 years	44
2-4 "	17
5-15 "	10
15 years and over	6
Total	128

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 1963 a total of 43 cases were notified and two deaths caused. However, no cases were notified in the County in 1963 and it follows no deaths caused by Diphtheria.

The important point to 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 1963 the Immunity Index for Flintshire children born in 1962 was 56 %. The corresponding figure for Wales as a whole was 62 %.

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.

Year	Notification	Deaths
1941	342	13
1946	33	1
1951	1	—
1956	—	—

The number of babies immunised against Diphtheria gradually increased year by year from 1941 until 1945 when approximately 30 % of children under 2 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 1945 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 and 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 1963 a total of 43 cases were notified and two deaths caused. However, no cases were notified in the County in 1963 and it follows no deaths caused by Diphtheria.

Table 17.
DIPHTHERIA IMMUNISATION, 1963.

DISTRICT.	PRIMARY IMMUNISATION.						RE-INFORCING INJECTIONS.					
	Children born in years :—						Children born in years :—					
	1963	1962	1961	1960	1959	1954-58 Total.	1963	1962	1961	1960	1959	1954-58 1949-53 Total.
Urban—												
Buckley	25	76	6	4	2	6	1	—	—	—	52	1 54
Connah's Quay	37	51	6	—	1	—	—	—	—	—	62	— 62
Flint (M.B.)	63	77	5	2	2	7	—	—	—	—	89	— 89
Holywell	23	46	5	6	2	6	—	—	—	1	58	1 60
Mold	24	50	10	3	—	3	—	—	—	—	46	— 46
Prestatyn	30	52	16	1	—	2	—	—	—	3	83	7 93
Rhyl	46	116	11	4	6	8	—	—	—	16	146	2 164
Rural—												
Hawarden	154	275	37	6	4	20	1	—	—	9	220	5 235
Holywell	61	138	26	11	6	20	—	—	—	7	153	2 162
Maelor	12	19	3	1	—	1	—	—	—	12	51	1 64
St. Asaph	45	66	4	—	1	2	—	—	—	—	64	— 64
TOTAL URBAN	248	468	59	20	13	32	1	—	—	20	536	11 568
TOTAL RURAL	272	498	70	18	11	43	1	—	—	28	488	8 525
WHOLE COUNTY	520	966	129	38	24	75	2	—	—	48	1024	19 1093

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

Table 18.

CHILDREN WHO RECEIVED COMBINED DIPHTHERIA/WHOOPING COUGH IMMUNISATION ONLY, 1963.

DISTRICT.	PRIMARY IMMUNISATIONS.			RE-INFORCING INJECTIONS.			
	Children born in years :—			Children born in years :—			Total.
	1963.	1959-62.	1949-58.	1963.	1959-62.	1949-58.	
Urban—							
Buckley	...	3	1	...	—	1	1
Connah's Quay	—	...	—
Flint (M.B.)	—	...	—
Holywell	5	...	—	2	2
Mold	—	...	—
Prestatyn	—	...	—
Rhyl	...	1	...	...	—	...	—
Rural—							
Hawarden	...	3	...	...	—	2	2
Holywell	...	8	7	...	—	3	3
Maelor	—	...	—
St. Asaph	—	...	—
TOTAL URBAN	...	14	5	...	—	3	3
TOTAL RURAL	...	11	7	...	—	5	5
WHOLE COUNTY	...	25	12	...	—	8	8

N.B.—Above are included in Table 17.

Table 19 (a).

CHILDREN WHO RECEIVED TRIPLE ANTIGEN INJECTIONS (DIPHTHERIA, WHOOPING COUGH AND TETANUS)
ONLY, 1963.

DISTRICT.	PRIMARY IMMUNISATIONS.			RE-INFORCING INJECTIONS.			
	Children born in years :—			Children born in years :—			
	1963.	1959-62.	1949-58.	1963.	1959-62.	1949-58.	Total.
Urban—							
Buckley	23	77	1	—	1	12	13
Connah's Quay	17	55	—	—	—	—	—
Flint (M.B.)	52	71	4	—	—	16	16
Holywell	9	30	1	—	1	4	5
Mold	4	48	3	—	—	2	2
Prestatyn	21	59	2	—	2	30	32
Rhyl	34	113	1	—	3	24	27
Rural—							
Hawarden	93	294	8	—	6	68	74
Holywell	35	139	4	—	1	49	50
Maelor	9	19	—	—	3	16	19
St. Asaph	40	63	3	—	—	1	1
TOTAL URBAN	160	453	12	—	7	88	95
TOTAL RURAL	177	515	15	—	10	134	144
WHOLE COUNTY	337	968	27	—	17	222	239

N.B.—Above are included in Table 17.

Table 19 (b).

CHILDREN WHO RECEIVED QUADRILIN INJECTIONS (DIPHTHERIA,
WHOOPING COUGH, TETANUS AND POLIOMYELITIS), 1963.

PRIMARY IMMUNISATIONS.								
DISTRICT.	Children born in years :—							Total.
	1963.	1959-62.	1949-58.					
Urban—								
Buckley	...	1	...	5	...	—	...	6
Connah's Quay	...	19	...	3	...	—	...	22
Flint (M.B.)	...	2	...	4	...	—	...	6
Holywell	...	13	...	16	...	—	...	29
Mold	...	20	...	13	...	—	...	33
Prestatyn	...	2	...	2	...	—	...	4
Rhyl	...	12	...	22	...	—	...	34
Rural—								
Hawarden	...	60	...	20	...	—	...	80
Holywell	...	25	...	24	...	3	...	52
Maclor	...	3	...	4	...	—	...	7
St. Asaph	...	4	...	3	...	—	...	7
<hr/>								
TOTAL URBAN	...	69	...	65	...	—	...	134
<hr/>								
TOTAL RURAL	...	92	...	51	...	3	...	146
<hr/>								
WHOLE COUNTY	...	161	...	116	...	3	...	280

N.B.—Above are included in Table 17.

Table 19 (c).

CHILDREN WHO RECEIVED TETANUS INJECTIONS ONLY, 1963.

DISTRICT.	PRIMARY IMMUNISATIONS.			
	Children born in years :—			
	1963.	1959-62.	1949-58.	Total.
Urban—				
Buckley	...	—	...	—
Connah's Quay	...	—	...	—
Flint (M.B.)	...	2	...	2
Holywell	...	—	...	—
Mold	1	3	7	11
Prestatyn	...	—	...	—
Rhyl	...	—	...	—
Rural—				
Hawarden	...	1	2	3
Holywell	...	1	1	2
Maelor	...	1	2	3
St. Asaph	...	—	...	—
TOTAL URBAN	1	5	7	13
TOTAL RURAL	—	3	5	8
WHOLE COUNTY	1	8	12	21

Details of the B.C.G. vaccination work done for contacts, children and young persons are given in Table 20.

Table 20.

B.C.G. VACCINATION AGAINST TUBERCULOSIS—YEAR 1963.

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	...	...	...	827
(ii) Number found positive	...	...	...	396
(iii) Number found negative	...	...	...	200
(iv) Number vaccinated	...	...	...	170

B. Children and Young Persons Scheme.

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

(i) Number skin tested	...	...	...	1891
(ii) Number found positive	...	...	...	661
(iii) Number found negative	...	...	...	1175
(iv) Number vaccinated	...	...	...	900

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 1963 58,359 persons had received two injections or three oral doses of poliomyelitis vaccine, of these 51,047 had received three injections. Looking at the population protected as a whole 71 % of children under 15 years of age had been vaccinated and 66 % of persons between 15 and 40 years of age.

The Sabin attenuated live vaccine given by mouth has been very readily accepted since its introduction in 1962. Although Salk vaccine by injection is still available very little was given during 1963, as courses of protection started with Salk vaccine could be completed by Sabin mouth vaccine. Further supplies of Sabin vaccine were plentiful during the year and so active immunisation against poliomyelitis was carried out throughout the year, including the summer months.

Sabin vaccine is usually given immediately after the course of Triple Antigen has been completed, i.e., starting at the sixth or seventh month of age. As mentioned in my last Report, the complete course is three doses each of three drops given at intervals of four to eight weeks between each dose. Sabin vaccine has now been used in 3,576 cases and no adverse effects have been noted or reactions after taking the vaccine. The Sabin vaccine has the added advantage that it not only protects the patient against developing paralysis, but it also protects the immunised individual against contracting the infection, by destroying the virus of poliomyelitis in the bowel before it spreads to other parts of the body.

Sabin vaccine was offered to "infants" and persons up to forty years of age and certain persons in priority groups—that is, persons whose work brought them into contact with children or patients in hospital or their own homes.

During the year Quadruple vaccine became generally available offering protection against four diseases in one injection—Diphtheria, Whooping Cough, Tetanus and Poliomyelitis. The full course being three doses of Quadrilin vaccine given at intervals of four weeks. Protection against the four diseases is claimed to be very good with the Quadrilin vaccine but some reactions were reported in infants and thought to be due to the Whooping Cough component. The Medical Staff were allowed to use their discretion in the use of Quadrilin vaccine, and at the end of 1963 280 children had been immunised with this new vaccine.

Towards the end of the year a new pattern of protection was developing of giving Triple vaccine and Sabin vaccine at the same time—the Triple vaccine by injection and the Sabin vaccine by mouth. This meant no extra visits, good protection and less reactions after the injections. This may be the best course to adopt in the future, and whether it is adopted will depend on the findings of the Medical Staff now offering protection by this method.

It is our practice also to offer a further dose of poliomyelitis vaccine, Sabin or Salk, to children when they enter school at five years of age.

This is a "booster" dose to raise the antibody level when the child is subject to possible infection with poliomyelitis virus on meeting a large group of other children who may be carrying poliomyelitis virus in their bowels.

Table 21.

POLIOMYELITIS VACCINATION, 1963.

A.—PRIMARY VACCINATION.

	YEAR OF BIRTH.					Total.
	1963	1962	1961	1943-60.	1933-42	Others.
Number of persons who have received SECOND injections of SALK or THIRD injections of QUADRUPLE vaccine ...	135	60	64	121	53	162
Number of persons who have received a THIRD dose of ORAL vaccine ...	105	927	304	275	46	151
TOTAL ...	240	987	368	396	99	313

B.—RE-INFORCING DOSES.

Number of persons given 3rd injection of Salk or 4th injection of quadruple vaccine	...	...	...	...	...	626
Number of persons given 4th injection of Salk or 5th injection of quadruple vaccine	...	...	...	...	...	87
Number of persons given a reinforcing dose of oral vaccine after 2 Salk doses	...	...	...	...	...	125
Number of persons given a reinforcing dose of oral vaccine after { 3 Salk doses or 3 oral doses or 2 Salk doses plus 2 oral doses	...	...	...	...	...	2015

C.—SUMMARY OF VACCINATIONS FROM 1956-1963.

