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Contributors

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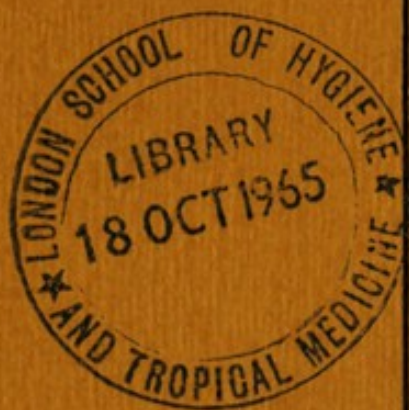
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FLINTSHIRE
COUNTY
COUNCIL



The . . .
Health of Flintshire

The Report
of the
Medical Officer
for the year
1964



Flintshire County Council

THE HEALTH OF
FLINTSHIRE

The Report

OF THE

Medical Officer

FOR THE YEAR

1964

Flintshire County Council

THE HEALTH OF FLINTSHIRE

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of the

Medical Officer

for the year

1964

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INTRODUCTION

COUNTY HEALTH OFFICES,
LLWYNEGRIN,
MOLD.

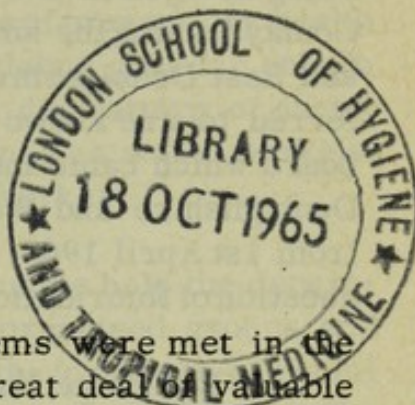
To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

During the year no special health problems were met in the County but as will be seen from the report a great deal of valuable unspectacular work went on to maintain the health of the community and to improve services already established.

An example of this is our service for the generally handicapped which is fully reported on in the report. Starting in October 1959 this service has grown steadily until now we have 260 handicapped persons on our register. During 1964, we were able to improve the level of our existing services to this group of persons and also, in the light of experience gained, introduce new services to meet needs which have become apparent with the passing of time. This pattern is repeated in many services and is the result of gradual growth and change to meet new demands.

During the year, a further development took place in our services for the mentally disordered with the opening of the hostel for subnormal males at Fronfraith, Rhyl, on the 29th June 1964. For the time being female subnormal patients requiring hostel accommodation will use part of Broughton Hospital by arrangement with Dr. M. Craft, Consultant Psychiatrist. It is intended, at a later date, to provide a second hostel at Queensferry or Greenfield for short-term mentally disordered patients who require help and support on discharge from hospital or for some other reason and would not be able to get this help in their own homes. Our other services for the mentally disordered continued and showed further development during the year and are fully dealt with in the report. Our main limiting factor in developing our services even further is the shortage of trained staff and we are still pursuing the policy of sending suitable persons on full-time training courses but it will take six to eight years before we can see the full results of this policy.



Most of the Local Authorities in Flintshire have agreed to the fluoridation of domestic water supplies as part of the campaign to reduce the incidence of dental decay in children. The County Council has agreed to this being done and to reimburse the Local Authority for any additional costs in carrying out the work. No further action was taken during the year as individual water undertakings are now being merged in two water boards to cover the greater part of the County leaving the small remaining area to be covered by the Wrexham and East Denbighshire Water Company. The two Water Boards referred to are known respectively as The Central Flintshire Water Board which came into operation on the 1st April 1964 and the West Denbighshire and West Flintshire Water Board which will operate from 1st April 1965. When the water boards are established the whole question of fluoridation will be looked at again by the Health Committee.

The Home Nursing Service was maintained at a high standard during the year and we continued our policy of employing nurses for dual duties of district nursing and midwifery wherever staff were suitably qualified. A great deal of inservice training of nursing staff was carried out to meet the needs in domiciliary care particularly the ever increasing calls made by the aged who are cared for at home.

During the year, also, a planned scheme for early discharge of mothers from maternity hospitals was introduced to meet the position resulting from an increasing birth rate and the increase in hospital births. Following discussions with the Consultant Obstetricians and domiciliary midwifery staff it was agreed that for the time being one-third of all hospital confinements be discharged home forty-eight hours after the birth of the baby if the home conditions are suitable. This throws considerable extra work on the domiciliary midwives, but has been met and carried through with little difficulty thanks to the active co-operation of all the staff.

During the year the authority agreed to allow clinic premises to be used by certain organisations whose activities were mainly concerned with the welfare of the family or certain groups such as the aged and handicapped. The first organisation to request the use of clinic premises was the Housewives Club of Prestatyn. These persons, mainly mothers of young children, meet regularly and have a varied programme on matters relating to the home and child care and also other topics of a more general interest. At the end of the year three other organisations were using premises and it is likely that members will increase as time goes on. All these meetings take place in the evening and the additional payment to the clinic caretakers is met by those using the premises.

In the field of health visiting the most important development during the year was the introduction of a new syllabus of training for Health Visitors brought in by the Council for the Training of Health Visitors. The new syllabus will come into operation in September 1965 and will lay greater stress on the social aspects of health and disease of all members of the family group. The duties of health visitors have been changing over recent years and the new training will bring closer together the theory and practice of present day health visiting. Personally, I do not think the new syllabus goes far enough in integrating health visitors into the present day pattern of social work. I would like health visitors to be trained as social workers and given a new title of Health Service Social Worker.

It is again pleasing to report on the valuable help the department receives from voluntary workers, both organised groups and individuals. One welcome innovation has been the formation of Social Service Groups in various schools in the County. Senior pupils who are members of these groups arrange their own programme of activities and do valuable work in visiting aged and handicapped persons, in arranging shopping and doing other work and in providing social activities for various groups of persons. This is a very important step in bringing young people into contact with social needs and once the needs are realised the good work will, I am sure, go on in adult life. I still feel that there is still a great deal of voluntary help available which is not used because the persons willing to help are not aware of the needs and are not members of organised voluntary bodies. This is where a centre to co-ordinate voluntary effort and to receive offers of help and requests for service would be valuable. Serious consideration will be given to such a scheme next year when the sub-centres of the health department are operating at Rhyl, Connah's Quay and Mold. As each sub-centre has full-time clerical help these persons could act as a contact point for voluntary efforts in their area, both as regards needs and offers of help.

The demands on the ambulance service increase annually both as regards stretcher cases and sitting cases. Reminders are given to those authorised to request transport that only cases requiring transport on medical grounds are to be conveyed and that others should use their own transport or public transport. During the year we were able to get one of our senior staff on a special two weeks training course for ambulance staff arranged by the Cheshire Ambulance Service and it is hoped to get more of the staff on similar courses in the future. There is a very real need for a national course of training for ambulance staff on the lines of courses now organised for the police and firemen, and the Ministry of Health has set up a working

party to work in this matter. During the year our emergency cover arrangements only improved and communications facilitated by the installation of "Telex" equipment at Mold, Rhyl and Holywell. The Ministry of Health also indicated that for certain types of emergency work service helicopters would be available and that the full cost would have to be paid by the authority and this could amount to £100, or more per flying hour.

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 1964.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen

Your obedient Servant,

G.W. ROBERTS,

County Medical Officer of Health.

1964 STAFF CHANGES

Medical:

Dr. E. Pearse, Senior Medical Officer, retired in February 1964.

Dental:

Two part-time Dental Officers, namely, Mr. J.R. Davies and Mr. C. Hubbard, commenced duty on the 14th and 30th January respectively.

Dental Auxiliary:

Miss B. Solomons commenced duty as a full-time Dental Auxiliary on the 1st October 1964.

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

Mrs. E.I. Roberts commenced duty on 24th February 1964 as a full-time Dental Surgery Assistant.

Mrs. D. Young commenced duty on 3rd March 1964 as a temporary part-time Dental Surgery Assistant employed on a sessional basis.

Mrs. P. Thomas, full-time Dental Surgery Assistant, resigned on 29th February 1964.

Health Visiting:

The following commenced duty as Health Visitor/School Nurse on the dates shown: -

Miss D. Phillips	Flint District	6th July 1964
Miss M. Hinchin	Bagillt District	27th July 1964
Miss F.M. Higginson	Holywell District	4th Aug 1964

The following retired during the year: -

Miss E. Jones	Holywell District	31st Aug 1964
Mrs. A.E. Williams	Bagillt District	31st July 1964

The following resigned on the dates shown: -

Mrs. E.G.E. Rees Northop District 31st October 1964

Mrs. R. Cunnah and Mrs. R. A. Latham, Clinic Nurses, commenced full-time duty on 1st October 1964.

Nurses and Midwives:

Mrs. A.C. Harrison, Nurse/Midwife, Nercwys, retired on 30th April, 1964.

The undermentioned resigned during the year: -

Miss P.G. Osullivan, Deputy County Nursing Officer	-	30:9:64
Miss S.C. Francis, District Nurse/Midwife, Gronant	-	31:8:64
Mrs. V.M. Pearce, Relief Nurse/Midwife, Central Area	-	30:9:64
Mrs. I.B. Williams, District Nurse, Rhyl	-	30:9:64

The undermentioned Nurses were appointed during the year: -

Miss E. Rutter, S.E.N. Area Nurse	Western Area	1. 6.64
Miss H. Werner, Nurse/Midwife	Flint Area	14. 9.64
Mrs. W. Butler, Relief Nurse/Midwife	Central Area	14. 9.64
Mrs. W. Jones, Nurse/Midwife	Rhyl Area	2.11.64
Mrs. J. Jones, S.E.N. Area Nurse	Western Area	2.12.64
Mrs. C.M. Griffiths District Nurse	Caergwrle Area	2.11.64

Mrs. M.A. Godding, Caergwrle District, commenced attendances at the full-time Health Visitor's Training Course on 6th September 1964.

Mental Health Staff:

Mrs. S.R. Olsen resigned her appointment as part-time Mental Welfare Officer on 26th November 1964.

Miss Nerys Haf Lloyd Jones, Trainee Mental Welfare Officer, left on 4th September 1964.

Mr. R.C. Jones commenced duty as a Mental Welfare Officer on 16th November 1964.

Miss R. Parsons commenced duty as a Trainee Mental Welfare Officer on 11th May 1964.

Greenfield Adult Training Centre:

Mr. E.G. Parry commenced duty as Warden and Mrs. M.E. Jenkins, as Matron, on 15th June 1964.
Hostel - Fronfraith Rhyl.

Mr. J. Williams commenced duty as Assistant Warden on the 14th December 1964.

Speech Therapist:

Miss G. Roberts commenced duty as a full-time Speech Therapist on 1st September, 1964.

Ambulance Service:

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

ATTENDANCE AT COURSES AND CONFERENCES

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

Medical Officers:

Dr. G.W. Roberts	Central Council for Health Education, London, 30th January. Society of Medical Officers - Annual Symposium, London, 21st February. Chest and Heart Association - Health Congress for Executives, London, 15th April. Royal Society of Health - Annual Congress, Torquay, 27th April to 1st May. West Sussex Health Department
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Dr. G.W. Roberts - contd.

Computer Conference, Chichester, 23rd October. Co-ordinating committee for Social Work Training, Cardiff, 28th October.

Guild of Social Workers Weekend School, Rhos-on-Sea, 7th November.

Dr. K.S. Deas

National Association for Mental Health Annual Conference, London, 27th to 28th February.

Council for Training in Social Work - Study Course for Senior Local Authority Officers, Fallowfield, 24th to 26th June

Dr. L.L. Munro

Refresher Course for School Medical Officers, Edinburgh, 31st August to 9th September.

Dr. W. Manwell

Department of Audiology and Education of Deaf, Non-residential Course for Medical Officers, Manchester, 17th to 21st February.

Dr. E.V. Woodcock

Course for Medical Officers on Mentally Subnormal Children, London, 14th September to 2nd October.

Dental Officers:

Mr. A. Fielding

Ministry of Health - Meeting with Chief Dental Officer, Cardiff, 9th June.

Annual Dental Conference, London, 28th June to 3rd July.

Mr. L. Harris

Institute of Dental Surgery, Children's Dentistry, London, 6th January to 10th February

Mr. A.O. Hewitt

Dental Hospital Clinical Meeting. Manchester, 25th September.

Health Visitors:

Miss P.M. Matthews	Guild of Social Workers, British National Conference, London, 5th to 9th January. Royal College of Nursing Conference - A Reform of Nursing Education, London, 27th October.
Miss G.M. Jones	Guild of Social Workers - British National Conference, London, 5th to 9th January.
Miss M. Hughes) Mrs. S. Lewis)	Royal College of Nursing Refresher Course, London, 29th January to 7th February.
Miss M.W. Wright	Health Visitors Association Autumn School, Keele, 5th to 19th September.
Miss M. Lees	Health Visitors Association Annual Conference, London, 17th October. Health Visitors Association - Post Certificate Course, London, 30th December 1964 to 12th January 1965.
Miss M. Williams) Mrs. S. Lewis)	Royal College of Nursing Conference, Cardiff, 28th November.

Nurses and Midwives:

Miss L. Mann	Queen's Institute of District Nursing - Study Day on Setting and Correcting Examination Papers, Liverpool, 22nd April. Queen's Institute of District Nurses - One Day Conference and Study Day, 22nd and 23rd May. Civil Defence Staff College, Nursing Officers, Sunningdale, 7th to 11th September. Royal College of Nursing Conference - A Reform of Nursing Education, London, 27th October. Queen's Institute of District Nursing Annual Meeting, London, 19th November.
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Miss P.G. Osullivan

Queen's Institute of District Nursing
- One Day Conference and Study Day
- 22nd and 23rd May.

Mrs. A.M. Roberts)
Mrs. M.E. Pritchard)

Midwifery Post Graduate Course,
Liverpool, 12th to 18th April.

Mrs. E. Ross)
Miss B.E. Jones)

Midwifery Post Graduate Course,
Bangor, 4th to 11th July.

Mrs. M.E. Risley)
Miss S.C. Edwards)

Midwifery and Post Graduate Course,
Birmingham, 12th to 18th July.

County Public Health Inspector:

Mr. E. Lewis

Royal Society of Health Annual Con-
gress, Torquay, 27th April to 1st
May.

Central Council for Health Education
Summer School, Bangor, 11th to 21st
August.

County Ambulance Officer:

Mr. D. J. Jones

Annual Conference of National Assoc-
iation of Ambulance Officers, Llan-
dudno, 22nd to 24th September.

Mental Health:

Mr. J. C. Seaman

Co-ordinating Committee for Social
Work Training Conference, Cardiff,
28th October.

Mr. H. Yeoman

University of Bristol - Current Prob-
lems in Mental Health, Bristol, 6th
to 10th April.

Mr. A.J. Murray

National Association for Mental
Health - Course for Staff of Training
Centres, Birmingham, 21st to 31st
July.

Mr. A.J. Murray)
Mrs. C. Hickie)
Mrs. D.E. Goodwin)

North Wales Conference for Mentally
Handicapped Children, Bangor, 25th
March.

Mrs. B. Howell

Annual Conference, Federation of
Mental Health Workers, Blackpool,
3rd to 6th April.

Miss D.M.T. Owen

Diploma Course for Teachers of
Mentally Handicapped, Sheffield -
Two-year course.

Clerical Staff:

Mrs. A. Hughes

Institute of Home Help Organisers,
Weekend School, Margate, 24th to
26th September.

Speech Therapist:

Mrs. R.E. Ward

Speech Therapy Course, Newcastle-
upon-Tyne, 15th to 18th June.

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.). Retired February,
1964.

Senior Assistant Medical Officer:

Lillie Lund Munro, M.B., Ch.B., D.P.H.

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.

**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. K. Gammon, B.Sc., M.B., B.Ch.

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 Therapists:

Mrs. R.E. Ward, L.C.S.T. (part-time)

Miss G. Roberts, L.C.S.T. (Full-time) since 21:9:64

Principal School Dental Officer (Full-time)

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

Dental Officers (Full-time):

Frederick Seymour Dodd, L.D.S.

Leon Harris, B.D.S

Arthur Oliver Hewitt, L.D.S

David Rodney Pearse, B.D.S

Dental Officers (Part-time):

Mr. J.R. Davies, L.D.S., since 14:1:64

Mr. C. Hubbard, L.D.S., since 13:1:64

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. M.E. Lloyd
 Dr. C.W. Fisher
 Dr. H. Evans

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 P.G. Osullivan, S.R.N., S.C.M., Q.N., H.V. Cert.
 left 30:9:64

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 qualifications: -

Miss J.M. Jewell, Senior Health Visitor/School Nurse, Western Area.

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

Mrs. P.B.M. Coupe	Miss M.W. Wright
Miss M.J. Hughes	Miss E.M.L. Morgan
Miss Ellen Jones (Retired 31:8:64)	Mrs. D.M. Lewis
Miss G. Jones	Mrs. S. Lewis
Miss G. Jenkins	Miss G.M. Jones
+ Miss J.S. Rogers	Miss M.Y. Secker
Miss M. Lees	Miss D. Phillips
Miss A.M. Stewart	(Since 6:7:64)
* Mrs. A.E. Williams, S.R.N.	Miss M. Hinchin
S.R.F.N. (Retired 31:7:64).	(Since 27:7:64)
Mrs. L. Pritchard	Miss F.M. Higginson
Mrs. M.E. Pearse	(Since 4:8:64)
Mrs. E.G.E. Rees (Left 31:10:64)	

+ Also acts as Part-time Health Education Officer.

Clinic Nurses:

Full-time:

Mrs. R. Cunnah

Mrs. S.A. Latham

Part-time:

Mrs. H. Davies

Mrs. M.M. Digweed

Mrs. R. Williams

Mrs. A. Roberts

Visitors for Chest Diseases:

Mrs. M.M. 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.

Hostel, Fronfraith, Rhyl:

Warden - J. Jenkins - from 15:6:64

Matron - Mrs. M.E. Jenkins - from 15:6:64

Home Visitor for Handicapped persons (General Classes):

Miss M.E. Rich

Miss B. Baron

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	37
District Nurses	12
	<u>49</u>

Domestic Helpers (Employed at the End of the Year):

Whole-time	...	...	2
Part-time	...	...	132
			<u>134</u>

Mental Welfare Officers:

At the end of the year, the Authority employed, in addition to the Senior Mental Welfare Officer, Mr. J.C. Seaman, five full-time Mental Welfare Officers, one full-time Assistant Mental Welfare Officer and one part-time Mental Welfare Officer. The part-time Officer is also employed as a part-time Social Worker and this latter appointment is shared between the Local Health Authority and the North Wales Hospital Management Committee.

One of the full-time Mental Welfare Officers included above, namely, Mr. I. Thomas, commenced full-time attendance at a Training Course in General Social Work on the 8th September 1964.

The area served by the Mental Welfare Officers are as follows:-

<u>Mental Welfare Officer</u>	<u>District or Parish</u>
Mrs. B. Howell	Prestatyn U.D.
Craigmor, Russell Road,	Rhyl U.D.
Rhyl	Bodelwyddan
Telephone: -	Rhuddlan
Day Rhyl 1950	Dyserth
Night & Weekend Mold 741	

(In the above districts, Mrs. Howell is assisted on certain days by Miss Parsons, Assistant Mental Welfare Officer).

