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**Contributors**

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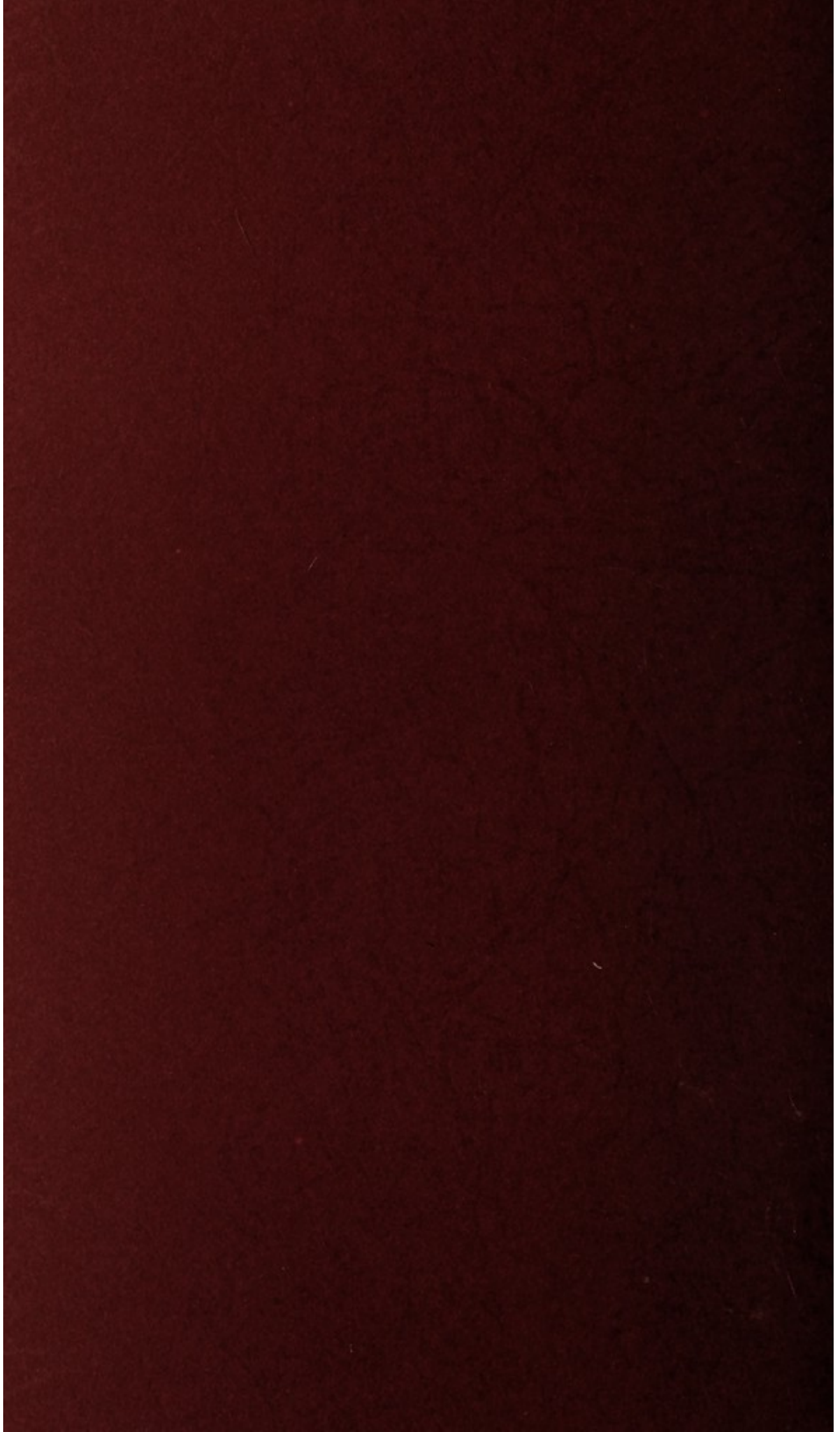
FLINTSHIRE  
COUNTY  
COUNCIL

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The . . .  
Health of Flintshire  
The Report  
the  
Medical Officer  
the year  
1966

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THE NATIONAL ARCHIVES  
COLLECTIONS

1964

1964

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 considerable progress was made in several directions to get the public to help themselves and examples are Mothers' Clubs, Pre-School Play Groups and Creches for the Mentally Subnormal. In these and other instances the public approached the health department for a particular service and we, as a matter of deliberate policy, helped the various persons to organise their own groups, the health department providing every possible help with premises and advice from our trained staff. I am very encouraged by this trend and any further development of self help groups will be welcomed and encouraged in every possible way.

I am also very anxious to encourage the various voluntary organisations in the County to work closer together and I am still hoping that it will be possible, in the not too distant future, to have a part-time secretary to co-ordinate the activities of the various voluntary organisations. This would make it easier to channel work to voluntary organisations and for the voluntary organisations to be kept informed of the needs of the community and changes taking place in the statutory services provided by the County Health Department, and other departments such as the Welfare and Children's Departments. A co-ordinating Secretary with the right qualifications could also undertake the overall duties of assisting to recruit and train voluntary workers.

In future there will be a gradual increase in screening techniques to discover illness in the early stages before symptoms have developed. For some years we have been testing the urine of all patients attended by district nurses to detect early diabetes and urinary infections. We have also been testing the urine of all new born babies for certain abnormalities which, if not detected, could have serious consequences



later. This year a new screening technique was introduced, the examination of smears taken from the cervix (neck of the womb) in women to detect early abnormality which, if not treated, could possibly develop into cancer. This work is now being done by General Practitioners and at special clinics which have been established in county clinics. A further project which it is hoped to introduce soon is screening for the detection of abnormalities in the breast again to enable treatment to be carried out at an early stage when the results are usually very satisfactory.

All aspects of community care for the mentally disordered showed considerable developments again in 1966. The department is slowly building up a staff of trained Mental Welfare Officers by following a policy of seconding staff to the two year courses for the National Certificate in Social Work. During 1966, the Mental Welfare Officers paid 2,178 after-care visits compared with 1,575 in 1965. Some indication of the development of this service is gained by noting that in 1961 only 512 after-care visits were paid by the staff of the Health Department. Much of the work of the Mental Welfare Officer is now carried out with patients who have not been to hospital for treatment but have attended as Out-Patients or been seen by General Practitioners only. The future care of the mentally ill is undoubtedly going to be community based, and this will mean a considerable increase in the number of Mental Welfare Officers employed by the Authority. During the year our hostel for the mentally disordered at Rhyll was full except for brief spells and this is inevitable with a short-stay hostel of this nature. It is hoped early in 1967 to provide staff houses in the hostel grounds, and so release further space in the main building for more residents.

The Health Committee agreed to provide extensions to the workshops at the Adult Training Centre at Greenfield and preliminary steps have been completed to enable the work to be put in hand in 1967. At the Junior Training Centre at Rhuddlan steps were taken to improve the facilities provided and a considerable amount of new training equipment purchased.

Steady but slow progress is taking place on the provision of services for the generally handicapped, and full details are contained in the report. Our main difficulty is recruiting trained staff as Home Visitors for the Handicapped. Although we have advertised these posts extensively we have not attracted one fully trained applicant and we have been forced to employ persons with some experience of various handicrafts but without the skills of a trained Occupational Therapist. Here again in an attempt to meet the position it has been decided to second staff for training and one Home Teacher is at present on a two-year training course.



In the field of home nursing we continued during 1966 to employ Nurses who are also qualified Midwives wherever possible. However, we are gradually increasing the number of State Enrolled Nurses on the staff, and they play an important part in our overall nursing programme particularly in areas where there are a large number of aged persons being cared for at home which is the position in the Western half of the County. The home nurses are also being helped by the home help service in particular where a second person is needed to assist the nurse in handling heavy patients, and those needing more than average nursing care. The work undertaken by the home nurses has changed very considerably over the past ten years and active steps have been taken by in-service training and the provision of new equipment to enable them to meet the new demands.

The Home Help Service continues to expand each year to meet the increasing demands made on the service. This year saw a further expansion and in all 152 home helps were employed who attended 1,029 persons of whom 83% were aged persons. Our policy of providing training for the Home helps continued during the year, both basic training and further training to existing staff. By means of training schemes, improving working conditions, provision of attractive protective clothing, etc., the status of home helps has been much improved and indeed they are accepted as valuable members of the Health Department staff and do an excellent job of work often under difficult conditions.

During 1966, further steps were taken to get closer working between Health Visitors and General Practitioners, and in several areas Health Visitors are now working closely with General Practitioners. Many General Practitioners are anxious to have a general purpose social worker working closely with them so that many of the social problems they encounter can be referred to this worker either to handle or to refer to other social workers where necessary. I have always felt that the most appropriate general purpose social worker for this task is the Health Visitor and we are encouraging this method of working wherever possible.

In a large and busy department like the Health Department communications at all levels play a vital part and particular attention was paid to this aspect of our work during the year. Regular meetings are held with all members of the staff usually each quarter, doctors, dentists, nurses, health visitors, mental welfare officers, ambulance staff, staff at the training centre and hostel, voluntary workers and the administrative staff. In addition memoranda and information sheets are prepared on matters of common interest and this includes other persons such as General Practitioners and hospital staff. There is close contact between representatives of General Practitioners, hospital staff and the health



department and in addition a great deal of informal contact takes place throughout the year between myself and workers in the other branches of the health service.

My thanks are again due to all members of the staff of the department for their service during the year and especially in adapting themselves to meet the changes and innovations that took place. I would like to pay a special tribute in this report to Mr. W. I. Roberts, Chief Clerk of the Department, for the outstanding service he has given to the Department during his 43 years of service with the County Council. He had a remarkable grasp of all the services of the department and made it his duty to keep up to date with all new developments. He was indeed a man who had the interest of the Department at heart and was a valued colleague. I personally wish to thank him for all his help and interest in the running of the Department.

All the members of the Health Department staff knew and respected Mr. Roberts and we all wish him well in his retirement. The post of Chief Clerk has been filled by Mr. A. Whitley of the Department who will commence duties as Chief Clerk on 1st January, 1967.

I would like to thank the Chairman and members of the Health Committee for their kindness and support during the year, the Clerk of the County Council and his staff, and 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 Department during 1966.

I have the honour to be,

Mr. Chairman, Ladies and Gentleman,

Your obedient Servant,

G. W. ROBERTS,

County Medical Officer of Health.

1966

## STAFF CHANGES

### Medical:

Dr. Ann Lloyd Jones commenced duty as part-time Assistant Medical Officer on 1st February, 1966.

Dr. Beryl Roberts commenced duty as part-time Assistant Medical Officer on 11th October, 1966.

### Dental:

Mr. H.E. Edwards commenced duty as part-time Dental Officer on 20th April, 1966.

Mrs. S.F. Moran commenced duty as part-time Dental Officer on 22nd June, 1966.

### Dental Auxiliary;

Mrs. H.V. Anderson commenced duty on 1st January, 1966.

### Health Visiting:

The following commenced duty as Health Visitors/School Nurses on the dates shown:-

Mrs. M.E. Waters	Connah's Quay District	3:	1:	66
Mrs. N. Milnes	Prestatyn District	1:	6:	66
Mrs. D. Jeronimidis	Leeswood District	1:	8:	66
Mrs. R. Jones	Bagillt District	1:	12:	66
Mrs. S.E. Wilson, (Part-time)	Connah's Quay District	16:	11:	66

The following resigned on the dates shown:-

Miss E.M.L. Morgan	Prestatyn District	30:	4:	66
Mrs. M.E. Waters	Connah's Quay District	5:	7:	66

### Nurses and Midwives:

The undermentioned retired during the year:-

Mrs. D.I. Bell	Maelor District	31:	1:	66
Mrs. M. Davies	Holywell District	31:	8:	66



The undermentioned Nurses were appointed during the year:-

Miss A. Matthews, District Nurse/Midwife	Saltney District	1: 6: 66
Miss M. Williams, Relief Nurse/Midwife	Central and Eastern areas	1: 3: 66
Mrs. B.B. Jones Relief Nurse/Midwife	Rhyl District	1: 4: 66

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

Mr. M.V. Davies commenced duty as a Mental Welfare Officer on 28th February, 1966.

Miss M.T. Harding commenced duty as a Mental Welfare Officer on 1st March, 1966.

Mr. D.G. Evans commenced duty as a Mental Welfare Officer on 7th March, 1966.

#### **Home Visitors for Handicapped Persons:**

Mr. A.E. Airey commenced duty as Home Visitor for Handicapped Persons on 23rd May, 1966.

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

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

#### **Medical Officers:**

Dr. G. W. Roberts	Royal Society of Health Conference, Blackpool, 24th to 29th April, 1966. Course for Medical Officers of Health, Rhos-on-Sea, 24th to 25th June, 1966.
Dr. K. S. Deas	National Association for Mental Health Conference, London, 24th to 25th February, 1966. North Wales Conference for Handicapped Children, Wrexham, 11th May, 1966. National Association for Maternal and Child Welfare Conference, London, 29th June to 1st July, 1966.



Dr. L. L. Munro                      Course for Medical Officers of Health,  
Rhos-on-Sea, 24th to 25th June, 1966.

Dr. D. P. W. Roberts                Course for Medical Officers of Health,  
Rhos-on-Sea, 24th to 25th June, 1966.

Dr. E. V. Woodcock                Society of Medical Officers Conference,  
Manchester, 24th April to 1st May, 1966.  
Course for Medical Officers of Health,  
Rhos-on-Sea, 24th to 25th June, 1966.

Dr. W. Manwell                      Society of Medical Officers Conference,  
Manchester, 24th April to 1st May, 1966.  
Course for Medical Officers of Health,  
Rhos-on-Sea, 24th to 25th June, 1966.

**Dental Officers:**

Mr. A. Fielding                      Annual Dental Conference, Scarborough,  
13th to 17th June, 1966.

**County Public Health Inspector:**

Mr. E. Lewis                        Central Council for Health Education Annual  
Conference, London, 26th January, 1966.  
Royal Society of Health Conference,  
Blackpool, 24th to 29th June, 1966.  
Summer School in Health Education,  
Bangor, 10th to 20th August, 1966.  
Association of Public Health Inspectors  
Weekend School, Glynllifon Agricultural  
Institute, 28th to 30th October, 1966.

**Health Visitors:**

Miss P. M. Matthews                Institute of Home Help Organisers' Course,  
Sussex, 29th September to 1st October,  
1966.

Miss M. Y. Secker                 Health Visitors' Refresher Course, Sussex,  
13th to 22nd April, 1966.

Mrs. M. D. Lewis                  Health Visitors' Refresher Course, Cardiff,  
11th to 20th July, 1966.

Miss G. M. Jones                  Residential Study Conference, London, 12th  
to 17th September, 1966.

## Nurses and Midwives:

Mrs. E. A. Rosedale	Queen's Training Course, Liverpool, 7th to 25th February, 1966.
Mrs. C.M. Griffiths	Queen's Training Course, Liverpool, 7th to 25th February, 1966.
Mrs. C.R. Williams	Queen's Training Course, Liverpool, 7th to 25th February, 1966.
Mrs. A. Davies	Refresher Course for District Nurses, Birmingham, 4th to 8th July, 1966.
Mrs. E. Ross	Refresher Course for District Nurses, Birmingham, 4th to 8th July, 1966.
Mrs. E.J. Lloyd	Midwives' Refresher Course, Bangor, 3rd to 9th July, 1966.
Mrs. W.A. Butler	Midwives' Refresher Course, Bangor, 3rd to 9th July, 1966.
Mrs. R.A. Roberts	Midwives' Refresher Course, Cheltenham, 24th to 30th July, 1966.
Mrs. R.A. Jones	Midwives' Refresher Course, Cheltenham, 24th to 30th July, 1966.
Mrs. M. Williams	Midwives' Refresher Course, Cheltenham, 24th to 30th July, 1966.
Mrs. W. Jones	Midwives' Refresher Course, Cardiff, 14th to 20th August, 1966.
Mrs. M.W. Owen	Midwives' Refresher Course, Cardiff, 14th to 20th August, 1966.
Mrs. R.A. Roberts	Superintendents' Conference and Study Day, London, 6th to 7th May, 1966.
Miss D.G. Asquith	Superintendents' Conference and Study Day, London, 6th to 7th May, 1966. District Nurse Practical Work Instructors' Course, London, 31st October to 4th November, 1966.



Miss S.C. Edwards International Congress of Midwives, Berlin,  
10th to 17th September, 1966.

Miss B.E. Jones District Nurse Practical Work Instructors'  
Course, London, 31st October to 4th  
November, 1966.

Mrs. Furneaux District Nurse Practical Work Instructors'  
Course, London, 31st October to 4th  
November, 1966.

#### **Mental Welfare Officers:**

Mr. R. Powell North Wales Conference for Handicapped  
Children, Wrexham, 11th May, 1966.  
Welsh Association for Social Work Train-  
ing, Cardiff, 2nd November, 1966.

Miss R. Parsons Day Release Course Social Work Train-  
ing, Wrexham, 30th September to 16th  
December, 1966.

#### **Training Centre and Hostel Staff:**

Mrs. D.E. Goodwin Federation of Association of Mental Health  
Workers' Conference, Scarborough, 15th  
to 18th April, 1966.

Mr. E.G. Parry North Wales Conference for Handicapped  
Children, Wrexham, 11th May, 1966.

Mr. J. Jenkins Day Release Course Social Work Train-  
ing, Wrexham, 30th September to 16th  
December, 1966.

Mr. A.J. Murray Day Release Course Social Work Train-  
ing, Wrexham, 30th September to 16th  
December, 1966.

#### **Office Staff:**

Mr. C. McGorian NALGO Residential Course, Cambridge,  
14th to 21st September, 1966.