Total number of persons who have received a primary course (2 injections or 3 oral) since 1956	...	...	...	...	...	58359
Total number of persons who have received a reinforcing dose (3 injections) since 1956	...	...	...	...	...	51047

AMBULANCE SERVICE.

The demands upon the Ambulance Service continue to increase from year to year. The reasons for this are that (a) a number of new clinics have opened, (b) owing to shortage of beds in hospitals, patients are sent home very soon after treatment and have to be taken back to hospital for consultations once or twice a week, (c) more patients are attending the physiotherapy clinics, and (d) the population of the County has increased. Accidents and emergency calls increased by 1,130 over those in 1962.

Ambulances—The following table shows the number of stretcher and sitting cases conveyed by ambulances during the year ended 31st December, 1963. It also shows, for the purpose of comparison, the figures for 1962 and 1955, together with the number of journeys and mileage involved.

Month	1955	1962	1963	Journeys	Mileage
January	10,433	11,022	11,022	8,089	21,320
February	10,433	11,022	11,022	8,089	21,320
March	10,433	11,022	11,022	8,089	21,320
April	10,433	11,022	11,022	8,089	21,320
May	10,433	11,022	11,022	8,089	21,320
June	10,433	11,022	11,022	8,089	21,320
July	10,433	11,022	11,022	8,089	21,320
August	10,433	11,022	11,022	8,089	21,320
September	10,433	11,022	11,022	8,089	21,320
October	10,433	11,022	11,022	8,089	21,320
November	10,433	11,022	11,022	8,089	21,320
December	10,433	11,022	11,022	8,089	21,320
Total	10,433	11,022	11,022	8,089	21,320

Quarter Ending	1963				1962				1955			
	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage
31st March	2,438	8,858	2,644	100,057	1,894	9,119	2,520	100,597	1,252	2,129	1,483	38,113
30th June	2,606	9,484	2,717	104,432	1,947	9,484	2,595	100,778	1,400	5,207	2,230	68,292
30th September	2,646	9,505	3,015	112,055	2,007	9,773	2,775	105,029	1,577	5,954	2,500	80,789
31st December	2,549	10,011	2,990	112,621	2,235	9,174	2,600	100,445	1,315	6,455	1,988	92,159
TOTALS	10,239	37,858	11,366	429,165	8,083	37,550	10,490	406,849	5,544	19,745	8,201	269,353

It will be seen that 2,156 more stretcher cases were conveyed in 1963 than in 1962, and 4,695 more than in 1955. The sitting cases show an increase of 308 over 1962 and 18,113 over 1955.

Hired Sitting Case Cars—In 1955 14,507 patients were conveyed by hired cars, involving 6,130 journeys and 157,643 miles at a total cost of £8,137/19/1.

By 1962 these figures were reduced to 5,765 patients, 2,361 journeys, 44,847 miles and cost £2,459/15/8. For the year 1963 the figures show an increase —6,874 patients, 2,847 journeys, 58,787 miles and cost £3,194/7/11. The average miles per patient in 1963 was 11.50. In 1955 the average was 11.75.

Month	1963				1962				1955			
	Patients	Journeys	Mileage	Cost £ s. d.	Patients	Journeys	Mileage	Cost £ s. d.	Patients	Journeys	Mileage	Cost
31st March	2,055	828	17,415	933 3 8	1,265	542	9,840	542 2 8				
30th June	1,839	738	14,129	771 9 8	1,357	598	10,900	594 2 6	14,507	6,130	157,643	8,137 19 1
30th September	1,657	698	14,662	798 14 8	1,516	618	12,489	686 11 6				
31st December	1,323	583	12,581	699 19 11	1,627	603	11,618	636 19 0				
Totals	6,874	2,847	58,787	3,203 7 11	5,765	2,361	44,847	2,459 15 8	14,507	6,130	157,643	8,137 19 1

It will be noted that 1,109 more patients were conveyed by hired cars than in 1962. The journeys have increased by 486, mileage by 13,940, and the cost by £743/12/3.

Patients Transported by Rail—Long distance removals and transfers of patients are made whenever possible by rail. The full co-operation of the British Railways is received when arranging such removals. A whole compartment is booked for the patient and escort so that no inconvenience or embarrassment is caused to the patient. No additional charge is made for this. 71 patients were so conveyed during the year compared with 83 in 1962.

Analysis—The following is an analysis of all patients dealt with during the year 1963 by the Authority's ambulances, hired sitting case cars and patients carried by rail, with the corresponding figures for 1962 and 1955.

	1963	1962	1955
Road accidents	525	487	223
Miscellaneous accidents	366	289	111
Maternity cases	1195	1041	246
Emergency cases	4570	3902	1279
Infectious cases	67	74	79
General removal and clinic cases	48248	45605	37839
Patients by rail	71	83	19
Totals ...	55042	51481	39796

The average number of emergency calls every twenty-four hours throughout the year was 18.50.

Ambulance and Sitting Case Car Statistics, 1955-1963.

	1955.	1962.	1963.
Ambulances (A) :			
Mileage	269353	406849	429165
Patients	25289	45613	48097
Miles per patient	10.6	8.9	8.9
Sitting Case Cars (B) :			
Mileage	157643	52523	58787
Patients	14507	6555	6874
Miles per patient	10.9	8.0	8.6
Totals (A and B) :			
Mileage	426996	459372	487952
Patients	39796	52168	54971
Miles per patient	10.7	8.8	8.9
Clinics, etc., Ambulances (C) :			
Mileage	—	10267	11424
Totals (A, B and C) :			
Mileage	426996	479639	499375

Mobile Health and Dental Clinics—The following table gives figures relating to the use of the mobile clinics in the County with comparative figures for 1962 and 1961 :—

1963		1962		1961	
Sessions.	Mileage.	Sessions.	Mileage.	Sessions.	Mileage.
177	3899	190	4268	192	4629

Conveyance of Mothers and Babies to and from Mobile Clinic—The following shows the number of mothers and infants conveyed from the surrounding districts by the towing vehicle to the mobile clinic during 1963, and corresponding figures for 1962 and 1961:—

Year.	Mothers.		Infants.		Mileage.
1963	...	1538	...	2048	2369
1962	...	1383	...	2049	1990
1961	...	926	...	1297	1061

Delivery of Welfare Foods.

	1963		1962	
Journeys	...	50	...	62
Mileage	...	2639	...	2874

Mobile Dental Clinic—The clinic visits various schools in the County and connected to the school mains water and electricity supplies it stays at each school until the Dental Officer has completed his treatments. During 1963 the following shows the number of journeys made and mileage involved. Figures are also shown for 1962:—

	1963		1962	
Journeys	...	20	...	25
Mileage	...	426	...	565

Conveyance of Handicapped Persons—The following shows the number of journeys and mileage involved during the year to convey handicapped children to special schools at Llandudno and, also, the conveyance of handicapped persons in the County by ambulances:—

Journeys 25. Persons carried 112. Mileage 1,297.

Surveyor's Department—Journeys 1; Mileage 46.

Other miscellaneous journeys—mileage 748. The ambulances undertook, for all purposes, during the year 11,682 journeys, carried 51,795 persons and covered 440,589 miles.

The following shows the quantity of petrol and diesel fuel consumed by the ambulances during the year to cover the above-mentioned mileage:—

11,824 gallons of petrol were consumed by the petrol vehicles to cover 213,225 miles. Average miles per gallon 19.

8,306 gallons of diesel were consumed by the diesel vehicles to cover 227,364 miles. Average miles per gallon 27.25.

Average mileage for the year for each of the twenty ambulances in the service on the 31st December, 1963, was 22,000.

The following shows the number of patients conveyed by the Flintshire Ambulance Service on behalf of other Authorities. It also shows the number of journeys, mileage involved and the amounts charged to the respective Authorities with comparable figures for 1962:—

Authority.	1963.				1962.			
	Patients.	Journeys.	Mileage.	Cost.	Patients.	Journeys.	Mileage.	Cost.
Anglesey C.C.	1	1	32	£ 2 16 0	2	2	53	£ 4 12 9
Birmingham City	—	—	—	—	2	2	43	5 2 9
Brighton C.B.	1	1	28	2 9 0	—	—	—	—
Caernarvon C.C.	1	1	—	1 5 0	4	2	84	10 0 0
Cheshire C.C.	3	3	55	4 8 9	17	13	179	19 12 0
Chester City	8	8	100	13 0 0	2	2	71	6 4 3
Denbighshire C.C.	99	90	1019	147 11 6	114	118	1380	190 0 6
Dundee Hospital Board	1	1	24	2 2 0	—	—	—	—
Hereford C.C.	—	—	—	—	1	1	27	2 7 3
Liverpool City	18	18	463	49 10 3	7	7	172	17 2 3
London C.C.	1	1	6	10 6	—	—	—	—
Manchester City	—	—	—	—	1	1	20	3 0 0
Shropshire C.C.	1	1	30	4 10 0	—	—	—	—
Staffordshire C.C.	1	1	14	2 9 6	1	1	70	1 14 0
Sports Meetings, etc.	—	19	195	57 4 9	—	12	85	51 17 6
Clwyd and Deeside Hospital	—	—	—	—	—	—	—	—
Management Committee	22	6	212	34 1 6	—	—	—	—
Private Removal	1	1	151	22 13 0	—	—	—	—
Totals	158	152	2329	£344 11 9	151	161	2184	£311 13 3

It will be seen that the number of journeys carried out for the neighbouring County of Denbigh is much greater than for other Authorities. This is due to the fact that we have an arrangement with that Authority to deal with emergency calls in the Towyn, Abergele, Loggerheads and Llanferres areas.

The following shows the number of patients conveyed by other Authorities on behalf of Flintshire during the year 1963. Journeys, mileage and cost are also shown, with comparative figures for 1962 :—

National Association of Ambulance Officers.—The County Ambulance Officer attended three Regional Meetings at Shrewsbury during the year. He was again elected to the office of Vice-President for the year. Also, in the company of Councillor Arthur Jones, he attended the Annual Conference held at Hastings in September, 1963.

Annual County Ambulance Competition.—The Annual Competition between the police and the County Ambulance was held on 1st June, 1963, at the County Ambulance Headquarters, Mold. The adjudicators were Dr. E. Richards (County Medical Officer of Health, Merioneth County Council), and Mr. L. Williams (County Ambulance Officer, Merioneth County Council).