Mr. R. Clwyd Jones	Holywell U.D.	Llanasa
Craigmor, Russell Road,	Afonwen,	Llanerchymor
Rhyl	Babell	Lloc
Telephone: -	Berthengam,	Mostyn
Day Rhyl 1950	Bodfari	Pantasaph
Night & Weekend Mold 741	Brynford	Picton
	Caerwys	Rhewl
	Calcoed	Rhuallt
	Carmel	St. Asaph
	Cwm	Talacre
	Ffynnongroew	Trelawnyd
	Gorsedd	Trelogan
	Gronant	Tremeirchion

<u>Mental Welfare Officer</u>	<u>District or Parish</u>	
Mr. R. Clwyd Jones (cont'd)	Gwaenysgor	Waen
	Gwespyr	Whitford
	Holway	Ysceifiog
Mr. H. Yeoman County Ambulance Head - quarters, Mold. Telephone: - Day Mold 741 Night & Weekend Mold 741	Flint M.B.	Hoseley
	Maelor R.D	Lixwm
	Abermorddu	Llanfynydd
	Caergwrlle	Marford
	Cefn-y-Bedd	Nannerch
	Cilcain	Nercwys
	Coed Talon	Penyffordd
	Cymau	Pontybodkin
	Ffrith	Rhesycae
	Halkyn	Rhosesmor
	Hendre	Rhydtalog
	Hope	Treuddyn
Mr. R. Powell, The Clinic, Civic Centre, Connaahs Quay Telephone: - Day ... Connaahs Quay 3486 Night & Weekend Mold 741	Connaah's Quay U.D	
	Broughton	
	Ewloe	
	Garden City	
	Hawarden	
	Higher Kinderton	
	Mancot	
	East Saltney	
	West Saltney	
	Sealand	
Miss R. Parsons, Assistant Mental Welfare Officer County Health Offices, Mold Telephone: - Day Mold 106 Night & Weekend Mold 741	Buckley U.D	Northop
	Mold U.D	Northop Hall
	Alltami	Padeswood
	Bryn-y-Baal	Pantymwyn
	Gwernaffield	Pentrobin
	Gwernymynydd	Penymynydd
	Leeswood	Pontblyddin
	Llong	Rhydymwyn
	Mynydd Isa	Soughton
	New Brighton	

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, 1964).

District	Medical Officer.	Public Health Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. B. Marsland, 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. H.L. Fields, U.D.C. Offices, Holywell
Mold Urban	Dr. D.J. Fraser	Mr. C.R. Cresswell, U.D.C. Offices, Mold
Prestatyn Urban	Dr. D.P.W. Roberts	Mr. J.M. Edwards, U.D.C. Offices Prestatyn.
Rhyl Urban	Dr. D.P.W. Roberts	Mr. E.L. Ll. Jones, U.D.C. Offices Rhyl. (Chief P.H.I.).
		Mr. E.G. Black, U.D.C. Offices, Rhyl (Deputy P.H.I.).
		Mr. D. Kaye, U.D.C. Offices, Rhyl (Additional P.H.I.).
Hawarden Rural (Dist. No.1)	Dr. Allan Cathcart	Mr. M. Emllyn 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. G.D. Jones, R.D.C., Offices, St. Asaph.

Section A

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

During the year the population again increased by 2,840 to 155,150 a slightly greater increase than in previous years due in the main to a higher birth rate 19.38 than in the preceding years. The small influx of population into the County also continued much as in previous years of young families to Deeside and predominantly the more elderly retired persons to Rhyl and Prestatyn Urban Districts. The mainly rural and agricultural areas of the County have changed very little as regards population growth in the past year or indeed in the past five years.

The County has three fairly distinct economic areas, industrial on Deeside, holiday industry in the North West and the remainder predominantly agricultural. Each area presents quite separate problems as regards Local Health Authority services. The industrial urbanised area has all the needs of any urban area for child welfare services, social work, ambulance service, etc., and in addition the problems which are the result of a new population when there are few family ties and the needs of the aged and handicapped persons became more acute and of greater urgency. The holiday area has the problem associated with a marked increase in population during the summer months, and the problem of providing increased services for half the year and meeting a reduced demand during the winter months. It so happens that the demand for many services such as nursing, home helps and ambulances does not fall a great deal in winter as the resident population has a high proportion of aged persons and they have heavier demands than an average mixed population on these services in the colder, wetter months. In the rural agricultural areas the demands for health services follows the pattern of other similar areas when there is a great deal of help and support given by relatives and neighbours during periods of illness and where it is easier to plan services and meet day-to-day needs.

During the year the authority was fortunate in being able to recruit staff for practically all its various departments, the biggest problem being the recruitment of trained staff to man the various sections of our developing mental health services, otherwise we were in a very favourable position. The County is well provided with general practitioners and adequate hospital beds though these are in several small hospitals and this makes the provision of modern hospital care virtually impossible. It is planned to provide a new District General Hospital in the Rhyl area providing approximately 360 beds and this

is the most urgent need in the field of medical services of the county.

During 1964, there was a very high level of employment in the county with a fairly large number of women at work. During the year the average unemployment figure was 1.4% compared with a figure of 2.4% for Wales and 1.5% for Great Britain. As I have mentioned before, full employment and a regular wage packet is possibly the most important "social" factor in maintaining a high level of nutrition, child care and health.

It is a sad commentary that although there is more employment and better wage levels that the civic conscience of the public has not improved and the position in the county is much the same as that nationally. It is strange that affluence, hooliganism seem to go together and that we are failing somewhere to provide the necessary instruction in behaviour and our relations with one another.

As already mentioned the county provides comprehensive health services and we are greatly helped in this work by voluntary effort both official from organised bodies and from groups of persons not attached to official bodies. There is need to foster still further voluntary effort within this county and nationally as I feel that in this way we can get valuable help in certain types of work and also foster a sense of purpose and usefulness into members of the community who have increasing leisure time and nothing to do and are unaware of the needs of others.

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 - 1,462 houses, 265 built by Local Authorities and 1,197 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.

Table 1 (a)

AREA, POPULATION, ETC.

District	Area in Statutory Acres		Population (By Census).				
	(pre-1934)	1901	1911	1921	1931	1951	1961
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	Table 1 (b)								
	Area in	Area in	Population (estimated mid-year)						
	Statutory	Statutory	Acres as						
	Acres	Acres	per 1961						
	at 1/4/34	Census 1939	1949	1959	1961	1962	1963	1964	
Urban									
Buckley	2646	2638	7345	7622	7690	7690	7720	7840	8020
Connah's Quay	4214	4214	6505	7455	8030	8390	8630	8740	8790
Flint M.B.	6243	6802	13020	14160	14300	13690	13790	13950	14040
Holywell	2532	2428	6918	7870	8320	8400	8470	8740	8560
Mold	1164	1175	5880	6354	6680	6840	7000	7110	7350
Prestatyn	3219	2796	7422	8659	9720	10670	11170	11490	12070
Rhyl	1700	1700	16510	18710	19810	21120	21290	21440	21570
Rural									
Hawarden	31576	31576	28750	32450	35520	36450	36840	37120	37480
Holywell	58515	58329	20730	21920	22090	21500	21550	21560	21960
Maelor	29740	29749	4356	6720	4520	4660	4670	4670	4850
St. Asaph	22149	22300	7494	8380	10320	9830	9300	9920	10460
Total Urban	21718	21753	63600	70830	74550	76800	78070	79040	80400
Total Rural	141989	141954	61330	69470	72450	72440	72360	73270	74750
Total County	163707	163707	124930	140300	147000	149240	150430	152310	155150

VITAL STATISTICS - FLINTSHIRE, 1964.

Live Births	3,007
Live birth rate per 1,000 population	19.38
Illegitimate live births per cent. of total live births	5.72%
Stillbirths	48
Stillbirth rate per 1,000 live and stillbirths	15.71
Total live and stillbirths	3,055
Infant deaths (under 1 year)	60
Infant mortality rate per 1,000 live births - total	19.95
Legitimate infant deaths per 1,000 legitimate live births	19.40
Illegitimate infant deaths per 1,000 illegitimate live births	29.07
Neo-natal mortality rate per 1,000 live births (first four weeks)	16.29
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	15.30
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	17.97
Maternal deaths (including abortion)	-
Maternal mortality rate per 1,000 live and still births	-

FINANCIAL

The product of a penny rate, computed for the County in respect of the year 1964/5 was £27,626.

SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

BIRTHS

During the year under review, 3,055 births were registered as pertaining to the County, that total being made up as follows: -

	<u>Live Births</u>	<u>Still Births</u>	<u>Total</u>
Legitimate	2,835	46	2,881
Illegitimate	172	2	174
	<hr/>	<hr/>	<hr/>
Total	3,007	48	3,055
	<hr/>	<hr/>	<hr/>

Compared with the previous year, 1963, these figures show an increase of 226 live births and a decrease of 3 still-births, the total births thus showing an increase of 223.

Of the 3,007 live births, 1,549 were males and 1,458 females.

Of the 48 still births, 29 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 1964 was 19.38 which is slightly higher than the rate for England and Wales, namely, 18.40 and is higher than the County rate for 1963, which was 18.26.

The still birth rate per 1,000 total (live and still) births was 15.71 as compared with the corresponding rate for England and Wales, which was 16.30.

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	"
1953	52.85	"
1954	52.07	"
1955	40.00	"
1956	43.64	"
1957	32.05	"
1958	40.42	"
1959	41.98	"
1960	41.92	"
1961	42.96	"
1962	48.09	"
1963	44.14	"
1964	56.95	"

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 177 premature births in 1964, 159 were born in hospitals or maternity homes within the National Health Service. 17 of these were still births. 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 18 births occurred at home and two of these were stillborn.

Table 3 shows that of the 16 live births at home, 2 were transferred to hospital, and one of these died within 24 hours of birth and the remainder 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 (a)
BIRTHS - 1964

DISTRICT	LIVE			STILL			TOTAL		
	Legit	Illegit	Total	Legit	Illegit	Total	Legit	Illegit	Total
Urban -									
Buckley	164	6	170	5	-	5	169	6	175
Connah's Quay	179	5	184	5	-	5	184	5	189
Flint M.B.	259	12	271	3	-	3	262	12	274
Holywell	159	9	168	4	-	4	163	9	172
Mold	165	5	170	1	-	1	166	5	171
Prestatyn	189	12	201	4	-	4	193	12	205
Rhyl	326	42	368	3	1	4	329	43	372
Rural -									
Hawarden	766	46	812	15	-	15	781	46	827
Holywell	387	22	409	4	-	4	391	22	413
Maelor	66	1	67	-	-	-	66	1	67
St. Asaph	175	12	187	2	1	3	177	13	190
Total Urban	1441	91	1532	25	1	26	1466	92	1558
Total Rural	1394	81	1475	21	1	22	1415	82	1497
Whole County	2835	172	3007	46	2	48	2881	174	3055

Table 2 (b)
BIRTHS AND BIRTH RATES - 1964.
(Live Births, Stillbirths and Total Births)

DISTRICT	Number of Births			Crude rate per 1000 population.			* Adjusted rate per 1000 population			Still - births Rate per 1,000 total births
	Live	Still	Total	Live	Still	Total	Live	Still	Total	
Urban -										
Buckley	170	5	175	21.20	.62	21.82	22.47	.66	23.13	28.57
Connah's Quay	184	5	189	20.93	.57	21.50	19.26	.52	19.78	26.45
Flint M.B.	271	3	274	19.30	.21	19.51	19.88	.21	20.09	10.95
Holywell	168	4	172	19.62	.47	20.09	19.03	.46	19.49	23.25
Mold	170	1	171	23.13	.13	23.26	23.13	.13	23.26	5.85
Prestatyn	201	4	205	16.65	.33	16.98	24.14	.48	24.62	19.51
Rhyl	368	4	372	17.06	.18	17.24	18.94	.20	19.14	10.75
Rural -										
Hawarden	812	15	827	21.66	.40	22.06	22.09	.41	22.50	18.14
Holywell	409	4	413	18.62	.18	18.80	20.48	.20	20.68	9.68
Maelor	67	-	67	13.81	-	13.81	15.19	-	15.19	-
St. Asaph	187	3	190	17.88	.28	18.16	20.56	.32	20.88	15.79
Total Urban	1532	26	1558	19.05	.32	19.37	20.57	.35	20.92	16.69
Total Rural	1475	22	1497	19.73	.29	20.02	21.11	.31	21.42	14.76
Whole County	3007	48	3055	19.38	.31	19.69	20.73	.33	21.06	15.71

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

Table 3
PREMATURE BIRTHS

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												
					Nursed entirely at home or in a nursing home											Transferred to hospital on or before 28th day	
Total births				Died			Total births			Died			Born				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)				
1) 2 lb 3 oz or less	6	3	1	-	-	-	-	1	1	-	-	2	1				
2) Over 2 lb 3 oz up to and including 3 lb 4 oz	19	10	2	1	1	-	-	1	-	-	-	6	-				
3) Over 3 lb 4 oz up to and including 4 lb 6 oz	31	3	2	-	8	-	-	-	-	-	-	3	-				
4) Over 4 lb 6 oz up to and including 4 lb 15 oz	32	1	3	-	1	-	-	-	-	-	-	3	1				
5) Over 4 lb 15 oz up to and including 5 lb 8 oz	54	-	-	-	4	-	-	-	-	-	-	3	-				
6) TOTAL	142	17	8	1	14	-	-	2	1	-	-	17	2				

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) 1964
SUMMARY OF CAUSES

CAUSE OF DEATH	Males	Females	Total	Percentage of Total Deaths
Tuberculosis - respiratory	6	-	6	.32
Tuberculosis - other	-	1	1	.04
Syphilitic disease	2	-	2	.11
Diphtheria	-	-	-	-
Whooping Cough	-	1	1	.04
Meningococcal Infection	-	1	1	.04
Acute Poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other infective and parasitic diseases	1	1	2	.11
Malignant neoplasia - stomach	31	17	48	2.58
" " - lung, bronchus	75	5	80	4.14
" " - breast	-	31	31	1.67
" " - uterus	-	11	11	.59
Other malignant and lymphatic neoplasms	82	93	175	9.42
Leukaemia, aleukaemia	4	7	11	.59
Diabetes	8	4	12	.66
Vascular lesions of nervous system	135	194	329	17.72
Coronary disease, angina	231	152	383	20.62
Hypertension with heart disease	14	16	30	1.61
Other heart disease	70	99	169	9.10
Other circulatory disease	29	37	66	3.55
Influenza	3	2	5	.27
Pneumonia	43	31	74	3.98
Bronchitis	83	25	108	5.81
Other diseases of respiratory system	14	7	21	1.13
Ulcer of stomach and duodenum	3	1	4	.21
Gastritis, enteritis and diarrhoea	6	4	10	.54
Nephritis and Nephrosis	10	4	14	.75
Hyperplasia of prostate	14	-	14	.75
Pregnancy, childbirth, abortion	-	-	-	-
Congenital malformations	11	6	17	.91
Other defined and ill-defined diseases	69	94	163	8.78
Motor vehicle accidents	19	9	28	1.51
All other accidents	17	12	29	1.56
Suicide	8	3	11	.59
Homicide and operations of war	-	1	1	.04
TOTALS	988	869	1857	-

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	2	-	2
	Mold	-	-	-
	Prestatyn	-	-	-
	Rhyl	1	-	1
Rural -				
	Hawarden	1	-	1
	Holywell	1	-	1
	Maelor	-	-	-
	St. Asaph	1	-	1
Total Urban		3	-	3
Total Rural		3	-	3
Whole County		6	-	6

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.

The total deaths from cancer in 1964 increased to 356 from 340 in 1963. Many of these deaths are conditions of the aged, but the disturbing fact still remains that much could be done to prevent some of these deaths particularly deaths due to cancer of the lung, breast, uterus, and to a lesser extent the stomach. We know that cancer of the lung can be prevented by cutting out cigarette smoking and the other cancers referred to can be detected early and as such treated with very good results.

The biggest increase in deaths during the year was in lung cancer up to 80 deaths compared with 60 in 1963 - deaths due to cancer of the breast also increased to 31 and deaths due to cancer of the uterus remained the same.

These three cancers also (lung, breast and uterus) cause deaths in persons about ten years younger than the other groups of cancers. On the whole, cancer deaths start in the age group 55 - 65 years and the maximum deaths are in the group 65 to 75 years and over. In the three cancers referred to above deaths start in the age group 45 to 55 years and the maximum deaths are in the age group 55 - 65 years.

Much has been achieved in recent years in the early detection of various forms of cancer, when treatment is often effective and death can be prevented or delayed for many years. More screening techniques for early detection are being gradually introduced but the public must also co-operate in seeking medical advice when early symptoms or signs appear. Every woman knows, or should know, that it is essential to seek advice if she develops a lump in the breast or has irregular bleeding particularly at the end of the childbearing period. In the same way, every adult in this country has heard of the connection between heavy cigarette smoking and lung cancer. The seeking of advice and the stopping of smoking is a matter for the individual to take action and further medical research will not assist us a great deal if we do not take action as responsible individuals on the lines indicated above to apply known knowledge.

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 1000 Population
Buckley U.D (8, 020)	M	-	5	-	-	7	-	12)	2.12
	F	-	-	1	1	3	-	5)	
Connah's Quay U.D. (8, 790)	M	1	4	-	-	2	-	7)	2.28
	F	3	-	2	1	6	1	13)	
Flint M.B (14, 040)	M	3	5	-	-	6	-	14)	2.14
	F	-	-	3	2	11	-	16)	
Holywell U.D (8, 560)	M	1	3	-	-	4	1	9)	2.10
	F	-	1	-	-	7	1	9)	
Mold U.D. (7, 350)	M	2	1	-	-	4	1	8)	2.31
	F	2	-	2	-	5	-	9)	
Prestatyn U.D (12,070)	M	1	7	-	-	7	-	15)	2.40
	F	1	-	2	1	10	-	14)	
Rhyl U.D (21,570)	M	6	18	-	-	12	1	37)	3.15
	F	2	2	8	2	16	1	31)	
Hawarden R.D (37,480)	M	7	15	-	-	21	-	43)	2.37
	F	4	2	5	3	19	2	35)	
Holywell R.D (21, 960)	M	5	14	-	-	11	-	30)	2.28
	F	5	-	5	-	9	1	20)	
Maelor R.D (4, 850)	M	2	1	-	-	2	1	6)	1.86
	F	-	-	2	-	1	-	3)	
St. Asaph R.D (10,460)	M	3	2	-	-	6	-	11)	1.91
	F	-	-	1	1	6	1	9)	
Total Urban (80,400)	M	14	43	-	-	42	3	102)	2.48
	F	8	3	18	7	58	3	97)	
Total Rural (74, 750)	M	17	32	-	-	40	1	90)	2.10
	F	9	2	13	4	35	4	67)	
Whole County (155, 150)	M	31	75	-	-	82	4	192)	2.29
	F	13	5	31	11	93	7	164)	
Total		48	80	31	11	175	11	356	2.29

Table 5(b)
AGES OF DEATHS FROM MALIGNANT DISEASES AND
HEART AND CIRCULATORY DISEASES

Disease	Sex	AGE GROUPS										Total
		0 -	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 -	
Tuberculosis:												
Respiratory	M	-	-	-	-	-	-	1	2	1	2	6
"	F	-	-	-	-	-	-	-	-	-	-	-
Other	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	-	-	-	-	-	1	1
Totals		-	-	-	-	-	-	1	2	1	3	7
Malignant Diseases:												
Stomach	M	-	-	-	-	1	-	2	8	10	10	31
"	F	-	-	-	-	-	-	-	1	7	9	17
Lung bronchus	M	-	-	-	-	-	2	9	28	26	10	75
"	F	-	-	-	-	-	-	-	1	-	4	5
Breast	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	2	-	6	5	8	10	31
Uterus	F	-	-	-	-	-	-	2	5	3	1	11
Other	M	-	-	-	-	1	4	7	23	24	23	82
"	F	-	-	-	2	2	3	8	15	33	30	93
Leukaemia	M	-	-	-	-	-	-	1	-	2	1	4
"	F	-	-	-	1	-	-	1	-	4	1	7
Totals		-	-	-	3	6	9	36	86	117	99	356
Heart and Circulation:												
Vascular lesions of M		-	-	-	-	1	7	5	18	46	58	135
nervous system	F	-	-	-	-	1	1	3	19	55	115	194
Coronary disease, M		-	-	-	-	-	9	24	52	75	71	231
angina	F	-	-	-	-	1	1	7	16	48	79	152
Hypertension with	M	-	-	-	-	-	2	2	1	4	5	14
heart disease	F	-	-	-	-	-	-	-	1	4	11	16
Other heart	M	-	-	-	-	1	2	3	9	17	38	70
"	F	-	-	-	-	1	1	5	9	15	68	99
Other Circulatory	M	-	-	-	1	-	3	-	2	11	12	29
	F	-	-	-	-	1	-	-	2	7	27	37
Totals		-	-	-	1	6	26	49	129	282	484	977

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

During the year 1964 deaths attributable to infectious disease were as follows:-

Diphtheria	-
Whooping Cough	1
Meningococcal Infections ...	1
Acute Poliomyelitis	-
Measles	-
Other Infective and Parasitic Diseases	-
Influenza	5
Pneumonia	74
Bronchitis	108
Gastritis, Enteritis and Diarrhoea	10

It will be noted that there were no deaths during 1964 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 1963 from 11 to 5 in 1964. Deaths due to pneumonia and bronchitis remained high at 74 and 108 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.