## Section 1

### ADMINISTRATION

#### A - DEPARTMENTAL OFFICERS

##### County Medical Officer:

Griffith Wyn Roberts, MB BCh BAO DPH.

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

##### Deputy County Medical Officer:

Kenneth Steven Deas, MB ChB DPH.

##### Senior Assistant Medical Officer:

Lillie Lund Munro, MB ChB DPH.

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

William Manwell, MB BCh BAO DTM DPH CM.

Edith V. Woodcock, MB ChB.

##### Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts.

D.J. Fraser, MB ChB DPH.

D.P.W. Roberts, MB ChB DObst RCOG DPH.

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

Dr. E.M. Harding, MB ChB DPH.

Dr. J.D. McCarter, MB BCh BAO.

Dr. Ann Lloyd Jones, MB BS MRCS LRCP (Commenced 1: 2: 66)

Dr. Beryl Roberts, MB ChB (Commenced 11: 10: 66).

Dr. Y.B. Gibson, MB BCh

##### Chest Physicians (part-time):

E. Clifford-Jones, MB BS MRCS (Eng) LRCP (London)

J.B. Morrison, MD ChB

R.W. Biagi, MBE MB ChB MRCPE

##### Child Guidance Consultant (Regional Hospital Board Staff):

E. Simmons, MD LRCP LRCS (Edin) LRFPS (Glasgow)

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

Cartin M. Williams, FRCS

##### Ophthalmic Consultants (Regional Hospital Board Staff):

E. Lyons, MB ChB DOMS

J. Nath, MB BS



**Orthopaedic Consultant (Clwyd and Deeside Hospital Management Committee, Prince Edward War Memorial Hospital, Rhyl):**  
R. Owen, MCh (Orth.) FRCS

**Consultant Paediatrician (Regional Hospital Board Staff):**  
M.M. McLean, MB MRCPE DCH

**Consultant Obstetricians and Gynaecologists:**

Mr. E. Parry-Jones, MD MS FRCOG (Clwyd and Deeside Hospital Management Committee)

Mr. D.B. Whitehouse, MD FRCS MRCOG (Wrexham, Powys and Mawddach Hospital Management Committee)

**Consultant Geriatricians:**

Dr. June P. Arnold, MD MRCP (Clwyd and Deeside Hospital Management Committee)

Dr. Evan Griffiths, MB BS (Lond) LRCP MRCS FRCS (Edin.) FRCS (Eng.) (Wrexham Powys and Mawddach Hospital Management Committee)

**Speech Therapists:**

Mrs. R.E. Ward, LCST (part-time)

Miss G. Roberts, LCST (full-time)

**Principal School Dental Officer (full-time):**

A. Fielding, LDS RCS

**Dental Officers (full-time):**

Frederick Seymour Dodd, LDS

Leon Harris, BDS

Arthur Oliver Hewitt, LDS

Malcolm David Turnbull, BDS

**Dental Officers (part-time):**

Mr. J.R. Davies, LDS

Mr. C. Hubbard, LDS

Mr. T. Roberts, LDS

Mr. H.E. Edwards, LDS (since 20: 4: 66)

Mrs. S.F. Moran, LDS (since 22: 6: 66)

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

B. T. Broadbent, FDS RCS

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

Dr. J.M. Hands

Dr. G.E.S. Robinson

Dr. M.E. Lloyd

Dr. H. Evans



County Public Health Officer (also Food and Drugs Inspector):  
Elwyn Lewis, MRSH FAPHI

Superintendent Nursing Officer and Supervisor of Midwives:  
Miss L. Mann SRN SCM QN HVCert

Superintendent Health Visitor/School Nurse, also Domestic Help  
Organiser:  
Miss P.M. Matthews SRN SCM HVCert NAPHCert.

Assistant Domestic Help Organiser:  
Mrs. S.M. Stuart-Morgan

Health Visitors (Acting Jointly as Health Visitors and School Nurses):  
All State Registered Nurses and State Certified Midwives, and  
with Health Visitor's Certificate or other qualifications:-

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

Mrs. N. Milnes, Senior Health Visitor/School Nurse, Western  
Area (since 1: 6: 66)

Mrs. P.B.M. Coupe

Miss E.M.L. Morgan

Mrs. M.A. Godding

(Resigned 30: 4: 66)

Miss M.J. Hughes

Mrs. D.M. Lewis

Miss G. Jones

Mrs. S. Lewis

\*Miss J.S. Rogers

Miss G.M. Jones

Miss M. Lees

Miss M.Y. Secker

Miss A.M. Stewart

Miss I.M. Swinscoe

Mrs. L. Pritchard

Miss D. Phillips

Mrs. M.E. Pearse

Miss M. Hinchin

Miss M.W. Wright

Miss F.M. Higginson

Mrs. M. Moffat

Mrs. D. Jeronimidis

Mrs. M.E. Waters (from  
3: 1: 66 to 5: 7: 66)

(since 1: 8: 66)

Mrs. R. Jones

Mrs. S.E. Wilson (part-time  
sessional since 16: 11: 66)

(since 1: 12: 66)

\* Also acts as part-time Health Education Officer.

#### Clinic Nurses:

Full-time:

Mrs. S.A. Latham

Part-time:

Mrs. H. Davies

Mrs. R. Cunnah

Mrs. M.M. Digweed

Mrs. R. Williams

Mrs. A. Roberts

Mrs. M. Roberts

**Visitors for Chest Diseases:**

Mrs. M.M. Roberts, SRN SCM TBCert (Part-time)

Mrs. A.R. Iball, SRN (Part-time)

**Ambulance Officer:**

David John Jones, FIAO FICAP

**Senior Mental Welfare Officer:**

R. Powell, CSW

**Supervisor, Adult Training Centre:**

A.J. Murray

**Supervisor of Junior Training Centre:**

Mrs. D.E. Goodwin, Dip NAMH

**Hostel, Fronfraith, Rhyl:**

Warden - J. Jenkins, SRMN

Matron - Mrs. M.E. Jenkins

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

Miss B. Baron

Mrs. G.E.G. Kelsey

Mr. A.E. Airey (since 23: 5: 66)

**Chief Clerk:**

William Ithel Roberts (Retired 31: 12: 66)

Arthur Whitley (To commence 1: 1: 67)

**Departmental Senior Clerk:**

Edward F. Jones (To commence 1: 1: 67)

**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	38
District Nurses	10
State Enrolled Nurses (assisting on districts)	3
Total	<u>51</u>

**Domestic Helpers (Employed at the end of the Year):**

Whole-time	2
Part-time	150
	<u>152</u>



## Mental Welfare Officers:

At the end of the year, the Authority employed, in addition to the Senior Mental Welfare Officer, five full-time Mental Welfare Officers, one full-time Assistant Mental Welfare Officer and one trainee Mental Welfare Officer.

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

<u>Mental Welfare Officer</u>	<u>District or Parish</u>	
Mr. R. Powell, Tel: Night and Weekend Mold 977	Buckley U.D. Mold U.D. Maelor R.D. Abermorddu	Llong Marford Mynydd Isa Nannerch
Miss M. T. Harding, Tel: Night and Weekend Ruthin 3266 Working from Llwynegrin, Tel: Mold 106	Alltami Bryn-y-Baal Caergwrle Cefn-y-Bedd Cilcain Coed Talon Cymau Ffrith Gwernaffield Gwernymynydd Halkyn Hendre Hope Hoseley Leeswood Lixwm Llanfynydd	Nercwys New Brighton Northop Northop Hall Padeswood Pentrobin Pantymwyn Penyffordd Penymynydd Pontblyddyn Pontybodkin Rhesycae Rhosesmor Rhydymwyn Rhydtalog Soughton Treuddyn
Mr. I. Thomas, Tel: Night and Weekend Mold 234	Connah's Quay U.D.	Hawarden Higher
Mr. D.G. Evans, Tel: Night and Weekend Chester 23784 Working from,	Flint M.B. Holywell U.D. Broughton Ewloe Garden City	Kinnerton Mancot East Saltney West Saltney Sealand
The Clinic, Civic Centre, Connah's Quay, Tel: Connah's Quay 3486		

Miss R. Parsons, Tel: Night and Weekend St. Asaph 3497	Prestatyn U.D. Rhyl U.D. Afonwen Babell Berthengam Bodelwyddan Bodfari Brynford Caerwys Calcoed Carmel Cwm Dyserth Ffynnongroew Gorsedd Gronant Gwaenysgor Gwespyr	Holway Llanasa Llanerchymor Lloc Mostyn Pantasaph Picton Rhewl Rhuallt Rhuddlan St. Asaph Talacre Trelawnyd Trelogan Tremeirchion Waen Whitford Ysceifiog
Mr. M.V. Davies, Tel: Night and Weekend Prestatyn 3322		
Mr. R.C. Jones Tel: Night and Weekend Rhuddlan 455		
Working from: Craigmor, Russell Road, Rhyl Tel: Rhyl 4521		

#### B - ASSOCIATED OFFICERS

**Clerk of the County Council:**

W. Hugh Jones, Solicitor (Retired 14: 10: 66)

T.M. Haydn Rees, Solicitor (Appointed 14: 10: 66)

**Secretary of the Education Committee:**

M.J. Jones, MA

**County Surveyor:**

E.W.W. Richards, AMICE AM Inst Struct Eng AMI Mun Eng

**County Architect:**

R.W. Harvey, ARIBA

**County Treasurer:**

Sidney Elmitt, AIMTA

**County Welfare Officer:**

T. Wesley Hughes, F Inst W

**Children's Officer:**

Mrs. L. Davies, BA

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

J.G. Sharratt, BSc FRIC

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

R. Sinar, BPharm BSc FPS FRIC



Health Officers of the Several Sanitary Districts (as on 31st December, 1966)

District	Medical Officer	Public Health Inspector
Buckley Urban	Dr. D.J. Fraser	Mr. B. Marsland, U.D.C. Offices, Buckley
Connah's Quay Urban	Dr. D.J. Fraser	Mr. C. Stoddart, U.D.C. Offices, Connah's Quay
Flint Municipal Borough	Dr. D.J. Fraser	Mr. F.J. Graham, U.D.C. Offices, Connah's Quay
Holywell Urban	Dr. D.P.W. Roberts	Mr. L. Graham, Town Hall, Flint
Mold Urban	Dr. D.J. Fraser	Mr. A. Ryland, Town Hall, Flint
Prestatyn Urban	Dr. D.P.W. Roberts	Mr. H.L. Fields, U.D.C. Offices, Holywell
Rhyl Urban	Dr. D.P.W. Roberts	Mr. R. Goucher, U.D.C. Offices, Mold
Hawarden Rural	Dr. D.J. Fraser	Mr. J.M. Edwards, U.D.C. Offices, Prestatyn
Holywell Rural	Dr. D.P.W. Roberts	Mr. E.L.L. Jones, Russell House, Rhyl (Chief P.H.I.)
Maelor Rural	Dr. D.J. Fraser	Mr. E.G. Black, Russell House, Rhyl (Deputy P.H.I.)
St. Asaph Rural	Dr. D.P.W. Roberts	Mr. D. Kaye, Russell House, Rhyl (Additional P.H.I.)
		Mr. D.R. George, R.D.C. Offices, Hawarden
		Mr. C.S. Wensley, R.D.C. Offices, Hawarden
		Mr. A.E. Holgate, R.D.C. Offices, Hawarden
		Mr. D.O. Meredith Jones, R.D.C. Offices, Holywell
		Mr. G.T. Tinneswood, R.D.C. Offices, Holywell
		Mr. R.D. Jones, R.D.C. Offices, Holywell
		Mr. S.J.V. James, R.D.C. Offices, Overton
		Mr. R.P. Barlow, R.D.C. Offices, St. Asaph
		Mr. G.D. Jones, R.D.C. Offices, St. Asaph



## STATISTICS AND SOCIAL CONDITIONS

During the year, there was again a substantial increase in the population of the County from 158,240 to 160,560 (2,320). As the birth rate during the year dropped from 18.5 to 17.6 the increase in population was mainly due to migration of persons into the County. At present, the areas of marked growth are in the Eastern half of the County largely due to new industries and the development of residential estates for the new industries on Merseyside. It is worth noting that over 1,500 of the new population (2,320) came into East Flintshire and nearly 1,000 into the area of Hawarden Rural District Council - population 39,440.

Mention has been made before of the health problems which are peculiar to areas which are developing and where new population move into newly established estates. Births tend to be high as the new population comprises young families but infant deaths particularly stillbirths and early neo-natal deaths are higher than in other areas of the County because the new residents are often not fully familiar with the services available and even if familiar do not use them fully. I have always felt that it would be very desirable to establish health centres, youth clubs, churches, libraries, etc., in new estates particularly the larger estates before the families become established.

Rhyl and Prestatyn Urban District Councils have populations where the population of over 65's are considerably higher than in the other areas of the County. In Rhyl, the percentage over 65 is 17.7% and in Prestatyn 22.05% compared with 13.07% for the County as a whole. This feature is reflected in the high death rates in these areas, 18.05 in Prestatyn and 18.74 in Rhyl, compared with 13.17 for the County as a whole. This high level of aged persons, many of whom are retired people, who have moved into the areas particularly from the Midlands presents many problems to the health department in the form of high demand for nursing services, home help care and social services generally.

Another feature of the County is the influx of holiday makers into the Western half of the County each summer, particularly the coastal areas of Rhyl, Prestatyn and also Holywell Rural districts. In these areas there may well be a summer population of over 150,000 compared with 40,000 in the winter months. Although the extra population is a short stay one it does make demands on the County Health services, particularly ambulances, nurses, health visitors and social workers. Improved standards of caravan and camping sites and raised levels of hygiene in holiday camps have certainly reduced the incidence of outbreaks



of gastro-enteritis in these holiday areas but much remains to be done particularly as regards elementary instruction on food hygiene to persons employed in shops, cafes, hotels, etc.

The need for a new base hospital to serve the County is still urgent and a site for the proposed District General Hospital for 650 beds has now been acquired at Bodelwyddan and the Welsh Hospital Board expect to start building in 1970.

The County is well provided with General Practitioners (66) and vacancies when advertised attract applicants but like all areas the number applying for vacancies is much smaller than a few years ago. There is a shortage of Dentists in the County and residents in new developing areas are experiencing difficulty in obtaining dental treatment.

The County Health Department provides a comprehensive range of services including permissive services such as home helps and after-care grants. Like most authorities difficulty is experienced in recruiting trained staff because of a national shortage and this is particularly so in the rapidly developing social services.

During 1966, employment generally remained at a high level with a considerable number of women being employed. During the year the average unemployment figure was 1.6% compared with a figure of 3.2% for Wales and 1.8% for Great Britain. It is worth remembering that full employment and a regular wage packet are of greater importance in the well being of families than massive social services to the unemployed. Regular employment also has a valuable mental health aspect in providing a sound basis of stability and independence to the family.

Main services are available in all areas of the County with the possible exception of small rural communities. Electricity is available in all areas, gas in all urban areas and piped water and water carriage sanitation. It is worth recording that all schools in the County are provided with main services including the rural schools. During the year a considerable number of new houses were erected in the County and in all 1,509 houses, 274 built by local authorities and 1,235 by private builders. Many of the local authorities houses are to replace unfit houses and the private houses are mainly in new estates which are being developed in various parts of the County.



Table 1 (a)

## AREA, POPULATION, ETC.

District	Area in	Population (By Census).					
	Statutory Acres (pre-1934)	1901	1911	1921	1931	1951	1961
<b>Urban -</b>							
Buckley	2034	5780	6333	6726	6899	7699	7659
Connah's Quay	4214	3396	4596	5060	5980	7365	8375
Flint (Mun. Boro).	3435	4625	5472	6298	7655	14257	13707
Holywell	917	2652	2549	3073	3424	8196	8477
Mold	854	4263	4873	4659	5137	6436	6894
Prestatyn	1640	1261	2036	4415	4512	8809	10786
Rhyl	1700	8473	9005	13968	13485	18745	21737
<b>Rural</b>							
Hawarden	31588	15821	20571	24036	26575	34659	36443
Holywell	64519	23999	25328	25933	26709	22324	21636
Maelor	29749	5057	5176	5102	4761	6760	4889
St. Asaph	23057	6158	6766	7347	7752	9858	9479
<b>Total Urban</b>	<b>14794</b>	<b>30450</b>	<b>34864</b>	<b>44199</b>	<b>47092</b>	<b>71507</b>	<b>77635</b>
<b>Total Rural</b>	<b>148913</b>	<b>51035</b>	<b>57841</b>	<b>62418</b>	<b>65797</b>	<b>73601</b>	<b>72447</b>
<b>Whole County</b>	<b>163707</b>	<b>81485</b>	<b>92705</b>	<b>106617</b>	<b>112889</b>	<b>145108</b>	<b>150082</b>

Table 1 (b)

District	Area in Statutory Acres at 1/4/34	Area in Statutory Acres as per 1961		Population (estimated mid-year)					
		Census 1939	1949	1959	1963	1964	1965	1966	
<b>Urban</b>									
Buckley	2646	2638	7345	7622	7690	7840	8020	8320	8530
Connah's Quay	4214	4214	6505	7455	8030	8740	8790	9390	9910
Flint M.B.	6243	6802	13020	14160	14300	13950	14040	14070	14150
Holywell	2532	2428	6918	7870	8320	8740	8560	8580	8640
Mold	1164	1175	5880	6354	6680	7110	7350	7490	7590
Prestatyn	3219	2796	7422	8659	9720	11490	12070	12450	12850
Rhyl	1700	1700	16510	18710	19810	21440	21570	21710	21500
<b>Rural</b>									
Hawarden	31576	31576	28750	32450	35520	37120	37480	38620	39440
Holywell	58515	58329	20730	21920	22090	21560	21960	22280	22380
Maelor	29740	29749	4356	6720	4520	4670	4850	4860	4860
St. Asaph	22149	22300	7494	8380	10320	9920	10460	10470	10710
<b>Total Urban</b>	<b>21718</b>	<b>21753</b>	<b>63600</b>	<b>70830</b>	<b>74550</b>	<b>79040</b>	<b>80400</b>	<b>82010</b>	<b>83170</b>
<b>Total Rural</b>	<b>141989</b>	<b>141954</b>	<b>61330</b>	<b>69470</b>	<b>72450</b>	<b>73270</b>	<b>74750</b>	<b>76230</b>	<b>77390</b>
<b>Total County</b>	<b>163707</b>	<b>163707</b>	<b>124930</b>	<b>140300</b>	<b>147000</b>	<b>152310</b>	<b>155150</b>	<b>158240</b>	<b>160,560</b>



## VITAL STATISTICS - FLINTSHIRE, 1966

Live Births	2,767
Live birth rate per 1,000 population	17.23
Illegitimate births	171
Illegitimate live births per cent of total live births	6.07
Stillbirths	60
Stillbirth rate per 1,000 live and stillbirths	21.22
Total live and stillbirths	2,827
Infant deaths (under 1 year)	48
Infant mortality rate per 1,000 live births - total	17.35
Legitimate infant deaths per 1,000 legitimate live births	17.31
Illegitimate infant deaths per 1,000 illegitimate live births	17.86
Neo-natal mortality rate per 1,000 live births (first four weeks)	12.29
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	10.84
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	31.80
Total Deaths	2,115
Death rate per 1,000 population	13.17
Maternal deaths (including abortion)	1
Maternal mortality rate per 1,000 live and still births	0.35

### FINANCIAL

The product of a penny rate, computed for the County in respect of the year 1966/67 was £27,602.

### SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

### BIRTHS

During the year under review, 2,827 births were registered as pertaining to the County, that total being made up as follows:-

	Live Births	Still Births	Total
Legitimate	2,599	57	2,656
Illegitimate	168	3	171
	<u>2,767</u>	<u>60</u>	<u>2,827</u>

Compared with 1965, these figures show a decrease of 162 live births and an increase of 9 still births, the total births thus showing a decrease of 153.

Of the 2,767 live births, 1,411 were males and 1,356 females.

Of the 60 still births, 30 were males and 30 females.



Further reference will be made to these figures when considering the neo-natal and infant death rates.

The live birth rate per 1,000 population in 1966 was 17.23 which is slightly lower than the rate for England and Wales, namely 17.7 and lower than the County rate for 1965, which was 18.51.

The still birth rate per 1,000 total (live and still) births was 21.22 as compared with the corresponding rate for England and Wales, which was 15.4.

**Illegitimate Births:** The number of illegitimate births fluctuate 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	"
1965	60.74	"
1966	60.48	"

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 period of gestation. Out of a total of 145 premature births in 1966, 137 were born in hospitals or maternity homes within the National Health Service. 12 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 8 births occurred at home.

Table 3 shows that of the 8 births at home, 3 were transferred to hospital.



Table 2 (a)  
BIRTHS - 1966

DISTRICT	LIVE		STILL		TOTAL	
	Legit	Illegit	Total	Legit	Illegit	Total
<b>Urban -</b>						
Buckley	160	12	172	1	-	173
Connah's Quay	201	6	207	3	1	211
Flint M.B.	239	5	244	9	-	253
Holywell	124	9	133	1	-	134
Mold	172	10	182	2	1	185
Prestatyn	162	13	175	6	-	181
Rhyl	244	31	275	6	1	282
<b>Rural -</b>						
Hawarden	697	42	739	17	-	756
Holywell	365	29	394	6	-	400
Maelor.	66	3	69	1	-	70
St. Asaph	169	8	177	5	-	182
<b>Total Urban</b>	<b>1,302</b>	<b>86</b>	<b>1,388</b>	<b>28</b>	<b>3</b>	<b>1,419</b>
<b>Total Rural</b>	<b>1,297</b>	<b>82</b>	<b>1,379</b>	<b>29</b>	<b>-</b>	<b>1,408</b>
<b>Whole County</b>	<b>2,599</b>	<b>168</b>	<b>2,767</b>	<b>57</b>	<b>3</b>	<b>2,827</b>

Table 2 (b)  
BIRTHS AND BIRTH RATES - 1966  
(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	
<b>Urban -</b>										
Buckley	172	1	173	20.16	.12	20.28	21.37	.13	21.50	5.78
Connah's Quay	207	4	211	20.89	.40	21.29	19.22	.37	19.59	18.96
Flint M.B.	244	9	253	17.24	.64	17.88	17.76	.66	18.42	35.57
Holywell	133	1	134	15.39	.12	15.51	14.93	.12	15.04	7.46
Mold	182	3	185	23.98	.39	24.37	23.98	.39	24.37	16.22
Prestatyn	175	6	181	13.62	.47	14.08	19.75	.68	20.42	33.15
Rhyl	275	7	282	12.80	.33	13.12	14.21	.37	14.56	24.82
<b>Rural -</b>										
Hawarden	739	17	756	18.74	.43	19.17	19.11	.44	19.55	22.49
Holywell	394	6	400	17.61	.26	17.87	19.37	.29	19.65	15.00
Maelor	69	1	70	14.20	.02	14.40	15.76	.02	15.98	14.29
St. Asaph	177	5	182	16.53	.47	17.00	19.01	.54	19.55	27.47
Total Urban	1388	31	1419	16.69	.37	17.06	18.03	.40	18.42	21.85
Total Rural	1379	29	1408	17.82	.37	18.19	19.07	.39	19.46	20.59
Whole County	2767	60	2827	17.23	.37	17.66	18.44	.39	18.90	21.22

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



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 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							Total births		Born	
	Died			Total births				Died			Total births							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)				
1) 2 lb 3 oz or less	3	3	-	-	-	-	-	-	-	-	-	-	-	-	2	2		
2) Over 2 lb 3 oz up to and including 3 lb 4 oz	3	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-		
3) Over 3 lb 4 oz up to and including 4 lb 6 oz	27	-	4	-	-	-	-	1	-	-	-	-	7	-	-	-		
4) Over 4 lb 6 oz up to and including 4 lb 15 oz	30	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-		
5) Over 4 lb 15 oz up to and including 5 lb 8 oz	62	1	-	1	3	-	-	-	-	-	-	-	-	-	-	-		
6) TOTAL	125	4	6	1	3	-	-	3	-	-	-	-	12	-	2	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) 1966  
SUMMARY OF CAUSES

CAUSE OF DEATH	Males	Females	Total	Percentage of Total Deaths
Tuberculosis - respiratory	2	2	4	.19
Tuberculosis - other	-	-	-	-
Syphilitic disease	2	3	5	.24
Diphtheria	-	-	-	-
Whooping Cough	-	-	-	-
Meningococcal Infection	1	-	1	.05
Acute Poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other infective and parasitic diseases	2	2	4	.19
Malignant neoplasm - stomach	28	21	49	2.32
"    "    - lung, bronchus	64	11	75	3.55
"    "    - breast	-	38	38	1.79
"    "    - uterus	-	15	15	.71
Other malignant and lymphatic neoplasms	89	95	184	8.69
Leukaemia, aleukaemia	5	4	9	.42
Diabetes	4	7	11	.52
Vascular lesions of nervous system	147	214	361	17.07
Coronary disease, angina	289	148	437	20.66
Hypertension with heart disease	27	30	57	2.69
Other heart disease	61	115	176	8.32
Other circulatory disease	40	59	99	4.68
Influenza	14	13	27	1.28
Pneumonia	45	46	91	4.30
Bronchitis	109	22	131	6.19
Other diseases of respiratory system	14	3	17	.80
Ulcer of stomach and duodenum	12	1	13	.61
Gastritis, enteritis and diarrhoea	8	7	15	.71
Nephritis and Nephrosis	7	4	11	.52
Hyperplasia of prostate	15	-	15	.71
Pregnancy, childbirth, abortion	-	1	1	.05
Congenital malformations	11	4	15	.71
Other defined and ill-defined diseases	63	98	161	7.16
Motor vehicle accidents	20	4	24	1.13
All other accidents	35	20	55	2.60
Suicide	6	7	13	.61
Homicide and operations of war	-	1	1	.05
TOTALS	1,120	995	2,115	



DEATHS FROM RESPIRATORY TUBERCULOSIS - Table 4 (a)  
 shows the deaths from respiratory tuberculosis in the various County  
 Districts.

Table 4 (a)

DEATHS FROM RESPIRATORY TUBERCULOSIS

COUNTY	DISTRICT	MALES	FEMALES	TOTAL
<b>Urban -</b>				
	Buckley	1	-	1
	Connah's Quay	-	-	-
	Flint M.B.	-	-	-
	Holywell	-	-	-
	Mold	-	-	-
	Prestatyn	1	-	1
	Rhyl	-	1	1
<b>Rural -</b>				
	Hawarden	-	1	1
	Holywell	-	-	-
	Maelor	-	-	-
	St. Asaph	-	-	-
Total Urban		2	1	3
Total Rural		-	1	1
Whole County		2	2	4



## 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 1966 decreased to 370 from 384 in 1965. 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.

There was a marked decrease during the year in deaths due to cancer of the stomach, the total being 49, compared with 66 in 1965. Deaths due to cancer of the stomach are still higher in Wales and the differential has been maintained in the total figure for 1966. Deaths due to cancer of the uterus and breast showed a small increase on 1965 and this is a disturbing feature in view of the work that is being done to detect cancer of these sites in the early stages when treatment is so effective. Deaths due to lung cancer showed no change on 1965 remaining at 75 a disturbingly high figure.

Deaths due to other forms of cancer as a group decreased by 6 to a total of 184. This large group includes cancer of nearly every part of the body and the big total reminds us of the fact that cancer can attack virtually any part of the body and cause a large number of deaths each year.

From Table 5 (b) it will be seen that of a total of 370 deaths due to cancer in 1966, 126 occurred between the ages of 65 and 75. However, 148 occurred under the age of 65 and many of these were due to conditions which could have been prevented (lung cancer) or detected in their early stages (uterus and breast).

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, 530)	M	2	6	-	-	3	-	11)	2.34
	F	1	1	3	1	3	-	9)	
Connah's Quay U.D. (9, 910)	M	-	4	-	-	5	-	9)	1.41
	F	2	-	2	-	1	-	5)	
Flint M.B (14, 150)	M	1	3	-	-	11	1	16)	2.26
	F	2	2	3	2	7	-	16)	
Holywell U.D (8, 640)	M	2	3	-	-	1	-	6)	1.39
	F	-	1	2	-	3	-	6)	
Mold U.D.(7, 590)	M	1	2	-	-	2	-	5)	2.11
	F	2	2	2	-	4	1	11)	
Prestatyn U.D (12, 850)	M	5	5	-	-	15	1	26)	3.66
	F	2	1	3	4	10	1	21)	
Rhyl U.D (21, 500)	M	3	14	-	-	12	-	29)	3.16
	F	1	1	11	2	23	1	39)	
Hawarden R.D (39, 440)	M	8	14	-	-	19	2	43)	1.98
	F	2	2	7	3	20	1	35)	
Holywell R.D (22, 380)	M	4	9	-	-	11	-	24)	2.10
	F	6	-	1	1	15	-	23)	
Maelor R.D (4, 860)	M	-	2	-	-	4	-	6)	1.85
	F	-	-	-	-	3	-	3)	
St. Asaph R.D (10, 710)	M	2	2	-	-	6	1	11)	2.52
	F	3	1	4	2	6	-	16)	
Total Urban(83, 170)	M	14	37	-	-	49	2	102)	2.51
	F	10	8	26	9	51	3	107)	
Total Rural (77, 390)	M	14	27	-	-	40	3	84)	2.08
	F	11	3	12	6	44	1	77)	
Whole County (160, 560)	M	28	64	-	-	89	5	186)	2.30
	F	21	11	38	15	95	4	184)	
Total (M and F)		49	75	38	15	184	9	370	2.30



**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 -
<b>Tuberculosis:</b>												
Respiratory	M	-	-	-	-	-	-	-	-	1	1	2
"	F	-	-	-	-	-	-	-	1	1	-	2
Other	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	-	-	-	-	-	-	-
Totals		-	-	-	-	-	-	-	1	2	1	4
<b>Malignant Diseases:</b>												
Stomach	M	-	-	-	-	-	-	2	4	12	10	28
"	F	-	-	-	-	-	-	1	7	4	9	21
Lung bronchus	M	-	-	-	-	-	-	5	23	23	13	64
"	F	-	-	-	-	-	-	1	4	4	2	11
Breast	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	2	2	8	8	12	6	38
Uterus	F	-	-	-	-	2	2	5	2	2	2	15
Other	M	-	-	-	1	1	3	6	21	33	24	89
"	F	-	-	-	-	-	3	5	27	30	30	95
Leukaemia	M	-	-	-	-	-	-	-	1	4	-	5
"	F	-	-	-	-	1	-	-	1	2	-	4
Totals		-	-	-	1	6	10	33	98	126	96	370
<b>Heart and Circulation:</b>												
Vascular lesions of M		-	-	-	-	-	3	5	16	40	83	147
nervous system	F	-	-	-	1	-	2	4	13	50	144	214
Coronary disease,	M	-	-	-	-	-	4	23	87	104	71	289
angina	F	-	-	-	-	-	-	3	10	50	85	148
Hypertension with	M	-	-	-	-	-	1	-	6	11	9	27
heart disease	F	-	-	-	-	-	-	1	2	5	22	30
Other heart	M	-	-	-	-	1	2	1	11	13	33	61
"	F	-	-	-	-	-	2	2	12	25	74	115
Other Circulatory	M	-	-	-	-	-	-	2	7	6	25	40
"	F	-	-	-	-	-	-	2	1	12	44	59
Totals		-	-	-	1	1	14	43	165	316	590	1130



## DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

During the year 1966 deaths attributable to infectious disease were as follows:-

Diphtheria	-
Whooping Cough	-
Meningococcal Infections	1
Acute Poliomyelitis	-
Measles	-
Other Infective and Parasitic Diseases	4
Influenza	27
Pneumonia	91
Bronchitis	131
Gastritis, Enteritis and Diarrhoea	15

It will be noted that there were no deaths during 1966 from the major infectious conditions - which is a remarkable testimony if such were needed to the effectiveness of our vaccination and immunisation campaigns.

Infectious diseases have ceased to be major killing diseases of infants and young persons and this position can be maintained if the public will make full use of the protective vaccines now available to prevent them. Influenza, pneumonia and bronchitis deaths are mainly terminal conditions in the elderly and not true "primary" infectious diseases like polio or meningitis.

Facilities for the treatment of infectious illness in hospital are still available at Isolation Hospitals at Colwyn Bay, Clatterbridge and Wrexham. Beds for suspected smallpox cases are available in the Liverpool area and these serve the whole of North Wales and Merseyside.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS - During the year 48 infants died before attaining the age of twelve months, and of these 26 were males and 22 females, whilst 45 were legitimate and 3 were illegitimate.



The infant mortality rate (deaths per 1,000 live births) is therefore 17.35, which is lower than the rate for England and Wales, namely, 19.00.

The causes of death of the 48 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 48 deaths in the first year of life, 30 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 34 (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 still births, 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 14 babies died in the last 11 months of their first year.

During the year we continued to notify all infants born with any form of congenital deformity to the Ministry of Health on special forms supplied. The purpose of this scheme is to enable the Ministry of Health to get accurate information about the nature and number of deformities occurring. Should there be any significant change in the number of any particular deformity immediate action can be taken to investigate this.