The teams took part in the following events: 100 yds. race, 200 yds. race, 400 yds. race, 800 yds. race, 1600 yds. race, 3200 yds. race, 6400 yds. race, 12800 yds. race, 25600 yds. race, 51200 yds. race, 102400 yds. race, 204800 yds. race, 409600 yds. race, 819200 yds. race, 1638400 yds. race, 3276800 yds. race, 6553600 yds. race, 13107200 yds. race, 26214400 yds. race, 52428800 yds. race, 104857600 yds. race, 209715200 yds. race, 419430400 yds. race, 838860800 yds. race, 1677721600 yds. race, 3355443200 yds. race, 6710886400 yds. race, 13421772800 yds. race, 26843545600 yds. race, 53687091200 yds. race, 107374182400 yds. race, 214748364800 yds. race, 429496729600 yds. race, 858993459200 yds. race, 1717986918400 yds. race, 3435973836800 yds. race, 6871947673600 yds. race, 13743895347200 yds. race, 27487790694400 yds. race, 54975581388800 yds. race, 109951162777600 yds. race, 219902325555200 yds. race, 439804651110400 yds. race, 879609302220800 yds. race, 1759218604441600 yds. race, 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2695994666715063979466701508701963067363714442254057248110361024921600 yds. race, 5391989333430127958933403017403926134727428884508114496220722049843200 yds. race, 10783978666860255917866806034807852269454857769016228992441444099686400 yds. race, 21567957333720511835733612069615704538909715538032457984882888199372800 yds. race, 43135914667441023671467224139231409077819431076064915969765776398745600 yds. race, 86271829334882047342934448278462818155638862152129831939531552797491200 yds. race, 172543658669764094685868896556925636311277724304259663879063105594982400 yds. race, 345087317339528189371737793113851272622555448608519327758126211189964800 yds. race, 690174634679056378743475586227702545245110897217038655516252422379929600 yds. race, 1380349269358112757486951172455405090490221794434077311032504844759859200 yds. race, 2760698538716225514973902344910810180980443588868154622065009689519718400 yds. race, 5521397077432451029947804689821620361960887177736309244130019379039436800 yds. 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Authority.	1963.				1962.			
	Patients.	Journeys.	Mileage.	Cost.	Patients.	Journeys.	Mileage.	Cost.
				£ s. d.				£ s. d.
Anglesey C.C.	...	—	—	—	1	1	40	3 10 0
Birmingham C.B.	...	—	—	—	2	2	48	5 18 0
Bradford C.B.	...	1	16	2 8 0	—	—	—	—
Buckingham C.C.	...	—	—	—	1	1	130	5 9 6
Caernarvonshire C.C.	...	3	48	3 12 2	—	—	—	—
Cheshire C.C.	...	1	101	15 3 0	—	—	—	—
Chester City	...	42	289	200 0 0	151	123	785	200 0 0
Denbighshire C.C.	...	129	1534	188 10 9	122	101	1606	202 15 6
London C.C.	...	3	73	19 19 3	1	1	55	12 9 3
Monmouthshire C.C.	...	—	—	—	1	1	46	6 18 0
Salford C.B.	...	11	66	7 3 7	9	9	75	9 4 11
Shropshire C.C.	...	41	634	94 17 0	24	18	589	52 5 6
Surrey C.C.	...	1	43	1 14 0	—	—	—	—
Totals	232	202	2804	£533 7 9	312	257	3374	£498 10 8

The table shows higher figures for Denbighshire County Council and Chester City. This also is due to the fact that these Authorities provide emergency cover for parts of Flintshire which border their areas, namely, the Maelor area, Hope and Caergwrle, Saltney and Broughton.

The arrangements with Chester City were reviewed during the year, and it has now been agreed that Chester City Ambulance Service will provide emergency cover within a radius of four miles from the City Centre and not ten miles as under the previous agreement. The charge for this service remains at £200/0/0 per annum.

National Association of Ambulance Officers—The County Ambulance Officer attended three Regional Meetings at Shrewsbury during the year. He was again re-elected Chairman for Wales for the eighth consecutive year. Also, in the company of Councillor Arthur Jones, he attended the Annual Conference held at Hastings in September, 1963.

Annual County Ambulance Competition—The Annual Competition between the personnel of the Ambulance Stations in the County was held on 9th June, 1963, at the County Ambulance Headquarters, Mold. The adjudicators were Dr. E. Richards (County Medical Officer of Health, Merioneth County Council), and Mr. I. Williams (County Ambulance Officer, Merioneth County Council).

Five teams took part—two teams from Mold, one team from Rhyl and two teams from Holywell. The winning team was Mold—Driver D. G. Griffiths and Attendant P. Parry with 198½ marks. Rhyl was second with 181½ marks.

The winning team was presented with the County Shield and individual trophies by Alderman Schwarz, Chairman of the County Council. A number of guests attended from other Authorities and also members and officials of the County Council. I would like to take this opportunity to thank all concerned for their support and interest.

The winning team represented the County at the All-Wales Competition held at Newtown, Montgomeryshire, on Sunday, 23rd June, 1963, where nine Authorities were taking part, i.e., Caernarvonshire C.C., Cardiganshire C.C., Cardiff C.B., Denbighshire C.C., Flintshire C.C., Glamorganshire C.C., Merionethshire C.C., Monmouthshire C.C., Montgomeryshire C.C., and Pembrokeshire C.C.

The Denbighshire team won, Caernarvonshire was second, Merionethshire third, Montgomeryshire fourth and Flintshire fifth. Flintshire gained top marks for cleanliness and condition of vehicle and equipment and also in the driving test. The attendance at Newtown of Councillor A. Jones, Vice-Chairman of the County Council, was very much appreciated.

New Ambulances—Four new ambulances were purchased during the year—two standard ambulances Austin L.D., one petrol and diesel, fitted with Lomas ambulance bodies, and two Austin L.D. petrol vans, converted to dual purpose ambulances by Lomas.

The two standard type ambulances were to replace the following vehicles—Bedford Reg. No. LDM 781 (petrol), and Morris L.D. 1 Reg. No. NDM 694 (diesel). These two vehicles had been in the service since 1955 and 1956 respectively, and had covered between them over 425,000 miles.

The two conversions were extra vehicles required mainly to deal with clinical sitting cases, but they can take two stretcher cases in an emergency. They were taken in as an experiment and allocated to Rhyl and Holywell respectively. They are proving very satisfactory and two more will be purchased in 1964 for the Eastern area of the County with slight modifications on the first two.

Vehicles—The vehicles in service at 31st December, 1963, are listed below :—

Type.	Make.	Year.	Condition.	Reg. No.
Standard 2 Stretcher	Morris Diesel	1957	Fair	PDM 138
do.	do.	1958	Fair	RDM 563
do.	do.	1958	Fair	RDM 571
Standard Dual Purpose	Bedford Petrol	1958	Good	RDM 454
Standard 2 Stretcher	Morris Diesel	1959	Fair	SDM 953
do.	Morris Petrol	1959	Good	SDM 982
do.	Morris Diesel	1960	Good	WDM 562
Light 2 Stretcher	Land Rover	1960	Good	VDM 156
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	1961	Good	174 ADM
Conversion 1 Stretcher	Morris Petrol	1962	Good	959 BDM
Standard 2 Stretcher	Austin Petrol	1962	Good	73 DDM
do.	Austin Diesel	1962	Good	61 DDM
do.	do.	1962	Good	83 DDM
do.	do.	1963	New	281 FDM
do.	Austin Petrol	1963	New	264 FDM
Conversion Dual Purpose	do.	1963	New	265 FDM
do.	do.	1963	New	284 FDM

Establishment of Service as at 31st December, 1963.

Head of Department—County Medical Officer of Health.

Officer-in-Charge—County Ambulance Officer.

Record Clerk 1

Senior Control Clerk 1

Control Clerks—Male 3, Female 2 5

Telephonist 1

Shorthand-Typist (part-time) 1

Operational :

Senior Ambulance Drivers	...	...	...	2
Ambulance Drivers	...	...	...	17
Relief Ambulance Driver	...	...	...	1
Part-time Ambulance Driver (Hanmer)	...	...	...	1
Ambulance Attendants	...	...	...	8
Motor Mechanic	...	...	...	1
Part-time Caretaker	...	...	...	1

Accommodation—Further progress was made during the year with regard to improving accommodation for the Ambulance Service. On 26th October, 1963, the new ambulance station at Queensferry was ready to take over and, accordingly, the ambulances were moved from the St. John Ambulance garage in Fairfield Road, Queensferry, on 28th October. This station is part of the new Fire Station at Queensferry. It provides accommodation for three ambulances, it also has a small watch-room, a sluice room, small kitchenette, stores and toilet, with facilities at the rear for washing down ambulances.

Work commenced in November, 1963, on extensions to the County Ambulance Headquarters at Mold where additional garages are being built, oil store for the Headquarters and a duty room for the extra staff. The extensions are at the back of the present County Headquarters with easy access to the new premises from the existing Headquarters Building.

Developments in the Ambulance Service and increases in population in the Flint and Connah's Quay areas call for a larger Ambulance Station at Flint and land has been earmarked for this new Station near the existing Fire Station on the Coast Road and it is hoped to start work in 1965/66.

As plans mature for the District General Hospital in the Rhyl area, consideration will also have to be given to a new Ambulance Station at Rhyl in close proximity to the District General Hospital, and this Station will replace the existing premises at the Rhyl Fire Service Headquarters.

Maintenance—All maintenance work and repairs to all ambulances have been carried out by the Mechanic at the Ambulance Headquarters in Mold during the year. This ensures that vehicles are kept at a high standard of efficiency.

Conduct and Health—The general conduct of the staff (Control and Operational) throughout the year has been excellent. Several letters expressing thanks to the ambulance crews have been received from patients.

Sickness was responsible for staff being off duty as follows :—

Control Staff—114 working days.

Operational Staff—1,838 man hours.

Accident Claims—Seventeen accident claims were made against the Insurance Company during the year. Five of the accidents were attributed to the faults of other road users. Six were attributed to faults on the part of our drivers, and six were caused by bad road conditions and bad approaches to patients' houses.