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 60 infants died before attaining the age of twelve months, and of these 33 were males and 27 females, whilst 55 were legitimate and 5 were illegitimate.

The infant mortality rate (deaths per 1,000 live births) is therefore 19.95, which is lower than the rate for England and Wales, namely, 20.00.

The causes of death of the 60 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 60 deaths in the first year of life, 46 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 49 (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 eleven babies died in the last eleven months of their first year.

During the year the Ministry of Health requested all medical officers of Local Health Authorities to notify to them all children born with any form of congenital malformation. Hospitals, General Practitioners and Midwives were given details of this new instruction and they notify cases to the department either on the birth notification card or separately if the malformation is discovered later. A form is then completed for each case by the doctor in charge at hospital or at home and submitted to the Ministry of Health. The purpose of this scheme is to try and find out more about the nature and frequency of malformations and in this way light may be shed on this very difficult and obscure medical problem.

Table 6 (a)

INFANTILE DEATHS, 1964.
(Under one year of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban -							
Buckley	1	-	1	5	-	5	6
Connah's Quay	3	-	3	1	-	1	4
Flint M.B.	5	-	5	1	1	2	7
Holywell	-	-	-	-	-	-	-
Mold	3	-	3	1	-	1	4
Prestatyn	4	-	4	2	-	2	6
Rhyl	1	1	2	2	2	4	6
Rural -							
Hawarden	11	1	12	9	-	9	21
Holywell	1	-	1	3	-	3	4
Maelor	-	-	-	-	-	-	-
St. Asaph	2	-	2	-	-	-	2
Total Urban	17	1	18	12	3	15	33
Total Rural	14	1	15	12	-	12	27
Whole County	31	2	33	24	3	27	60

The Causes of death were: -	Males	Females	Total
Congenital Malformations	8	3	11
Pneumonia	4	-	4
Other defined and ill-defined diseases	21	23	44
Accidents (other than motor vehicle accidents)	-	1	1
TOTALS	33	27	60

Table 6 (b)

INFANT MORTALITY, 1964

(Children aged under 12 months)

Rate per 1,000 total live births

DISTRICT	MALES			FEMALES			Infants Legit and Illegit.
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban -							
Buckley	5.88	-	5.88	29.41	-	29.41	35.29
Connah's Quay	16.30	-	16.30	5.43	-	5.43	21.73
Flint (M.B.)	18.45	-	18.45	3.69	3.69	7.38	25.83
Holywell	-	-	-	-	-	-	-
Mold	17.65	-	17.65	5.88	-	5.88	23.53
Prestatyn	19.90	-	19.90	9.95	-	9.95	29.85
Rhyl	2.72	2.72	5.44	5.43	5.43	10.86	16.30
Rural -							
Hawarden	13.55	1.23	14.78	11.08	-	11.08	25.86
Holywell	2.44	-	2.44	7.33	-	7.33	9.78
Maelor	-	-	-	-	-	-	-
St. Asaph	10.69	-	10.69	-	-	-	10.69
Total Urban	11.10	.65	11.75	7.83	1.96	9.79	21.54
Total Rural	9.49	.68	10.17	8.13	-	8.13	18.30
Whole County	10.31	.66	10.97	7.98	1.00	8.98	19.95

Table 6 (c)

NEO-NATAL DEATHS, 1964
(Under four weeks of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban -							
Buckley	1	-	1	5	-	5	6
Connah's Quay	2	-	2	1	-	1	3
Flint (M.B)	4	-	4	1	1	2	6
Mold	2	-	2	1	-	1	3
Prestatyn	3	-	3	1	-	1	4
Rhyl	1	-	1	2	2	4	5
Rural -							
Hawarden	10	1	11	8	-	8	19
Holywell	-	-	-	3	-	3	3
Maelor	-	-	-	-	-	-	-
St. Asaph	-	-	-	-	-	-	-
Total Urban	13	-	13	11	3	14	27
Total Rural	10	1	11	11	-	11	22
Whole County	23	1	24	22	3	25	49

Table 6 (d)

INFANT DEATHS, 1964

(Infants under one week of age)

DISTRICT	MALES			FEMALES			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit
Urban -							
Buckley	1	-	1	4	-	4	5
Connah's Quay	2	-	2	1	-	1	3
Flint M.B.	3	-	3	1	1	2	5
Holywell	-	-	-	-	-	-	-
Mold	2	-	2	1	-	1	3
Prestatyn	3	-	3	1	-	1	4
Rhyl	1	-	1	2	2	4	5
Rural -							
Hawarden	10	1	11	8	-	8	19
Holywell	-	-	-	2	-	2	2
Maelor	-	-	-	-	-	-	-
St. Asaph	-	-	-	-	-	-	-
Total Urban	12	-	12	10	3	13	25
Total Rural	10	1	11	10	-	10	21
Whole County	22	1	23	20	3	23	46

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 1,000 population	*Rate adjusted per 1,000 population
Urban -					
Buckley	49	45	94	11.72	13.24
Connah's Quay	41	47	88	10.01	15.51
Flint (M.B.)	84	63	147	10.47	13.40
Holywell	57	45	102	11.92	10.25
Mold	40	40	80	10.88	14.14
Prestatyn	98	94	192	15.92	9.07
Rhyl	183	165	348	16.13	12.58
Rural -					
Hawarden	214	182	396	10.56	12.67
Holywell	135	119	254	11.56	11.10
Maelor	29	26	55	11.34	12.47
St. Asaph	58	43	101	9.65	8.78
Total Urban	552	499	1051	13.07	11.89
Total Rural	436	370	806	10.78	11.53
Whole County	988	869	1857	11.97	11.73

* Adjusted by comparability factor for purpose of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar General:-

Urban Districts

	Males	Females	Total
Deaths in age groups 45-64	144	78	222
Deaths in age groups 65 and over	359	386	745
TOTALS	503	464	967

Rural Districts

	Males	Females	Total
Deaths in age groups 45-64	121	61	182
Deaths in age groups 65 and over	267	282	549
TOTALS	388	343	731

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 the County Health Offices at Mold, there being no divisional administration. During the year, however, the scheme of three sub-centres of the department came into operation at Rhyl, Connah's Quay and Mold. This was referred to last year and facilities and staff were engaged and located at clinics at these centres and calls from doctors, hospitals, other staff and the public can now be received and dealt with at these sub-centres of the Health Department. This does not mean any change in administrative responsibility, but merely makes it easier for persons in each area to obtain various services from the health department by local contact on the telephone or by calling at the centre. With the increasing demands on the home help service in the Western area it is hoped next year to appoint an Area Home

Help Organiser for this area and to base her at the Health Department Sub-Centre at Rhyl. During the year considerable changes were made in our arrangements for contacting staff on duty outside office hours, e.g. mental welfare officers, senior nurses, doctors, and health visitors on duty at the weekend. In the case of Mental Welfare Officers it had been the practice to work out a rota of officers on duty and these were widely distributed to all concerned and the same applied to a limited extent with others on call. During the year the preparation and wide distribution of these rotas was discontinued. The rotas were made available to the County Ambulance Headquarters only and when a doctor or other person wanted to contact a member of the staff on duty outside normal office hours they contacted the Ambulance Headquarters who either contacted the officer and gave a message or told the caller who was on duty and gave the telephone number. This has meant a reduction in administrative work centrally and more important a better service to those needing it.

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 Service 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 1964, 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, Mold, Prestatyn and Rhyl, continued to function. The clinics are held at County Clinics and are staffed by the hospital medical staff and midwives from the hospital and the county.

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.

It will be noted that attendances at the ante-natal clinics increased during the year to a total of 1,415 new mothers and 5,076 attendances and this excludes 523 post-natal attendances. For the convenience of mothers an appointment system is now being gradually introduced at all the clinics. The basis of this is that new cases attend at the commencement of the session mainly by appointment (some come without appointment being referred by their general practitioner at short notice because of suspected obstetric abnormality). Mothers attending as subsequent cases come later in the session, all

by appointment arranged at the prior clinic. This system will take some time to settle down but it is appreciated by the expectant mothers and does mean much less waiting at the clinics.

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 518 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, Prestatyn, Saltney and Greenfield.

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 1964 in this respect.

The Family Planning Clinic at Flint operated by The Family Planning Association continued to function during the year. The clinic is held once a fortnight at the County Clinic, Flint. During 1964, fifty-one sessions were held and 181 patients attended.

The Family Planning Association also opened a Family Planning Clinic in Rhyl on the 27 May, 1964. This is held in the County Clinic, Fforddlas, Rhyl on Wednesdays between 7.0 and 8.30 p.m.

Very hard working bodies of voluntary helpers run the above clinics and they are also attended by a doctor and nurse, both trained by the Family Planning Association. Valuable help and advice is given at the clinics also to women with problems of sub-fertility or marital difficulties and advice is given also 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 1964, 398 outfits were issued compared with 408 in 1963.

Table 8

ANTE-NATAL CLINICS, 1964

	Holywell	Mancot	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	-	-	-	-	-	-
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	-	-	-	-	-	-
(d) Hospital Medical Staff in attendance	53	36	24	25	49	187
(e) Total sessions	53	36	24	25	49	187
2. Number of patients attending for the first time this year	455	285	200	97	378	1415
3. Total attendances	1726	853	884	255	1358	5076
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	53	-	24	24	49	150
(e) Total sessions	53	-	24	24	49	150
2. Number of patients attending for the first time this year	189	-	112	32	185	518
3. Total attendances	189	-	117	32	185	523

NOTE - Clinics held at Holywell, Mancot, Mold, Prestatyn and Rhyl are combined with Hospital Consultant Clinics. Mancot Clinic opened 1st July, 1964.

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 (6)	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	68 (i.e., Total admissions from all Authorities)	27 (Flintshire Cases)	36 days	20 days
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec. 22(1) or to which the Authority make payment under Sec. 22(5)	-	-	-	-	-	-	-	-
(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis:-								
					(1) Expectant Mothers	2		
					(2) Post-Natal Cases	-		

+ 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 1964 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 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 seven 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.

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 in 1965. 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 1964, 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 Child Welfare Clinic opened at the Women's Institute, Mynydd Isa, Mold, on the 18th June, 1964. It is held in the afternoon of the 2nd and 4th Thursday of each month, a medical officer attending on the 4th Thursday.

Mothers Clubs have now been established at Bagillt, Broughton, Caergwrle, Prestatyn and Rhyl. The Clinic premises were made available to mothers in these areas 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 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 premature live births which occurred at home or in a nursing home was 16.

Of the 16 births at home and in nursing homes 14 were nursed entirely at home and 2 were transferred to hospital. One who was born at home and who was transferred to hospital survived 28 days and the other one died within 24 hours of birth. 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 on 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 to 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. The range of foods kept at Welfare Centres have been extended 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.

DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946, Section 22
	Premises Registered at end of year		Daily Minders Registered at end of year.	Daily Minders receiving fees from the Authority at end of year.
	Factory	Other Nurseries		
	(1)	(2)	(3)	(4)
Number	-	1	2	-
Number of Places (Cols. (1) and (2)) and number of children minded at end of year (Col. (4))	-	40		-

Table 10 (a)
CHILD WELFARE CLINICS

Year:	1957	1958	1959	1960	1961	1962	1963	1964
Number of Registered Live Births	2294	2389	2354	2588	2715	2653	2781	3007
Children who attended during the year and who, at the end of the year, were:-								
(a) Under 1 year of age	1661	1623	2566	2261	1864	1844	1871	2045
(b) Between 1 - 5 years	2359	2517	2711	1967	2527	3165	2894	3080
Total attendances	33179	33240	35628	31708	34056	33623	32556	38947

Table 10 (b)

CHILD WELFARE CENTRES

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

DESCRIPTION	Baglillt	Bodelwyddan	Broughton	Buckley	Caerwisle	Caerwys	Connah's Quay	Flint	Greenfield	Gweruafeld	Holywell	Mancot and Pentre	Mold	Mostryn	Penley	Prestatyn	Rhyl	Salmev	Sealand	Shotton	St. Asaph	Mynydd Iaa	TOTALS
1. Number of Sessions held by :-																							
(a) Medical Officers	25	22	23	24	23	24	24	23	23	12	24	24	25	22	22	22	23	21	24	24	23	6	483
(b) Health Visitors (without Doctor)	24	1	29	23	26	-	24	25	27	12	28	26	25	-	-	-	29	28	19	27	-	8	409
(c) General Practitioners employed by Local Health Authority on Sessional basis.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Hospital Medical Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Total Sessions	49	23	52	47	49	24	48	48	50	24	52	50	50	22	22	50	52	49	43	51	23	14	892
2. Number of Infants who attended and who were born:-																							
(a) 1964	55	45	64	152	73	12	149	128	44	15	64	131	178	10	38	129	190	69	55	133	46	29	1809
(b) 1963	42	45	51	95	49	10	117	88	68	10	57	142	135	19	43	92	117	64	75	124	44	5	1492
(c) 1959-62	38	63	66	70	67	20	48	59	39	19	22	95	59	20	51	96	51	71	93	42	58	10	1157
3. Total attendances by all children under 5 years of age	1602	708	1578	2362	2154	217	3300	2596	824	275	868	3032	2696	395	698	2051	1993	1934	1494	3189	849	337	35152
4. Number of children seen by a Doctor at the Centre:-																							
(a) For the first time since birth	38	51	40	122	59	-	110	109	49	15	63	74	109	22	41	118	159	63	71	96	58	36	1503
(b) Subsequent interviews	305	119	149	372	259	-	750	139	202	71	187	595	667	137	235	98	208	298	491	629	144	53	6108
5. Number of children under 5 years of age referred to general medical practitioners or specialist for special treatment or advice after medical examination.																							
6. Number of children "AT RISK" at the END OF THE YEAR - (See definition of "at risk" in note * below).	3	10	-	2	2	-	3	6	1	1	-	2	21	4	-	5	21	-	3	7	11	-	102
* "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.	26	11	11	22	18	20	13	32	17	6	38	6	26	23	8	35	123	17	30	7	22	10	521

* "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. First Session at Mynydd Iaa held on 18th June, 1964.

Table 10 (c)
MOBILE (CHILD WELFARE) CLINICS - 1964

DESCRIPTION	Dyserth	Ewloe	Ffynnon-groew	Halkyn	Leeswood	Peny-ffordd	Rhuddlan	TOTALS
1. Number of Sessions held by:-								
(a) Medical Officers	22	-	24	24	-	24	23	117
(b) Health Visitors (without Doctor)	-	-	-	-	-	-	1	1
(c) General Practitioners employed by Local Health Authority on sessional basis	-	23	-	-	22	-	-	45
(d) Hospital Medical Staff	-	-	-	-	-	-	-	-
(e) Total Sessions	22	23	24	24	22	24	24	163
2. Number of Infants who attended during the year, and who were born in:-								
(a) 1964	44	31	30	37	47	22	25	236
(b) 1963	24	44	29	25	37	14	47	200
(c) 1959 to 1962	48	32	21	30	29	51	20	231
3. Total attendances by all children under 5 years of age.	496	578	478	498	462	671	612	3795
4. Number of children seen by a Doctor at the Centre:-								
(a) For the first time since birth	59	21	38	33	45	31	34	261
(b) Subsequent interviews	295	235	237	242	162	254	242	1667
5. Number of children under 5 years of age referred to General Medical Practitioner or Specialist for special treatment or advice after medical examination.	12	1	12	7	5	5	7	49
6. Number of children "AT RISK" at the end of the year - see definition of "at risk" in note * below.	20	1	15	19	6	5	15	81

* "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.

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	483	117	600
(b) Health Visitors (without Doctor)	409	1	410
(c) General Practitioners employed by Local Health Authority on sessional basis	-	45	45
(d) Hospital Medical Staff	-	-	-
(e) Total sessions	892	163	1055
2. Number of infants who attended and who were born:-			
(a) 1964	1809	236	2045
(b) 1963	1492	200	1692
(c) 1959 to 1962	1157	231	1388
3. Total attendances by all children under 5 years of age	35152	3795	38947
4. Number of children seen by a Doctor at the Centre:-			
(a) For the first time since birth	1503	261	1764
(b) Subsequent interviews	6108	1667	7775
5. Number of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination	102	49	151
6. Number of children "at risk" * at the end of the year	521	81	602

* "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 Depot: An emergency supply is kept at the Ambulance Station, Rhyl, but the main depot is at the New 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	3	5	1

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

Clinics ... 28

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.

Food distributed: Issued to beneficiaries and losses through breakages etc., during the year were as follows: -

	National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
Issued against coupons	18484	2109	1997	23723
Issued to Hospitals	345	-	-	216
Issued at 4/- per tin	2383	-	-	-
	21212	2109	1997	23939
Out of date, damaged etc.	165	-	-	-
Sent for analysis	1	-	-	-
Losses through breakages	-	4	39	201
	21378	2113	2036	24140

Summary of Coupons, Cash and Stamps:

	Issued	Charge		Amount Due			Amount Received		
		s.	d.	£	s.	d.	£	s.	d.
N.D.M.									
(a) By stamps	259	2	4	30	4	4	30	4	4
(b) By cash	17542	2	4	2046	11	4	2046	11	4
(c) Free	683	-	-	-	-	-	-	-	-
(d) By cash	2383	4	0	476	12	0	476	12	0
C.L.O.									
(a) Free	107	-	-	-	-	-	-	-	-
(b) By cash	2002	1	0	100	2	0	100	2	0
A. & D.									
(a) Free	24	-	-	-	-	-	-	-	-
(b) By cash	1973	-	6	49	6	6	49	6	6
O.J.									
(a) Free	694	-	-	-	-	-	-	-	-
(b) By cash	23029	1	6	1727	3	6	1727	3	6
TOTAL CASH				4429	19	8	4429	19	8

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 four full-time Dental Officers and two part-time (sessional) 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	174	166	146
Children under Five	293	264	177

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	28	202	-	-	371	91	34	27	5
Children under Five	1	113	35	-	295	162	-	-	-

Total number of sessions (i.e., equivalent complete half days devoted to maternity and child welfare patients during the year 150

DOMICILIARY MIDWIFERY

During 1964, the number of domiciliary confinements was 13.13% of the total compared with 15.39% in 1963. The means that 87% of confinements take place in hospital or maternity homes which is considerably higher than the 70% recommended by the Cranbrook Committee. Of the institutional confinements, 66% are discharged before the 10th day and the majority of these on the 2nd and 3rd day.