Table 6 (a)

**INFANTILE DEATHS, 1966**  
(under one year of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
<b>Urban -</b>							
Buckley	3	-	3	3	-	3	6
Connah's Quay	2	-	2	2	-	2	4
Flint M.B.	3	-	3	-	-	-	3
Holywell	-	-	-	1	-	1	1
Mold	-	-	-	1	-	1	1
Prestatyn	1	-	1	1	-	1	2
Rhyl	4	1	5	2	-	2	7
<b>Rural -</b>							
Hawarden	7	-	7	2	1	3	10
Holywell	-	-	-	4	1	5	5
Maelor	2	-	2	1	-	1	3
St. Asaph	3	-	3	3	-	3	6
<b>Total Urban</b>	<b>13</b>	<b>1</b>	<b>14</b>	<b>10</b>	<b>-</b>	<b>10</b>	<b>24</b>
<b>Total Rural</b>	<b>12</b>	<b>-</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>12</b>	<b>24</b>
<b>Whole County</b>	<b>25</b>	<b>1</b>	<b>26</b>	<b>20</b>	<b>2</b>	<b>22</b>	<b>48</b>

## The Causes of death were: -

	Males	Females	Total
Bronchitis	-	1	1
Accidents (other than motor vehicle accidents)	3	1	4
Congenital Malformations	5	2	7
Pneumonia	2	2	4
Gastritis, Enteritis and Diarrhoea	2	1	3
Other defined and ill-defined diseases	14	15	29
	26	22	48

Table 6 (b)

## INFANT MORTALITY, 1966

(Children aged under 12 months)  
Rate per 1,000 total live births

DISTRICT	MALES			FEMALES			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit.
<b>Urban -</b>							
Buckley	17.44	-	17.44	17.44	-	17.44	34.88
Connah's Quay	9.66	-	9.66	9.66	-	9.66	19.32
Flint (M.B.)	12.29	-	12.29	-	-	-	12.29
Holywell	-	-	-	7.52	-	7.52	7.52
Mold	-	-	-	5.49	-	5.49	5.49
Prestatyn	5.71	-	5.71	5.71	-	5.71	11.43
Rhyl	14.54	3.64	18.18	7.27	-	7.27	25.45
<b>Rural -</b>							
Hawarden	9.47	-	9.47	2.71	1.35	4.06	13.53
Holywell	-	-	-	10.15	2.54	12.69	12.69
Maelor	28.98	-	28.98	14.49	-	14.49	43.47
St. Asaph	16.95	-	16.95	16.95	-	16.95	33.89
Total Urban	9.36	.72	10.09	7.20	-	7.20	17.29
Total Rural	8.70	-	8.70	7.25	1.45	8.70	17.40
Whole County	9.03	.36	9.39	7.23	.72	7.95	17.35



TABLE 6(c)  
NEO-NATAL DEATHS 1966  
(Under 4 weeks of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
<b>Urban -</b>							
Buckley	2	-	2	3	-	3	5
Connah's Quay	2	-	2	2	-	2	4
Flint (M.B)	2	-	2	-	-	-	-
Holywell	-	-	-	1	-	1	1
Mold	-	-	-	-	-	-	-
Prestatyn	-	-	-	1	-	1	1
Rhyl	1	1	2	1	-	1	3
<b>Rural -</b>							
Hawarden	6	-	6	2	-	2	8
Holywell	-	-	-	4	1	5	5
Maelor	1	-	1	-	-	-	1
St. Asaph	2	-	2	2	-	2	4
<b>Total Urban</b>	<b>7</b>	<b>1</b>	<b>8</b>	<b>8</b>	<b>-</b>	<b>8</b>	<b>16</b>
<b>Total Rural</b>	<b>9</b>	<b>-</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>9</b>	<b>18</b>
<b>Whole County</b>	<b>16</b>	<b>1</b>	<b>17</b>	<b>16</b>	<b>1</b>	<b>17</b>	<b>34</b>

Table 6 (d)

## INFANT DEATHS, 1966

(Infants under one week of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
<b>Urban -</b>							
Buckley	2	-	2	3	-	3	5
Connah's Quay	1	-	1	1	-	1	2
Flint M.B.	1	-	1	-	-	-	1
Holywell	-	-	-	1	-	1	1
Mold	-	-	-	-	-	-	-
Prestatyn	-	-	-	1	-	1	1
Rhyl	1	1	2	1	-	1	3
<b>Rural -</b>							
Hawarden	6	-	6	2	-	2	8
Holywell	-	-	-	3	1	4	4
Maelor	1	-	1	-	-	-	1
St. Asaph	2	-	2	2	-	2	4
Total Urban	5	1	6	7	-	7	13
Total Rural	9	-	9	7	1	8	17
Whole County	14	1	15	14	1	15	30

**MATERNAL MORTALITY** - There was one death attributable to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain a confidential report from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician giving complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

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

There has been a steady fall over the years in maternal deaths in the County 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
<b>Urban -</b>					
Buckley	64	44	108	12.66	14.30
Connah's Quay	44	34	78	7.87	12.19
Flint (M.B.)	91	72	163	11.52	14.63
Holywell	69	64	133	15.39	10.46
Mold	36	48	84	11.07	13.39
Prestatyn	125	107	232	18.05	10.11
Rhyl	202	201	403	18.74	13.68
<b>Rural -</b>					
Hawarden	247	204	451	11.43	12.80
Holywell	144	130	274	12.24	11.50
Maelor	32	24	56	11.52	12.55
St. Asaph	66	67	133	12.42	10.93
Total Urban	631	570	1201	14.44	12.27
Total Rural	489	425	914	11.81	12.05
Whole County	1,120	995	2,115	13.17	12.25

\* 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	170	83	253
Deaths in age groups 65 and over	426	455	881
TOTALS	596	538	1134

#### Rural Districts

	Males	Females	Total
Deaths in age groups 45-64	131	70	201
Deaths in age groups 65 and over	314	328	642
	445	398	843

### Section B

#### HEALTH SERVICES PROVIDED IN THE COUNTY

##### ADMINISTRATION

The County Medical Officer is responsible to the Health Committee for the control, supervision and co-ordination of all services provided under the National Health Service Acts, and parts of the National Assistance Act and Public Health Act.

The Health Department is administered centrally from Mold there being no divisional administration. Day to day administration of certain services however is carried out from three sub-centres based at Rhyl, Connah's Quay and Mold. At these centres a person is on duty all day who will deal with requests by callers and on the phone and either arrange to provide a service or pass the request to the person responsible for this service, e.g. the senior nurse for the area or county nursing officer. Hospitals, doctors and other workers also use these centres and they have proved valuable to all concerned and are much appreciated by the public in the areas served. The Rhyl Sub-Centre has an Assistant Home Help Organiser based there and day to day administration of the Home Helps in the Western area is carried out from Rhyl. It should be pointed out that there are 69 Home Helps in the Western area out of a total of 152 for the county as a whole. It is our intention to provide a similar person at Connah's Quay Centre within the next year or so as the demands on the Home Help Service on Deeside are growing with the increase in population.



During the year, steps were taken to improve our existing arrangements for contacting staff on duty outside office hours, e.g. Mental Welfare Officers, Senior Nurses, Medical Staff and Health Visitors. The system of circulating duty rotas has now been completely abandoned and a rota of all staff on duty given to the Ambulance Headquarters, and all doctors, hospitals, etc., advised to contact the Headquarters if they require a member of staff. The staff at the Ambulance Headquarters which is open day and night will then contact the person on duty who takes appropriate action or gets in touch with the caller. This scheme has continued to work well and with minor modifications introduced during the year has improved the availability of staff, reduced the numbers of telephone calls which doctors and others have to make to contact staff, and reduced routine administrative work in the central office.

In addition to the Health Committee which meets quarterly, there are three Area Health Sub-Committees. 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 (which now incorporates the Ambulance Service) 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.

The Area Voluntary Committees cover the same areas as the Area Health Committees. 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 Council during 1966, 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, established at Connah's Quay, Holywell, Mold, and Rhyl, continued to function.

The combined Ante-Natal Clinic at Prestatyn which had been in existence since 1955 was closed as the number of mothers attending was small and did not justify the attendance of medical and nursing staff. The opportunity was taken to continue the session as a mothercraft clinic attended by midwives only. 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.

Attendances at Ante-Natal Clinics continued at a very high level in 1966 and a total of 1405 new mothers were seen who made 5571 attendances and this excluded 556 post-natal attendances. For the convenience of mothers an appointment system is now being gradually introduced at all 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 556 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, Caergwrle, Connah's Quay, Flint, Greenfield, Holywell, Mancot, Mold, Prestatyn and Rhyl.

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 1966 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 weekly at the County Clinic, Flint. During 1966, fifty-one sessions were held and 251 new patients seen and in all 604 patients sought advice. 248 cytological smears were taken.

The Family Planning Association also continued to operate a Family Planning Clinic in Rhyl. This is held in the County Clinic, Fforddlas, Rhyl on Wednesdays between 7.00 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 1966 270 outfits were issued compared with 325 in 1965.



Table 8

## ANTE-NATAL CLINICS, 1966

	Holywell	Connah's Quay	Mold	Prestatyn	Rhyl	Totals
<b>A - ANTE-NATAL CASES</b>						
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	51	52	50	16	48	217
(e) Total sessions	51	52	50	16	48	217
2. Number of patients attending for the first time this year	344	386	257	38	380	1405
3. Total attendances	1324	1235	1357	119	1536	5571
<b>B - POST-NATAL CASES</b>						
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	42	37	50	14	47	190
(e) Total sessions	42	37	50	14	47	190
2. Number of patients attending for the first time this year	136	77	155	19	167	554
3. Total attendances	136	77	155	21	167	556

NOTE - Clinics held at Connah's Quay, Holywell, Mold, Prestatyn and Rhyl are combined with the Hospital Consultant Clinics. The Prestatyn Clinic was discontinued on 7th October, 1966.







**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 1966 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.

In one or two areas in the County, General Practitioners are conducting their own infant clinics on regular days each week or every two weeks. The Health Department offers help at these clinics by arranging for a health visitor or nurse to attend if requested and in one practice making available infant foods in welfare packs and at welfare centre rates. This practice may well increase particularly if health centres are established in the County and General Practitioners do more of the day to day clinical work now carried out by the Health Department medical staff. If this pattern develops then the Health Department medical staff will concentrate more on specialist development examinations and work with handicapped children.

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, school-children, immunisation, ante-natal examinations and medical examinations of employees.

The future policy in relation to the provision of clinics is not clear at the present moment as the Welsh Board of Health is anxious that wherever possible Health Centres should be built in future for integrated services by General Practitioners and the Health Department. At the end of the year details in relation to future policy on health centres had not been made available but the authority had been requested to review its earlier future clinic programme and this is being done. It is hoped to proceed with a new clinic at Mancot early in 1967 to replace the present clinic in the grounds of the junior school. New clinics or improved clinics are needed at Aston Hill, Hawarden, Penyffordd, Caergwrle and Rhuddlan.

During 1966 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.

Mothers' Clubs have now been established at Bagillt, Buckley, Caergwrle, Connah's Quay, Ffrith, Greenfield, Mancot, Mynydd Isa, Penyffordd, Prestatyn, Rhyl (two) and Shotton. 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.

A recent innovation which may well have a beneficial effect on child development and improve the level of child care in general has been the introduction of Pre-School Play Groups in various parts of the county and the health department has helped in every way to foster them and in some places they meet in the County clinics.

Pre-School Play Groups cater specially for children between three to five years of age and are designed to enable children to take part in constructive play and to encourage them to mix and participate in activities with other children. These groups are run by the mothers and, in the absence of nursery schools, play an important part in fostering the healthy development of young children.

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 8.

Of the 8 births at home and in nursing homes 3 were nursed entirely at home and 3 were transferred to hospital. Three of those who were born at home and who were transferred to hospital survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, H.M. Stanley Hospital, St. Asaph, and the Maelor General Hospital, Wrexham, has always been good, and admission of cases readily obtained.

The Maternity Departments at the above three Hospitals have pre-



mature 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 1966

	Nurseries and Child Minders Regulation Act, 1948		National Health Service Act, 1946, Section 22
	Premises Registered at end of year		
	Factory (1)	Other Nurseries (2)	
Number	-	2	-
Number of Places (Cols. (1) and (2) ) and number of children minded at end of year (Col. (4) )	-	55	-
		Daily Minders Registered at end of year. (3)	Daily Minders receiving fees from the Authority at end of year. (4)
		3	-



Table 10 (a)  
CHILD WELFARE CLINICS

Year:	1959	1960	1961	1962	1963	1964	1965	1966
Number of Registered Live Births	2354	2588	2715	2653	2781	3007	2929	2767
Children who attended during the year and who, at the end of the year, were:-								
(a) Under 1 year of age	2566	2261	1864	1844	1871	2045	2199	1983
(b) Between 1 - 5 years	2711	1967	2527	3165	2894	3080	2950	3521
Total attendances	35628	31708	34056	33623	32556	38947	42378	41875



Table 10 (b)  
CHILD WELFARE CENTRES 1966  
(see also Table 10(c) for Centres held in Mobile Clinic)

DESCRIPTION	Bagillt	Bodelwyddan	Broughton	Buckley	Caerwisle	Caerwys	Connah's Quay	Flint	Greenfield	Gwernaffield	Holywell	Leeswood	Mancot	Mold	Mostyn	Mynydd Isa	Penley	Prestatyn	Rhyl (Ffordd Las)	Rhyl (Mercier House)	St. Asaph	Salmei	Sealand	Shotton	TOTALS
	1. Number of Sessions held by :- (a) Medical Officers (b) Health Visitors (without Doctor) (c) General Practitioners employed by Local Health Authority on Sessional basis. (d) Hospital Medical Staff (e) Total Sessions	23 28 - - 51	21 2 - - 23	24 27 - - 51	25 24 - - 49	23 25 - - 48	24 27 - - 51	24 27 - - 52	23 25 - - 48	25 26 - - 51	13 9 - - 22	23 24 - - 47	12 11 - - 23	24 28 - - 52	24 27 - - 51	21 21 - - 23	12 2 - - 24	- 1 - - 24	21 25 - - 46	23 29 - - 52	23 26 - - 49	26 - - - 26	24 25 - - 49	23 28 - - 51	23 27 - - 50
2. Number of Infants who attended and who were born: (a) 1966 (b) 1965 (c) 1961-64	63 13 17	30 54 36	53 71 74	138 199 87	70 25 18	10 19 3	183 145 440	123 107 85	48 21 15	20 16 20	56 72 8	281 55 43	14 99 61	28 18 159	18 18 2	41 84 36	44 34 54	88 59 73	96 108 72	61 65 26	53 61 40	45 52 66	79 149 28	153 130 71	1777 1730 1534
3. Total attendances by all children under 5 years of age.	1636	668	1639	2773	2544	239	3329	2523	1248	338	1137	602	295	2818	287	901	670	1289	1821	1232	1089	1813	1365	3462	8382
4. Number of children seen by a Doctor at the Centre: (a) For the first time since birth (b) Subsequent interviews	41 288	41 145	50 353	66 506	57 250	-	185 648	129 155	49 247	12 85	59 216	29 93	83 500	113 515	13 93	26 136	55 225	75 96	63 180	63 186	52 320	68 304	111 462	1515 6233	
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	12	1	-	2	-	5	3	5	-	24	-	1	8	5	-	-	3	8	3	13	1	-	5	105
6. Number of children "AT RISK" at the END OF THE YEAR - (See definition of "at risk" in note * below).	48	59	10	24	63	-	51	34	-	34	43	34	10	43	18	45	4	20	94	20	-	10	25	18	707

\* "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 (c)  
MOBILE (CHILD WELFARE) CLINICS - 1966

DESCRIPTION	Dyserth	Ewloe	Ffynnon-groew	Halkyn	Peny-ffordd	Rhuoddlan	TOTALS
1. Number of Sessions held by:-							
(a) Medical Officers	24	23	23	23	22	22	137
(b) Health Visitors (without Doctor)	-	-	1	1	2	-	4
(c) General Practitioners employed by Local Health Authority on sessional basis	-	-	-	-	-	-	-
(d) Hospital Medical Staff	-	-	-	-	-	-	-
(e) Total Sessions	24	23	24	24	24	22	141
2. Number of Infants who attended during the year, and who were born in:-							
(a) 1966	34	37	17	47	42	29	206
(b) 1965	20	37	26	15	12	29	139
(c) 1961-64	25	13	45	2	3	30	118
3. Total attendances by all children under 5 years of age.	310	604	294	749	805	731	3493
4. Number of children seen by a Doctor at the Centre:-							
(a) For the first time since birth	32	39	23	35	54	40	223
(b) Subsequent interviews	185	208	145	205	232	372	1347
5. Number of children under 5 years of age referred to General Medical Practitioner or Specialist for special treatment or advice after medical examination.	-	-	2	8	-	5	15
6. Number of children "AT RISK" at the end of the year - see definition of "at risk" in note * below.	-	2	-	26	-	19	47

\* "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	480	137	617
(b) Health Visitors (without Doctor)	482	4	486
(c) General Practitioners employed by Local Health Authority on sessional basis	23	-	23
(d) Hospital Medical Staff	-	-	-
(e) Total sessions	985	141	1126
2. Number of infants who attended and who were born: -			
(a) 1966	1777	206	1983
(b) 1965	1730	139	1869
(c) 1961 to 1964	1534	118	1652
3. Total attendances by all children under 5 years of age	38382	3493	41875
4. Number of children seen by a Doctor at the Centre: -			
(a) For the first time since birth	1515	223	1738
(b) Subsequent interviews	6233	1347	7580
5. Number of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination	105	15	120
6. Number of children "at risk" * at the end of the year	707	47	750

\* "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.

It will be noted from previous annual reports that the amounts of Government Welfare Foods sold each year have steadily declined. This year, again, the amount of National Dried Milk sold shows a marked drop on 1965. The amount of Cod Liver Oil, liquid and tablets, remained about the same as in previous years but again at a generally low level. The amount of concentrated Orange Juice sold also remained about the same as in 1965, and at a higher level. We know from reports received that much of the concentrated Orange Juice is purchased not specifically for infants but because it makes a pleasant drink for older children and adults and this is borne out by the high sales in summer and the low sales in winter.

I feel that the time has been reached when we could discontinue handling and selling Government Welfare Foods and deal only with the various proprietary brands which are now freely available. I make this recommendation because the public choose proprietary brands, the sales of Government Foods are declining steadily yet the cost of handling and distribution remains the same, about £1,500 annually. Handling two types of foods in clinics is very wasteful of time and money and we should now discontinue the Government Foods which were introduced as a wartime measure and have outlived their usefulness or purpose.

**Storage Depot:** An emergency supply is kept at the Ambulance Station, Rhyl, but the main depot is at the Ambulance Headquarters, Mold, the administrative office also being at the latter address.