Safe Driving Awards for 1963—Eighteen of the drivers qualified for Safe Driving Awards from the National Society for the Prevention of Accidents during 1963. They are as follows:—

Name.	Station.
Ambulance Driver J. Wardman,	Rhyl Station—2nd Oak Leaf to Gold Medal (12 years).
Ambulance Driver E. Wilson,	Flint Station—3rd Silver Bar (8 years).
Senior Amb. Driver T. E. Bellis,	Mold Station—2nd Silver Bar (7 years).
Ambulance Driver D. G. Griffiths,	Mold Station—1st Silver Bar (6 years).
Ambulance Driver E. S. Roberts,	Mold Station—4th Diploma (4 years).
Ambulance Driver Ll. Lloyd,	Rhyl Station—4th Diploma (4 years).
Ambulance Driver A. Earnshaw,	Queensferry Station—3rd Diploma (3 years).
Ambulance Driver A. Parry,	Queensferry Station—3rd Diploma (3 years).
Ambulance Driver M. A. Gatehouse,	Rhyl Station—2nd Diploma (2 years).
Ambulance Driver A. S. Hughes,	Holywell Station—2nd Diploma (2 years).
Ambulance Driver G. Thomas,	Holywell Station—2nd Diploma (2 years).
Sen. Amb. Driver P. A. Thomas,	Holywell Station—1st Diploma (1 year).
Ambulance Driver G. E. Hughes,	Holywell Station—1st Diploma (1 year).
Amb. Driver/Attendant J. Roberts,	Flint Station—1st Diploma (1 year).
Ambulance Driver P. Hallow,	Queensferry Station—1st Diploma (1 year).
Amb. Driver/Attendant H. Hughes,	Mold Station—1st Diploma (1 year).
Amb. Driver/Attendant P. Parry,	Mold Station—1st Diploma (1 year).
Part-time Driver I. Ward,	Maelor Station—1st Diploma (1 year).

Five drivers failed to qualify.

Training—No standard form of training has yet been arranged for ambulance personnel. The National Association of Ambulance Officers continue to press this matter and stress the importance of ambulance men receiving some initial training in addition to their first-aid certificate before taking up full operational duties. Many of the larger Authorities have started their own Training Schools but smaller Authorities find it difficult to release men to attend courses. However, I am pleased to report that a number of the full-time ambulance personnel do attend evening classes in first-aid arranged by the Further Education Committee and are studying

for the Certificate of the Institute of Certified Ambulance Personnel. They are taught Hygiene, Physiology and Anatomy. During 1963 four of the staff qualified—three as Associate Members and one for a fellowship. They were :—

Driver D. G. Griffiths (Mold)—Fellow.
 Senior Driver T. E. Bellis (Mold)—Associate.
 Driver E. S. Roberts (Mold)—Associate.
 Attendant P. Parry (Mold)—Associate.

Twenty-six of the full-time Staff qualified for their St. John Certificates in 1963.

The County Ambulance Officer was accepted as a Fellow by the Institute of Ambulance Officers in January, 1963. He has been a Fellow of the Institute of Ambulance Personnel since 1946.

Resignations—Mr. G. C. Williams, Junior Control Clerk at Ambulance Headquarters, resigned from the service on 31st August, 1963.

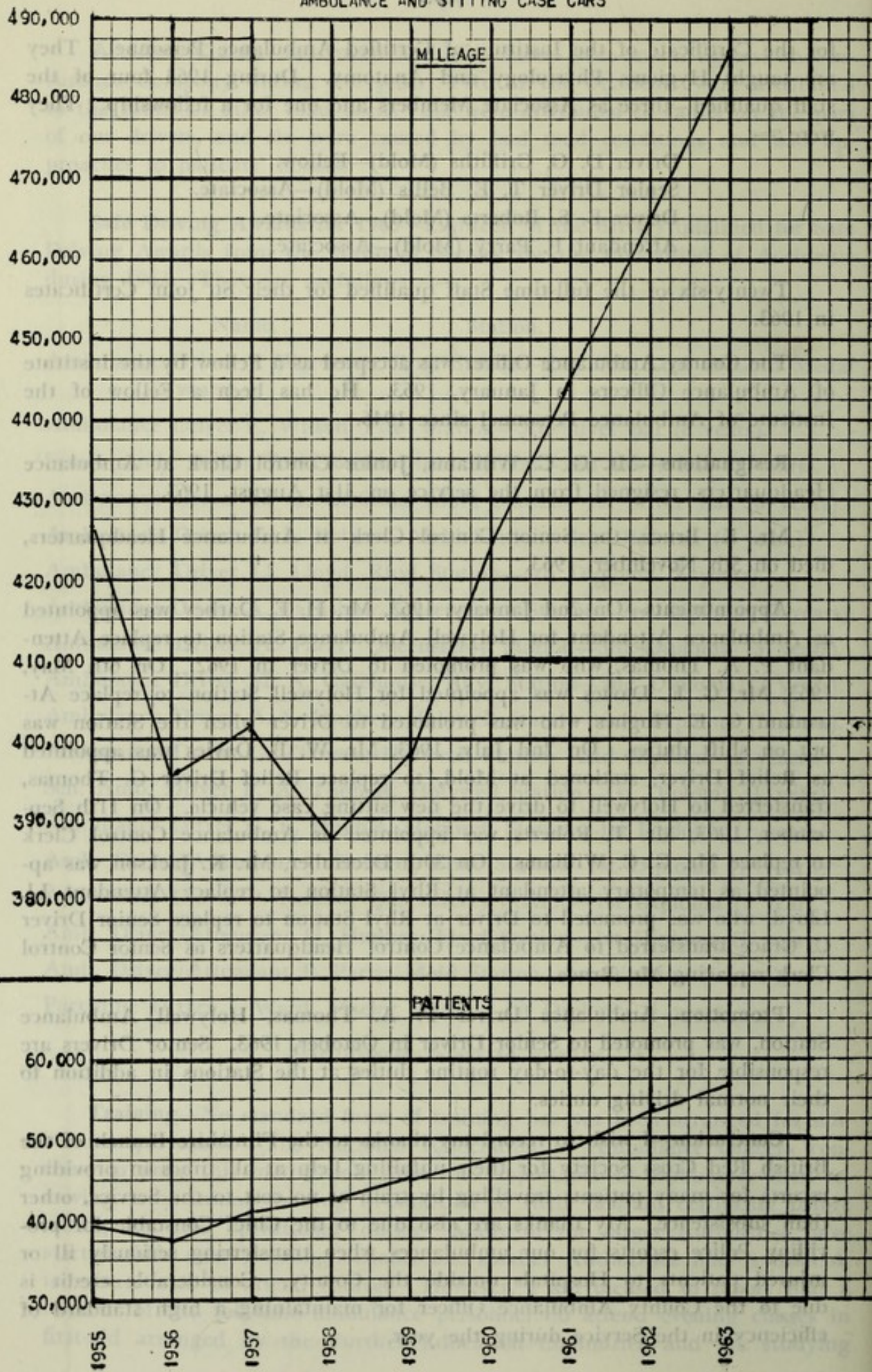
Mr. K. Bruce, the Senior Control Clerk at Ambulance Headquarters, died on 5th November, 1963.

Appointments—On 2nd January, 1963, Mr. H. E. Darbey was appointed as Ambulance Attendant for Holywell Ambulance Station to replace Attendant P. A. Thomas, who was promoted to Driver in 1962. On 6th May, 1963, Mr. G. E. Davies was appointed for Holywell Station to replace Attendant G. E. Hughes who was promoted to Driver when the Station was put on shift duties. On 2nd July, 1963, Mr. W. B. Davies was appointed as Relief Driver, stationed at Mold, to replace Relief Driver G. Thomas, transferred to Holywell to drive the new sitting case vehicle. On 11th September, 1963, Mr. T. Roberts was appointed as Ambulance Control Clerk to replace Mr. G. C. Williams. On 30th December, Mr. K. Jackson was appointed as temporary attendant at Rhyl Station to replace Attendant Ll. Lloyd, who was promoted to Driver at Rhyl Station to replace Senior Driver C. Grace transferred to Ambulance Control Headquarters as Senior Control Clerk replacing Mr. Bruce.

Promotion—Ambulance Driver P. A. Thomas, Holywell Ambulance Station, was promoted to Senior Driver in October, 1963. Senior Drivers are responsible for the day-to-day routine duties at the Stations in addition to their normal driving duties.

Conclusion—I wish to record my thanks to the Flintshire Branch of the British Red Cross Society for their unfailing help at all times in providing escorts for many patients travelling by train 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 transferring seriously ill or injured patients to Hospitals outside the County. Considerable credit is due to the County Ambulance Officer for maintaining a high standard of efficiency in the Service during the year.

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 as 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 218 contacts out of a possible total of 238 were examined—that is 91.6 % of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 827 persons during the year and gave B.C.G. vaccine to 170 persons.

Grants of milk and other foods were made during the year by the Area Nursing and Mental Health Sub-Committee to 170 cases of tuberculosis at a total cost of £2,867. 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 1963 a total of 318 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 900 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 three 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. Twenty-three such persons were assisted in 1963. The cost of this was £134.

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 thirty-eight such patients in 1963. Recommendations for convalescence are received from the hospital, general practitioners and public, and charges are recovered according to the financial circumstances of the patient.

In March, Circular 3/63 was received from the Welsh Board of Health dealing with the after-care of patients discharged from hospital. Stress was laid on the need of close contact between hospital authorities and the Local Health Authority to ensure that patients received continuous care on discharge, and also to ensure that details of treatment were correctly passed on. We reviewed our present arrangements in the light of the Circular and were able to make improvements in the two important fields of geriatrics and paediatrics.

DOMESTIC HELP.

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. As in past years the majority of persons helped (83 %) were aged 65 or over.

The number of cases helped in 1963 (777) is slightly less than the previous year when 808 householders received help. This is partly due to the excellent help and co-operation from the Officers of the National Assistance Board.

In some areas when it is possible to find a neighbour to give a little help with household tasks, a grant for domestic help may be given to the householder. This scheme helps to divert some of the less exacting cases away from the service and is appreciated by the householder.

Of the 777 cases who received help 82 % were aged 65 or over. Thirty maternity cases were assisted, either before the birth of the baby on medical advice, early discharge from hospital or in a few cases where the baby was born at home.

The Home Help, in some instances, took full responsibility for the household and held the fort while the mother in hospital, looking after the children and preparing meals while the husband was at work.

For administrative purposes the Home Help Service is organised by three areas, corresponding to the areas of the Nursing and Mental Health Sub-Committees. Meetings of Home Helps in each of these three areas were held during the year and attended by the Home Help Organiser for the County and the Clerk who deals with the work for the area concerned.

These meetings are primarily for the purpose of in-service training, and films, talks, demonstrations, etc., on matters directly concerned with the daily work of their Home Helps are arranged.

Meetings also allow for new points to be brought to the notice of Home Helps, opportunities for discussion of problems that may be of interest to several Helps in more than one area are also valuable. It is important that Home Helps know of the changes of other services in the Health and Welfare Departments which may have a bearing on their work, such as meals-on-wheels, chiropody, holidays for the aged, and changes in district nursing arrangements, etc.

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.

Some elderly people have received the benefit of the Service for twelve years and have been sustained in their own homes for a longer period than would otherwise be possible. One such person who is ninety-nine years old has received help from many faithful helpers since 1951.