It was agreed with the consultants concerned that a report on the home would be made available to the hospital or home when it was decided to discharge a mother on the 2nd or 3rd day as the domiciliary midwife would have to visit and provide maternity care. This means that domiciliary midwives have done a considerable amount of maternity nursing work in addition to the 392 home confinements attended by them alone or with the general practitioner.

In addition to midwifery work the midwives also attend antenatal clinics at county premises or general practitioner surgeries, attend mothercraft clinics and it must be remembered that all the midwives also do general nursing on their area, working in pairs throughout the county.

Regular staff meetings were held during the year and staff attended various nationally organised refresher courses. New equipment and nursing techniques were introduced and more disposable equipment was made available to midwives for midwifery purposes and general nursing. One of the most pressing problems in domiciliary midwifery and district nursing is keeping staff up to date with techniques, drugs and procedures. This is partly the responsibility of individual midwives and nurses, but also partly the responsibility of the Local Health Authority. We find that attendance at approved refresher courses helps greatly and midwives are asked to give a brief resume of any new knowledge picked up at these courses at staff meetings and in this way other staff are kept up to date with changes in midwifery and nursing work.

The establishment of senior nurse/midwives was increased to four during the year and these vacancies were filled by promotion of existing staff. The senior nurse/midwives are now playing an important function in the County midwifery and nursing services by dealing with many of the day to day midwifery and nursing problems, helping with distribution of equipment, assisting with home nursing equipment on loan and by liaison with the County Nursing Officer.

A report from the County Supervisor of midwives is given below, for the year 1964: -

MIDWIFERY NURSING SERVICE COUNTY SUPERVISOR'S REPORT

At the end of 1964, thirty-seven domiciliary midwives were employed by the County Council and have practised midwifery during the year. Three part-time midwives have been employed from time to time.

There have been four resignations, one of these has retired after thirty-five years service, one has resigned for domestic reasons, one has gone to Canada and taken up hospital nursing and the other is taking the Health Visitors course of training in Liverpool.

There have been three district Nurse/Midwives appointed during the year and one district Nurse/Midwife has been transferred to another district within the County. On December 31st, 1964 there were four vacancies, one in the Gronant/Prestatyn district, one area relief nurse was needed in the Central and Eastern area of the County and two relief nurses for the Western and Eastern areas.

Post Graduate courses have been attended by Midwives and these included a half day arranged by the Royal College of Midwives, Flintshire branch in H.M. Stanley Hospital, St. Asaph. Six midwives attended the Post Graduate course in accordance with the Central Midwives Board Rule G.1.

Six pupil midwives have taken their part two 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 one per cent decrease in the number of domiciliary confinements compared with hospital confinements of mothers living in Flintshire during the year. One thousand eight hundred and thirty-three mothers were discharged from hospital before the 10th day during 1964 compared with one thousand two hundred and fifty-nine mothers in 1963.

Each domiciliary midwife has been visited during the year for the purpose of seeing practical work and for examination of her records. In all two hundred and twenty-two visits have been made for

this purpose. In accordance with the rules of the Central Midwives Board, eight visits have been paid to maternity hospitals. Forty-two hospital midwives notified their intention to practise during 1964.

The ante-natal clinics and mothercraft classes have been visited regularly. Twelve mothercraft classes are held throughout the County. During the year two new ones have been formed and there is no more need for the one in Penley. Four hundred and thirty-four mothers have attended these classes making an attendance of one thousand five hundred and fifty-eight. Any mother can attend whether she is having her baby at home or in hospital. They are given instruction but clinic examination of the mother is not carried out. The maintenance of these classes have been due to the interest and work of Miss P.G. Osullivan, Deputy County Nursing Officer and the four senior nurses and the co-operation of the midwives and Health Visitors concerned. The attendances at the mothercraft classes are as follows:-

Clinic		Sessions	New Cases	Attendances
Holywell	..	22	32	97
Prestatyn	..	25	38	100
Flint	..	45	34	152
Rhyl	..	52	48	336
Buckley	..	11	4	25
Broughton	..	5	4	10
Saltney	..	11	15	22
Caergwrle	..	22	15	38
Mancot	..	33	63	126
Shotton	..	52	84	371
Mold	..	21	68	213
Greenfield	..	26	18	68
TOTALS	..	325	423	1558

Midwives continue to attend the five domiciliary and hospital ante-natal clinics. These are attended by consultant obstetricians. 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	0
Medical Aids	18
Liable to be a source of infection	5
Ophthalmia Neonatorum	0
Neo-Natal Deaths	0
Still Births	4

(b) **From the maternity homes:-**

Puerperal Pyrexia	3
Medical Aids	5
Liable to be a source of infection	0
Ophthalmia Neonatorum	0
Neo-Natal Deaths	0
Still Births	6

There were six area relief nurses in the County assisted by four relief nurses. These have given adequate cover for holidays, off duty and short periods of sick leave. Where there has been a vacancy for a long period of sick leave part-time nurses have been employed.

I wish to express my appreciation for the co-operation of midwives throughout the County and the help given by 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, 1964.

Table 11

**DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1964**

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)
14	378	392	1833

Table 12

MIDWIVES IN PRACTICE ON 31st DECEMBER, 1964

	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the Authority	37	-	37
(b) Midwives employed by Vol- untary 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	-	42	42
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	-	-	-
TOTAL	37	42	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		Total births	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Domiciliary	388	388	4	4	392	392
Institutional	2450	2560	22	33	2472	2593
Total	2838	2948	26	37	2864	2985

It will be noted by reference to page 29 that the adjusted figures show that this is 59 live births more and 11 stillbirths less than the total of live and stillbirths received in the returns from the Registrar-General.

NURSING HOMES

During 1964, we were able to note the working of the Nursing Homes Act 1963 which came into force at the end of 1963. All nursing homes have now to be registered, there being no exemption for non-profit making homes.

All six registered owners of nursing homes in the county were informed of the provisions of the 1963 Act and what the changes implied and we had no cause to serve any notices for the carrying out of improvements during the year. Conditions had improved and remained satisfactory at one nursing home referred to in my previous report and the new Act will make it much easier to maintain the present satisfactory position.

It is in my view a pity that wages and other costs make charges at nursing homes high and out of reach of many who would welcome this kind of care for themselves or their relatives. Many people require some nursing care and are unable to look after themselves and often approach the department for help, but unfortunately, are unable to meet the full cost of a nursing home. Some eventually go into homes registered under Section 37 of the National Assistance Act 1948, which are supervised by the County Welfare Officer. Indeed as this is a problem mainly affecting the growing number of old people I

sometimes advise persons to apply for registration under the National Assistance Act and not as nursing homes under the Public Health Act, Premises registered under the National Assistance Act 1948 for the aged do not have to comply with certain standards of staffing or premises laid down for nursing homes and in this way can often meet the needs of the infirm and aged quite adequately and at lower charges than nursing homes.

Regular inspections of all registered nursing homes were carried out during the year by the County Nursing Officer and if any doubt was expressed following a visit I paid a visit myself with the County Nursing Officer. Only minor matters required attention and all these were dealt with promptly and the conditions were satisfactory at all six homes at the end of the year. Indeed, the standard of facilities and care at all the nursing homes is very satisfactory and remains at a high level.

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

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

	Number of Homes	Number of beds provided for:		
		Maternity	Other	Totals
Homes formerly exempted from registration during the year	-	-	-	-
Other homes registered during the year	-	-	-	-
Homes whose registrations were withdrawn during year	-	-	-	-
Homes on the register at the end of the year	5	-	66	66

HEALTH VISITING

During 1964, 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 one Health Visitor who is a part-time Health Education Officer.

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

Clinic Nurses continued to work at the main clinics on a sessional basis, and during the year two were appointed to full-time duties in Holywell and Rhyl respectively. The clinic nurses have assisted the Health Visitors with School Hygiene, Inspection and vision tests in schools, and also they have been present at some School Medical Inspections. Their help with the B.C.G. programme has been much appreciated.

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.

It 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 1964 the Health Visitors visited 599 expectant mothers, 3,022 children born in 1964, 2,683 children born in 1963 and 6,409 children born in 1959-62. In addition, visits were paid to 1,495 persons aged 65 or over, 243 mentally disordered persons, 253 persons discharged from hospital (other than maternity and mental hospitals), 51 tuberculous households, 320 households on account of other infectious diseases, and 156 handicapped persons. The total number of visits during the year was 57,859.

SUPERINTENDENT HEALTH VISITOR'S REPORT FOR 1964

Visits to Child Welfare Centres	...	...	...	136
Visits to School Clinics	...	...	...	15
Visits to other clinic sessions	...	...	...	9
Visits to Hospitals and Homes for the Aged	...	...	...	15
Number of interviews with Health Visitors, Visitors for Chest Diseases, Clinic Nurses and Home Visitors for the Handicapped	...	...	...	852
Other interviews	...	...	...	128

Health Education:

Talks to Voluntary Groups	...	...	...	28
Films and talks for school children	...	...	...	7
Lecture to Queen's Institute of District Nursing Students	...	...	...	2

Handicapped Persons:

Visits to Social Centres	...	...	...	8
Exhibitions for Handicapped Persons	...	...	...	3

Health Visitors are becoming more concerned each year in the care of the aged at home. This work to be effective means working with others vitally concerned in the same field of work, family doctors, welfare officers, consultant geriatrician and hospital social workers. We have taken every opportunity during the year to increase the availability of health visitors for this important work and we have given this work a high degree of priority. Health Visitors meet family doctors daily to discuss problems relating to the aged and we also have good liaison with the consultant geriatrician and the County Welfare officer. During the year a social worker has been appointed on the staff of the geriatrician for the Clwyd and Deeside Hospital Management Committee area and she has regular meetings with Health Visitors particularly when patients are being discharged to their own homes. The Health Visitor at Holywell acts as the liaison officer for the Health Department and deals with any general problems that arise in the geriatric unit at the Lluesty Hospital, Holywell.

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 2,223 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 1964 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.

The contacts of patients suffering from Tuberculosis were followed up and persuaded to attend for examination where necessary. The attendance at the Chest Clinics by school children with strong positive skin test readings under the B.C.G. scheme continued.

Table 14
HEALTH VISITING

Cases visited by Health Visitors	No. of cases
1. Children born in 1964	3,022
2. Children born in 1963	2,683
3. Children born in 1959-62	6,409
4. Total number of children in lines 1 - 3 ...	12,114
5. Persons aged 65 or over	1,495
6. Number included in line 5 who were visited at the special request of a G.P. or hospital ...	291
7. Mentally disordered persons	243
8. Number included in line 7 who were visited at the special request of a G.P. or hospital ...	24
9. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals) ...	253
10. Number included in line 9 who were visited at the special request of a G.P. or hospital ...	169

Table 14 (continued)

HEALTH VISITING

Cases visited by Health Visitors				No. of cases
11.	Number of tuberculous households visited	...	...	51
12.	Number of households visited on account of other infectious diseases	...	...	320
13.	Number of tuberculous households visited by Visitors for Chest Diseases	...	...	629

In addition to the above, the work of the Health Visitors for the year under report included: -

Number of expectant mothers visited	...	...	599
Number of handicapped persons visited	...	...	156
Clinics, excluding School Clinics: -			
Half-days	...	...	1,246
Evening sessions	...	...	14
Mothercraft Classes attended	...	...	92
Talks to groups: -			
In Clinics	...	...	180
Elsewhere	...	...	78
Interviews with: -			
General Medical Practitioners	...	...	901
Social Workers	...	...	1,205
Others, parents, etc.	...	...	1,566
Total of all visits for the year	...	...	57,859

HOME NURSING

Our policy of combined duties has continued during the year where all nursing staff undertake general nursing duties and also midwifery if qualified as midwives. This policy was implemented some years ago after full consultation with the staff and has worked very well and means better nursing cover, better working conditions and off-duty for all the nursing staff in the county.

As mentioned under midwifery, one extra senior Nurse/Midwife was appointed during the year to cover the Deeside area. The four Senior Nurses deal with the many day-to-day nursing matters in their area, assist with staff training, help with the distribution of

equipment, are responsible for medical loans in the area and are in regular contact with the County Nursing Officer.

Two additional State Enrolled Nurses were appointed during the year, bringing the total employed to three. These nurses are based in the Western area and work with the other nurses and are under the supervision of the Senior Nurse at Rhyl. The greater part of their duties is with the aged, but they also carry out useful nursing work with other patients as and when necessary. It is the intention to gradually increase the number of State Enrolled Nurses in the County to six and to review the position then annually.

During the year every opportunity was taken to provide in-service training for staff and this is fully reported in the subsequent report of the County Nursing Officer. The County Nursing Officer continued to do excellent work at the County Training Centre at Buckley where, in addition to routine in-service training, six nurses were successfully trained during the year for the National District Nursing Certificate and also placed on the role of The Queen's Institute of District Nursing. The full responsibility of arranging all training falls on the County Nursing Officer who obtains valuable help from many other members of the staff and great credit is due to Miss L. Mann, for the excellent work done in this very important field of staff training.

Many new techniques and new equipment were introduced during the year, the most notable change being the increase in the use of pre-sterilised disposable equipment, both syringes, catheters, masks and dressings.

We continued to make good use of money provided by the Marie Curie Memorial Fund for keeping cancer patients nursed at home, both by providing extra material comforts and by providing additional staff to help care for ill patients at home, particularly during the night.

Home nursing is a service widely used by the public and very much appreciated. Although demands have increased yearly it is gratifying to report that we have been able to meet all the calls made upon the service and the district nurses deserve the thanks of the authority for their excellent services during another busy year.

REPORT BY COUNTY NURSING OFFICER DISTRICT NURSING SERVICE

At the end of 1964, forty-six District Nurses were carrying out general Nursing duties. Thirty-seven of these were also practising Midwifery, three part-time relief Nurses have assisted when required. In addition to these, three State Enrolled Nurses were employed and they assisted the District Nurses in the Western area.

There have been five resignations during the year and the details of four of these are recorded in the Midwifery Service Report. The fifth District Nurse resigned for domestic reasons.

Four District Nurses and two State Enrolled Nurses have been appointed during the year and one District Nurse has been transferred to another district within the County.

Two important aspects of District Nursing are 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 a great benefit in Nursing for both the patients and relatives. A greater part of the Nursing visits are to elderly patients. The disposable polythene backed under sheets continue to be used and are appreciated. During the year an additional service arranged by the Marie Curie Memorial Foundation Day and Night Nursing Service has been commenced. This has proved to be of great value to the District Nurses. There are fourteen Nurses registered with this service and they have done invaluable work in caring for the very ill patients during the night.

Since the County was approved as a Queen's District Training Authority, seventeen District Nurses have been successful in passing the examination and have been placed on the roll of the Queens' 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 1964. This County has now been approved to conduct a course of instruction in District Nursing for State Enrolled Nurses. This is a ten weeks course and a certificate is issued by the Queens' Institute of District Nursing to each successful student. During 1964, six State Enrolled Nurses have been successful.

Ten student District Nurses from Manchester and Liverpool have spent three days in this County gaining rural experience as part of their Queens' District Training.

One District Nurse has attended a Post Graduate Course arranged at Rathbone College, Liverpool by the Queens' Institute of District Nursing.

In order to have 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. A further twenty-six nurses have visited Llesty Hospital, Holywell or H.M. Stanley Hospital, St. Asaph.

The remainder of the staff have attended a course of instruction given by a physiotherapist. This course was to give information about treatment within the District Nurses' province that can be carried out to help the rehabilitation of temporary partially paralysed patients.

In addition to three monthly meetings of all staff arranged by the County Medical Officer of Health groups of nurses have been arranged in different parts of the County.

One hundred and fifty-two visits have been made to District Nurses for the purpose of examining their records and observing practical work in the patients own home.

The arrangement for relief duties is given in the report on the Midwifery Nursing Service. Ten visits have been made to five Nursing homes under the registration of Nursing homes, section 187 to 194 of the Public Health Act 1936.

I wish to express my appreciation of the co-operation of the District Nurses throughout the County and the help given by the Medical Department

L. MANN

Table 15
HOME NURSING

(1) No. of cases at- tended 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
	3323	784		19	69	11	4206	2264	192	111164

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. The number of primary vaccinations in 1964 was 967. 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 1964.

Table 16(a)

SMALLPOX VACCINATION

Age at date of vaccination	I. Number of Persons vaccinated (or revaccinated during period).		II. Number of cases specially reported during period		
	Number vaccinated	Number revaccinated	(a) Generalised vaccinia	(b) Post-Vaccinal Encephalo-myelitis	(c) Death from complications of vaccination other than (a) and (b)
0-3 months	11	-	-	-	-
3-6 months	36	-	-	-	-
6-9 months	41	-	-	-	-
9-12 months	55	-	-	-	-
1	546	-	-	-	-
2-4	102	8	-	-	-
5-14	52	30	-	-	-
15 or over	124	231	-	-	-
TOTAL	967	269	-	-	-

Table 16 (b)

NUMBER OF CHILDREN (included in Table 16 (a)) WHO WERE VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1964

Age at date of vaccination		Number vaccinated
0-3 months	...	4
3-6 months	...	8
6-9 months	...	6
9-12 months	...	22
1-2 years	...	334
2-4 years	...	61
5-15 years	...	17
15 years and over	...	5
TOTAL	...	<u>457</u>

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 partially 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 1964 a total of 33 cases were notified and 2 deaths caused. However, no cases were notified in the County in 1964 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.