**Supplies:** Supplies of Welfare Foods were ordered from Messrs. S.P.D. Ltd. of Liverpool and Llandudno Junction and direct deliveries were made as follows:-

	<u>Liverpool</u>	<u>Llandudno Junction</u>
Mold Depot	1	-
Clinics	2	-
Shops	2	1

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

Clinics	27
Shops	3



**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:-

	<u>National Dried Milk</u>	<u>Cod Liver Oil</u>	<u>Vitamin tabs</u>	<u>Orange Juice</u>
Issued against coupons	8529	2130	1707	26,629
Issued to Hospitals	27	-	-	180
Issued at 4/-d.	2219	-	-	-
Issued to Day Nurseries	-	-	-	72
	<hr/> 10,775	<hr/> 2130	<hr/> 1707	<hr/> 26,881
Out of date, damaged etc.,	376			
Sent for Analysis	6			
Losses through Breakages	3	13	22	190
	<hr/> 11,160	<hr/> 2143	<hr/> 1729	<hr/> 27,071

**Summary of Coupons, Cash and Stamps:**

	Issued	Charge		Amount Due			Amount Received		
		s.	d.	£	s.	d.	£	s.	d.
<b>N.D.M.</b>									
(a) By stamps	54	2	4	6	6	0	6	6	0
(b) By cash	7876	2	4	918	16	4	918	16	4
(c) Free	599								
(d) By cash	2217	4	0	443	8	0	443	8	0
<b>C.L.O.</b>									
(a) Free	164								
(b) By cash	1966	1	0	98	6	0	98	6	0
<b>A. &amp; D.</b>									
(a) Free	12								
(b) By cash	1695		6	42	13	0	42	13	0
<b>O.J.</b>									
(a) Free	708								
(b) By cash	25,921	1	6	1944	1	6	1944	1	6
				<hr/>					
	TOTAL CASH			£3453	10	10	£3453	10	10



**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 fulltime Dental Officers and five 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

#### PART A - ATTENDANCES AND TREATMENT

##### Number of Visits for Treatment During Year:

	Children 0-4 (incl)	Expectant and Nursing Mothers
First Visit	391	167
Subsequent Visits	185	232
Total Visits	576	399
Number of additional courses of treatment other than the first course commenced during the year	40	8
Treatment provided during the year -		
Number of Fillings	441	144
Teeth Filled	408	138
Teeth Extracted	432	335
General Anaesthetics given	215	68
Emergency Visits by Patients	105	18
Patients x-rayed	-	6
Patients treated by scaling and/or removal of stains from the teeth (Phrophylaxis)	3	26
Teeth Otherwise Conserved	59	-
Teeth Root Filled	-	1
Number of courses of treatment completed during the year	206	76

#### PART B - PROSTHETICS

Patients Supplied with F. U. or F. L. (first time)	-	12
Patients supplied with other dentures	-	23
Number of dentures supplied	-	45



PART C - ANAESTHETICS

General Anaesthetics Administered by Dental Officers	-	16
--	---	----

PART D - INSPECTIONS

Number of patients given first inspections during the year	353	131
Number of patients in A and D above who required treatment	319	122
Number of Patients in B and D above who were offered treatment	315	122

PART E - SESSIONS

Number of Dental Officer Sessions (i. e. equivalent complete half days) devoted to Maternity and Child Welfare Patients:

For treatment	-	13
For Health Education	-	26



## DOMICILIARY MIDWIFERY

During 1966, the number of domiciliary confinements was 9.8% of the total compared with 10.85% in 1965. This means that 90.2% 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, 92% were discharged before the 10th day and the majority of these on the 2nd and 3rd day.

During the year, we looked again at the whole question of early discharge of mothers and babies from maternity hospitals. It was agreed that early discharge would not apply to maternity homes which are General Practitioner maternity units and to where cases suitable for home confinement would be admitted and kept usually for seven days or more. In regard to cases booked for maternity hospitals it was agreed that a Home Circumstances Report be made by the midwife in each case and not on cases selected for early discharge. This would ensure that all cases were visited and where a sudden demand on beds arose the home circumstances would be known to the staff. It also meant that the domiciliary midwife would know of all the pregnant women on her district and could keep in touch with them and offer help and advice and be known to mothers likely to come home early for maternity nursing care.

In addition to midwifery work the midwives also attend ante-natal clinics at county premises or general practitioner surgeries, 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 disposal 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.

At the end of the year, four Senior Nurse/Midwives were employed, each covering a specified area. Each Senior Nurse/Midwife has been recruited from our existing experienced Queen's Nurses and in this way know the area well and the Nurses and Midwives working in each area. 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 for the year 1966 is given below:-

### MIDWIFERY SERVICE

At the end of 1966, thirty-eight domiciliary Midwives were employed by the County Council and have practised midwifery during the year. One Midwife in the Maelor district is employed half-time and three part-time Midwives have been employed from time to time to help in other parts of the County as required. There have been two retirements. One of these has retired after 11 years service and the other after 8 years service.

There have been two District Nurse/Midwives appointed during the year and three District Nurse/Midwives have been transferred to other districts within the County. On 31st December, 1966, there was one vacancy in the Leeswood area.

Post Graduate Courses have been attended by Midwives. These included a half-day Study Day arranged by The Royal College of Midwives, Flintshire Branch, in the H.M. Stanley Hospital, St. Asaph. Seven Midwives attended a Post Graduate Course in accordance with the Central Midwives Board, Rule G.1.

Seven Pupil Midwives have completed their part II District Training in this County by arrangement with H.M. Stanley Hospital, St. Asaph. Four lectures have been given to Pupil Midwives in the Hospital and each Pupil Midwife has been visited, when records and practical work have been seen.

9.8% of all confinements in Flintshire have been attended by Domiciliary Midwives in the mother's own home. 92% of all mothers confined in hospital and who live in Flintshire have been discharged to their homes before the tenth day. These mothers have been attended by the District Nurse/Midwives. Every mother who has booked to have her confinement in Hospital (excluding general practitioner units) is seen by the District Nurse/Midwife during her pregnancy.

Each District Nurse/Midwife has been visited during the year for the purpose of seeing practical work and for examination of records. In all, 129 visits have been made for this purpose. In accordance with the rules of the Central Midwives Board, five visits have been made to maternity hospitals. Forty-five Midwives working in hospitals have notified



their intention to practice during 1966. The Ante-Natal Clinics and Mothercraft Classes have been visited regularly. Ten Mothercraft classes are held in different parts of the County. 222 Mothers have attended these classes, making an attendance of 1,123. Any mother can attend, whether she is having her baby at home or in hospital. They are given instruction, but clinical examination of the mother is not carried out. The maintenance of these classes has been due to the interest and work of the four Senior Nurses and the co-operation of the Midwives and Health Visitors concerned.

The attendances at the Mothercraft Classes are as follows:-

<u>Clinic</u>	<u>Sessions</u>	<u>New Cases</u>	<u>Attendances</u>
Buckley	20	25	67
Caergwrle	4	1	4
Connah's Quay	50	38	183
Flint	49	36	179
Greenfield	4	2	7
Holywell	20	21	70
Mancot	33	20	198
Mold	24	41	122
Prestatyn	17	11	31
Rhyl	51	43	262

Midwives now attend four 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	7
Liable to be a source of infection	1
Ophthalmia Neonatorum	0
Neo-Natal Deaths	0
Still Births	4



(b) From the Maternity Homes:

Puerperal Pyrexia	4
Medical Aids	10
Liabile to be a source of infection	0
Ophthalmia Neonatorum	1
Neo-Natal Deaths	0
Still Births	2

There are eight area relief nurses in the County assisted by two relief nurses. These have given adequate cover for holidays, off duty and periods of sick leave. Where there has been a vacancy or a long period of sick leave, part-time nurses have been employed. The Nurses continue to work in pairs throughout the County. This has proved a satisfactory arrangement.

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

L. MANN,

County Nursing Officer

**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 domiciliary practice in the area on 31st December, 1966.



Table 11  
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES  
DURING 1966

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)
6	253	259	2164

Table 12  
DOMICILIARY MIDWIVES IN PRACTICE ON 31st DECEMBER, 1966

	Domiciliary Midwives	Total
(a) Midwives employed by the Authority	38	38
(b) Midwives employed by Voluntary Organisations:-		
(i) Under arrangement with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946.	-	-
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	-	-
(c) Midwives in Private Practice (including Midwives employed in Nursing Homes)	-	-
TOTAL	38	38

#### 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 Adjusted	Stillbirths Adjusted	Total Births Adjusted
Domiciliary	254	4	258
Institutional	2300	51	2351
<b>TOTAL</b>	<b>2554</b>	<b>55</b>	<b>2609</b>

It will be noted by reference to page 24 that the adjusted figures show that this is 213 live births less and 5 stillbirths less than the total of live and stillbirths received in the returns from the Registrar-General.

#### NURSING HOMES

There was no change during the year in the number of nursing homes registered with the Authority under the Public Health Act of 1936. All nursing homes were regularly visited by the County Nursing Officer during the year and minor defects and improvements were dealt with promptly by all persons in charge. We had no occasion to exercise our powers under the Nursing Homes Act, 1963, to compel owners to execute works within a specified period.

As mentioned in previous reports more and more of the patients admitted to nursing homes now are aged persons mobile enough to care for themselves and needing varying degrees of nursing care. In recent years some persons seeking registration have been advised to seek registration under Section 37 of the National Assistance Act for the care of the aged as the need for this type of case far exceeds the care for full nursing home accommodation.

At the end of 1966, 11 persons were registered under Section 37 of the National Assistance Act accommodating in all 154 aged persons and visited and supervised by the County Welfare Officer.

In addition there is one home provided by the National Association for Mental Health which is registered under Section 37 of the National Assistance Act and provides accommodation for thirty-two mentally-subnormal patients for one week at a time. Such patients are usually admitted from hospitals or training centres.



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,  
as amended by the Nursing Homes Act, 1963)

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

Table 14

HEALTH VISITING

Cases visited by Health Visitors	No. of cases
1. Children born in 1966	2609
2. Children born in 1965	2605
3. Children born in 1961-1964	6114
4. Total number of children in lines 1 - 3	11328
5. Persons aged 65 or over	1442
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	216
7. Mentally disordered persons	179
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)	178
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	132
11. Number of tuberculous households visited	15
12. Number of households visited on account of other infectious diseases	139
13. Number of tuberculous households visited by Visitors for Chest Diseases	429



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

Number of expectant mothers visited	...	...	...	586
Number of handicapped persons visited	...	...	...	280
Clinics, excluding School Clinics:				
Half-days	...	...	...	1,558
Evening sessions	...	...	...	15
Mothercraft Classes attended	...	...	...	54
Talks to groups:-				
In Clinics	...	...	...	216
Elsewhere	...	...	...	52
Interviews with:-				
General Medical Practitioners	...	...	...	890
Social Workers	...	...	...	1,588
Others, parents, etc.	...	...	...	2,176
Total of all visits for the year	...	...	...	49,150

During 1966, Health Visitors continued to do combined duties as Health Visitors and School Nurses. At the end of the year twenty three Health Visitors, one part-time Health Visitor were employed on combined duties and two Visitors for Chest Diseases. Two of the Health Visitors are designated Senior Health Visitors and based at Prestatyn 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.

It is hoped to increase the establishment of Health Visitors employed by the Authority mainly due to the increase in population and also due to the menacing demands made on Health Visitors by the new duties and we plan to provide an additional senior Health Visitor in the Central area of the County in 1967 making a total of 3 senior Health Visitors.

The Superintendent Health Visitor is also Home Help Organiser for the County and some reduction in the volume of her work as Home Help Organiser was brought about by the appointment during the year of an Assistant Home Help Organiser for the Western area and based at Rhyl. It is hoped to appoint an additional Assistant Home Help Organiser in the next year or so for the Central area based at Connah's Quay.

The Authority does not employ specialist Health Visitors except for two Visitors for Chest Diseases. The Visitors for Chest Diseases attend the Chest Clinic in their area and are responsible for the after-care of all patients with chest illnesses referred to the department and this includes an increasing number with chronic chest conditions such as bronchitis and bronchiectasis.



It is our policy to encourage Health Visitors to work closely with General Practitioners and this is gradually taking place in various practices in the County. The scheme of attachment varies from area to area from complete attachment and regular visits by the Health Visitors to the surgery. It is hoped that General Practitioners will provide accommodation for nurses and health visitors in any new premises they provide or when improving existing premises.

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. 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.



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

#### SUPERINTENDENT HEALTH VISITOR'S REPORT FOR 1966

Visits to Child Welfare Centres	86
Visits to School Clinics	9
Visits to other clinic sessions	2
Visits to Hospitals and Homes for the Aged	10
Number of interviews with Health Visitors, Visitors for Chest Diseases, Clinic Nurses and Home Visitors for the Handicapped	825
Other interviews	215
<b>Health Education:</b>	
Talks to Voluntary Groups	40
Films and talks for school children	7
Lecture to Students	6
Visits to Young Mothers' Clubs and Pre- School Play Groups	18
<b>Handicapped Persons:</b>	
Visits to Social Centres	7
Exhibitions for Handicapped Persons	2

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 frequently to discuss problems relating to the aged and we also have good liaison with the consultant geriatrician and the County Welfare Officer and his Staff. The Medico - Social Workers in the hospitals have co-operated with Health Visitors particularly when elderly patients are being discharged from hospital and requests for follow-up visits or the service of a home help.

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 Physician 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. Visits to non-tuberculous chest patients continued and where there was a need for extra nourishment, milk and other supplements were provided under the Care and After-care Scheme. The sale of Complian and citamin preparations, ovaltine and horlicks for the sick and aged from Child Welfare Centres is growing. During the year, in addition to attendance at Chest Clinics, the Visitors paid 1,228 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 1966 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.

#### MOTHERS' CLUBS - PRE-SCHOOL PLAY GROUPS

During the past three years two new developments of considerable interest and importance have been the formation of Mothers' Clubs and Pre-School Play Groups.

**Mothers' Clubs:** These are groups of young wives, mainly mothers of young children, who meet regularly in our clinics to deal with topics of general interest either relating to child care or discuss topics completely unrelated to home and family. The main aim is to encourage friendship between young women and with common problems on a particular area and the clubs have been of particular value in areas where new housing estates have sprung up. Not only have the clubs provided a much needed meeting place but they have helped to disseminate information on many home problems which often worry young wives particularly those living away from friends and relations. The clubs have



proved to be very valuable centres of self help where young wives who have become friends help each other when illness or emergencies occur and with less onerous tasks such as baby sitting, shopping, etc.

At the end of 1966 there were 13 Mothers' Clubs in the County and in all approximately 650 mothers were making regular use of them.

**Pre-School Play Groups:** During the year four Pre-School Play Groups were established in the County, and with the one established in 1965 this makes a total of five Pre-School Play Groups at the end of the year. This movement, however, is growing rapidly and the number will in my estimation greatly increase in the coming years. As the Ministry of Education and Science is not able to find the money to establish new nursery schools, many mothers have felt the need to make some provision themselves for the three to five year old child, and hence the establishment of Pre-School Play Groups. Mothers wishing to establish a Pre-School Play Group can obtain valuable help from the National Pre-School Play Group Association and they then approach the Health Department for registration of the group as a part-time day nursery. At this stage we are usually able to help them with advice on premises, equipment and health problems.

Once the play group has been established the mothers run it themselves seeking advice and help when necessary from the Education Authority and the Health Department.

Again Pre-School Play Groups have proved valuable as centres of self help, where the planning and running of the groups is in the hands of the mothers themselves. Many mothers realise for the first time the problems of running a small organisation and are much more co-operative with schools when their children enter at the age of 5.

## HOME NURSING

Our policy of combined duties continued during the year where all nursing staff undertake general nursing and, where qualified, midwifery. This has again worked well in practice and is accepted by all the staff and means fairer distribution of work and more compact working areas.

The four Senior Nurse/Midwives continued to deal with day-to-day general nursing problems in their area, and accepted responsibility for the two stores of nursing equipment and the distribution of nursing needs and also for the various items of equipment on loan to patients from medical loan depots.

We have gradually increased the number and range of items available on loan to patients nursed at home and purchased and kept by the Health Department. These items range from simple needs such as bed



pans, walking aids and crutches to such items as lifting hoists, ripple beds and hydraulic chairs. The requests for such loans come mainly from hospitals and general practitioners but in many cases the nurses themselves realise that the aids can be of help and arrange for them to be made available to the patient on loan.

During the year, three State Enrolled Nurses were employed in the Western area and worked with the State Registered Nurses in the care of the aged and on other selected work. The State Enrolled Nurses have a definite and useful role to play in district work and we are planning to employ more in the coming years particularly for the care of the aged.

During the year every opportunity was taken to provide inservice 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 inservice training, seven nurses were successfully trained during the year for the National District Nursing Certificate and also placed on the roll 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, such as syringes, catheters, masks and dressings.

We continued to make good use of money provided by the Marie Curie Memorial Fund for helping 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 THE COUNTY NURSING OFFICER ON THE DISTRICT NURSING SERVICE

At the end of 1966 there were 48 Nurses carrying out general nursing duties. Thirty eight of these were also practising midwifery. When required the above staff were assisted by four part-time relief nurses and one district nurse/midwife doing half-time duties in the Maelor district. There are also three State Enrolled Nurses employed full-time, who assist the District Nurses in the Western area.

There have been two resignations during the year and the details of



these are recorded in the Midwifery Service Report.

Three District Nurses have been appointed during the year and four have transferred to other districts within the County. On 31st December, 1966, there was one vacancy in the Leeswood area.

During 1966, District Nurses have attended 4,299 patients and have paid 120,474 visits. In addition to patients having comprehensive nursing care, many have received help from nursing aids, such as walking aids, bath aids, wheelchairs, etc. loaned by this authority or from the Red Cross Medical Loans. A Night Nursing Service has been provided by the Marie Curie Memorial Foundation where needed and has been very much appreciated by patients and relatives. This Service is administered by this Authority. District Nurses have been allocated to two groups of general practitioners and they have carried out 2,750 treatments in the Surgeries.

Since the County was approved as a Queen's District Training Authority, 27 District Nurses have been successful in passing the examination and have been placed on the roll of the Queen's Institute of District Nursing and also received the National District Nursing Certificate issued by the Ministry of Health. Seven of the district nursing staff have been successful in 1966.