Two Home Helps, Mrs. E. M. Astbury and Miss Astbury, retired during the year after long and valuable service.

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 work, 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 Service 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 22.

Table 22.

DOMESTIC HELP SERVICE.

DOMESTIC HELP TO HOUSEHOLDS FOR PERSONS:

Aged under 65 on first visit in 1963

Aged 65 or over on first visit in 1963.		Chronic sick and tuberculous.		Mentally Disordered.		Maternity.		Others.		Total	
No. of Cases	...	646	...	68	11	30	22	...	777		

Of the above, eleven persons received evening help. 83 % of all persons helped were aged 65 or over.

Hours worked :

Eastern Area	...	32,570 $\frac{3}{4}$
Central Area	...	23,763 $\frac{1}{2}$
Western Area	...	60,597
Total	...	116,931 $\frac{1}{4}$

NEW CASES HELPED IN 1963.

Aged under 65 on first visit in 1963

No. of Cases	Aged 65 or over on first visit in 1963.		Chronic sick and tuberculous.		Mentally Disordered.		Maternity.		Others.		Total
	...	222	...	36	5	19	27	...	309		

Number of Helpers employed at 31st December, 1963 :

Full-time	...	...	...	...	1
Part-time	...	...	...	...	120
					<hr/>
Total	...	...	...	...	121
					<hr/>

Number of Meetings of Home Helps 5**Visits :**

Number of first visits to patients	143
Number of re-visits to patients	...	...	...	729
Number of first visits to helpers	...	...	...	32
Number of re-visits to helpers	...	...	...	524
Prospective helpers interviewed at office or home	...	...	...	52

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.

The staff of the Department took part in health education work to all sorts of audiences in various places—schools, conference of teachers, 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, and Miss M. Williams, the Senior Health Visitor, and Miss J. S. Rogers who does Health Education as a specialist 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 two of our staff were away on training and will not be back in the Department until the middle of 1964. This means we had to provide a service with one Senior Mental Welfare Officer and two full-time Mental Welfare Officers and a trainee, and part-time staff. The Mental Welfare Officers give excellent service during the year but the quality of the work done will not improve until the Department has a full complement of full-time Mental Welfare Officers.

The Mental Health Service is an expanding service and more cases are referred to the Department, and the shortage of trained staff is becoming more and more acute. We are at present only meeting day to day needs and are not able to plan any programme of after-care for patients, particularly those discharged from psychiatric hospitals.

Services for the subnormal continued on a satisfactory level during 1963. The Junior Training Centre at Tirionfa, Rhuddlan, continued to function very satisfactorily, particularly now as we have adequate space and an increased complement of trained staff. There is accommodation at Tirionfa for sixty subnormal children—boys and girls—with adequate space for indoor and outdoor activities. During 1963 children from East Flintshire continued to attend the new Training Centre at Chester where they receive very excellent care and training. At the end of 1963 twenty-four children from Flintshire were attending the Chester Centre, being conveyed by special transport provided each day.

The Psychiatric Club for ex-hospital patients and others recommended for such service 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. During the year also the handicraft class for the mentally ill established in 1962 at Rhyl continued to function satisfactorily providing facilities for practical work and social contact for patients unsuitable for one reason or another to attend the psychiatric club or in the early stages after hospital discharge and before they felt capable of taking part in the activities such as are planned by the psychiatric club.

During the year, in the light of additional information, our plans for hostel accommodation in the Western half of the County were modified to provide accommodation for subnormal males only. It was decided not to extend Fronfraith but to adapt the premises by fairly minor modifications to accommodate a total of twenty subnormal male patients.

Miss Harding, the part-time Social Worker engaged by the Hospital Management Committee and the Health Department, continued her work with subnormal females both in hospital and in the community and, in particular, carried out excellent work in finding employment and placement outside hospital for these subnormal females, many of whom have been in hospital for many years. During the year thirteen subnormal females were placed out in work and many of them settled satisfactorily, eventually finding suitable lodgings and being discharged from the hospital to work in the community.

I would again like to thank all General Practitioners in the County for their help and forbearance in the administration of the Mental Health Service during the year when staff shortage meant that we were not able to meet all the demands made upon us. I would like to thank Dr. J. H. O.

Roberts, the Medical Superintendent of the North Wales Hospital, Denbigh, and his medical and social workers and nursing staff for all their help and co-operation during the year. This is Dr. Roberts' last year in service as Medical Superintendent and he has given many years of valuable service at the hospital and has always been a source of ready help and assistance to the County Mental Health Service, particularly in the difficult periods when the new Mental Health Act was being implemented in the County.

I would also like to thank Dr. M. J. Craft of Oakwood Park Hospital for his help in dealing with the many difficulties, 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 23.

MENTALLY-ILL PATIENTS DEALT WITH BY MENTAL WELFARE OFFICERS, 1963.

	Males.	Females.	Total.
Admitted to Hospital for observation :			
Under Section 25	—	8	8
Under Section 29	48	52	100
Total	48	60	108
	Males.	Females.	Total.
Admitted to Hospital for treatment :			
Under Section 26	3	1	4
Admitted to Hospital informally :			
Under Section 5	32	35	67
Psychopathic Patients (admitted to Hospital)	—	1	1

Details of the work done in the community for the mentally subnormal are given in Tables 24 and 25. Also, subnormal patients admitted to hospital during the year for short-term care or for longer periods. Home visiting of sub-normal 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 Sub-Committee.

Table 24.

MENTAL SUBNORMALITY.

CASES ON LIST FOR VISITING IN THE COMMUNITY.

				Age under 16.			Age 16 & over.			Total.
				M.	F.	T.	M.	F.	T.	
1962	...	...	...	43	26	69	72	78	150	219
1963	...	...	...	36	27	63	76	84	160	223

PATIENTS ADMITTED TO HOSPITAL.

		Age under 16.			Age 16 & over.							
		M.	F.	T.	M.	F.	T.	Total.				
1963 :												
Informally—												
Under Section 5 of Act	1	2	3	...	2	3	5	...	8	
For observation—												
Under Section 25 of Act	—	—	—	...	—	—	—	...	—	
Under Section 29 of Act	—	—	—	...	1	—	1	...	1	
For treatment—												
Under Section 26 of Act	—	—	—	...	—	—	—	...	—	
By Court Order—												
Under Section 60 of Act	—	—	—	...	—	—	—	...	—	
Short-term Care	6	8	14	...	1	1	2	...	16	
Total		...	7	10	17				4	4	8	25

In Table 25 details are given of visits paid by Mental Welfare Officers since the new Act came into force. It will be noted that 875 after-care visits were paid and 723 visits other than after-care, where advice and help was sought, and in many instances for mentally ill patients who did not receive hospital treatment. In addition, the Mental Welfare Officers paid 628 visits to mentally subnormal patients.

Table 25.

VISITS PAID BY MENTAL WELFARE OFFICERS.

To Mentally Ill Patients :—	1962.	1963.
(a) After-care visits	710	875
(b) Visits (other than after-care)	712	723
To Mentally Subnormal Patients	400	628

In addition, Health Visitors paid 866 visits to mentally subnormal patients and 482 visits to patients who were mentally ill.

Table 24. Hospital Discharge Statistics, 1963-1964. This table shows the number of patients discharged from the hospital by age group and sex. The data is presented in a tabular format with columns for age groups and rows for sex. The total number of discharges is 1,000.