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

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

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

Table 17
DIPHTHERIA IMMUNISATION, 1964

DISTRICT	PRIMARY IMMUNISATION								RE-INFORCING INJECTIONS							
	Children born in years:-								Children born in years:-							
	1964	1963	1962	1961	1960	1959	1950-1954	Total	1964	1963	1962	1961	1960	1959	1950-1954	Total
Urban:																
Buckley	40	71	8	1	1	8	1	130	-	-	-	-	-	73	-	73
Connah's Quay	47	64	6	3	3	15	-	138	-	-	-	-	-	25	-	25
Flint (M.B.)	63	74	10	3	1	5	5	161	-	-	-	-	7	137	-	144
Holywell	32	69	6	4	3	10	1	125	-	-	-	1	-	31	1	33
Mold	50	78	15	5	1	6	-	155	-	-	1	-	-	109	2	112
Prestatyn	22	69	8	3	1	1	-	104	-	-	-	-	12	97	3	112
Rhyl	62	120	25	8	3	10	1	229	-	-	4	3	61	199	7	274
Rural:																
Hawarden	159	296	46	19	2	18	1	541	-	-	-	-	1	280	2	283
Holywell	111	157	28	13	1	20	2	332	-	-	-	-	7	175	-	182
Maelor	16	35	6	-	-	4	-	61	-	-	-	1	5	49	-	55
St. Asaph	60	87	7	6	2	6	-	168	-	-	-	1	7	85	-	93
TOTAL URBAN	316	545	78	27	13	55	8	1042	-	-	5	4	80	671	13	773
TOTAL RURAL	346	575	87	38	5	48	3	1102	-	-	-	2	20	589	2	613
WHOLE COUNTY	662	1120	165	65	18	103	11	2144	-	-	5	6	100	1260	15	1386

Note - "Boosting" injections are given in Clinics and also in Schools

Table 18

CHILDREN WHO RECEIVED COMBINED DIPHTHERIA/WHOOPING COUGH IMMUNISATION ONLY, 1964

DISTRICT	PRIMARY IMMUNISATIONS				RE-INFORCING INJECTIONS			
	Children born in years:-				Children born in years:-			
	1964	1960-1963	1950-1959	Total	1964	1960-1963	1950-1959	Total
Urban:								
Buckley	-	-	-	-	-	-	-	-
Connah's Quay	-	1	-	1	-	-	-	-
Flint (M.B.)	-	-	-	-	-	-	-	-
Holywell	-	1	4	5	-	-	1	1
Mold	-	-	-	-	-	-	-	-
Prestatyn	-	-	-	-	-	-	-	-
Rhyl	-	-	-	-	-	-	-	-
Rural:								
Hawarden	-	-	8	8	-	-	-	-
Holywell	-	-	1	1	-	1	1	2
Maelor	-	-	-	-	-	-	-	-
St. Asaph	-	-	-	-	-	-	-	-
TOTAL URBAN	-	2	4	6	-	-	1	1
TOTAL RURAL	-	-	9	9	-	1	1	2
WHOLE COUNTY	-	2	13	15	-	1	2	3

N.B. Above are included in Table 17

Table 19(a)

CHILDREN WHO RECEIVED TRIPLE ANTIGEN INJECTIONS
(DIPHTHERIA, WHOOPING COUGH AND TETANUS) ONLY, 1964

DISTRICT	PRIMARY IMMUNISATIONS				RE-INFORCING INJECTIONS			
	Children born in years:-				Children born in years:-			
	1964	1963	1959	Total	1964	1963	1959	Total
Urban:								
Buckley	29	57	1	87	-	-	3	3
Connah's Quay	41	26	1	68	-	-	1	1
Flint (M.B.)	56	80	-	136	-	-	2	2
Holywell	25	58	3	86	-	1	5	6
Mold	29	10	2	41	-	-	3	3
Prestatyn	19	59	1	79	-	-	9	9
Rhyl	53	137	6	196	-	13	24	37
Rural:								
Hawarden	122	160	9	291	-	-	36	36
Holywell	67	123	9	199	-	-	3	3
Maelor	16	36	-	52	-	1	1	2
St. Asaph	60	96	2	158	-	2	5	7
TOTAL URBAN	252	427	14	693	-	14	47	61
TOTAL RURAL	265	415	20	700	-	3	45	48
WHOLE COUNTY	517	842	34	1393	-	17	92	109

N.B. - Above are included in Table 17

Table 19 (b)

CHILDREN WHO RECEIVED QUADRILIN INJECTIONS
(DIPHTHERIA, WHOOPING COUGH, TETANUS AND
POLIOMYELITIS), 1964

DISTRICT	PRIMARY IMMUNISATIONS			
	1964	Children born in years:-		Total
		1960-63	1950-59	
Urban:				
Buckley	11	24	4	39
Connah's Quay	6	46	-	52
Flint (M.B.)	4	6	-	10
Holywell	5	16	-	21
Mold	21	88	2	111
Prestatyn	2	8	3	13
Rhyl	7	19	3	29
Rural:				
Hawarden	34	199	3	236
Holywell	27	73	-	100
Maelor	-	2	-	2
St. Asaph	-	5	-	5
TOTAL URBAN	56	207	12	275
TOTAL RURAL	61	279	3	343
WHOLE COUNTY	117	486	15	618

N.B. - Above are included in Table 17

Table 19 (c)

CHILDREN WHO RECEIVED DIPHTHERIA/TETANUS INJECTIONS, 1964

DISTRICT	PRIMARY IMMUNISATION				RE-INFORCING INJECTIONS			
	Children born in years:-				Children born in years:-			
	1964	1960-1963	1950-1959	Total	1964	1960-1963	1950-1959	Total
Urban:								
Buckley	-	-	8	8	-	-	3	3
Connah's Quay	-	3	13	16	-	-	9	9
Flint (M.B.)	3	2	6	11	-	4	28	32
Holywell	2	7	3	12	-	-	18	18
Mold	-	1	-	1	-	-	13	13
Prestatyn	1	14	-	15	-	7	65	72
Rhyl	-	1	2	3	-	1	-	1
Rural:								
Hawarden	3	6	3	12	-	-	22	22
Holywell	7	3	6	16	-	4	60	64
Maelor	-	2	4	6	-	5	45	50
St. Asaph	-	1	1	2	-	1	19	20
TOTAL URBAN	6	28	32	66	-	12	136	148
TOTAL RURAL	10	12	14	36	-	10	146	156
WHOLE COUNTY	16	40	46	102	-	22	282	304

N.B. - Above are included in Table 17.

Table 19 d)

CHILDREN WHO RECEIVED TETANUS INJECTIONS ONLY, 1964

DISTRICT	PRIMARY IMMUNISATIONS				RE-INFORCING INJECTIONS			
	1964	Children born in years:- 1960-1963	1950-1959	Total	1964	Children born in years:- 1960-1963	1950-1959	Total
Urban:								
Buckley	-	-	-	-	-	-	-	-
Connah's Quay	-	-	-	-	-	2	50	52
Flint (M.B.)	-	-	-	-	-	-	-	-
Holywell	-	-	2	2	-	-	-	-
Mold	-	-	4	4	-	-	-	-
Prestatyn	-	-	-	-	-	1	2	3
Rhyl	-	-	3	3	-	-	-	-
Rural:								
Hawarden	-	-	1	1	-	-	1	1
Holywell	-	-	2	2	-	-	-	-
Maelor	-	-	-	-	-	-	-	-
St. Asaph	-	-	3	3	-	-	-	-
TOTAL URBAN	-	-	9	9	-	3	52	55
TOTAL RURAL	-	-	6	6	-	-	1	1
WHOLE COUNTY	-	-	15	15	-	3	53	56

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 1964

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	...	...	.. 772
(ii) Number found positive	...	...	.. 460
(iii) Number found negative	...	...	.. 170
(iv) Number vaccinated	...	...	.. 151

B. Children and Young Persons Scheme

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

(i) Number skin tested	...	...	.. 1882
(ii) Number found positive	...	...	.. 466
(iii) Number found negative	...	...	.. 1327
(iv) Number vaccinated	...	...	.. 1114

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 1964 60,904 persons had received two injections or three oral doses of poliomyelitis vaccine, of these 53,900 had received three injections. Looking at the population protected as a whole 87% of children under 15 years of age had been vaccinated and 68% 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 1964, 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 5,461 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.

As mentioned in my last report a quadruple vaccine was introduced in 1963 against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis. This was used to a considerable extent by several general practitioners in the County and the medical staff of the health department were allowed to use their discretion in the use of quadruple vaccine (Quadrilin) or to continue with Triple Vaccine and oral poliomyelitis. It does appear that there is in some infants a greater reaction or "sore" arm after Quadrilin than after triple. However, before we could really try and assess the true position of reactions for 100 children immunised, Quadrilin vaccine became very hard to obtain owing to technical difficulties in manufacture. At the end of the year no Quadrilin vaccine was obtainable so a final assessment of reaction following injection will have to wait till a later date. However, during the year 618 children were immunised with Quadrilin both by general practitioners and at clinics and no severe reactions were reported.

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, 1964
A - PRIMARY VACCINATION

	YEAR OF BIRTH				Total
	1964	1963	1962	1961-43	Others
Number of persons who have received SECOND injections of SALK or THIRD injections of QUADRUPLE vaccine	94	466	55	37	2 6
Number of persons who have received a THIRD dose of ORAL vaccine	321	798	341	325	45 55
TOTAL	415	1264	396	362	47 61
2545					

B - RE-INFORCING DOSES

Number of persons given 3rd injection of Salk or 4th injection of quadruple vaccine ...	108
Number of persons given 4th injection of Salk or 5th injection of quadruple vaccine ...	44
Number of persons given a reinforcing dose of oral vaccine after 2 Salk doses ...	212
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	822

C - SUMMARY OF VACCINATIONS FROM 1956-1963

Total number of persons who have received a primary course (2 injections or 3 oral) since 1956 ...	60904
Total number of persons who have received a reinforcing dose (3 injections) since 1956 ...	53900

AMBULANCE SERVICE

Statistics show that 2,632 more patients were dealt with by the County Ambulance Service during 1964 than in 1963, and 17,878 more than in 1955.

Road Accidents in 1964 were 842, 317 more than in 1963 and 619 more than in 1955.

Miscellaneous accidents, i.e., people who collapsed in the street: accidents in the home, work and at school, numbered 74 more than in 1963 and 329 more than in 1955.

Emergency calls, i.e., cases of illness which had to be dealt with immediately, went up from 5,765 in 1963 to 5,953 in 1964, an increase of 188, and 4,428 more than in 1955.

There are several reasons why the demand for ambulance transport is continually increasing year by year. Increase of the population, more patients are attending Hospital Clinics, different types of Clinics and the Physiotherapy Department are dealing with more than twice the number of patients dealt with ten years ago. Since the Clwyd and Deeside Hospital Management Committee have taken over wards at Groesynyd Hospital, Conway; Abergele Sanatorium and Llangwyfan Hospital, the transferring of patients between Rhyl and these Hospitals has made a big demand on the Service.

AMBULANCES

Quarter Ending	1964				1963				1955			
	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage	Stretcher Cases	Sitting Cases	Journeys	Mileage
31st March	2692	10588	2895	114475	2438	8858	2644	100057	1252	2129	1483	38113
30th June	2851	11165	3089	116209	2606	9484	2717	104432	1400	5207	2230	68292
30th September	2775	11046	3177	116976	2646	9505	3015	112055	1577	5954	2500	80789
31st December	2423	11389	3024	113708	2549	10011	2990	112621	1315	6455	1988	82159
TOTALS	10741	44188	12185	461368	10239	37858	11366	429165	5544	19745	8201	269353

Figures show that 502 more stretcher cases were conveyed in 1964 than in 1963, and 5201 more than in 1955. The sitting cases conveyed by ambulances show an increase of 3,330 over 1963 and 21,443 over 1955.

Patients transported by rail: Rail transport is used whenever possible to transfer patients going long distances. The full co-operation of the British Railways is received on such removals; the patient and escort are allowed the whole compartment and no extra charge to the ordinary fare is made. The only time Rail transport cannot be used for the transfer of stretcher cases is when the line is covered only by the Diesel Trains which are all open carriages, and more Branch Lines are going over to this type of train every year.

The number conveyed during 1964 was 45, compared with 71 in 1963.

Analysis: The following is an analysis of all patients dealt with during the year 1964 by the Authority's ambulances, sitting case cars and patients carried by rail, with corresponding figures for 1963 and 1955.

	1964	1963	1955
Road Accidents	842	525	223
Miscellaneous Accidents	440	366	111
Maternity Cases	1139	1195	246
Emergency Cases	4814	4570	1279
Infectious Cases	58	67	79
General Removals and			
Clinic Cases	50336	48248	37839
Patients by Rail	45	71	19
TOTALS	57674	55042	39796

The average of emergency calls dealt with by the Service during the year was 20 every 24 hours; in 1963 the average was 18.50.

Conveyance of Patients to and from Hospitals in Liverpool and Manchester: During 1964 the ambulances made 604 journeys to Liverpool and conveyed 1,865 patients to and from Hospitals in that Region. 128 journeys to Manchester to convey 325 patients.

Ambulance and Sitting Case Car Statistics 1955 - 1964

	1955	1963	1964
Ambulances (A) :			
Mileage	269353	429165	461368
Patients	25289	48097	54929
Miles per Patient	10.6	8.9	8.4
Sitting Case Cars (B) :			
Mileage	157643	58787	31394
Patients	14507	6874	2700
Miles per Patient	10.9	8.6	11.6
Totals (A) and (B) :			
Mileage	426996	487952	492762
Patients	39796	54971	57629
Miles per Patient	10.7	8.9	8.6
Clinics, etc., Ambulances (C) :			
Mileage	-	11424	13065
Totals (A), (B) and (C) :			
Mileage	426996	499376	505759

Mobile Health and Dental Clinics: The following gives figures relating to the work carried out by the Mobile Clinic in the County with comparative figures for 1963 and 1962:-

1964		1963		1962			
Sessions	Mileage	Sessions	Mileage	Sessions	Mileage		
165	4483	...	165	3899	...	190	4268

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 1964, and corresponding figures for 1963 and 1962.

Year	Mothers	Infants	Mileage
1964	1436	1748	2296
1963	1538	2048	2369
1962	1383	2049	1990

Mobile Dental Clinic: The clinic visits various schools in the County and stays at each school until the Dental Officer has completed his treatment. The unit is connected to the electricity and water mains

supply at each school.

The following shows the number of journeys made and mileage involved during 1964. Figures for 1963 and 1962 are shown for comparison.

	<u>1964</u>	<u>1963</u>	<u>1962</u>
Journeys	19	20	25
Mileage	498	426	565

Delivery of Welfare Foods

	<u>1964</u>	<u>1963</u>	<u>1962</u>
Journeys	63	20	25
Mileage	3463	426	565

Conveyance of Handicapped Children: Eighteen journeys were made by ambulances during the year to carry handicapped children to and from Ysgol Gogarth, Llandudno. Also ten journeys were made to convey handicapped persons in the County. The following shows number of journeys made, persons carried and mileage involved with comparative figures for 1963.

	<u>1964</u>	<u>1963</u>
Journeys	28	25
Persons carried	151	112
Mileage	1261	1297

Other miscellaneous journeys made by ambulances during the year for various purposes, moving medical equipment, Service runs, Civil Defence and attending shows were:-

	<u>1964</u>	<u>1963</u>
Journeys	8	43
Mileage	1057	794

The ambulances undertook, for all purposes, during the year 12,479 journeys, carried 58,264 persons and covered 474,433 miles.

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

13,562 gallons of petrol were consumed by the petrol vehicles.

to cover 255,700 miles. Average miles per gallon 18.8.

8,121 gallons of diesel were consumed by the diesel vehicles to cover 218,733 miles. Average miles per gallon 26.9.

British Red Cross (Flintshire Branch): Again during 1964 the British Red Cross (Flintshire Branch) have given us excellent service by providing escorts. Nineteen of which accompanied patients travelling by Rail and ten other journeys to ambulances.

Junior Tradesmen's Regiment, Kinnel Park: Lt. Col. J. S. G. Walenn made a request that the Junior Tradesmen's Regiment could attend at Ambulance Stations for experience in dealing with patients, before they pass out to the Regular Army Medical Corps. Arrangements were made for two boys to attend at Rhyl, Holywell and Mold Ambulance Stations, for this purpose. They gained experience in doing so and also gave useful service.

National Association of Ambulance Officers: The County Ambulance Officer attended three Wales Regional Meetings held at Shrewsbury during the year. He was again re-elected Chairman for Wales for the ninth consecutive year. He also attended the Association Annual Conference held at Llandudno in September 1964.

Annual County Ambulance Competition: The Annual Competition between the five Ambulance Stations in the County was held on Saturday, the 20th June 1964, at the County Ambulance Headquarters, Mold. One team from each of the Stations took part. The Adjudicators were Dr. Leich, Medical Officer of Health, Cheshire County Council, and Mr. G. Jones, County Ambulance Officer, Cheshire County Council.

The winning team was Mold - Driver D. G. Griffiths and Attendant P. Parry; they also won the 1963 Competition. They were presented with the County Shield and the individual Trophies by the Chairman of the County Council, Mr. Arthur Jones.

Chairman's Efficiency Cup: This year, a cup has been given by the Chairman of the County Council to be presented to the best kept Station each year. Marks are given on general cleanliness of Stations and Vehicles, the number of Safe Driving Awards gained by the Station, general demeanour of Staff etc., part taken and marks gained in Competitions and efforts made by each Station to gain advanced knowledge and training in First Aid. The Cup was presented to Senior Driver T. E. Bellis of Mold Ambulance Station, by the Chairman for the

best kept Station for 1963. A number of guests attended the Competition 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, 28th June 1964, where thirteen teams took part, representing all the Welsh Authorities. The Competition was won by Caernarvonshire and Flintshire was placed sixth.

New Ambulances: Four new ambulances were purchased during the year - one Standard Ambulance, Austin LD05 Chassis. This is a new chassis specially designed by B.M.C. for ambulances. It has a number of modifications done to it from the old L.D. Chassis. The chassis was fitted with Lomas Ambulance Body. One - Austin Gipsy with Lomas Body, this was an extra vehicle required to deal with patients that had to be moved from places where an ordinary vehicle is unable to get to. It is also used in snow conditions. The other two vehicles were Austin L.D. M20 Vans, converted to dual purposes ambulances by Lomas.

The standard type ambulance was to replace Ambulance Reg. No. PDM 138 purchased 1958. It had been stationed in Flint and had covered over 200,000 miles. The Gipsy ambulance has been stationed in Holywell and the two Conversions - one stationed at Mold to deal mainly with sitting patients. The other vehicle is used as a relief vehicle to replace any ambulance that is being serviced or under repair at the Headquarters Workshop.

Accident Claims: Twelve accident claims were made during the year on the Insurance Company for repairs to Ambulances after being involved in accidents. Seven of the accidents were attributed to faults on the part of our Drivers and five were attributed to the fault of other road users.

Safe Driving Awards for 1964

Twenty of the Drivers qualified for Safe Driving Awards from the National Society for the Prevention of Accidents during 1964, They are as follows: -

<u>Name</u>	<u>Station</u>	<u>Awards</u>	
Driver WARDMAN, J	Rhyl	3rd Oak Leaf	13 years
Senior Driver BELLIS, T.E	Mold	3rd Silver Bar	8 years
Driver GRIFFITHS, D.G	Mold	2nd Silver Bar	7 years
Senior Driver REYNOLDS, W	Rhyl	1st Silver Bar	6 years
Driver PARRY, A	Queensferry	4th Diploma	4 years
Driver HUGHES, A.S	Holywell	3rd Diploma	3 years
Driver GATEHOUSE, M.A	Rhyl	3rd Diploma	3 years
Driver THOMAS, G	Holywell	3rd Diploma	3 years
Senior Driver THOMAS, P.A	Holywell	2nd Diploma	2 years
Driver HALLOWS, P	Queensferry	2nd Diploma	2 years
Driver/Att. ROBERTS, J.B	Flint	2nd Diploma	2 years
Driver HUGHES, H	Mold	2nd Diploma	2 years
Driver/Att. PARRY, P	Mold	2nd Diploma	2 years
Part-time Driver WARD, I	Hanmer	2nd Diploma	2 years
Driver GOODWIN, A.T	Mold	1st Diploma	1 year
Driver THOMAS, T	Mold	1st Diploma	1 year
Driver HUGHES, T	Holywell	1st Diploma	1 year
Driver EDGE, J.H.A	Rhyl	1st Diploma	1 year
Driver/Att. ROBINSON, R.W	Rhyl	1st Diploma	1 year
Driver/Att. DARBEY, H.E	Holywell	1st Diploma	1 year

Five Drivers failed to qualify

Vehicles

The vehicles in the Service at 31st December 1964 as listed below, showing type, make, year, condition and Registration Numbers.