Eleven Student District Nurses from Manchester and Liverpool have spent three days in this County, gaining rural experience as part of their Queen's District Training. One Student, who has been attending the Community Health Course at the Rathbone College visited this County for five days as part of her training. Eleven Student Nurses taking their general Training in the Royal Alexandra Hospital, Rhyl, have spent three days on the district in Flintshire.

In addition to the three monthly meetings of all staff arranged by the County Medical Officer of Health, 15 groups of nurses have met in different parts of the County. 129 visits have been made to District Nurses for the purpose of examining their records and observing practical work in the patient's own homes. Ten visits have been paid to five Nursing Homes under the Registration of Nursing Homes, Sections 187 - 194 of the Public Health Act, 1936.

The arrangement for relief duties is given in the report on the Midwifery Nursing Service.

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

L. MANN,

County Nursing Officer.



Table 15

## HOME NURSING

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of cases attended by Home Nurses during the year: -	3392	854	-	9	44	-	4299	2410	151	120474
	Medical	Surgical	Infec- tious Diseases	Tuber- culosis	Maternal Compli- cations	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Total visits



## 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 has now been generally adopted.

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 1965 was 1,020 and in 1966, 1,347. 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 revaccinations carried out during the year 1966.

	(1)	(2)	(3)
Measles			
Quadruple			
Polio			
Whooping Cough			
Scarlet Fever			
Smallpox			
Other			
Total			



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	1	-	-	-	-	
3-6 months	4	-	-	-	-	
6-9 months	18	-	-	-	-	
9-12 months	22	-	-	-	-	
1	847	-	-	-	-	
2-4	332	4	-	-	-	
5-15	123	32	-	-	-	
TOTAL	1347	36	-	-	-	



Table 16 (b)

NUMBER OF CHILDREN (included in Table 16 (a) ) WHO WERE VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1966

Age at date of vaccination		Number vaccinated
0-3 months	. . .	1
3-6 months	. . .	2
6-9 months	. . .	3
9-12 months	. . .	9
1-2 years	. . .	603
2-4 years	. . .	173
5-15 years	. . .	26
TOTAL	. . .	<u>817</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	-	-
1966	-	-

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 1966 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

## VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

## Part 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	YEAR OF BIRTH						Others under age 16	TOTAL
	1966	1965	1964	1963	1959-62			
1. Quadruple D. T. P. P	7	72	31	7	9		3	129
2. Triple DTP	364	1167	136	33	46		3	1749
3. Diphtheria/Pertussis	-	-	-	-	-		-	-
4. Diphtheria/Tetanus	5	19	10	15	140		17	206
5. Diphtheria	2	1	-	1	3		1	8
6. Pertussis	-	-	-	-	-		-	-
7. Tetanus	-	1	-	-	31		9	41
8. Salk	-	4	-	1	-		-	5
9. Sabin	329	1204	291	117	335		72	2348
10. Lines 1+2+3+4+5 (Diphtheria)	378	1259	177	56	198		24	2092
11. Lines 1+2+3+6 (Whooping cough)	371	1239	167	40	55		6	1878
12. Lines 1+2+4+7 (Tetanus)	376	1259	177	55	226		32	2125
13. Lines 1+8+9 (Polio)	336	1280	322	125	344		75	2482



Table 17

## Part 2 - REINFORCING DOSES - Number of persons under age 16

Type of vaccine or dose	YEAR OF BIRTH							Others under age 16	TOTAL
	1966	1965	1964	1963	1959-62				
1. Quadruple DTPP	-	-	4	1	14	2	21		
2. Triple DTP	-	-	14	12	128	20	174		
3. Diphtheria/Pertussis	-	-	-	-	5	1	6		
4. Diphtheria/Tetanus	-	-	1	6	1097	13	1117		
5. Diphtheria	-	-	-	-	76	4	80		
6. Pertussis	-	-	-	-	-	-	-		
7. Tetanus	-	-	-	-	15	-	15		
8. Salk	-	-	-	-	-	-	-		
9. Sabin	-	-	32	27	1278	64	1401		
10. Lines 1+2+3+4+5 (Diphtheria)	-	-	19	19	1320	40	1398		
11. Lines 1+2+3+6 (Whooping cough)	-	-	18	13	147	23	201		
12. Lines 1+2+4+7 (Tetanus)	-	-	19	19	1254	35	1327		
13. Lines 1+8+9 (Polio)	-	-	36	28	1292	66	1422		



Details of the B.C.G. Vaccination work done for contacts, children and young persons are given in Table 18.

Table 18

B.C.G. VACCINATION AGAINST TUBERCULOSIS - YEAR 1966

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

A. Contact Scheme

(Circular 19/64 (Wales) )

(i)	Number skin tested	...	...	...	...	592
(ii)	Number found positive	...	...	...	...	315
(iii)	Number found negative	...	...	...	...	120
(iv)	Number vaccinated	...	...	...	...	131

B. School Children and Students Scheme

(Circulars 19/64 (Wales) )

(i)	Number skin tested	...	...	...	...	2001
(ii)	Number found positive	...	...	...	...	382
(iii)	Number found negative	...	...	...	...	1508
(iv)	Number vaccinated	...	...	...	...	1345

**Poliomyelitis Vaccination** - Sabin vaccine is usually given after the course of triple vaccine has been completed, i.e. at about the 7th or 8th month. In some cases, and this is an increasing practice, Sabin vaccine is given by mouth at the same time as the triple vaccine is given by injection. In this way, infants are protected against four major infectious illnesses by the 6th or 7th month. This practice has not caused any undue reactions, does not interfere with the efficiency of the vaccines and means less visits to the clinic or General Practitioner by the mother.

Sabin vaccine not only protects against paralytic poliomyelitis it also helps to protect the person immunised from contracting infection by destroying "wild" or natural poliomyelitis virus in the bowel before it spreads to other parts of the body. Because it has this twofold action Sabin vaccine is offered to persons up to 40 years of age and to those whose work brings them into contact with children or hospital patients.

Quadruple vaccine (Diphtheria, Whooping Cough, Tetanus and Poliomyelitis) continued to be used during the year and 129 children were given a full course of quadruple vaccine compared with 125 in 1955, late in the year, however quadruple vaccine was taken out of production and we reverted to triple and oral poliomyelitis vaccine.

A "booster" dose of Sabin vaccine is given to children on school entry between five and six years of age to raise antibody level at a period when children are at greater risk of picking up infections by contact with large numbers of children at school.



AMBULANCE SERVICE 1966  
AMBULANCES

Quarters Ending	1966						1955					
	Stretcher & Chair Cases	Sitting Cases	Journeys	Mileage	Stretcher & Chair Cases	Sitting Cases	Journeys	Mileage	Stretcher & Chair Cases	Sitting Cases	Journeys	Mileage
31st March	2822	10769	2829	109588	2637	11394	3074	113535	1252	2129	1483	38113
30th June	2925	11313	2949	109738	2524	11347	3081	111925	1400	5207	2230	66292
30th Sept.	2647	10771	3141	113739	2922	10542	3165	108972	1577	5954	2500	80789
31st Dec.	2870	10771	3067	112537	2707	10653	2916	106144	1315	6455	1988	82159
Yearly Total:	11264	43624	11986	445602	10790	43936	12236	440576	5544	19745	8201	269353

The following table shows how the above work was carried out by the six Ambulance Stations situated within the County. It also shows the number of ambulances and personnel at each station with comparative figures for 1965 and 1955.

Station	1966						1955									
	Pers-sonnel	Vehs.	Chr.	Sitt. Ca.	J'neys	Mileage	Pers-sonnel	Vehs.	Chr.	Sitt. Ca.	J'neys	Mileage				
MOLD	9	9	2493	10192	2983	105370	9	9	2348	10561	3118	109489	4	3		
RHYL	10	5	4212	12657	3160	103119	9	5	4175	12098	3205	98665	4	3		
Q'PERRY	7	3	1528	6858	2237	76726	6	3	1394	6760	2182	74801	3	2		
HOLYWELL	9	5	2384	8406	2457	107551	9	5	2235	9329	2530	107948	3	2		
FLINT	3	2	539	4308	857	34067	2	1	569	3676	852	29999	2	1		
HANMER	1 p/t	1	108	1203	292	18769	1 p/t	1	69	1512	349	19674	2	1		
TOTALS:	39	25	11264	43624	11986	445602	36	23	10790	43936	12236	440576	16	11		
													5544	19745	8201	269353



**HIRED SITTING CASE CARS**

Quarters Ending:	1966				1965				1955			
	Patients	J'neys	Mileage	Cost £. s. d.	Patients	J'neys	Mileage	Cost £. s. d.	Patients	J'neys	Mileage	Cost £. s. d.
31st March	453	251	5658	306. 11. 4.	510	272	6351	350. 1. 8.				
30th June	542	309	6861	371. 2. 9.	456	270	6327	327. 10. 0.				
30th Sept.	579	278	6152	351. 5. 6.	588	313	7661	420. 12. 8.				
31st Dec.	461	257	5953	333. 0. 4.	449	250	5868	333. 15. 4.				
<b>TOTALS:</b>	<b>2035</b>	<b>1095</b>	<b>24624</b>	<b>£1361. 19. 11.</b>	<b>2003</b>	<b>1105</b>	<b>26207</b>	<b>£1451. 19. 8.</b>	<b>14507</b>	<b>6130</b>	<b>157643</b>	<b>£8137. 19. 1.</b>

See Total below



**Patients by Rail:** Forty-seven patients were conveyed by Rail during the year compared with 39 in 1965. Again I would like to stress that a number of patients attending Manchester Hospitals from Rhyl could use Rail transport, especially Sitting Cases, if sufficient time was given to the Ambulance Control to make the arrangements with the British Railways and the Other Authorities.

<u>Analysis</u>	<u>1966</u>	<u>1965</u>	<u>1955</u>
Road Accidents	804	894	223
Miscellaneous Accidents	513	440	111
Maternity Cases	919	1070	246
Emergency Cases	4903	4853	1279
Infectious Cases	83	56	79
General Removals & Clinic Cases	49701	49426	37839
Patients by Rail	<u>47</u>	<u>39</u>	<u>19</u>
Totals	<u>56970</u>	<u>56778</u>	<u>39796</u>

The average number of accidents and emergency calls during the year was 19.75, a slight drop on 1965, which averaged 20.3 every 24 hours, and in 1955 the average was 5.40.

**Conveyance of Patients to and from Hospitals in Liverpool and Manchester:** During 1966 - 495 journeys were made to Liverpool to convey 1625 patients to and from Hospitals in that Region. 124 journeys to Manchester to convey 279 patients.

**Mobile Health and Dental Clinics:** The following gives figures relating to the work carried out by the Mobile Health Clinic in the County with comparative figures for 1965 and 1964.

1966		1965		1964	
Sessions	Mileage	Sessions	Mileage	Sessions	Mileage
155	3786	160	3673	165	4483

**Conveyance of Mothers and Babies to and from the 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 1966 and corresponding figures for 1965 and 1964.

<u>Year</u>	<u>Mothers</u>	<u>Infants</u>	<u>Mileage</u>
1966	1301	1893	2325
1965	1296	1661	2187
1964	1436	1748	2296



**Mobile Dental Clinic:** The Mobile Dental Clinic at the request of the Senior Dental Officer is moved to various schools in the County. During 1966, 16 journeys were made to different schools and clinics, involving 384 miles. The figures for 1965 were 15 journeys, 340 miles.

#### Delivery of Welfare Food

	<u>1966</u>	<u>1965</u>	<u>1964</u>
Journeys	50	55	63
Mileage	3166	3324	3463

**Health Department:** In removing Medical Equipment, and other miscellaneous journeys made by ambulances, during the year 15 journeys were made involving 191 miles. The figures for 1965 were 24 journeys and 551 miles.

**Conveyance of Handicapped Children:** 10 journeys were made to carry Handicapped Children from the County to and from Ysgol Gogarth, Llandudno during 1966, also 4 journeys were made to convey 42 handicapped persons in the County.

**Conveyance of Persons to Homes for the Aged:** The Welfare Department made a request to the Ambulance Service to convey elderly people who live alone to the Homes for the Aged as non-residents. They are taken in the mornings and returned to their home addresses later in the afternoon, and during the last part of 1966, 138 persons were carried involving 75 journeys and 100 miles.

Other journeys made by the Ambulance Service during the year were on two large Exercises held in the County - one in January when a mock train accident was staged in Dyserth Railway Station with 50 seriously injured "casualties". The purpose of the Exercise was to test how a situation of this kind could be dealt with by all the Services - Hospitals, Ambulance, Police and Fire Services and Civil Defence, with other Voluntary Organisations.

The other Exercise was a Civil Defence Exercise held at Greenfield on Sunday, 18th September, called "Dee Lift". Both Exercises proved a very useful practice and a lot was learned by all the Ambulance Personnel who took part. Nine journeys were involved, 62 persons and 325 miles travelled.

#### AMBULANCE AND SITTING CASE CAR STATISTICS

	1966	1965	1955
Patients by Ambulances	54888	54726	25289
Others by Ambulances	3528	1808	-
Patients by Hired Sitting Case Cars	2035	2003	14507
Patients by Rail	47	39	19
<b>TOTALS</b>	<u>60498</u>	<u>58576</u>	<u>39815</u>



	1966	1965	1955
<b>Journeys:</b>			
Ambulances	12320	12517	8201
Hired Sitting Case Cars	1095	1105	6130
TOTALS	<u>13415</u>	<u>13622</u>	<u>14331</u>

<b>Mileage:</b>			
Ambulances	456868	450838	269353
Hired Sitting Case Cars	24624	26207	157643
Rail Mileage	5198	-	-
TOTALS	<u>486690</u>	<u>477045</u>	<u>426996</u>

Miles per patient carried by ambulances - 7.80. By Hired Sitting Case Cars - 12 miles.

**Fuel:** 14039 gallons of petrol were consumed by the 17 petrol vehicles in service during the year to cover 258429 miles - average miles per gallon 18.8.

7302 gallons of diesel were consumed by the 8 diesel vehicles in service during the year to cover 198439 miles, average miles per gallon 27.2.

Work carried out by Flintshire on behalf of other Authorities:-

	<u>1966</u>	<u>1965</u>
Patients	309	285
Journeys	137	171
Mileage	3,600	3,759
Cost	£456 - 13 - 6	£492 - 3 - 3

Work carried out by other Authorities on behalf of Flintshire:-

	<u>1966</u>	<u>1965</u>
Patients	485	285
Journeys	376	263
Mileage	2,759	3,090
Cost	£522 - 11 - 7	£576 - 1 - 11

**New Ambulances:** Two new Standard Ambulances were purchased during the year, delivered by Messrs. Grosvenor Motor Co. Ltd., Chester, on the 29th September, 1966. These were to replace two vehicles Reg. No. SDM 953 and SDM 982 purchased in 1959 and had completed over 200,000 miles each.

On 12th December, 1966, a special ambulance fitted with a Hydraulic Lift for handicapped persons was delivered by Messrs. Braids Brothers,



Colwyn Bay. This vehicle is the first of its kind in this County to deal specially with chair cases and is being used at present on four days a week, in conveying handicapped persons to special clinics etc.

**Vehicles:** Total vehicles in service as at 31st December, 1966:-

<u>Type</u>	<u>Diesel</u>	<u>Petrol</u>	<u>Total</u>
Ambulances	8	13	21
Dual Purpose Ambulances	-	3	3
Special Handicapped Persons Ambulance	-	1	1

**Accident Claims:** Thirteen accident claims were made on the Insurance Company during the year. Only two of the claims made had cost of repairs over £100. The other eleven were not seriously damaged and none of the staff received any injuries. Twelve of these claims were attributed to the fault of other road users. Only one claim which was minor was attributed to be the fault on the part of the ambulance driver and this did not involve another vehicle.

**Safe Driving Awards:** Out of the 29 Drivers/Attendants entered for the National Society for the Prevention of Accidents for 1966, 28 qualified for awards. The 28 drivers covered 456,868 miles during the year - average miles per driver 15,751 miles.

**British Red Cross (Flintshire Branch):** Again in 1966 the British Red Cross Society were most helpful in providing escorts for patients travelling by train. This work is done voluntarily with no charge to the County apart from subsistence. They also supply an escort for handicapped children conveyed to special schools and on a number of hospital transfers.

**Junior Tradesmen's Regiment Kimmel Park:** A number of young trainees attended the Rhyl Ambulance Station during the year to gain experience in handling sick and injured patients. The boys have been very helpful and willing to assist whenever possible.

**Training:** In October 1966 a course of training was arranged for the Ambulance Service Operational Staff, 2 hours each week, for a period of 12 weeks, held at Mold, Holywell and Rhyl. Syllabuses in accordance with Ambulance Training of Personnel, as laid down in the Ministry of Health Report, Part I, 1966, was drawn out by the County Ambulance Officer and arrangements made with Doctors to lecture on the Medical side. Non-medical lectures were given by the Ambulance Officer and senior staff, also by the Civil Defence Staff. Lectures on Local Government were given by Mr. Lawrence of the Clerk's Department. I would like to thank all the Doctors and everyone who gave lectures during this course, for giving their time and their keenness to make the course a success.



**Annual Inter-Station Competition:** The tenth Annual Ambulance Competition was held on Saturday, 14th May 1966 at the County Ambulance Headquarters, Mold. Six teams took part, two teams from Mold - Team 1: Driver T. Thomas and Attendant C. Williams. Team 2: Shift Leader D.G. Griffiths and Driver P. Parry. Rhyl Station - Shift Leader J. Wardman and Attendant K. Jackson. Queensferry Station - Driver W.B. Davies and Attendant G. Hewitt. Holywell Station - Senior Driver P. Thomas and Driver T. Hughes. Flint Station - Shift Leader E. Wilson and Attendant H. Darbey.