PATIENTS ADMITTED TO HOSPITAL		1963		1964		Total	
Age Group	Sex	1963	1964	1963	1964	Total	Percentage
Under 15	Male	10	12	22	24	46	4.6%
15-24	Male	15	18	33	36	69	6.9%
25-34	Male	20	22	42	44	86	8.6%
35-44	Male	25	28	53	56	109	10.9%
45-54	Male	30	32	62	64	126	12.6%
55-64	Male	35	38	73	76	149	14.9%
65-74	Male	40	42	82	84	166	16.6%
75-84	Male	45	48	93	96	189	18.9%
85-94	Male	50	52	102	104	206	20.6%
95-104	Male	55	58	113	116	229	22.9%
105-114	Male	60	62	122	124	246	24.6%
115-124	Male	65	68	133	136	269	26.9%
125-134	Male	70	72	142	144	286	28.6%
135-144	Male	75	78	153	156	309	30.9%
145-154	Male	80	82	162	164	326	32.6%
155-164	Male	85	88	173	176	349	34.9%
165-174	Male	90	92	182	184	366	36.6%
175-184	Male	95	98	193	196	389	38.9%
185-194	Male	100	102	202	204	406	40.6%
195-204	Male	105	108	213	216	429	42.9%
205-214	Male	110	112	222	224	446	44.6%
215-224	Male	115	118	233	236	469	46.9%
225-234	Male	120	122	242	244	486	48.6%
235-244	Male	125	128	253	256	509	50.9%
245-254	Male	130	132	262	264	526	52.6%
255-264	Male	135	138	273	276	549	54.9%
265-274	Male	140	142	282	284	566	56.6%
275-284	Male	145	148	293	296	589	58.9%
285-294	Male	150	152	302	304	606	60.6%
295-304	Male	155	158	313	316	629	62.9%
305-314	Male	160	162	322	324	646	64.6%
315-324	Male	165	168	333	336	669	66.9%
325-334	Male	170	172	342	344	686	68.6%
335-344	Male	175	178	353	356	709	70.9%
345-354	Male	180	182	362	364	726	72.6%
355-364	Male	185	188	373	376	749	74.9%
365-374	Male	190	192	382	384	766	76.6%
375-384	Male	195	198	393	396	789	78.9%
385-394	Male	200	202	402	404	806	80.6%
395-404	Male	205	208	413	416	829	82.9%
405-414	Male	210	212	422	424	846	84.6%
415-424	Male	215	218	433	436	869	86.9%
425-434	Male	220	222	442	444	886	88.6%
435-444	Male	225	228	453	456	909	90.9%
445-454	Male	230	232	462	464	926	92.6%
455-464	Male	235	238	473	476	949	94.9%
465-474	Male	240	242	482	484	966	96.6%
475-484	Male	245	248	493	496	989	98.9%
485-494	Male	250	252	502	504	1006	100.0%
495-504	Male	255	258	513	516	1029	102.9%
505-514	Male	260	262	522	524	1046	104.6%
515-524	Male	265	268	533	536	1069	106.9%
525-534	Male	270	272	542	544	1086	108.6%
535-544	Male	275	278	553	556	1109	110.9%
545-554	Male	280	282	562	564	1126	112.6%
555-564	Male	285	288	573	576	1149	114.9%
565-574	Male	290	292	582	584	1166	116.6%
575-584	Male	295	298	593	596	1189	118.9%
585-594	Male	300	302	602	604	1206	120.6%
595-604	Male	305	308	613	616	1229	122.9%
605-614	Male	310	312	622	624	1246	124.6%
615-624	Male	315	318	633	636	1269	126.9%
625-634	Male	320	322	642	644	1286	128.6%
635-644	Male	325	328	653	656	1309	130.9%
645-654	Male	330	332	662	664	1326	132.6%
655-664	Male	335	338	673	676	1349	134.9%
665-674	Male	340	342	682	684	1366	136.6%
675-684	Male	345	348	693	696	1389	138.9%
685-694	Male	350	352	702	704	1406	140.6%
695-704	Male	355	358	713	716	1429	142.9%
705-714	Male	360	362	722	724	1446	144.6%
715-724	Male	365	368	733	736	1469	146.9%
725-734	Male	370	372	742	744	1486	148.6%
735-744	Male	375	378	753	756	1509	150.9%
745-754	Male	380	382	762	764	1526	152.6%
755-764	Male	385	388	773	776	1549	154.9%
765-774	Male	390	392	782	784	1566	156.6%
775-784	Male	395	398	793	796	1589	158.9%
785-794	Male	400	402	802	804	1606	160.6%
795-804	Male	405	408	813	816	1629	162.9%
805-814	Male	410	412	822	824	1646	164.6%
815-824	Male	415	418	833	836	1669	166.9%
825-834	Male	420	422	842	844	1686	168.6%
835-844	Male	425	428	853	856	1709	170.9%
845-854	Male	430	432	862	864	1726	172.6%
855-864	Male	435	438	873	876	1749	174.9%
865-874	Male	440	442	882	884	1766	176.6%
875-884	Male	445	448	893	896	1789	178.9%
885-894	Male	450	452	902	904	1806	180.6%
895-904	Male	455	458	913	916	1829	182.9%
905-914	Male	460	462	922	924	1846	184.6%
915-924	Male	465	468	933	936	1869	186.9%
925-934	Male	470	472	942	944	1886	188.6%
935-944	Male	475	478	953	956	1909	190.9%
945-954	Male	480	482	962	964	1926	192.6%
955-964	Male	485	488	973	976	1949	194.9%
965-974	Male	490	492	982	984	1966	196.6%
975-984	Male	495	498	993	996	1989	198.9%
985-994	Male	500	502	1002	1004	2006	200.0%
995-1004	Male	505	508	1013	1016	2029	202.9%
1005-1014	Male	510	512	1022	1024	2046	204.6%
1015-1024	Male	515	518	1033	1036	2069	206.9%
1025-1034	Male	520	522	1042	1044	2086	208.6%
1035-1044	Male	525	528	1053	1056	2109	210.9%
1045-1054	Male	530	532	1062	1064	2126	212.6%
1055-1064	Male	535	538	1073	1076	2149	214.9%
1065-1074	Male	540	542	1082	1084	2166	216.6%
1075-1084	Male	545	548	1093	1096	2189	218.9%
1085-1094	Male	550	552	1102	1104	2206	220.6%
1095-1104	Male	555	558	1113	1116	2229	222.9%
1105-1114	Male	560	562	1122	1124	2246	224.6%
1115-1124	Male	565	568	1133	1136	2269	226.9%
1125-1134	Male	570	572	1142	1144	2286	228.6%
1135-1144	Male	575	578	1153	1156	2309	230.9%
1145-1154	Male	580	582	1162	1164	2326	232.6%
1155-1164	Male	585	588	1173	1176	2349	234.9%
1165-1174	Male	590	592	1182	1184	2366	236.6%
1175-1184	Male	595	598	1193	1196	2389	238.9%
1185-1194	Male	600	602	1202	1204	2406	240.6%
1195-1204	Male	605	608	1213	1216	2429	242.9%
1205-1214	Male	610	612	1222	1224	2446	244.6%
1215-1224	Male	615	618	1233	1236	2469	246.9%
1225-1234	Male	620	622	1242	1244	2486	248.6%
1235-1244	Male	625	628	1253	1256	2509	250.9%
1245-1254	Male	630	632	1262	1264	2526	252.6%
1255-1264	Male	635	638	1273	1276	2549	254.9%
1265-1274	Male	640	642	1282	1284	2566	256.6%
1275-1284	Male	645	648	1293	1296	2589	258.9%
1285-1294	Male	650	652	1302	1304	2606	260.6%
1295-1304	Male	655	658	1313	1316	2629	262.9%
1305-1314	Male	660	662	1322	1324	2646	264.6%
1315-1324	Male	665	668	1333	1336	2669	266.9%
1325-1334	Male	670	672	1342	1344	2686	268.6%
1335-1344	Male	675	678	1353	1356	2709	270.9%
1345-1354	Male	680	682	1362	1364	2726	272.6%
1355-1364	Male	685	688	1373	1376	2749	274.9%
1365-1374	Male	690	692	1382	1384	2766	276.6%
1375-1384	Male	695	698	1393	1396	2789	278.9%
1385-1394	Male	700	702	1402	1404	2806	280.6%
1395-1404	Male	705	708	1413	1416	2829	282.9%
1405-1414	Male	710	712	1422	1424	2846	284.6%
1415-1424	Male	715	718	1433	1436	2869	286.9%
1425-1434	Male	720	722	1442	1444	2886	288.6%
1435-1444	Male	725	728	1453	1456	2909	290.9%
1445-1454	Male	730	732	1462	1464	2926	292.6%
1455-1464	Male	735	738	1473	1476	2949	294.9%
1465-1474	Male	740	742	1482	1484	2966	296.6%
1475-1484	Male	745	748	1493	1496	2989	298.9%
1485-1494	Male	750	752	1502	1504	3006	300.0%
1495-1504	Male	755	758	1513	1516	3029	302.9%
1505-1514	Male	760	762	1522	1524	3046	304.6%
1515-1524	Male	765	768	1533	1536	3069	306.9%
1525-1534	Male	770	772	1542	1544	3086	308.6%
1535-1544	Male	775	778	1553	1556	3109	310.9%
1545-1554	Male	780	782	1562	1564	3126	312.6%
1555-1564	Male	785	788	1573	1576	3149	314.9%
1565-1574	Male	790	792	1582	1584	3166	316.6%
1575-1584	Male	795	798	1593	1596	3189	318.9%
1585-1594	Male	800	802	1602	1604	3206	320.6%
1595-1604	Male	805					

Table 26.

	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)						
5. Number of patients under L.H.A. care at 31/12/63 :																												
(a)	Total number	...	...	—	—	142	205	...	...	—	—	...	—	2	36	39	...	36	25	40	45	...	36	27	218	289	...	570
(b)	(i) Attending day training centre	...	...	—	—	—	—	...	...	—	—	...	—	2	4	5	...	28	16	17	15	...	28	18	21	20	...	87
	(ii) Awaiting entry thereto	...	...	—	—	—	—	...	...	—	—	...	—	—	—	—	...	—	—	—	—	...	—	—	—	—	...	—
(c)	(i) Resident in residential training centre	...	...	—	—	—	—	...	...	—	—	...	—	—	—	—	...	—	—	—	—	...	—	—	—	—	...	—
	(ii) Awaiting residence therein	...	...	—	—	—	—	...	...	—	—	...	—	—	—	—	...	—	—	—	—	...	—	—	—	—	...	—
(d)	(i) Receiving home training	...	...	—	—	—	—	...	...	—	—	...	—	—	2	...	...	—	—	—	2	...	...	—	—	4	...	4
	(ii) Awaiting home training	...	...	—	—	—	—	...	...	—	—	...	—	—	—	...	...	—	—	—	...	...	—	—	—	—	...	—
(e)	(i) Resident in L.A. home/hostel	...	...	—	—	—	—	...	...	—	—	...	—	—	—	...	...	—	—	—	...	...	—	—	—	—	...	—
	(ii) Awaiting residence in L.A. home/hostel	...	...	—	—	—	—	...	...	—	—	...	—	—	—	...	...	—	—	—	...	...	—	—	—	—	...	—
	(iii) Resident at L.A. expense in other residential homes/hostels	...	...	—	—	—	—	...	...	—	—	...	—	—	—	...	...	—	—	—	...	...	—	—	—	—	...	—
	(iv) Resident at L.A. expense by boarding out in private household	...	...	—	—	—	—	...	...	—	—	...	—	—	—	...	...	—	—	—	...	...	—	—	—	—	...	—
(f)	Receiving home visits and not included under (b) to (e)	...	...	—	—	142	205	...	...	—	—	...	—	—	32	32	...	8	9	23	28	...	8	9	197	265	...	478

4. Number of children under age 16 attending day or residential training centres who have not been included in item 3 because they do not come within the categories covered in columns (1) to (16) ... Under 16 years—Males 2, Females 3. 16 years and over—Males 3, Females 2.

NOTE—Of the patients shown in 3 (b) (i) and in 4, the following attended Chester Training Centre by arrangement with Chester Corporation. Also included is 1 severely subnormal male patient over 16 who attended a Denbighshire Centre :—

SUBNORMAL.				SEVERELY SUBNORMAL.				NOT IN ABOVE CATEGORIES.			
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
—	2	—	—	11	6	1	3	—	1	—	—

Number of admissions for temporary residential care (e.g., to relieve the family) :

(a) To N.H.S. hospitals	...	...	—	—	—	—	...	—	—	—	—	1	1	...	6	7	—	—	...	6	7	1	1	...	15
(b) To L.A. residential accommodation	...	—	—	—	—	—	...	—	—	—	—	—	—	...	—	—	—	—	...	—	—	—	—	—	...	—
(c) Elsewhere	...	...	—	—	—	—	...	—	—	—	—	—	—	...	1	—	—	—	...	—	1	—	—	...	1
(d) Total	...	...	—	—	—	—	...	—	—	—	—	1	1	...	6	8	—	—	...	6	8	1	1	...	16*

* In addition, 1 female under 16 years (NOT IN ABOVE CATEGORIES) was admitted to accommodation " Elsewhere "; and 1 male do. do. do. to N.H.S. Hospital.

Table 27.

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1963.