Type	Make	Year	Condition	Reg. No.
Standard 2 Stretcher	Morris Diesel	1958	Due to be re-placed in 1965	RDM 563
Standard 2 Stretcher	Morris Diesel	1958	Due to be re-placed in 1965	RDM 571
Standard Dual Purpose	Bedford Petrol	1958	Good	RDM 454
Standard 2 Stretcher	Morris Diesel	1959	Fair	SDM 953
Standard 2 Stretcher	Morris Petrol	1959	Fair	SDM 982
Light 2 Stretcher	Land Rover	1960	Good	VDM 156
Standard 2 Stretcher	Morris Diesel	1960	Good	WDM 562
Standard 2 Stretcher	Austin Diesel	1961	Good	51 ADM
Standard 2 Stretcher	Morris Petrol	1961	Good	52 ADM
Standard 2 Stretcher	Morris Petrol	1961	Good	72 ADM
Towing 1 Stretcher	Land Rover	1961	Good	174 ADM
Light 1 Stretcher				
Conversion	Morris Petrol	1962	Fair	959 BDM
Standard 2 Stretcher	Austin Petrol	1962	Good	73 DDM
Standard 2 Stretcher	Austin Diesel	1962	Good	61 DDM
Standard 2 Stretcher	Austin Diesel	1962	Good	83 DDM
Standard 2 Stretcher	Austin Diesel	1963	Good	281 FDM
Standard 2 Stretcher	Austin Petrol	1963	Good	264 FDM
Conversion Dual Purpose	Austin Petrol	1963	Good	265 FDM
Conversion Dual Purpose	Austin Petrol	1963	Good	284 FDM
Conversion Dual Purpose	Austin Petrol	1964	New	ADM 658B
Conversion Dual Purpose	Austin Petrol	1964	New	ADM 594B
Light 2 Stretcher	Austin Gipsy			
	Petrol	1964	New	ADM 685B
Standard 2 Stretcher	Austin Diesel	1964	New	ADM 691B

The following shows the number of patients conveyed by Flintshire Ambulance Service on behalf of other Authorities. It also shows the number of journeys, mileage involved and the amount charged.

Authority	1964				1963			
	Patients	Journeys	Mileage	Cost £ s d	Patients	Journeys	Mileage	Cost £ s d
Anglesey C.C.	1	1	30	3 7 6	1	1	32	2 16 0
Brighton C.B.	-	-	-	- - -	1	1	28	2 9 0
Caernarvon C.C.	4	1	-	5 0 0	1	1	-	1 5 0
Cheshire C.C.	10	10	194	28 11 6	3	3	55	4 8 9
Chester City	5	5	20	2 5 0	8	8	100	13 0 0
Denbighshire C.C.	70	62	836	153 11 9	99	90	1019	147 11 6
Dundee Hospital Board	-	-	-	- - -	1	1	24	2 2 0
Liverpool City	4	4	74	10 16 0	18	18	463	49 10 3
London C.C.	-	-	-	- - -	1	1	6	- 10 6
Norfolk C.C.	1	1	34	3 16 6	-	-	-	- - -
Shropshire C.C.	2	2	77	12 11 3	1	1	30	4 10 0
Surrey C.C.	1	1	25	4 13 9	-	-	-	- - -
Staffordshire C.C.	-	-	-	- - -	1	1	14	2 9 6
Sports Meets, etc.	36	25	225	29 12 9	-	19	195	57 4 9
Clwyd & Deeside Hospital								
Management Committee	29	15	422	67 10 0	22	6	212	34 1 6
Private Removals	2	1	143	7 3 0	1	1	151	22 13 0
Flintshire C.C. Education Committee	118	15	1708	173 7 9	-	-	-	- - -
TOTALS	283	143	3788	502 6 9	158	152	2329	344 11 9

The following shows the number of patients conveyed by Other Authorities on behalf of Flintshire during the year 1964, also shown are journeys, mileage and cost with comparative figures for 1963.

Authority	1964				1963			
	Patient	Journeys	Mileage	Cost £ s d	Patient	Journeys	Mileage	Cost £ s d
Birmingham C. B.	1	1	33	8 5 0	-	-	-	- - -
Bournemouth C. B.	1	1	23	4 13 11	-	-	-	- - -
Bradford C. B.	-	-	-	- - -	1	1	16	2 8 0
Brighton C. B.	1	1	20	5 5 0	-	-	-	- - -
Caernarvonshire C. C.	1	1	Set Charge	1 5 0	3	3	48	3 12 2
Cheshire C. C.	1	1	9	1 13 9	1	1	101	15 3 0
Chester City	123	93	569	200 0 0	42	38	289	200 0 0
Denbighshire C. C.	158	142	1786	261 16 9	129	117	1534	188 10 9
London C. C.	1	1	4	1 1 0	3	3	73	19 19 3
Manchester C. B.	1	1	32	- 17 0	-	-	-	- - -
Montgomeryshire C. C.	1	1	16	1 16 0	-	-	-	- - -
Salford C. B.	8	8	84	11 5 0	11	6	66	7 3 7
Shropshire C. C.	17	16	422	78 2 6	41	32	634	94 17 0
Surrey C. C.	-	-	-	- - -	1	1	43	1 14 0
Worcestershire C. C.	1	1	8	1 4 0	-	-	-	- - -
Total	315	268	3006	577 4 11	232	202	2804	533 6 9

Training: All but three of the full-time Drivers and Attendants in the Service at 31st December 1964 gained awards in First Aid during the year. The three that failed to qualify lost their efficiency pay of 9 shillings per week.

The following Drivers and Attendants went in for Advanced First Aid, which also covers Hygiene, Physiology and Anatomy. Training was arranged by the Further Education Committee. They sat the Institute of Certified Ambulance Personnel Examination at Liverpool in 1964 and were successful.

Senior Driver T.E. Bellis (Mold) - Fellow
Clinic Driver E.S. Roberts (Mold) - Fellow
Attendant P. Parry (Mold) - Fellow
Records Clerk G.T. Jones (Ambulance
Headquarters) - Associate

Standard Training for Ambulance Personnel which The National Association of Ambulance Officers have been pressing for, has now been accepted in principle and a number of the larger Authorities have arranged their own training schools, until such time as schools on National basis have been agreed upon.

Cheshire County Council as one of the larger Authorities have set a two weeks Training Course at Northwich Ambulance Depot and invited other Authorities to send candidates at a nominal fee of £10 per candidate. The Flintshire County Council took advantage of this offer and our Senior Driver T.E. Bellis of Mold Ambulance Headquarters was sent on the course, commencing 9th November 1964. I visited the school with the Ambulance Officer during this course and was impressed with what they were teaching the men and, therefore, decided to send our other two Senior Drivers, and after they have completed their training we shall arrange our own small training scheme.

Promotion: In order to increase efficiency of the Service, it was necessary to keep more supervision of ambulances staff at Hospitals to get a quicker turn round of ambulance and, also, to check that no wasted mileage was taking place. To do this, it necessitated promoting some of the Drivers to Shift Leaders to carry out these duties, also to take charge at their respective Ambulance Stations in the absence of the Senior Drivers. The following four Drivers were promoted to Shift Leaders in July 1964.

Driver D.G. Griffiths	(Mold)
Driver E. Wilson	(Flint)

Driver A.S. Hughes (Holywell)
Driver J. Wardman (Rhyl)

With regards to Queensferry Ambulance Station, it was decided to wait until 1965 before appointing a similiar rank for that Station.

Attendant H. Hughes at Mold Ambulance Station was promoted to Driver in April 1964 to drive the new sitting case vehicle stationed in Mold.

Appointments: The following were appointed to the Service in April, 1964.

Mr. D.A. Williams, 32, Strand Walk, Holywell.
(Relief Driver) stationed at County Ambulance Headquarters, Mold.

Mr. D.J. Coulton, 64, Church Street, Connah's Quay.
(Ambulance Attendant) stationed at Queensferry Ambulance Station.

Mr. G.C. Williams, 2, Stone House, Coed Talon.
(Ambulance Attendant) stationed at Mold Ambulance Station

Mr. D. Satherthwaite, Woodlands Rd., Mold was appointed Temporary from 4th August to 5th September 1965 to relieve Holidays at the Ambulance Control.

Mr. N. Garston was appointed Temporary from 9th November 1964 for a period of six weeks to relieve Mr. Bentley at the Ambulance Control who was on sick leave.

Radio: Sixteen new Murphy Mobile Radio Sets and one Fixed Station Unit were purchased in 1964 to replace the Hudson Electronic equipment which had been in service since April 1957.

ESTABLISHMENT OF THE SERVICE AS AT 31st DECEMBER 1964

Head of Department	County Medical Officer of Health
Officer-in-Charge	County Ambulance Officer
Records Clerk	1
Senior Control Clerk	1
Control Clerks - Male 3, Female 2	5

Telephonist	1
Shorthand Typist (part-time)	1

Operational:

Senior Ambulance Drivers	3
Shift Leaders	4
Ambulance Drivers	12
Relief Ambulance Drivers	2
Mobile Clinic Driver	1
Ambulance Attendants	9
Part-time Ambulance Driver (Hanmer)	1
Motor Mechanic	1
Part-time Caretaker at Ambulance Headquarters	1

Maintenance: All maintenance of Ambulance vehicles are carried out by the mechanic at Ambulance Headquarters, Mold. The only exception when any work is carried out by outside garages is when a vehicle has to have a replacement engine, or when it is only a minor repair that it would not warrant bringing the vehicle into Headquarters from Stations such as Rhyl. Credit is due to the Mechanic for keeping our vehicles in such a high mechanical standard.

Accommodation: The work that commenced in November 1963 of building ten extra garages at the County Ambulance Headquarters, Mold was completed in the Spring of 1964, and it is pleasing to report that the position of garaging vehicles now at the Headquarters has greatly improved. I am also glad to report that a new Ambulance Station will be built in Flint, due to development and the increase of population on the Deeside a larger Ambulance Station, in this area, is essential.

Great progress in Ambulance Stations has been achieved in the County in the last four years. The New Ambulance Headquarters in 1961, Holywell Ambulance Station 1962, and Queensferry Ambulance Station in 1963 and now Flint in 1965.

The present accommodation at Rhyl is very unsatisfactory and I mentioned in my 1963 report, as plans will mature as to where they are going to build the new General Hospital in that area, immediate consideration will have to be given of building a new Ambulance Station.

Commendations: Several letters have been received from patients during the year, wishing to thank the Ambulance Staff for their

kindness and most efficient way they carried out their duties.

Of the total of 57,674 patients dealt with, only four complaints were received and these were of minor importance, mainly of delays in getting patients into Clinics. No complaints were received about delay with any emergencies throughout the year.

I wish to thank the following for their co-operation during 1964:- The Hospitals, General Practitioners, The Chief Constable, The Fire Service, British Red Cross Society and the Civil Defence.

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 168 contacts out of a possible total of 188 were examined - that is 89.4% of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 772 persons during the year and gave B.C.G. vaccine to 151 persons.

Grants of milk and other foods were made during the year by the Area Nursing and Mental Health Sub-Committee to 166 cases suffering from Chest diseases. 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 1964 a total of 395 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 1114 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. Forty such persons were assisted in 1964. The cost of this was £134.

The cost of the grants of milk and other forms of nourishment made to chest cases and to persons suffering from other illnesses was £3, 13s 0d.

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 46 such patients in 1964. 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, 1963 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 (81%) were aged 65 or over.

The number of cases helped in 1964 (814) is slightly more than the previous year when 777 householders received help.

The number of cases helped in 1964 (814) shows an increase of 37 households over the previous year. The number of requests was greater than this, but some people were given the names of persons who were willing to make a private arrangement. The Officers of the National Assistance Board have also been most helpful in arranging for payment of a domestic help allowance to elderly people living in the remote areas. Of the 814 cases who received help, 663 were people aged 65 or over. One lady who lived alone and had enjoyed the service for 14 years died at the age of 100. The same home help had served her throughout the 14 years.

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 814 cases who received help 81% were aged 65 or over. Nineteen 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 was 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.

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

The 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. In some instances the Little Sisters of the Assumption gave attention to sick persons. 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.

TRAINING SCHEME FOR HOME HELPS IN FLINTSHIRE

The need for arranging a Practice/Course of training for the Home Helps was felt for the following reasons: -

- (1) The demands made upon the Service have increased each year.

- (2) More frail elderly people are living longer and their needs are far more complex than just having their homes cleaned. Many who have received help for eight or ten years now require increasing assistance.
- (3) The early discharge of patients from the four Geriatric Units has entailed reliance on the Home Help to a much greater degree for support after Hospital Treatment.
- (4) The large numbers of retired people living in Prestatyn and Rhyl with no relatives nearer than the Midlands or Lancashire call upon the Service for help and the demand in this area is great.
- (5) Whereas in the past many elderly people who were Mentally disturbed were admitted to hospital, now they are subordinated at home with the help of drug therapy but they call for great patience and understanding and the Home Help needs some insight into the causes of some of the behaviour problems.

Many other Local Health Authorities have been carrying out inservice training courses for a number of years and six programmes were studied in preparing our course as well as advice from some of our more experienced Home Helps sought.

It was decided that a series of weekly talks would be preferable to a full time or day release course and eight meetings completed the course. 50% attendance of lectures was required before the Certificate was awarded. Pay was given for the hours attended and bus fares paid.

Synopsis of the Lectures

- (1) **Getting on with People:** This talk was by Mr. J.C. Seaman, County Mental Welfare Officer and was conducted as a Group Discussion and examples given by the Home Helps from personal experience. Some insight was given into the Causes of behaviour and difficult problems and the emotions aroused in the Home Help when dealing with them.
- (2) **The Duties of the Home Help** gave a splendid chance for the more experienced Home Helps to teach the younger ones some very excellent tips on planning of duties. In some of the courses three or four of the Home Helps wrote

a paper on some aspect of their duties, while others were asked to write a Study of one of their Householders.

- (3) **First Aid and Home Care of the Sick:** The District Nurses are calling for more help from the Service to assist in the simple home nursing procedure and to encourage patients in walking rehabilitation.
- (4) **Services for the Aged** given by Dr. Munro, S.A.M.O. included the Statutory and Voluntary Services and how help can be mobilised to help. This talk gave a feeling of team work and has led to a number of requests for other services.
- (5) **Food and Housecraft:** These sessions were most helpful. The Tutors at Kelsterton Technical College and Domestic Science Teacher at Prestatyn were given preparatory information upon the kind of material required. A stand of pre-cooked dishes and dietary supplements was arranged as well as a demonstration of dishes cooked during the Class. Duplicate copies of recipes were appreciated.

The Certificates were presented at the end of the four courses by Dr. G.W. Roberts, County Medical Officer of Health and the press were invited to attend. The emphasis of this vitally important work and the role of the Home Help in the Health Team gave to each one a feeling of pride and achievement. The mutual help of meeting regularly was marked and the courses have done much to uplift the morale of the service and recruitment has benefitted. Many of the Subjects had already been covered in previous staff meetings but the benefit of having consecutive meetings was noticeable.

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 1964						
	Aged 65 or over on first visit in 1964	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	Total
No. of Cases	663	74	12	19	46	814

Of the above, 13 persons received evening help and 29 received help on Sundays. 81% of all persons helped were aged 65 or over.

Hours worked:

Eastern Area	...	...	...	...	34,049 $\frac{1}{2}$
Central Area	...	...	...	...	27,829 $\frac{1}{2}$
Western Area	...	...	...	...	64,469 $\frac{1}{2}$
TOTAL	...	...	...	...	<u>126,348$\frac{1}{2}$</u>

NEW CASES HELPED IN 1964

Aged under 65 on first visit in 1964

	Aged 65 or over on first visit in 1964	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	Total
No. of Cases	228	45	6	17	38	334

Number of Helpers employed at 31st December, 1964:

Full-time	...	...	...	...	2
Part-time	...	...	...	...	132
TOTAL	...	...	...	...	<u>134</u>

Number of Meetings of Home Helps

4

Visits:

Lectures to Home Helps Training Courses	28
Number of first visits to patients ...	122
Number of re-visits to patients ...	854
Number of first visits to helpers ...	33
Number of re-visits to helpers ...	559
Prospective helpers interviewed at office or home	84

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. The extent to which this was done in the year under report is outlined in subsequent paragraphs. 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.

Health Education was well to the fore in 1964, more time and thought has been given to this most important subject, and more and more of the staff of the department are being called upon to take part in the work, not only in homes and clinics, but also in schools and clubs throughout the county.

The role of the School Health Service is to supplement work already carried out by teachers in schools. Many schools include a variety of Health Education subjects in their syllabus and very valuable instruction is given by teachers of physical education and Biology in secondary schools. The natural follow up, to talks on human relations, moral problems of adolescents and sex education, by the school doctors, is thereby made more easy. It is encouraging to note that Headteachers still feel there is a need for these latter talks to be given by members of the School Health Service. Indeed they seem to be warmly welcomed by parents and children alike, also.

During the year, three events highlighted the importance and the need for health education in the community.

The first was the Aberdeen Typhoid epidemic which focussed attention everywhere on the need for good standards of personal hygiene. Schools were quick to show interest in their own sanitary

state, requests were received for inspection of premises from Headteachers, and for supplies of literature, leaflets and publications. The opportunity was seized to give talks to schools on proper hand-washing care, and a special talk was given by the Principal School Medical Officer to the School Meals Staff of the county on food handling. The local press gave prominence to publishing reminders for the need for preventive precautions in day to day living.

The second event which stimulated the course of Health Education was the publication in April of the British Medical Association report on V.D. and young people. These findings were widely quoted in the Press and great concern was expressed at the increase of V.D. particularly in teenagers. The need for factual talks to adolescents was again emphasised. Following on this, copies of leaflets for guidance of teenagers were made available by the Department to Headteachers of all secondary schools in the county, and it was decided to enlarge the health education talks to leavers by the addition of film, filmstrip and talks on Venereal Disease.

The introduction of these newer coloured films and film strips has been much appreciated, a more lasting impression is achieved by the added use of films such as "Women of Tomorrow", "Boy into Man", "Learning to Live", "The Innocent Party". Young people enjoy these films and learn from them. The health department is greatly indebted to Mr. Ellis, County Visual Aids Officer, for his ever-willing help in providing such excellent material for use in schools.

In the sex education scheme, a course of 3 talks illustrated by films was given to school leavers at each of three secondary schools, Dr. W. Manwell taking the boys, and Dr. L.L. Munro the girl leavers. The talks given were informal but factual, and included personal hygiene, diet, growth development, menstruation, moral problems of adolescents, pregnancy and Venereal Disease. Ample opportunity was given for discussion and for the answering of questions afterwards.

Health Visitors have also taken keen interest in this type of work, and have been running their own courses in their own particular areas. Miss J.S. Rogers has been running a weekly series of talks on Mothercraft and Personal Relationships at Buckley Elfed Secondary School, this course has been extended to include menstruation and sex education also. Similar lectures with film strips have been run at Shotton Deeside by Mrs. P.B. Coupe, and Miss P.M. Matthews, and in Rhyl Glan Clwyd Welsh Bilateral School by Miss Stewart, dealing here with personal hygiene and personal problems. There is every indication that more schools will call for these informal meetings in

the future, between senior pupils and health department staff.

As well as sex education projects in secondary schools, general subjects have also been dealt with during the year. A return showing of the three films "Smoking and You", "This is your Lung", and "The Smoking Machine", was given at two secondary schools in the Western area in Rhyl and Prestatyn in an effort to discourage young smokers. Leaflets and booklets were made available and, at each showing, a School Doctor was present to answer questions on this and other health matters.

All the films shown in schools are first checked out by the Medical Staff at the health department. In two cases trial showings were made after this to selected Grammar School Sixth-formers who were then asked for their comments on the material used.

Mention must here be made of the Health Education scheme carried out by members of the health staff in the annual course of lectures to Pre-nursing students at the Flintshire Technical College, Kelsterton. Members of the health staff were also invited to take part in April in the General Studies Programme there, on Family and Individual Relationships, and attended as panel members on the daily Brains Trusts.

Regular visits are also paid by the nursing staff to all Primary Schools in the county, in all 130 school visits were paid by Health Visitors during 1964 for the purpose of giving special talks on health education subjects. At some Schools such as Rhualt C.P., the Health Visitor, Mrs. D.M. Lewis, concentrated on the youngest members, and infants greatly enjoyed talks illustrated by films "Washing Day at The Zoo", and "No Toothache for Noddy". At Mynydd Isa C.P. School a Health Week was organised in June, children joined in with pictures and essays illustrating themes of hand-washing, care of feet, teeth, dental hygiene, and diet. Special displays were arranged, these included live cultures grown from bacteria from unwashed hands and also from fly contaminations, to show children how infections came about. This Health Week was followed up by a meeting of the Parent Teacher Association at which the Principal School Medical Officer spoke on the School Health Service.