The competition consisted - vehicle and personnel inspection, Attendant's Oral Test on all aspects of their duties and trainings, Driving Test and Team Test. Adjudicators were: Dr. D.R. Morris, Divisional Medical Officer, Cheshire County Council and Mr. R.G. Jones, County Ambulance Officer, Cheshire County Council. Police Sgt. V. Jones, Flintshire Constabulary, judged the Driving Test.

The winning Team was Holywell with a total mark of 208 out of 300. Mold Team No. 2 was second with 206 marks. The Driver gaining the highest marks in the driving test was Driver T. Thomas, Mold Station.

The winners of the Chairman's Cup for the best kept Station for 1965 was Rhyl Ambulance Station.

The Lomas Shield and individual trophies to the winning team were presented by Alderman Dr. B.D. Chowdhury, Chairman of the Health Committee, and the Chairman's Cup was presented to Senior Driver W. Reynolds, Rhyl Station, by Councillor T. Fish Chairman of the County Council. Safe Driving Awards were also presented to 21 Drivers who qualified during 1965.

The competition was a great success and was enjoyed by all the teams and everybody present. I wish to take this opportunity of thanking all the members of the County Council and the County Council Officials for their support and interest shown to the Ambulance Service.

The winning team represented Flintshire in the Ambulance Officers' Association (Wales) Ambulance Competition held at Newtown on Sunday, 26th June, 1966, when seven Authorities were represented. The winners were Denbighshire County Council.

The County Medical Officer and the County Ambulance Officer were called upon to judge Competitions at Denbighshire, Cheshire and No.1 region at Preston, Lancashire during the year.

**Promotion:** Driver E.S. Roberts the Clinic Driver at Mold Headquarters was promoted to Senior Driver at the Queensferry Ambulance Station, commencing his duties on 26th June, 1966. Shift Leader D.G. Griffiths, Mold was transferred to drive the Mobile Clinic and Driver



T. Thomas, Mold Station was promoted to Shift Leader replacing D.G. Griffiths at Mold Headquarters. Attendant D. Hughes was promoted to Driver at Mold Ambulance Station.

**Appointments:** On the 25th April, 1966, Mr. S.R. Jones was appointed as temporary Ambulance Attendant at Rhyl Ambulance Station as relief due to sickness of a full-time driver. On 6th June, 1966, the under-mentioned were appointed as full time attendants:-

Mr. S.R. Jones, 17 Weston Road, Rhyl	Posted to Rhyl Ambulance Station.
Mr. George Ellis, 29 King's Avenue Flint	Posted to Flint Ambulance Station.
Mr. Richard Glyn Jones, 2 Connaught Avenue, Shotton	Posted to Mold Ambulance Station.

**Sickness:** 2,586 man hours were lost due to sickness during the year by Operational Staff and 37 working days by the Headquarters staff.

**Establishment:** The establishment of the Ambulance Service as on 31st December, 1966, was as follows:-

Head of Department	County Medical Officer of Health
Officer-in-Charge	County Ambulance Officer
Records Clerk	1
Senior Control Clerk	1
Control Clerks (2 Females & 3 males)	5
Telephonist	1
Clerk/Shorthand Typist	1
Senior Ambulance Drivers	4
Shift Leaders	4
Ambulance Drivers	18
Ambulance Attendants	11
Mobile Clinic Driver	1
Part-time Ambulance Driver (Hanmer)	1
Motor Mechanic	1
Part-time Cleaner at Headquarters	1

#### 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 were paid to cases where necessary, particularly so to cases where social, financial or other factors made this desirable.

It should be made clear that home visiting of the tuberculous has a two-fold purpose - to help the patient and his or her family as regards



the illness, and to give every assistance with the social and economic factors arising as a result of the illness.

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

During the year 72 contacts out of a possible total of 78 were examined - that is 92.3% of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 562 persons during the year and gave B.C.G. vaccine to 131 persons.

Grants of milk and other foods were made during the year by the Area Health Sub-Committee to 167 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 1966 a total of 523 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 1345 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. Eighteen such persons were assisted in 1966. The cost of this was £98.



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, 200.

The steady improvement in community care of the sick has entailed a considerable expansion in the amount and type of equipment made available to patients cared for at home and commonly referred to as "medical loans". Over the last five years the department has purchased additional loan equipment each year and some indication of the equipment now available to be loaned to patients is given below:-

Wheelchairs

Comodes

Lifting hoists, etc.

Two main depots have been established to store equipment and to make it available to district nurses, one at Mold and one at St. Asaph. The equipment is issued to the senior nurses who also check periodically that it is in full use. Each District Nurse keeps a small supply of the smaller items such as bed pans, back rests, feeding cups, rubber sheeting, etc. in a loan cupboard in her own house. In addition to the loan equipment issued by the department the British Red Cross Society and the St. John Ambulance Brigade continued to operate 23 loan depots in the County and I would like to pay tribute to the help they gave in this field of activity during the year.

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 26 such persons in 1966. 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 recent years we have developed a close working arrangement with hospital staff to improve still further the after-care of patients discharged from hospital and requiring further treatment and care at home.

This work is done with the active support and co-operation of all General Practitioners in the County. This applies to patients from nearly all hospital departments but particularly patients from surgical, medical, geriatric, psychiatric and paediatric departments. Close working co-operation between the Health Department and Hospitals works both ways in providing better care for the patient at home after a stay in hospital and also in keeping domiciliary workers in touch with new nursing techniques and modern therapy.



## DOMESTIC HELP

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 cases 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 number of households where the services of a Home Help was arranged (1,029) shows an increase of 164 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 private arrangements. The Officers of the Ministry of Social Security have also been most helpful in arranging for payment of a domestic help allowance to certain elderly people.

Of the 1029 cases who received help over 83% were aged 65 or over, The elderly are claiming the largest share of the service and many have received the service for a number of years. It is evident that many of the people who have received help would not have been able to retain their independence in their own homes were it not for the faithful service given by the Home Helps. The requests for maternity help shows a slight increase. Some of the young families moving into Flintshire are grateful for help when relatives are not able to assist, but early discharge from hospital does not seem to have increased the demand.

For administrative purposes the Home Help Service is organised in three areas, corresponding to the three Area Health Sub-Committees. Mrs. Stuart-Morgan, Area Assistant Domestic Help Organiser, has carried out a wonderful job, often under great pressures, and the Home Help Office at the Health Sub-Centre in Rhyl, has been much appreciated by the general practitioners and hospital staff. The Home Helps appreciate the greater assistance with their problems and many call at the office for help and advice.

Meetings of Home Helps in each of the three areas were held during the year and topics of interest were discussed. Two training courses



were held and a total of 18 training lectures were given by various members of the staff. These were much appreciated and the award of the Flintshire Home Help Certificate gives pride of achievement. 35 Certificates were awarded. The provision of a National Scheme of Training, with a recognised award, would help to give recognition to this service, which is essential for the care of many in the community. The costs of the service mount annually and the training scheme in Flintshire does seem to have raised the standards of the work and there are many very fine ladies undertaking this demanding work.

The value of the purpose built bungalows and flats for the elderly is much appreciated and has made easier the care of the tenants who require help. The wardens have been most helpful in passing on requests or information.

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 heavy and helpless patients cared for at home.

The Home Help is urgently needed at times by the very frail, the sick and by those who wish to remain in their own homes. A much more costly solution is to arrange care for the patient away from home. At times this is necessary and the much shorter stay in hospital has made admission easier to arrange and the co-operation with the three Geriatricians has been most helpful. The Health Visitors have paid 7426 visits to the elderly. Their help with the many social problems has been most valuable. The administration of a service with a part-time labour force is onerous and very demanding as the pressures grow. The supervision and encouragement of Home Helps is so important for a happy and stable staff. Three social occasions were much enjoyed and many visits were paid the Home Helps.

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 is undertaken, and the Home Helps act 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 Home Helps in their own homes.

Details of cases helped and hours worked are shown in Table 19.

Table 19

DOMESTIC HELP SERVICE

DOMESTIC HELP TO HOUSEHOLDS FOR PERSONS:						
Aged 65 or over on first visit in 1966	Aged under 65 on first visit in 1966					Total
	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others		
No. of Cases 856	49	12	33	79	1,029	



Of the above, 19 persons received evening help and 36 received help on Sundays.

**Hours Worked:**

Eastern Area	...	...	...	...	...	36,777
Central Area	...	...	...	...	...	35,784
Western Area	...	...	...	...	...	65,129
						<u>137,690</u>

**NEW CASES HELPED IN 1966**

Aged 65 or over on first visit in 1966	Aged under 65 on first visit in 1966				Total
	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	
No. of Cases 317	14	5	29	64	429

**Number of Helpers employed at 31st December, 1966:**

Full-time	...	...	...	...	...	2
Part-time	...	...	...	...	...	150
						<u>152</u>

**Number of Meetings of Home Helps:** 4

**HEALTH EDUCATION**

During the year there has been an extension of the service of Health Education in the County, both amongst school and adult population. The policy of aiming at instilling good habits of hygiene in the young is helped by obtaining the co-operation of their mothers. The formation of Young Wives and Mothers' Clubs has awakened the interest of the parents, who are always eager for speakers on health topics as well as many other items of interest.

**Adult Health Education:** Talks were given by Mr. Lewis, County Public Health Inspector and members of the staff to groups from the Women's Institutes, Church Organisations, Canteen Staff and Nursing and Domestic Science Students. Subjects included "Clean Food", "Social Problems and Social Services", "Smoking and Lung Cancer", and "Environmental Health and Hygiene".



Mothercraft Classes, associated with Anie-natal clinics, were held regularly throughout the county. As well as instruction in ante-natal relaxation exercises, demonstrations, talks and film shows were arranged on subjects of particular interest to expectant mothers, by both midwives and health visitors.

There are now some 13 Young Wives and Mothers' Clubs in the county, which are all very active organisations. They hold regular evening meetings to which guest speakers are invited. It is pleasing to note how many of the nursing and medical staff in the county have been asked to take part on these occasions, and how well received they have been. A great deal of interest and enthusiasm has been shown by health visitors in the Young Wives clubs, in many cases they have been the inspiration behind the scenes, guiding the club on to its feet. Mothers enjoy the clubs and accept health education very readily in this form. They seem glad of the opportunity to talk informally to the nurses and doctors they meet in schools and clinics on other occasions. They are particularly keen to hear about School health education work, what we tell the children about human relations and growing up and how best they can supplement this in the day to day situations at home. A great deal of interest has also been shown in Cervical Cytology.

**School Health Education:** Perhaps of all the work carried out by the department the effects of Health Education are the most far reaching. It involves the whole business of day to day living, there are no problems from the trivial to the tremendous which could not be eased or avoided altogether by the observation of simple basic rules of healthy living.

Talks about Health subjects are not sufficient, the first essential is provision of the basic needs. Education to appreciate and obtain the best use of these then opens up a whole field for more advanced work.

Every Flintshire school has a film strip machine, many have film projectors also. A most excellent supply of films on every aspect of Health Education is made readily available by Mr. Ellis of the Visual Aids Department, to whom this department is rightly grateful. Films include those on Physiology, Environmental Health, Personal Hygiene, Diet, Smoking and Lung Cancer, Care of Feet, Dental Hygiene, Problems of Adolescence, Menstruation, Sex Education, Artificial Respiration, etc. Films are also available from the Commercial Film Libraries. Very good ones have been shown by I.C.I., Heinz, Izal, etc.

Films are always popular. They are much used by the health department and also by teachers in schools. During the year, four films were shown in Junior Schools, on Diet, Nutrition, Personal Hygiene and Smoking and these were in addition to school health projects.



During 1966, senior scholars were given sex education talks and films by Dr. Manwell and Dr. Munro. For the first time the girls at a Mold Secondary School took part in the Granada T. V. Series for Schools, on "Understanding". This programme was in six weekly showings and was well attended and includes discussions on "Growing Up". Sex, marriage, family life, friendship etc. A teacher and doctor being present at school for each session. This proved to be most worth while and no doubt this experiment will become a regular part of School Health Education Programmes, augmenting any scheme already being undertaken by school staffs.

Much valuable Health Education is carried out by our Health Visitors, particularly in secondary schools amongst older girls. Many good informal contacts have been made, as well as school visits, talks and films, outings to the clinic, trips to nurseries, visits to nursing homes, etc., have been arranged. Most girls enjoy subjects dealing with nursing, mothercraft and children and the whole series has been very popular.

As well as school visits, lectures were given during the year at the Flintshire Technical College by members of the Health Department in general subjects for the pre-nursing students, and with special reference to kitchen hygiene to students from the School of Catering.

Social Services groups in school continue to flourish, very many worth while projects aimed at helping the aged and the handicapped exist, young people have done much in home visiting and arranging school events for these.

Monthly displays of Health Education materials are regularly displayed at the Health Department and at various centres and clinics in the county. It is felt that the field of propaganda could be usefully widened if Health Education notice boards could be provided in schools so that special topics could be brought to the notice of pupils in school.

As always, there was a special display featured at the Flint and Denbigh Show in August 1966. Prevention of Cancer was the theme, with emphasis on the Cervical Cytology service. Work undertaken by physically and mentally handicapped persons was on show, with a photographic display, showing them actually at work and in groups.

Much Health Education has been undertaken in 1966. Our thanks go to all Head Teachers for the kind help that they have extended to us, to Miss P.M. Matthews, to Senior Health Visitors, all Health Visitors and clinic nurses for their very willing co-operation during the year, to Dr. Manwell, for his most interesting contribution to Health Education and lastly to Mr. E. Lewis, County Public Health Officer, for the invaluable whole-hearted service he gives, not only in the numerous health projects



but in all matters of mutual interest in the public health sphere.

In conclusion, we should all take pride in the generation of workers in the School Health Service who have produced this nation of children blessed with healthy bodies, pride too in the benefits of Education over the years, which has given the young, thinking, discerning minds. There are further horizons, around, above and beyond. We have not reached the summit of our achievements, nor the hope of human endeavour. This is not the end, it is only the beginning.

## MENTAL HEALTH

Services for the mentally disordered provided by the authority continued at a satisfactory level during 1966, 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 during the year one Mental Welfare Officer, Mr. I. Thomas successfully completed the two year course in social work at the Liverpool College of Commerce and a member of the Staff of the Adult Training Centre, Miss F.A. Davies, successfully completed the one year Diploma Course for Staffs of Training Centres.

We have continued our policy of recruiting trainees in all branches of our Mental Health activities and at the end of 1966, preliminary arrangements were made for one of the Adult Training Centre trainees to attend a suitable training course.

At the end of 1966, we had one Senior Mental Welfare Officer, five Mental Welfare Officers and one Assistant Mental Welfare Officer. 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 on discharge from hospital. We were able to meet the demands made upon us thanks largely to the hard work and initiative of 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 1966. 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 1966, children from East



Flintshire continued to attend the Training Centre at Chester. At the end of 1966, thirty-seven children from Flintshire were attending the Chester centre, and five attended Denbighshire Centres, being conveyed by special transport provided each day. There are now three psychiatric social clubs in the county, two for the mentally ill and one for the mentally subnormal. The Mercier Court Social Club at Rhyl is now run jointly by Mrs. Howell and Miss Parsons, while all the Mental Welfare Officers are encouraged to bring along new members. The club for the mentally subnormal is run by members of the junior and adult training centre. A new club for the mentally ill has been opened at Connah's Quay and has now been running for about eighteen months. This is run jointly by Mr. Thomas, Mr. Evans and Mr. Powell. It has been run on slightly different lines from its Rhyl counterpart but it is probably fair to say that it has been quite a success despite the small number of members. It is hoped that another club for the mentally ill will be opened in the Mold area in the near future.

The work at Fronfraith Hostel, Rhyl, continued successfully in 1966. This hostel is for mentally disordered people, usually from hospital, who require a period in a sheltered atmosphere before being discharged completely to the community, and their employability is a major factor in their selection.

Many have been in hospital for a number of years and either had no homes to go to or no homes willing to have them.

During the year a total of twenty eight people were admitted, male and female, and twenty-one were discharged, eight were returned successfully to their homes, seven to lodgings, one was admitted to a Special Unit, one is now employed at the Hostel and four unfortunately, had to be re-admitted to hospital. Out-county cases continued to be admitted.

We again enjoyed close co-operation from Dr. M.J. Craft, Consultant Psychiatrist in charge of hospitals for the subnormal in North and Mid Wales, from which many of the cases were admitted, and also from the staff of the North Wales Hospital, Denbigh, from which we also admitted cases during the year.

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. I would like also to express my appreciation of the advice and excellent co-operation given by Dr. Gwyn Williams, the Medical Superintendent of the North Wales Hospital, Denbigh.

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 pro-



viding 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 132 in the table is about half the total that did, in fact, obtain hospital admission as informal patients.

Table 20

MENTALLY-ILL PATIENTS DEALT WITH BY  
MENTAL WELFARE OFFICERS, 1966

	Males	Females	Total
Admitted to Hospital for observation:			
Under Section 25	13	24	37
Under Section 29	32	49	81
	<u>45</u>	<u>73</u>	<u>118</u>
	Males	Females	Total
Admitted to Hospital for treatment			
Under Section 26	-	3	3
Admitted to Hospital informally:			
Under Section 5	39	93	132
Psychopathic Patients (admitted to Hospital)	-	-	-

Details of the work done in the community for the mentally subnormal are given in Tables 21 and 22. 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 Health Sub-Committee.