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	2	—	24	52	...	—	—	1	—	...	—	—	—	...	—	2	—	25	52	...	79	
(b) Hospitals, on discharge from in-patient treatment	—	1	63	72	...	—	—	—	—	—	—	—	—	—	...	1	—	63	72	...	136	
(c) Hospitals, after or during out-patient or day treatment	—	—	9	27	...	—	—	—	—	...	—	—	—	...	—	—	—	9	27	...	36	
(d) Local education authorities	—	—	—	...	—	—	—	—	2	—	...	—	4	—	—	...	6	—	...	...	6	
(e) Police and courts	—	—	15	16	...	—	—	2	—	...	—	—	...	—	—	...	—	17	16	...	33	
(f) Other sources	1	1	20	49	...	—	—	—	...	—	2	6	...	1	—	1	...	22	56	...	81	
(g) Total	3	2	131	216	...	—	—	3	...	—	2	2	6	...	5	...	1	...	3	9	...	371

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	...	...	...	...	25
Enteric Fever (Typhoid)	...	...	...	...	—
Erysipelas	...	...	...	...	5
Food Poisoning	...	...	...	...	4
Measles	...	...	...	...	805
Meningococcal Infections	...	...	...	...	5
Ophthalmia Neonatorum	...	...	...	...	—
Paratyphoid	...	...	...	...	1
Acute-encephalitis—Infective	...	...	...	...	—
Post-infective	...	...	...	...	—
Acute Poliomyelitis—Paralytic	...	...	...	...	—
Non-paralytic	...	...	...	...	—
Pneumonia	...	...	...	...	43
Puerperal Pyrexia	...	...	...	...	15
Scarlet Fever	...	...	...	...	34
Whooping Cough	...	...	...	...	34
Malaria (contracted abroad)	...	...	...	...	—
					—
				Total	971
					—

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.

Twenty-five cases of dysentery and four cases of food poisoning were notified. 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 805 cases of measles, 34 scarlet fever and 34 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.

805	Measles
2	Meningococcal Infections
—	Ophthalmia Neonatorum
1	Paratyphoid
—	Acute-encephalitis—Infective
—	Post-infective
—	Acute Poliomyelitis—Paralytic
—	Non-paralytic
43	Pneumonia
12	Postperforal Pyrexia
34	Scarlet Fever
34	Whooping Cough
—	Malaria (contracted abroad)
971	Total

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.

Table 28.
TUBERCULOSIS—NOTIFICATION.

FORMAL NOTIFICATIONS.														Total (all ages)
Number of Primary Notifications of New Cases of Tuberculosis.														
AGE PERIODS :	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males	1	2	1	2	4	3	3	6	7	2	2	33
Respiratory, Females	..	1	1	..	2	2	2	7	4	4	2	1	..	26
Non-Respiratory, Males	1	..	..	1	2	..	..	..	4
Non-Respiratory, Females	1	..	1	1	1	1	..	1	6

Table 29 shows the deaths from Tuberculosis during 1963, showing those in males and females and due to respiratory and non-respiratory illness.

Table 29.

DEATHS FROM TUBERCULOSIS, 1963.

			Males.		Females.		Total.
Respiratory Tuberculosis	...	...	13	...	2	...	15
Non-respiratory Tuberculosis	...	...	1	...	—	...	1
			—		—		—
All forms	...	...	14		2		16
			—		—		—

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 30. In the same way deaths from tuberculosis have also gradually diminished during the last twenty years (Table 30).

It will also be seen in Table 30 that the Flintshire notification rate for 1963 of new cases (0.45) is slightly higher than the rate for England and Wales for 1962 (0.44). The death rate from tuberculosis in Flintshire for 1963 (0.07) is also slightly higher than the last known rate for England and Wales (i.e., for 1962 0.06).

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 30.

CASES NOTIFIED.

			1940	1950	1960	1961	1962	1963
Table 1 (Flintshire):								
Respiratory T.B.	...	...	135	132	82	89	46	59
Non-Respiratory T.B.	...	...	44	34	14	11	19	10
Table 2 (Flintshire):								
Notification per 1000 population	...		1.28	1.14	0.65	0.67	0.43	0.45
Table 2 (England and Wales):								
Notification per 1000 population	...		1.16	1.18	0.51	0.48	0.44	*
Table 3 (Flintshire):								
Death rate per 1000 of the population, Respiratory and Non-Respiratory	...		0.46	0.40	0.06	0.12	0.07	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	0.06	*

* 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 218 out of 238 (91 %) contacts were examined. (See Table 31).

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 like also to thank Dr. E. Clifford Jones, Dr. J. B. Morrison and Dr. R. W. Biagi, the 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 others 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 32. 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 32.
SURVEY OF GENERAL POPULATION BY MASS RADIOGRAPHY UNIT DURING 1963.

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	901	15	60	120	13.31	16	8
Mold	888	15	59	37	4.16	15	11
Rhyl	1617	15	108	82	5.07	96	78
Shotton	704	15	47	48	6.81	14	8
Special Surveys in Factories, etc.	1586	—	—	—	—	31	27
TOTALS	5696	60	69	287	6.98	172	132

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	...	...	...	6
Gonorrhoea	...	...	...	27
Other conditions	...	...	...	114
Total	...	...	...	147

Section D.

FOOD AND DRUGS ACT, 1955.

REPORT OF THE COUNTY PUBLIC HEALTH INSPECTOR.

Legislation—New legislation which came into operation during the year included :—

- (a) detailed amendments to the Poisons Rules ;
- (b) standards for the composition and labelling of soft drinks ;
- (c) regulations prohibiting the use of certain colouring matters in bakeries, prescribing permitted ingredients in bread, etc.

Food Sampling—1,338 samples of foodstuffs were taken for examination during the year—636 were submitted for chemical analysis and 702 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	307	232	75
Dairy Products	18	17	1
Ice Cream and Lollies	15	14	1
Sausages	35	35	—
Fruit and Vegetables	22	21	1
Miscellaneous Groceries	137	131	6
Meat Products	22	21	1
Confectionery	21	18	3
Alcoholic Drinks	41	41	—
Patent Medicines	18	17	1
	636	547	89

Milk—993 samples were sent for analysis—307 were submitted for chemical analysis by the Public Analyst and the remainder were sent to the Public Health Laboratory for bacteriological examination.

The samples were taken from hospital kitchens, cafes, schools, dairies, farms and roundsmen and were examined for colouring matter, added water, butter fat deficiency, solids not fat, blood, dirt, preservatives and antibiotics.

75 samples were the subject of adverse reports—5 contained added water, 18 samples were deficient in butter fat, 51 were poor quality milks but genuine in that the milk was sold as it came from the cow, and 1 contained a small piece of coal. Successful proceedings were instituted in respect of three samples containing added water and three samples with butter fat deficiencies. The milk bottle containing the small piece of coal had been bottled in a dairy situated outside the county. After inspecting the dairy, which was clean, and considering the evidence, it was decided not to take any legal action.

Fifteen samples of milk were found to contain traces of **pencillin**.

Milk and Dairy Regulations—There are two milk pasteurising plants situated in the county and these are inspected weekly, attention being given to the structural conditions of the buildings, efficiency of the pasteurising operations and to the cleanliness of the operators. All samples taken off the plants were satisfactory. 33 lots of washed milk bottles, comprising a total of 412 bottles, were taken from the bottle washers attached to the pasteurising plants and sent for bacteriological examination.

No evidence of **bovine tuberculosis** was found in any farm bottled milk but **brucella infection** was found in the milk sold by five producers/retailers.

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.

Report from Mr. T. B. Elphick, Divisional Veterinary Officer—"Cattle are now being tuberculin tested at two year intervals in the main part of the County, but a clinical inspection (in particular for udder infections) is being carried out in alternate years so that dairy animals are inspected at least annually. The incidence of reactors to the tuberculin test is now almost nil.

Brucellosis still occurs in the County and Animal Health Division have co-operated with the County Public Health Department in the resolution of these potentially difficult cases."

Other Foods—328 other foodstuffs were submitted for chemical analysis and eleven were found to be sub-standard or adulterated. Legal proceedings were instituted in respect of five samples.

Warning letters were sent to the manufacturers of six other foodstuffs which had slight deficiencies or whose labels did not comply with the labelling orders—Rum Fudge, Yoghourt, Marmalade, Cumberland Rum Butter, Ice Cream, and a patent medicine,

Thirty-five samples of **sausages**—pork and beef—were examined for meat content and all were found to be up to standard.

Four samples of meat and meat products were examined for evidence of prohibited **colouring matter** and all were found to be satisfactory.

Evidence of **insect infestation** was found in two samples of chocolate confectionery and successful legal proceedings were instituted.

One sample of chocolate confectionery was found to be badly discoloured due to faulty storage and warning letter was sent to the distributor.

Fruit and Vegetables—Twenty-two samples were examined for **fungicides**, weedkillers and colouring matter and all were found to be satisfactory. A complaint was received that some canned carrots had a pronounced smell of paraffin. This oil is used as a base for spraying pesticides. On examination by the Public Analyst, the carrots were found to be heavily contaminated with a volatile hydrocarbon but with no evidence of pesticide. It was impossible to take proceedings in this case for during the investigation it was difficult to prove purchase from a particular shop. However, the Legal Department took up the matter with the manufacturers who wrote stating that the oil was used as a base for pesticides to kill off the carrot fly and that the growers had been instructed that it was not to be used within so many days of the carrots being harvested. The canners had written to the growers drawing their attention to the seriousness of the matter.

A sample of bread and butter was examined for certain poisons—the complainant thought that his wife was poisoning him. The sample was satisfactory.

A bread roll was found to contain coloured paper and successful legal proceedings were instituted.

During a routine inspection of a self-service store a packet of rice was found to be contaminated with mouse dirt and other foreign matter and successful legal proceedings were instituted.

Legal proceedings were also instituted against a grocer who sold packing station eggs as fresh farm eggs—the lion brand trade mark had been erased from the eggs. He was given a conditional discharge on payment of costs.

Alcoholic Drinks—Forty-one samples of alcoholic drinks were taken and all were satisfactory. Three samples of draught beer were very cloudy, and, on investigation, it was found that it was the practice to filter waste beer and spillage and then pour it back into the barrel. Three filter cloths were sent for bacteriological examination but no organisms of significance were isolated.

Water—Sixteen samples of domestic water supplies were examined for **natural fluorine** and all were found to contain less than .01 parts of a million of fluorine.

Foodstuffs submitted for bacteriological examination included glazing solutions used for coating pastry, cakes, dessicated coconut, pancake and cake mixtures containing dried egg, yoghurt, sausages and sausage meat, minced beef, dried egg, liquid egg and frozen egg, paste and waxes used for coating cheeses, jellied veal and frozen foods. Undesirable bacteria were found in some foodstuffs and the facts were reported to the Health Department for the district concerned.

Summary of Legal Proceedings.