Much of the health education undertaken is done so on an informal basis, quite apart from organised talks. Health Visitors and School Nurses, in school for the purpose of carrying out vision test, cleanliness inspection, medical examinations, make full use of these opportunities to give quiet talks to small groups of children to help encourage good habits.

In school clinics throughout the county, posters and demonstrations on varying subjects are provided. These are changed monthly so as to provide constant fresh stimuli. Displays were also held at five Clinic centres throughout the county of aids to the physically handicapped, flame-proofed clothing for children, etc.

Larger exhibitions held during the year included the Demonstration of Life saving and Resuscitation given by students of the Technical College, with demonstration of mouth to mouth breathing, by Mr. Jones, County Ambulance Officer and introduced by Dr. Deas. An exhibition was also held at the Connah's Quay Community Centre on June 4th under the Chamber of Trade, which was concerned chiefly with home safety, clean food, atmospheric pollution, diets for the elderly, and featured poster displays of all the social services available in the county. The display of gadgets to help physically handicapped persons was featured also as a special display at the Flint and Denbigh show in August and roused great interest.

The third factor which was evident in the development of the health education programme, was the rapid growth of voluntary work during the year. Under the guidance of Senior Health Visitors, Miss J.M. Jewell and Miss M. Williams, there are several flourishing social service groups in secondary schools in Flintshire. Children are paying regular visits to the aged, lonely or handicapped persons, outing and Christmas parties were arranged and much very valuable work has been done in this sphere. This increasing desire to help others has been shown in the number of children taking up Red Cross Work or training in First Aid, either as part of the Duke of Edinburgh Award Scheme, or for some other project. Several Health Visitors have taken part in these schemes giving up much of their free time visiting clubs and holding evening classes.

Training and Leadership courses were held in Rhyl in October, and were attended by Health Visitors, Nurses, Youth Leaders and Red Cross workers. Talks were also given to British Red Cross Cadet Units in Buckley and Rhyl. It was particularly pleasing that two children were able to go from Flintshire to attend the Outward Bound Courses under the auspices of the Red Cross.

Posters, leaflets etc., on special health education "themes" are displayed at the Authority's Clinics and the display material is changed each month. The table on the following page lists the subjects treated in this way during the latter part of 1964 and planned to August of 1965.

September, 1964	-	Care of the Teeth
October, 1964	-	Immunisation and Vaccination, Coughs and Sneezes.
November, 1964	-	Fireguards, Fireworks and Electrical Appliances.
December, 1964	-	Christmas Safety, Fabrics and Gas Safety.
January, 1965	-	Burns, Scalds and Falls
February, 1965	-	Food and Nutrition
March, 1965	-	Home Safety, Poisons and Spring Cleaning.
April, 1965	-	Smoking and Lung Cancer and Clean Air.
May, 1965	-	Care of Toddlers
June, 1965	-	Clean Food. Kitchen Hygiene and Hand Washing.
July, 1965	-	Holiday Safety
August, 1965	-	Flies. Care of Feeding Bottles and Teats. Weaning Diets.

I would again like to thank all the staff for the valuable work they do in the field of health education, in particular Dr. L. Munro, 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 and the Headteachers for their excellent co-operation.

MENTAL HEALTH

Services for the mentally disordered provided by the authority continued at a satisfactory level during 1964, bearing in mind

the limitation of trained staff and premises. Once again, our biggest problem has been the shortage of trained workers in all fields - Mental Welfare Officers - Adult Training Centres, Junior Training Centres, and at the recently opened hostel. The Authority continued during the year with its policy of allowing staff to go on appropriate training courses and at the end of 1964, one Mental Welfare Officer and one Training Centre Assistant Supervisor were away on training. During the year also one member of the staff completed their training. Mr. R. Powell completed the two year course in social work at the Liverpool College of Commerce and returned as a Mental Welfare Officer based on the Deeside area.

We have continued our policy of recruiting trainees in all branches of our Mental Health activities and at the end of 1964, three trainees were working the various sections and preliminary arrangements have been made for them to attend suitable training courses at a later date.

At the end of 1964, we had one Senior Mental Welfare Officer, five Mental Welfare Officers, one Assistant Mental Welfare Officer and one part time Mental Welfare Officer who worked for the Authority and also the hospital. We were only able to meet the day-to-day needs of the mentally ill, the number of staff did not permit the type of care or after-care that we hope to provide when we eventually have a full establishment of trained staff. In addition, the Mental Health Services are constantly developing and patients are looking more and more to the staff for help in discharge from hospital. We were able to meet the demands made upon us thanks largely to the hard work and initiative of the Mental Welfare Officers, the ready help of the Consultants and other staff at the Denbigh and Deva Hospitals and the co-operation of General Practitioners.

Services for the subnormal continued on a satisfactory level during 1964. 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 1964, 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 1964, twenty eight children from Flintshire were attending the Chester centre, and two attend Denbighshire Centres, 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.

It was agreed that Fronfraith in Russell Road, Rhyl, should be converted as a hostel for subnormal men. The intention being to provide a hostel for 20 young subnormals who were employable and who could possibly be rehabilitated to the point of enabling them to return to their families or into suitable lodgings. The whole project was fully discussed with Dr M. Craft, the Consultant Psychiatrist in charge of hospitals for the subnormal in North and Mid Wales. The hostel was opened in June 1964 and at the end of the year there were 10 males in residence. It was agreed by the Health Committee that suitable out County cases be accepted to the hostel provided the sending authority paid the maintenance costs and subject to vacancies being available.

Miss Harding, the part-time Social Worker, is also employed part of the time by the Hospital Management Committee and she devotes her activities to the needs of the subnormal, both males and females, particularly to the work of finding suitable employment for subnormals in hospital and when appropriate, lodgings and other accommodation.

I would like, once again, to thank all General Practitioners in the County for their help and ready co-operation in the day to day work of administering the Mental Health Act. During the year, Dr. J.H.O. Roberts, the Medical Superintendent of the Denbigh Hospital, retired and all members of the staff who came into contact with him will miss his wise counsel and ready help. His successor, Dr. Gwyn Williams, is well known to the Staff and we know that we will get every help from him as in the past.

I would also like to thank Dr. M. J. Craft, the Consultant Psychiatrist-in-charge of hospitals for the subnormal, for his continued help during the year, particularly in admitting urgent cases at short notice, in providing short-term care for patients and in arranging out-patient clinics in the county to see patients and advise on treatment and after-care.

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 eighty-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, 1964

	Males	Females	Total
Admitted to Hospital for observation:			
Under Section 25	5	7	12
Under Section 29	46	56	102
TOTAL	<u>51</u>	<u>63</u>	<u>114</u>
	Males	Females	Total
Admitted to Hospital for treatment			
Under Section 26	1	2	3
Admitted to Hospital informally:			
Under Section 5	45	38	83
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 subnormal patients is carried out by Health Visitors and Mental Welfare Officers. The Health Visitors visit all patients under 16 years of age and Mental Welfare Officers visit all patients over that age and any cases with 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 and over			Total
				M	F	T	M	F	T	
1963				36	27	63	76	84	160	223
1964				44	27	71	84	90	174	245

Table 24 (continued)

PATIENTS ADMITTED TO HOSPITAL							
1964:	Age under 16			Age 16 and over			Total
	M	F	T	M	F	T	
Informally -							
Under Section 5 of Act	-	1	1	5	3	8	9
For observation -							
Under Section 25 of Act	-	-	-	1	-	1	1
Under Section 29 of Act	-	-	-	2	-	2	2
For treatment -							
Under Section 26 of Act	-	-	-	-	-	-	-
By Court Order -							
Under Section 60 of Act	-	-	-	2	-	2	2
Short-term Care	8	3	11	2	6	8	19
TOTAL	8	4	12	12	9	21	33

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 704 after-care visits were paid and 733 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 962 visits to mentally subnormal patients.

Table 25

VISITS PAID BY MENTAL WELFARE OFFICERS

To Mentally Ill Patients:-	1963	1964
(a) After-care visits	875	704
(b) Visits (other than after-care)	723	733
To Mentally Subnormal Patients	628	962

In addition, Health Visitors paid 688 visits to mentally subnormal patients and 431 visits to patients who were mentally ill.

Table 26 (Part I)

2. Number of Patients under L.H.A. Care at 31:12:64.		MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL		GRAND TOTAL (1 - 16)
		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 and over		
		M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	Under age 16 (17)	16 and over. (18)	(19)
(a)	Total number	-	-	175	95	-	-	-	-	4	4	41	39	40	23	43	51	71	174	515
(b)	(i) Attending Day Training Centre.	-	-	-	-	-	-	-	-	1	4	9	6	31	12	17	20	48	52	100
	(ii) Awaiting entry there to	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c)	(i) Resident in residential training care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(ii) Awaiting residence there in	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d)	(i) Receiving home treatment	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2	-	4	4
	(ii) Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e)	(i) Resident in L.A. Home/Hostel	-	-	-	-	-	-	-	-	-	-	*2	-	-	-	-	-	-	2	2
	(ii) Awaiting residence in L.A. Home/Hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii)	Resident at L.A. expense in other residential homes or hostels	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iv)	Resident at L.A. expense by boarding out in private households	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(f)	Receiving Home Visits and not included under (b) to (e)	-	-	175	95	-	-	-	-	3	-	30	31	9	11	26	29	23	116	409

* NOTE: At end of 1964 there were also 8 patients from other areas in the Hostel

3. Number of children under 16 attending day or residential training centres who have not been included in item 2 because they do not come within the categories covered in Cols. (1) to (16)

MALE ... 2 FEMALE ... 1

NOTE: Of the patients shown in 2(b) (i) above and in 3, the following attended Chester Training Centre by arrangement with Chester Corporation. In addition one male and one female subnormal patient attended Denbighshire Centres:

SUBNORMAL				SEVERELY SUBNORMAL				NOT IN ABOVE CATEGORIES			
Under age 16		16 & over		Under age 16		16 & over		Under age 16		16 & over	
M	F	M	F	M	F	M	F	M	F	M	F
-	2	-	-	13	6	1	5	1	-	-	-

Table 26 (Part II)

Table 20 (Part II)																					
MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL				GRAND TOTAL	
Age under 16		16 and over		Age under 16		16 and over		Age under 16		16 and over		Age under 16		16 and over		Age under 16		over			
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	

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

(a) To N.H.S. Hospitals	-	-	-	-	-	-	-	-	-	-	1	6	2	2	5	6	2	2	6	16
(b) To L.A. residential accommodation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Elsewhere	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
(d) Total	-	-	-	-	-	-	-	-	-	-	1	6	3	2	5	6	3	2	6	17

Table 27

Number of patients referred to Local Health Authority during year ended 31st December 1964

MENTALLY ILL		PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL				GRAND TOTAL	
Under age 16		16 and over				Under age 16				Under age 16				Under age 16					
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)		

Referred by		PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL				GRAND TOTAL of. Cols (1) - (16)	
		Under age 16				Under age 16				Under age 16				Under age 16					
		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)		

(a) General practitioners	1	2	33	62	-	-	-	-	-	-	-	-	-	-	-	-	-	98	
(b) Hospitals, on discharge from in-patient treatment	-	-	56	65	-	-	-	-	-	2	3	-	-	-	-	-	2	128	
(c) Hospitals, after or during out-patient or day treatment	-	-	16	26	-	-	-	-	-	-	-	-	-	-	-	-	-	44	
(d) Local Education authorities	1	-	-	1	-	-	-	-	2	1	-	-	-	5	3	-	-	17	
(e) Police and courts	-	-	25	13	-	-	-	-	-	1	-	-	-	1	-	-	-	40	
(f) Other sources	1	1	36	50	-	-	-	-	-	1	3	1	1	-	-	1	-	94	
(g) Total	3	3	166	217	-	-	-	-	2	5	2	7	4	6	3	1	2	421	

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	4
Dysentery	8
Enteric Fever (Typhoid)	-
Erysipelas	8
Food Poisoning	34
Measles	1006
Meningococcal Infections	2
Ophthalmia Neonatorum	-
Paratyphoid	1
Acute-encephalitis-Infective	-
-Post-Infective	-
Acute Poliomyelitis-Paralytic	-
-Non-paralytic	-
Pneumonia	25
Puerperal Pyrexia	24
Scarlet Fever	27
Tuberculosis-Respiratory	45
-Meninges and C.N.S	-
-Other	8
Whooping Cough	53
Malaria (contracted abroad)	-
TOTAL	1245

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.

Eight cases of dysentery and thirty-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 1006 cases of measles, 27 scarlet fever and 53 whooping cough.

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

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

Table 28 shows the deaths from Tuberculosis during 1964, showing those in males and females and due to respiratory and non-respiratory illness

Table 28
DEATHS FROM TUBERCULOSIS, 1964

	Males	Females	Total
Respiratory Tuberculosis ...	6	-	6
Non-respiratory Tuberculosis ...	-	1	1
All forms ...	<u>6</u>	<u>1</u>	<u>7</u>

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 29. In the same way, deaths from tuberculosis have also gradually diminished during the last twenty years (Table 29).

It will be seen also in Table 29 that the Flintshire notification rate for 1964 of new cases (0.34) is slightly lower than the rate for England and Wales for 1963 (0.40). The death rate from tuberculosis in Flintshire for 1964 (0.04) is also slightly lower than the last known rate for England and Wales (i.e. for 1963 - 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 all cases with chest complaints when after-care visiting would be of help to the patient.

Table 29

CASES NOTIFIED

	1940	1950	1960	1962	1963	1964
Table 1 (Flintshire):						
Respiratory T.B.	135	132	82	46	59	45
Non-respiratory T.B.	44	34	14	19	10	8
Table 2 (Flintshire):						
Notification per 1000 population	1.28	1.14	0.65	0.43	0.45	0.34
Table 2 (England and Wales):						
Notification per 1000 population	1.16	1.18	0.51	0.44	0.40	*
Table 3 (Flintshire):						
Death rate per 1000 of the population, Respiratory and Non-Respiratory	0.46	0.40	0.06	0.07	0.07	0.04

Table 29 (continued)

	1940	1950	1960	1962	1963	1964
Table 3 (England and Wales):						
Death rate per 1000 of the population						
Respiratory and Non-Respiratory	0.99	0.59	0.07	0.06	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 168 out of 188 (89.4%) contacts were examined (See Table 30).

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 31. 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 school children are not 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 30
TUBERCULOSIS - CARE AND AFTER-CARE

DURING 1964									
	MALES			FEMALES			TOTAL		
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total
1. Number of cases notified to Chest Visitors:-									
Respiratory	3	35	38	2	18	20	5	53	58
Non-respiratory	-	4	4	1	4	5	1	8	9
Total	3	39	42	3	22	25	6	61	67
2. Number of persons in contact (at home) with above cases:-									
Respiratory	22	51	73	41	53	94	63	104	167
Non-respiratory	6	8	14	1	6	7	7	14	21
Total	28	59	87	42	59	101	70	118	188
3. Of the "contacts" shown in (2) above, number known to have been examined by Chest Physician:-									
Respiratory	19	43	62	40	45	85	59	88	147
Non-respiratory	6	8	14	1	6	7	7	14	21
Total	25	51	76	41	51	92	66	102	168

Table 31

SURVEY OF GENERAL POPULATION BY MASS RADIOGRAPHY UNIT DURING 1964

Circuit Location	Number Examined	No. of visits	Average attendance per visit	Referred by General Practitioners		No: referred for further investigation	Number of Other Pulmon- ary abnormal ities (not requiring further treatment)
				Number	Percentage		
Holywell	1028	16	64	67	6.61	15	17
Mold	912	17	54	30	3.28	10	14
Rhyl	1946	16	121	94	4.83	104	92
Shotton	694	16	43	63	9.07	11	13
Special Surveys in Factories, etc.	1774	-	-	-	-	22	23
TOTALS	6354	65	70	254	5.54	162	159

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	3
Gonorrhoea	29
Other conditions	<u>107</u>
TOTAL	<u>139</u>

Section D

FOOD AND DRUGS ACT 1955

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

New legislation introduced during 1964 included the following measures.

1. **Meat Treatment Regulations**, which prohibit the addition of raw meat of ascorbic and nicotinic acids and their salts. These chemicals are used to maintain the fresh red colour of the meat. Their use could mask the deterioration of meat and also produce a form of food poisoning following its consumption.

2. **Dried Milk Regulations**, which specify the composition and description of dried milk.

3. **The Soft Drinks Regulations**, extend the requirements in respect of the composition, sugar and fruit content, the use of artificial sweeteners and labelling.

4. **Sampling of Drugs.** The Ministry of Health reminds sampling officers of their powers under the various statutes to take samples of drugs normally obtainable only on prescription.

Food and Drugs: 1737 samples were taken during the year ended December 31st, 1964. 602 of these were submitted to the Public Analyst for chemical analysis. 685 were sent to the Public Health Laboratory for bacteriological examination and 450 were sent to the Ministry of Agriculture, Fisheries and Food Veterinary Investigation Department Laboratory for special investigation.

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

	Number taken	Genuine	Not genuine or below standard
Milk	310	249	61
Dairy Produce	17	17	-
Sausages	37	32	5
Ice Cream & Lollies	28	26	2
Misc. Groceries	151	146	5
Alcoholic Drinks	15	15	-
Patent Medicines	12	12	-
Fruit & Vegetables	21	21	-
Food Colourings and Flavours	11	11	-
TOTAL	<u>602</u>	<u>529</u>	<u>73</u>

MILK (1).Chemical Analysis: 310 samples were submitted to the Public Analyst for chemical analysis. The samples were taken from farms, roundsmen, dairies, schools, hospitals, restaurants, and were tested for antibiotics, colouring matter, added water, butter fat, milk solids, blood, dirt, and preservatives.

An analysis of the 61 samples reported as not being genuine showed that 3 contained penicillin, 4 contained added water, 24 had butter fat deficiencies and 33 were low in milk solids. Successful legal proceedings were instituted in respect of two milk samples containing added water and 2 samples deficient in butter fat.

(2) Biological Sampling: 684 samples were submitted to the Public Health Laboratory for biological or statutory examination. No evidence of bovine tuberculosis was found in any sample but brucella abortus was found in the milk distributed by four Producer Retailers. Brucella abortus was found in 23 samples but this figure includes group samples as well as individual samples taken from the four herds. In all cases the following officers were immediately notified - the Medical Officer of Health and the Chief Public Health Inspector of the district concerned, the Chief Divisional Veterinary Officer of the Local Animal Health Division of the Ministry of Agriculture, Fisheries and Food, the Producer/Retailer and, where known, the Producer's Veterinary Adviser.

Four notifications of brucella abortus infection in human beings were received from two hospitals. In one case where two children were infected an investigation into the Producer/Retailer's herd showed that 5 cows were excreting the bacillus in their milk. Two of these cows were sold and three were slaughtered.

In another investigation where a small boy was infected it was found that he had been helping in a nearby farm. 2 infected cows had been removed from these premises for slaughter last year.

In another case where an adult was found to be infected two group samples of milk taken from the suspected herd were positive, but individual samples failed to find the cows excreting the bacillus.