Article.	Deficiency or Adulteration.	Result.	Total Fines and Costs.		
			£	s.	d.
milk	... 12.7 % added water	... Convicted	... 11	13	4
milk	... 16.0 % added water	... "	... 11	13	4
milk	... 12.1 % added water	... "	... 11	13	4
read Roll	... Contained piece of coloured paper	... "	... 6	3	0
hocolate Confectionery	Contained grubs	... "	... 14	0	0
milk	... 23.3 % deficient in butter fat	... "	... 19	0	0
ice	... Contained mouse dirt	... "	... 19	0	0
hannel Island Milk	... 5 % deficient in butter fat	... "	... 8	13	0
hannel Island Milk	... 35 % deficient in butter fat	... "	... 8	13	0
hocolate Confectionery	Contained grub and insect remains	... "	... 8	15	0
eggs	... Packing station trade mark removed from eggs sold as fresh farm eggs	... Conditional Discharge	... 9	18	0
			<hr/> £129 2 0 <hr/>		

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

Health Education—Talks and film shows were given to Youth Clubs, Women's Institutes, Church Organisations, Canteen Staffs, Nursing and Domestic Science Students and Hospital Kitchen Staffs. The subjects discussed included smoking and lung cancer, clean food, the social services, atmospheric pollution, environmental health and housing. A successful exhibition was staged at the Flint and Denbighshire Agricultural Show held at Rhyl. The emphasis this year was on the training and education of the physically handicapped and, also, the mentally handicapped child.

Fertiliser and Feeding Stuffs—Fertiliser and feeding stuffs 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-seven samples were taken under the above Act.

One pig breeder complained that he was doubtful about the quality of the feeding stuffs he purchased for fattening the animals. Three samples were taken—all were satisfactory. One factory in the County manufactures feeding stuffs and fertilisers from slaughterhouse waste, etc. Chemical samples and a bacteriological sample of the feeding stuff produced here were satisfactory.

Shops Act—The provisions dealing with the health and comfort of shop workers are found in the Shops 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 Prestatyn and Rhyl Urban District Councils Health Departments are responsible for the administration of all provisions of the Act dealing with the health and comfort of the shop workers in their area.

All premises inspected during the year complied with the Act.

Pharmacy and Poisons—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 poisons 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 218 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: Section 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 120. 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 34 will be seen that there are 78 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, 1963, was:—

BLIND 299. Of these 5 were under 16 years of age and 68 in the employable age groups from 16 to 59. 1 blind person was in training for sheltered employment, 1 blind person was in training for open employment and 27 were working as follows:—

Workshops—8.

Home Workers—6.

Open Industry Employment or Self-Employed—16.

Partially Sighted—122, of these 12 were in employment, 6 were children in special schools and 2 were attending local day schools.

Table 33.

**A.—FOLLOW-UP OF REGISTERED BLIND AND
PARTIALLY-SIGHTED PERSONS, 1963.**

	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 (Revised) recommends :—				
(a) No treatment :				
Blind	4	2	—	11
Partially Sighted	1	—	—	7
(b) Treatment (medical, surgical or optical) :				
Blind	10	2	—	6
Partially Sighted	5	4	—	7
Total Blind and Partially Sighted	20	8	—	31
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment :				
Blind	6	1	—	2
Partially Sighted	2	2	—	3
Total Blind and Partially Sighted	8	3	—	5

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 1963 is given below :—

Table 34.

TOTAL NUMBER OF DEAF PERSONS.

	Males.	Females.	Total.
Up to 16 years of age ...	5	3	8
16 to 50 years of age ...	17	10	27
50 to 65 years of age ...	6	20	26
Over 65 years of age ...	5	12	17
	<hr/> 33	<hr/> 45	<hr/> 78

REPORT BY SECRETARY/SUPERINTENDENT OF THE CHESTER AND
NORTH WALES DEAF AND DUMB SOCIETY.

1. We have to record the death of one of our deaf men. He came in contact with a car on his way home from work and was rushed to Chester Royal Infirmary. A telephone message from the Infirmary brought the Superintendent, who remained there until 10 p.m. when the man died. An Interpreter was present at the funeral and indeed helped in the administration following his death as his wife is a patient in the North Wales Hospital.

2. A deaf man living with his parents in the County decided to take to himself a wife, but went out of the County into Denbighshire. The Wedding took place at Wrexham Parish Church and was interpreted for the happy pair by the Welfare Officer. Their home has been visited and they are very happy and comfortable.

3. A man who has a son unable to do manual labour was found to be deteriorating as he himself is unable to work. It was thought some occupational therapy might be good for him. The case was reported to the County Medical Officer of Health, arrangements were made for him and material sent to his home. A letter of appreciation has been sent to the Society by the man himself, and a telephone call received from the person who is assisting in his training to say the man is doing very nicely.

4. Another similar case is of a woman, J.H. By the help of Doctor Roberts, the Medical Officer of Health, she is being instructed in occupational therapy and our Welfare Officer reports that she has improved considerably.

5. We sometimes have difficulty with young people wanting to leave their homes. They come for advice to the Office in Chester. It is not always easy to get them to understand that when they have a good home they should remain where they are. Two such cases have arisen in the past months, both living with their parents and are very comfortable. It was with great difficulty that they were persuaded to remain at home, and it is hoped they will settle down now.

6. One young man at a loose end for a while was found employment with a painter. He has turned out to be so good that the employer will not part with him. His deafness does not appear to be in any way detrimental to his job. We are very proud of this case and hold him up as an example to others.

7. One woman aged 71 living in a very comfortable home has become dissatisfied in some way or other. She wants to leave and has asked us to help her. We feel this would be a retrograde step at her age, and we are seeking to persuade her to remain where she is. This is very difficult indeed.

8. A young woman, who had an accident in her early life, had gone deaf as well as having some very bad scars. Notice of this case has been given to me by Dr. Ian Taylor of Manchester. She was visited, help was given, her money increased, and she has been given all the attention necessary by Miss P. M. Matthews the Health Visitor.

The above is a statistical report of deaf persons in the County of Flintshire. Each case is regularly visited by our Welfare Officers and a quarterly report forwarded to the Clerk of the County Council.

These reports come before the Health (Nursing and Mental Health) Sub-Committees at Hawarden, Flint and Rhyl, and a representative from the Chester and North Wales Society for the Deaf is in attendance at these meetings to augment if necessary and to verify the statements contained in these reports.

There is close liaison between the County Health Department and the Chester Society, and we acknowledge our gratitude to the County Medical Officer and every member of his Staff for the readiness at all times to assist or advise in the intricate work being done for the deaf.

Deafness presents many problems but our Welfare Officers are alert, their experience and training makes them competent to deal with these problems, difficult as some of them are.

Special visits are made to Schools for the Deaf. Parties are arranged for the children and adults, employment is found for those who lose their place in industry, often by their own lack of initiative.

Interpretation is given in Hospitals, Labour Exchanges, Assistance Boards, Courts of Justice, at Weddings and Funerals. Care is taken that no deaf person is left without the help required.

There are many more cases I would like to relate, but space does not allow. I would therefore like to say a big Thank You to all the Staff and the Medical Officer for their help and untiring efforts to assist us whenever possible.

D. RUSSELL MACFARLANE.

Handicapped Persons : General Classes—During the year the two full-time Home Visitors for the generally handicapped continued to give very good service to all classes of the generally handicapped, both providing home visiting and by attendance at clubs arranged in various parts of the County. Each Home Visitor covers half the County. They are provided with transport and have a depot of equipment in their area and are able to visit all cases regularly and submit reports to the Department and attend the Area Nursing and Mental Health Committees where a report on their work is submitted. The two Home Visitors for the Handicapped, in carrying out their work, maintain close liaison with Health Visitors on the district and the Group Disablement Rehabilitation Officer of the Ministry of Labour.

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 Holywell, 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 a coach trip for the handicapped was arranged to Bala and this proved very popular and was much appreciated.

On 16th 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 1963 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	...	...	25	...	76	...	17	...	118
Females	...	...	13	...	93	...	21	...	127
Total		...	38		169		38		245

Table 35.

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS ON 31st DECEMBER, 1963.

Code.	Classification.	All under 16.		16 to 64.		65 and over.		All ages.		
		M	F	T	M	F	T	M	F	T
A/E.	... Amputation	...	—	—	...	1	1	2	3	5
F.	... Arthritis and Rheumatism	...	—	—	...	3	9	12	8	21
G.	... Congenital Malformations	...	—	—	...	—	2	2	—	2
H/L.	... Diseases	...	—	—	...	5	11	16	4	22
Q/T.	... Injuries	...	—	—	...	2	—	2	—	2
V.	... Organic Nervous Conditions	1	2	3	...	18	22	40	6	59
U/W.	... Other Nervous and Mental Disorders	—	—	—	...	—	6	6	—	6
X.	... T.B. Respiratory	—	—	—	...	4	1	5	2	7
Y.	... T.B. Non-Respiratory	—	—	—	...	—	—	—	—	—
Z.	... Other Diseases and Injuries	—	—	—	...	2	2	4	—	4
TOTALS		1	2	3	35	54	89	16	20	36
		...	...	...	...	...	...	52	76	128

Particulars of Visits Paid During Year :

Number of first visits (i.e., to new patients who have not been visited at any time previously) ...	26
Re-visits	1375
	—
Total visits ...	1401
	—

Particulars of Attendances at Handicapped Persons Classes During Year :

PRESTATYN CLINIC—182 attendances.

SHOTTON CLINIC—314 attendances.

Table 35.

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS ON 31 DECEMBER 1931

Code.	Classification.	All under 16		16 to 64		65 and over		Total visits	Number of first visits (i.e. to new patients who have not been visited at any time previously)	Particulars of Attendance at Handicapped Persons' Classes During Year:	Particulars of Visits Paid During Year:
		M	F	M	F	M	F				
A/B.	Amputation	—	—	1	1	—	—	2	2	—	—
B.	Arthritis and Rheumatism	—	—	3	4	—	—	7	7	—	—
C.	Congenital Malformations	—	—	—	2	—	—	2	2	—	—
D/E.	Deafness	—	—	5	11	—	—	16	16	—	—
F.	Injuries	—	—	2	—	—	—	2	2	—	—
G.	Organic Nervous Conditions	1	2	18	22	—	—	21	21	—	—
H/I.	Other Nervous and Mental Disorders	—	—	4	6	—	—	10	10	—	—
J.	T.B. Respiratory	—	—	4	—	—	—	4	4	—	—
K.	T.B. Non-Respiratory	—	—	—	—	—	—	—	—	—	—
L.	Other Diseases and Injuries	—	—	2	2	—	—	4	4	—	—
TOTALS		4	2	35	54	—	—	99	99	—	—
										SHOTTON CLINIC—314 attendances.	PRESTATYN CLINIC—182 attendances.
										Particulars of Attendance at Handicapped Persons' Classes During Year:	Particulars of Visits Paid During Year:
										Number of first visits (i.e. to new patients who have not been visited at any time previously)	Number of first visits (i.e. to new patients who have not been visited at any time previously)
										1401	1375
										—	26