The difficulties associated with the detection of infected animals can be seen in the following case where, in conjunction with Mr. W.T. Rowlands, Chief Veterinary Officer of the Ministry of Agriculture, Fisheries and Food Veterinary Investigation Centre, and Mr. Lloyd-Jones, Chief Public Health Inspector, Rhyl U.D.C. over 600 samples of milk have been taken from a herd of Channel Island cattle. The investigation, which is still going on, has extended over two years and to date 6 infected cows have been slaughtered. This investigation arose from the action of Dr. D.P.W. Roberts, Medical Officer of Health, Rhyl, in stopping the sale of milk for retail purposes following the discovery of brucella abortus in the milk.

(3) Milk Regulations: There are two Pasteurising Plants situated in the county. These are inspected weekly, attention being paid to their structural conditions, efficiency of the pasteurising operations and to the cleanliness of the operators.

Samples of pasteurised milk are taken each week and submitted for bacteriological examination. All samples taken from the pasteurising plants satisfied the Phosphatase and Methylene Blue Tests.

(4) School Milk: All milk supplied to schools is pasteurised. Samples are taken each week for bacteriological and chemical examination and all were found to be satisfactory.

Other Foods: 292 samples of other foodstuffs were submitted for chemical analysis and 12 were found to be adulterated, substandard or did not comply with the Labelling of Food Order. Legal proceedings were instituted in respect of three samples.

Informal samples of lemon cheese and blackcurrant jam purchased from a stallholder were found to be deficient in soluble solids. A subsequent formal sample of blackcurrant jam was also deficient in solids. Proceedings were instituted against the vendor but the magistrates gave him an absolute discharge on payment of costs.

The fruit juice content of samples of ice lollies did not agree with the claims made on the labels. A warning letter was sent to the manufacturers.

A sample of imported thyme was found to contain zinc in excess of the recommended limit of 50 parts per million. A subsequent formal sample was found to be satisfactory. The attention of the importers was drawn to the matter.

A complaint was received that a packet of potato crisps contained a nail. Having regard to all of the circumstances no legal action was taken and the attention of the manufacturers was drawn to the matter.

A carton of orange juice containing added Vitamin C did not comply with the Labelling of Food Order. The stock was immediately withdrawn and a subsequent sample has proved to be satisfactory.

Sausages: 37 samples were examined for meat content and for the presence of underclared preservatives. 3 samples of pork sausages had a slight deficiency in meat content and 2 samples of beef sausages contained traces of undeclared preservative. In all cases the attention of the butcher concerned was drawn to the matter.

Fruit and Vegetables: 21 samples were examined for fungicides and colouring matter and all were found to be satisfactory.

Foodstuffs, etc., submitted for bacteriological examination: included liquid egg, concentrated egg, cream, fondant, marzipan filling, gravy stock, savoury ducks, sausages, trifles, meat rissoles, coconut, egg noodles, minced beef, meringues, cakes, custards, braised beef, doughnuts, white fish powder and dried milk.

Undesirable bacteria were found in some foodstuffs and the facts were reported to the Health Department of the District concerned.

SUMMARY OF LEGAL PROCEEDINGS

Article	Deficiency or Adulteration	Result	Total Fines and costs		
			£	s	d
Blackcurrent Jam	11.6% deficient in solids	Absolute discharge on payment of costs.	7	5	0

cont.

Article	Deficiency or Adulteration	Result	Total Fines and costs		
			£	s	d
Milk	8.8% added water	Convicted	16	19	0
Seed Cake	Contained Rodent Dropping	Convicted	22	19	0
Milk	16.7% Fat	Convicted	12	3	0
Pork Sausage	Contained Metal Clip	Convicted	15	5	0
Channel Island Milk	17.5% Fat Deficiency	Convicted	10	3	0
Milk	3.5% added water	Convicted	19	3	0
			103	17	0

Other Duties: The inspection of schools, clinics, hospital kitchens, school canteens, the investigation of complaints, atmospheric pollution, water supplies, refuse disposal.

One report concerning a boy who went blind in one eye should interest dog lovers, and those who are disgusted with the condition of our streets and pavements due to being fouled with dog excreta. The Consultant Ophthalmic Surgeon, Mr. A.C. Shuttleworth, reported that the blindness was caused as the result of an infestation of TOXOCARA CARNIS, a round worm which infests the dog's intestines. The minute eggs of this worm are excreted in the faeces, footwear is soiled, and the excreta is widely distributed in the house and shops. Unwashed hands easily transmit the eggs into the mouth. The eggs eventually find their way from the stomach to the eye causing blindness. It is reported that this infestation which was thought to be uncommon is on the increase and may be the cause of other illnesses.

Health Education: Talks and films shows were given to youth clubs, women's institutes, Church organisations, canteen staff, nursing and domestic science students. The subjects included Clean Food, Social Problems and the Social Services, Smoking and Lung Cancer, Environmental Health and Housing. Two successful exhibitions were staged - one at the Flintshire and Denbighshire Agricultural Show and the other at the Connah's Quay Civic Centre.

Fertiliser and Feeding Stuffs Act: Fourteen samples of

fertiliser and 15 samples of feeding stuffs were taken for chemical analysis - one sample of fertiliser contained traces of potash which was not declared on the statutory statement. A warning letter was sent to the manufacturers.

Two sample of feeding stuffs were examined for chemical contamination and ten for bacteriological infection following the illness of a cowman and his family and the death of three cows which he handled. All of the samples were satisfactory.

Although the cause of the illness or deaths of the animals could not be traced it was thought that among the contributory factors were:-

1. The presence of a caravan site alongside the farm and to the possibility of someone having thrown contaminated food into the field.
2. A large colony of gypsies had camped on the verges adjoining the farm.

The Offices, Shops and Railway Premises Act 1963

Certain provisions of the above Act deal with the health, safety, and welfare of people working in offices and, therefore, will apply to the office staff employed by the County Council. The requirements of the Act deal with the registration of the premises, cleanliness, overcrowding, temperature, ventilation, lighting, seating accommodation, sanitary accommodation, washing facilities, the provision of drinking water, accommodation for clothing, first-aid equipment and fire precautions.

H.M.I. of Factories will be responsible for the inspection of County Council premises. It will take some time before the Inspectors visit the premises but Local Authorities are requested to take the necessary steps now of bringing their buildings up to the standards required by the Act.

Pharmacy and Poisons Act: The duties devolving upon the County Council under the Act are:-

- (a) The names of all shopkeepers, other than registered pharmacists, who sell Part 11 poisons are to be entered on the Council's List.

- (b) To see that any deputy appointed under Rule 14 is a responsible person.
- (c) To see that the substances which contain Part 11 poisons which appear in the first schedule of the Poisons Rules are being sold by the listed seller or by the 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.

A warning letter was sent to a market stallholder for selling a tin of sodium oxide without complying with the above regulations. Comments have been made in past reports regarding the sale of patent medicines from shops where there is not much demand for these products. There is always the possibility of their remaining on the shelves for years, with consequent deterioration. In 1955, the Welsh Board of Health drew the attention of all Local Authorities to the dangers associated with the use of certain teething powders containing mercury and the manufacturers made an effort to withdraw such stocks of teething powders.

In August of this year, Miss G.M. Jones, Health Visitor, whilst attending a premature baby, found that the mother was using one of these teething powders which contained mercury. A visit to the shop disclosed that the premises had changed hands and that the new owner had found the teething powders in the stock which he had taken over with the premises and was now offering them for sale. He surrendered the whole stock on request.

E. LEWIS

Section E

NATIONAL ASSISTANCE ACT, 1948

The Welfare Committee now administers the service provided by the Authority under Sections 21-28 of the National Assistance Act.

The Health Department continues to administer Sections 29 and 30 of the Act.

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

National Assistance Act: Sections 29 and 30 - These important sections of the National Assistance Act are administered by the Health Committee. The County provides services for the blind and partially sighted and the deaf and dumb through agency arrangements with the Chester and District Blind Welfare Society and the Chester and North Wales Society for the Deaf 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 142. 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 connection the County works in collaboration with the Blind Persons Resettlement Officer of the Ministry of Labour and 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 33 will be seen that there are 76 deaf persons in Flintshire who are visited by the Chester and North Wales Society for the Deaf 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 Society for the Deaf attends. The Health Committee has always been appreciative of the excellent work done by the

Society for the 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 1964, was -

BLIND 321. Of these 7 were under 16 years of age and 69 in the employable age groups from 16 to 59.

Workshops	9
Open Industry Employment or Self-Employed	16

One man was trained in light engineering and placed in employment as a machine operator; another was trained as a telephonist but is still awaiting placement. Two men went to Torquay for Industrial Rehabilitation and one of them was admitted to the Ministry of Labour Training Centre at Letchworth for a course of light engineering. He was still awaiting placement at the 31st December. (Commenced work at Vauxhall's Factory, Hooton, in January). One youth commenced training as a Brushmaker at Henshaw's Workshops in November.

The number on the register of Partially-sighted was 106. Of these, 4 were in employment, seven were children in special schools and the eight was attending the local day school. During the year, five were placed in employment and a sixth went to Torquay for Industrial Rehabilitation.

Table 32

A - FOLLOW-UP OF REGISTERED BLIND AND
PARTIALLY-SIGHTED PERSONS - 31st DECEMBER, 1964.

	Cause of Disability			
	Cataract	Glaucoma	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	5	4	-	14
Partially-sighted	4	-	-	3
(b) Treatment (medical surgical or optical):				
Blind	15	5	-	9
Partially-sighted	7	2	-	5
Total blind and partially-sighted	31	11	-	31
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:				
Blind	4	2	-	6
Partially-sighted	-	-	-	-
Total blind and partially-sighted	4	2	-	6

N.B. 5 Cases died and 8 were unfit for surgical treatment because of deterioration in general condition.

B - OPHTHALMIA NEONATORUM

- (i) Total number of cases notified during the year - NONE
- (ii) Number of cases in which:-
- (a) Vision lost - NONE
 - (b) Vision impaired - NONE
 - (c) Treatment continuing at end of year - NONE

Table 33
DEAF PERSONS

Age Group	Males	Females	Totals
Up to 16 years of age	5	3	8
16 to 64 years of age	19	26	45
65 years of age or over	8	15	23
TOTAL	<hr/> 32 <hr/>	<hr/> 44 <hr/>	<hr/> 76 <hr/>

TOTAL NUMBER ON REGISTER = 76

NUMBER OF CASES DECEASED = 2

REPORT BY THE SECRETARY/SUPERINTENDENT NORTH
WALES SOCIETY FOR THE DEAF

I hasten to write this report in the midst of some confusion which will be explained as I go on.

It is always a pleasure for me, as Secretary-Superintendent, to present my Report on the work amongst the deaf in the Flintshire area. Here let me say how very much I value the help given by the Medical Officer of Health and the members of his staff, who are always ready and willing to give any assistance whenever we encounter difficult cases.

I mentioned in the first paragraph that I would explain why I used the work confusion:-

- (a) The Reverend Eric J. Lawson, M.A., resigned the Chairmanship on leaving Chester to live in Abergavenny
- (b) A new Chairman (Alderman Fred Barker, J.P.), was unanimously elected to fill the vacancy.
- (c) The Deputy Superintendent (Mr. M.C.A. Smith) has gone to Oldham to supervise the work in that Lancashire town.
- (d) A new Deputy Superintendent (Mr. A.E. Middleton) has been appointed, and started work in January.
- (e) Notice has been received from the Chester Corporation

that our present offices must be vacated in order to make room for the Inner Ring Road.

- (f) New offices have been acquired at 24 Watergate Row, Chester, and for the Superintendent at 5, Raymont Street, Chester.
- (g) Whilst all this turmoil has been going on, we have been able to cope with the work in the vast area covered by the Society. An application was made by Cardiganshire for the services of this Society but, unfortunately, after quite a lot of advertising we have not received an application for the position.
- (h) Perhaps one of the more important things which have taken place during the past year was the changing of the name of the Society. It is now known as "The Chester and North Wales Society for the Deaf". It was felt that this nomenclature was more suitable, as it embraces all types of deafness and, in particular, those mentioned by the Minister of Health.

During the year we have had some difficult cases to deal with, but the careful handling of them and the attention given by the Welfare Officers makes the reports sent to the Council not only interesting, but gives a correct account of the work done. The following are examples of some of the cases dealt with over the past year:-

Case "R.C." It was with regret that we learned that this young man had been taken to the Hospital at Abergele, and it is feared that he will be there for some considerable time. He was immediately visited and some little help was given. Periodically a Welfare Officer goes along to see him, and never goes empty-handed. Added to the above, I found his mother had been living on his wages and was herself not receiving any help. Contact was made with the N.A.B. and the mother was very delighted with the help she received.

Case "E.E." Periodically, the Ministry of Pensions write to us regarding this person, and a report is given on his health, etc. Apart from this, he now does some occupational therapy. In the home he has a son unable to do anything for himself, but with the help of the Staff

of the County Medical Officer, he goes to the Clinic where they do Occupational Therapy. The home is regularly visited.

Case "J.H." This young man, working in a bakery, fell a victim to Dermatitis and, for quite a while, was unable to work. Because of his condition it was most inadvisable for him to return to such work, and the Welfare Officer therefore found him more suitable employment. He is now receiving quite good wages and he, as well as his parents, is very thankful for the help we have been able to give.

Case "W.H." I am sorry to have to report that this man (who has a lovely home and is good tradesman) had to be sent to the Abergele Hospital, where he had previously been for a long period. On this occasion it was fortunate that his stay was a reasonably short one but, whilst he was in Abergele, his wife was in the nearby Maternity Hospital where she gave birth to a female child. Both were visited immediately and given every attention until they were able and fit to return home. I am very happy to report that they are now both well and their baby daughter is coming on beautifully.

Case "L.L." This woman got dissatisfied with the home where she was living, and wanted to go into a Home for the Deaf. The Welfare Officer went to see her and explained the difficulties she would encounter, as she would be away from all her friends and the place where she had lived for so many years. We got into touch with her brother and, with other friends, we finally persuaded her to remain where she was. She has recently been off colour and was in bed for a week or so, but she is now quite settled and contented.

Case "G.L." This case has caused some considerable trouble, and our Welfare Officer has spent endless time on it. This woman was estranged from her husband, and things went from bad to worse, until at last she came into Court. The Welfare Officer was present in the Court to interpret, but she was unsuccessful in her plea. For some time she has been away living with friends but has now returned and is on the look out for employment. She was a seamstress but was advised by her doctor to give

up this work. She now wants to do copy-typing. The Welfare Officer will be keeping in touch with her.

Case "B.R." A deaf woman, for whom the Society and the Health Visitor has done so much, got into a tangle over her rates. She sent a postcard to the office and our Welfare Officer went to see her to give assistance, not only with the latter problem but with some of her domestic affairs. She is most grateful and quite happy now that things are sorted out.

Case "J.C." This lad is doing very well at School and travels to and from Manchester on his own. He attended the Party for the children on Friday, 8th January, when they were all taken to the Pantomime at the Royalty Theatre and entertained to lunch and tea. The show "Dick Whittington and His Cat" was thoroughly enjoyed by all, and before the curtain rose, His Worship the Sheriff of Chester (speaking from the stage - through an Interpreter) wished for everyone present a Happy New Year. Later, each child, including this boy, received a gift which was presented by the Right Worshipful, The Mayor of Chester.

One other incident I must record was a meeting with the Home Helps in the Rhyl/Prestatyn areas, which was organised by Miss P.M. Matthews, Superintendent Health Visitor and Domestic Help Organiser, on the 19th November, 1964.

I talked to these ladies about the work of the Society, the area covered by it, and some of the cases with which we have to deal. It is indeed something worth relating, and everyone present seemed delighted with what they heard.

I am very grateful to Miss Matthews for arranging this meeting and feel sure it was most beneficial.

It should be noted that we have put into action the last circular from the Ministry of Health and, in our reports, give the types of deafness or other forms of handicap, viz: -

D.N.S.	...	Deaf no Speech
D.W.S.	...	Deaf with Speech
D.N.S.P.B.	...	Deaf no Speech part blind
D.W.S.P.B.	...	Deaf with speech part blind

D.N.S.D.S. ...	Deaf no speech defective sight
D.N.S.M.R. ...	Deaf no speech mentally retarded
H.O.H ...	Hard of hearing
S.D.W.S. ...	Senile deafness with speech
D.W.S.F.D. ...	Deaf with speech facial disfigurement
D.N.S.E. ...	Deaf no speech epileptic

I cannot close this report without expressing my sincere gratitude to Dr. G.W. Roberts and his staff; to the Health (Western, Central and Eastern) Care and Nursing Sub-Committees for their courtesy at all times, and the great help they give to this Society.

PASTOR D. RUSSELL MACFARLANE, A.Inst., S.W.,
Secretary-Superintendent

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 Resettlement Officer of the Ministry of Labour.

The services for the handicapped are now expanding in many directions as we gain more experience in this new field and our home visitors become more proficient in meeting the many personal and social needs of the handicapped. The time has arrived for an extra Home Visitor and for the county to be divided into three areas as we have now 266 handicapped persons on our register and the number is increasing annually. Indeed, I visualise this service expanding rapidly in the next two years and by then a total of five visitors will be needed.

During the year we carried out work of adaptation of several dwellings for handicapped persons ranging from minor adaptations such as safety rails on stairs to the provision of new bathrooms and bedrooms for those who were confined to wheelchairs and needed full facilities on the ground floor. This work rightly is assuming greater importance as more persons are making requests for adaptations,

and all cases are reported on by the home visitors and wherever possible all reasonable requests are dealt with speedily

We also continued during the year to issue special passes for attachment to windscreens of cars used by handicapped persons to enable them to get special parking facilities and help from the police if in difficulties.

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, Shotton and 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.

Very successful exhibitions and sales of work done by handicapped persons were held during the year at the Mold Clinic, Denbighshire and Flintshire Agricultural Show and the Town Hall, Chester.

A coach trip was arranged on 8th July to Rhos-on-Sea and Colwyn Bay. This proved again to be extremely popular and was greatly appreciated by all who participated.

Christmas Parties were held on the 11th and 14th December respectively at the Rhyl and Mold Grammar Schools. At these parties voluntary organisations helped with refreshments and the Social Service Groups from the respective schools helped with the entertainment and distribution of presents.

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 1964 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	81	24	130
Females	14	92	30	136
TOTAL	<u>39</u>	<u>173</u>	<u>54</u>	<u>266</u>

Table 34

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS
ON 31ST DECEMBER, 1964

Code	Classification	All under 16			16 to 64			65 and over			All ages		
		M	F	T	M	F	T	M	F	T	M	F	T
A/E	Amputation	-	-	-	2	3	5	1	-	1	3	3	6
F	Arthritis and Rheumatism	-	-	-	4	8	12	1	9	10	5	17	22
G	Congenital Malformations	-	-	-	-	2	2	-	-	-	-	2	2
H/L	Diseases	-	-	-	7	14	21	6	4	10	13	18	31
Q/T	Injuries	-	-	-	3	-	3	-	-	-	3	-	3
V	Organic Nervous Conditions	1	2	3	14	24	38	7	10	17	21	34	55
U/W	Other Nervous and Mental Disorders	-	-	-	2	9	11	-	-	-	2	9	11
X	T.B. Respiratory	-	-	-	8	1	9	2	-	2	10	1	11
Y	T.B. Non-Respiratory	-	-	-	2	-	2	-	-	-	2	-	2
Z	Other Diseases and Injuries	-	-	-	4	3	7	-	-	-	4	3	7
TOTALS		1	2	3	46	64	110	17	23	40	63	87	150

Particulars of Visits Paid During Year:

Number of first visits (i.e., to new patients who have not been visited at any time previously)	28
Re-visits	2396
Total visits	<u>2424</u>

Particulars of Attendances at Handicapped Persons Classes During Year:

Bagillt Clinic	-	325 attendances
Buckley Clinic	-	240 attendances
Connah's Quay Clinic	-	358 attendances
Rhyl Clinic	-	351 attendances