Table 21 (a)

MENTAL SUBNORMALITY  
CASES ON LIST FOR VISITING IN THE COMMUNITY

	Age under 16			Age 16 and over			Total
	M	F	T	M	F	T	
1965 ... ..	49	23	72	92	99	191	263
1966 ... ..	61	25	86	90	100	190	276



Table 21 (b)

	PATIENTS ADMITTED TO HOSPITAL						Total
	Age under 16			Age 16 and over			
	M	F	T	M	F	T	
Informally -							
Under Section 5 of Act	2	-	2	3	3	6	8
For observation -							
Under Section 25 of Act	-	-	-	-	-	-	-
Under Section 29 of Act	-	-	-	-	-	-	-
For treatment -							
Under Section 26 of Act	-	-	-	-	-	-	-
By Court Order -							
Under Section 60 of Act	-	-	-	1	-	1	1
Short-Term Care	4	4	8	3	1	4	12
	6	4	10	7	4	11	21

In Table 22 details are given of visits paid by Mental Welfare Officers since the new Act came into force. It will be noted that 2178 after-care visits were paid and 602 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 991 visits to mentally subnormal patients.

Table 22

## VISITS PAID BY MENTAL WELFARE OFFICERS

Years:	1960	1965	1966
To Mentally Ill Patients:-			
(a) After-care visits	512	1575	2178
(b) Visits (other than After-care)	589	849	602
To Mentally Subnormal Patients	385	817	991

In addition, during 1966 Health Visitors paid 587 visits to mentally subnormal patients and 331 to patients who were mentally ill.







Table 24

Number of patients referred to Local Health Authority during year ended 31st December 1966

Referred by	Mentally ill						Psychopathic						Subnormal						Severely Subnormal						Total
	Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			
	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)								
(a) General Practitioners	1	-	22	47																					70
(b) Hospitals, on discharge from in-patient treatment		1	86	117			2	1																1	208
(c) Hospitals, after or during out-patient or day treatment		3	20	28																					51
(d) Local education authorities								4	1				6	3											14
(e) Police and courts			11	6																					17
(f) Other sources			23	56				1				3	4									1			88
(g) Total	1	4	162	254			2	1	5	1	3	10	3	1	1	1	1								448

NOTE: Only one referral has been recorded for one patient unless the local authority ceased to provide services after one referral and before the next.



## Section C

### INFECTIOUS AND OTHER COMMUNICABLE DISEASES

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

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

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

Smallpox	...	...	...	...	...	-
Cerebro-Spinal Fever	...	...	...	...	...	-
Diphtheria	..	...	...	...	...	-
Dysentery	..	...	...	...	...	57
Enteric Fever (Typhoid)		...	...	...	...	-
Erysipelas	..	...	...	...	...	1
Food Poisoning	...	...	...	...	...	38
Measles	...	...	...	...	...	830
Meningococcal Infections		...	...	...	...	8
Ophthalmia Neonatorum		...	...	...	...	-
Paratyphoid	...	...	...	...	...	-
Acute-encephalitis - Infective	...	...	...	...	...	-
- Post-infective	...	...	...	...	...	-
Acute Poliomyelitis - Paralytic	...	...	...	...	...	1
- Non-paralytic	...	...	...	...	...	-
Pneumonia	...	...	...	...	...	15
Puerperal Pyrexia	...	...	...	...	...	-
Scarlet Fever	...	...	...	...	...	33
Tuberculosis - Respiratory	...	...	...	...	...	17
- Meninges and C.N.S.	...	...	...	...	...	-
- Other	...	...	...	...	...	3
Whooping Cough	...	...	...	...	...	6
Malaria (contracted abroad)	...	...	...	...	...	-
						1009



The number of infectious diseases notified during the year is again small compared with previous years. If the cases of measles were removed the rest only amount to 179.

Notification is far from complete and only a fraction of notifiable cases are in fact reported on by doctors in general practice and hospital. For this reason, I continued to use four group practices in the County as "spotters" for outbreaks of infectious illnesses. Doctors in these practices notify me when cases of infectious diseases show a sharp rise in their area. By regular contact with them it is then possible to ascertain if cases are on the increase or not and also when an outbreak is declining or has come to an end.

In this way, action can often be taken to advise schools and staff of what is happening and to take steps to prevent or limit spread of infection.

During the year, there was a slight decrease in the cases of dysentery notified 57, and this is again possibly only a quarter of the cases which occurred in the particular locality. Food poisoning usually more serious than dysentery increased during the year but again the total cases occurring was probably much higher than the number notified, namely, 38 cases.

The Ministry of Health have stated that they plan to look at the whole question of notifying infectious diseases with a view to obtaining a more accurate picture of the position in the county as a whole.

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.

Table 25 shows the deaths from Tuberculosis during 1966 showing those in males and females and due to respiratory and non-respiratory illness.

Table 25

DEATHS FROM TUBERCULOSIS, 1966

	Males	Females	Total
Respiratory Tuberculosis	2	2	4
Non-respiratory Tuberculosis	-	-	-
All forms	<u>2</u>	<u>2</u>	<u>4</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 26. 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 26 that the Flintshire notification rate for 1966 of new cases (0.12) is slightly lower than the rate for England and Wales for 1965 (0.33). The death rate from tuberculosis in Flintshire for 1966 (0.02) is also slightly lower than the last known rate for England and Wales (i.e. for 1965 - 0.04).

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

Table 26

CASES NOTIFIED

	1940	1950	1960	1964	1965	1966
<b>Table 1 (Flintshire):</b>						
Respiratory T.B.	135	132	82	45	46	17
Non-respiratory T.B.	44	34	14	8	10	3
<b>Table 2 (Flintshire):</b>						
Notification per 1000 population	1.28	1.14	0.65	0.34	0.35	0.12
<b>Table 2 (England and Wales):</b>						
Notification per 1000 population	1.16	1.18	0.51	0.52	0.33	*
<b>Table 3 (Flintshire):</b>						
Death rate per 1000 of the population						
Respiratory and Non-respiratory	0.46	0.40	0.06	0.04	0.04	0.02
<b>Table 3 (England and Wales):</b>						
Death rate per 1000 of the population						
Respiratory and Non-respiratory	0.99	0.59	0.07	0.05	0.04	*

\* 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 72 out of 78 (92.3%) contacts were examined (See Table 27).

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

I would 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 other centres as requested to x-ray either groups of the public or employees in certain special industries.

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

Details of cases seen at the semi-static unit, at the four centres, are given in Table 28. 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 27  
TUBERCULOSIS - CARE AND AFTER-CARE

DURING 1966									
	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	2	8	10	-	10	10	2	18	20
Non-respiratory	-	1	1	-	4	4	-	5	5
Total	2	9	11	-	14	14	2	23	25
2. Number of persons in contact (at home) with above cases: -									
Respiratory	6	24	30	-	33	33	6	57	63
Non-respiratory	-	3	3	-	12	12	-	15	15
Total	6	27	33	-	45	45	6	72	78
3. Of the "contacts" shown in (2) above, number known to have been examined by Chest Physician: -									
Respiratory	5	23	28	-	30	30	5	53	58
Non-respiratory	-	3	3	-	11	11	-	14	14
Total	5	26	31	-	41	41	5	67	172



Table 28

## SURVEY OF GENERAL POPULATION BY MASS RADIOGRAPHY UNIT DURING 1966

Circuit Location	Number Examined	No. of visits	Average attendance per visit	Referred by General Practitioners		No: referred for further investigation	Number of Other Pulmonary abnormalities (not requiring further treatment)
				Number	Percentage		
Holywell	935	14	66	17	1.8%	9	12
Mold	1061	16	66	43	4.1%	14	19
Rhyl	2352	16	147	98	4.2%	134	107
Shotton	826	15	55	28	3.4%	9	3
Special Surveys in Factories, etc.	7054	-	-	-	-	4	13
TOTALS	12228	61	85	186	3.6%	170	154



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

Syphilis	5
Gonorrhoea	31
Other conditions	118
	<hr/>
TOTAL	154
	<hr/>

#### Section D

### FOOD AND DRUGS ACT 1956

#### REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

The year ended 1966 saw another list of Public Health legislation added to that already in existence.

The following were among the new regulations dealing with the control of advertisements, food standards, handling, preparation and sale of food stuffs.

Colouring matter in Food Regulations, 1966 prescribe the colouring matters which may be added to food sold for human consumption. They also limit the use of colouring matter in certain foods, e.g. meat, fish, poultry and fruit in the raw or unprocessed state may not contain added colouring matter (but colour may be added to the skins of oranges). Neither may colour be added to tea, coffee, white bread, cream or milk.

Some colours have been taken off the previous approved lists because of their doubtful properties.

The Regulations also control the amount of arsenic, copper and lead contained in permitted colouring matters.

Antioxidant in Food Regulations prohibit the sale or importation of food containing a prohibited antioxidant, and control the advertisement and sale of such antioxidants. Antioxidants are also prohibited in food for babies and young children.

Mineral Hydrocarbons in Food Regulations, 1966 prohibit with certain exemptions the use of any mineral hydrocarbon in the importation or preparation of food. These hydrocarbons include liquid paraffin, white oil, petroleum jelly, hard paraffin and microcrystallin wax.

Food Hygiene, Markets, Stalls and Delivery Vehicles Regulations 1966 lay down requirements for the hygienic handling of food from markets, stalls and vehicles.



The Skimmed Milk with Non-Milk Fat (Amended) Regulations 1966 deal with the protein, fat and the vitamin content of skimmed milk in the liquid as well as powder form.

Meat Inspection (Amended) Regulations 1966 enable local authorities to restrict the hours during which any animal may be slaughtered in any private slaughterhouse. They also change certain details in the procedure of meat inspection.

Salad Cream Regulations, 1966 specify the compositional requirements for the amount of vegetable oil and egg yolk solids contained in salad cream. They also regulate the labelling and advertisement of salad cream.

Cheese (Amended) Regulations 1966 amend the previous Cheese Regulations and require certain processed cheeses and some varieties of cheeses to comply with compositional standards.

Butter Regulations 1966 specify the compositional requirements, regulating the amount of milk fat, milk solids, moisture, and specify requirements for the labelling and advertisement of butter.

Brucellosis - Ministry of Health Circular 12/66. This Circular refers to infected milk, the difficulties some Authorities had in interpreting the appropriate legislation, and recommends a sampling procedure. To ensure uniformity of practise throughout the county a meeting was convened of the District Medical Officers and Mr. T. Elphick, Divisional Veterinary Officer, Ministry of Agriculture, Fisheries and Food. Having regard to the problems encountered it was decided to impose a pasteurisation order in all cases of positive samples and that it would remain in force until the infected animals were removed.

It was also decided to hold a series of meetings throughout the county to discuss the problems of Brucellosis and to invite Producer/Retailers to attend.

Food Sampling - 1410 Samples were taken during the year ended 31st December, 1966. 610 of these were sent to the Public Analyst for chemical analysis and the remainder were sent to the Public Health Laboratory Service for bacteriological examination. The following is a brief summary of the samples submitted for chemical examination.



<u>Article</u>	<u>No. taken</u>	Genuine	<u>Not genuine or below standard</u>
Milk	342	296	46
Miscellaneous Groceries	129	125	4
Alcoholic Drinks	19	19	-
Patent Medicines	23	23	-
Vegetables and Fruit	24	24	-
Ice Cream	38	38	-
Meat Products	35	35	-
	<hr/> 610 <hr/>	<hr/> 560 <hr/>	<hr/> 50 <hr/>

Milk (a) Chemical Analysis: 342 Samples were sent for chemical examination to the Public Analyst who reported that 46 were not genuine below standard. Four of these samples contained added water and successful legal proceedings were instituted. 23 Samples were low in solids not fat and 16 had butter fat deficiencies. 13 Samples contained traces of Penicillin.

(b) Biological Examination: No evidence of bovine tuberculosis was found in any sample but Brucellosis was found in the milk distributed by seven Producer/Retailers. A total of 24 animals were found to be infected and removed from the herds. There is no record of how these animals were disposed of. In all cases of brucella infected milk the following 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 Producers Veterinary Adviser and the Milk Marketing Board.

There are two pasteurising plants situated in the county and these are inspected weekly, attention being paid to their structural condition, efficiency of the pasteurising operations and to the cleanliness of the operations. Samples of pasteurised milk are taken each week and submitted for bacteriological examination.

All samples taken from the pasteurising plants satisfied the Methylene Blue and Phosphotase tests.

(c) School Milk: All milk supplied to the schools is pasteurised. Samples are taken weekly and all were found to be satisfactory.

Three complaints were received of broken glass being found in the milk bottles. On investigation it was found that the glass came from the chipped rims of the bottles due to the rough handling of the milk crates. The delivery of school milk in cartons has been advocated for many years.



Other Foods - 268 Samples of foodstuffs were submitted for chemical analysis. Four samples were found to be substandard or did not comply with the labelling of Food Orders.

1. A mixture for decorating cakes did not give the name of the chemicals used in it to retard the decomposition of fats and oils.
2. A prepacked farmhouse salad contained vegetables not mentioned in the label.
3. A sample of grated lemon peel was found to be deficient in lemon oil, also, the ingredients did not conform with the statement on the label. A warning letter was sent in all cases and the stocks were withdrawn.
4. A sample of peanuts and raisins was found to be unsatisfactory and the shopkeeper was advised and the stock withdrawn.

Samples of frozen poultry, chopped meat sold as pet food from butchers shops, sausages, cakes, minced meat and confectionery were submitted for bacteriological examination and were found to be satisfactory.

No evidence of fungicides, pesticides or prohibited colouring matter was found in any sample of food, fish, fruit, or vegetables.

Sampling for pesticide Residues in food: This special scheme was brought into being by the County Councils Association and Association of Public Analysts and other Local Authority Organisations due to the increased public concern regarding the contamination of foodstuffs by pesticide residues. To avoid duplication and undue expense, the country has been divided into seven zones and Flintshire is bracketed with the North Wales counties and those of North West England.

The Samples are selective and will have to be taken at certain periods of the year. They will be examined biologically and also tested for organochlorine, organophosphorous compound, lead, arsenic and mercury residues.

All samples taken in the county under the above scheme have been satisfactory.

Poultry Inspection. Following the receipt of a letter from the Welsh Board of Health relating to poultry inspection and the need for a high standard being maintained at premises where poultry are slaughtered and dressed, a meeting was convened and attended by Mr. Elphick, the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries



and Food, and the District Medical Officers of Health. Among the matters discussed were the standards of existing Poultry slaughter-houses, the difficulties of inspection and the public health problems of intensive farming.

Fertilizer and Feeding Stuffs Act. 19 Samples of fertilizer and 16 samples of feeding stuffs were submitted for chemical analysis. The analysis of one sample of feeding stuff did not agree with the statutory statement and a warning letter was sent to the manufacturer.

A complaint was received from a producer that after using a certain feeding stuff, his milk yield had dropped considerably. Samples of the feeding stuff were examined bacteriologically and chemically and were found to be satisfactory.

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

Health Education. Talks and film shows were given to youth clubs, young wives clubs, church organisations, canteen staff, nursing and domestic science students. The subjects included clean food, social problems, social services, environmental health and housing.

A successful exhibition of the County Health Department's activities was staged at the Flint and Denbigh Agricultural Show.

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

- a) The names of all shopkeepers other than registered pharmacists, who sell Part II Poisons are to be entered on the Council's list.
- b) To see that any deputy appointed under Rule 14 is a responsible person.
- c) To see that the substances which contain Part II poisons which appear in the first schedule of the Poisons Rules are being sold by the listed seller or by the responsible deputy.
- d) That a Poisons Book is kept in the prescribed form and manner and 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.

All premises and articles inspected under the above Act complied with the requirements.

E. LEWIS

### Section E

#### NATIONAL ASSISTANCE ACT, 1948

The Welfare Committee 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 to 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 116. These persons were visited during the year by the Home Teachers of the Society and reported on to the appropriate Area 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 the blind and partially sighted persons on the register are elderly. Amongst these persons valuable social work is done by the Home Teachers by regular visiting. Regular visiting ensures that the many needs of the blind are met and met quickly, whether financial problems, domestic or purely personal and social.

From Table 30 will be seen that there are 80 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 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 total number of Blind persons on the Register was 340. 9 of these were under 16 years of age and at school, and 75 were in the employable age group from 16-59. One of these was still at school and 34 were in employment as follows:-

Workshops for the Blind	9
Home Workers' Scheme	5
Ordinary Conditions	20

There were 130 on the register of Partially/Sighted, of these 7 were employed. 8 were children attending special schools and 7 were attending local day schools.

Regular visits were made by the Home Teachers and lessons were given where required in embossed types and handcrafts. Weekly craft classes were held in Buckley and Prestatyn; also, monthly socials and a weekly dancing class in Rhyl.



Table 29

A - FOLLOW-UP OF REGISTERED BLIND AND  
PARTIALLY-SIGHTED PERSONS - 31st DECEMBER, 1966

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of forms B.D.8 (revised) recommends:				
(a) No Treatment:				
Blind	2	1	-	21
Partially-sighted	1	-	-	11
(b) Treatment (medical surgical or optical):				
Blind	10	11	-	5
Partially-sighted	13	3	-	12
Total Blind and partially-sighted	26	15	-	49
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:				
Blind	7	8	-	3
Partially-sighted	9	3	-	9
Total Blind and Partially-sighted	16	11	-	12

N.B. 2 Cases died.

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 30

CHESTER AND NORTH WALES SOCIETY FOR THE DEAFLIST OF PERSONS ON THE REGISTERS ON  
THE NIGHT OF 31st DECEMBER, 1966

The following information is given by Mr. A.E. Middleton Secretary - Superintendent of Chester and North Wales Society for the Deaf.

Details	Up to 16	16-64	65 & over
Deaf with Speech: -			
Males	-	4	2
Females	-	4	10
Deaf No speech: -			
Males	5	11	3
Females	2	20	2
Hard of Hearing: -			
Males	-	5	5
Females	-	4	3
<hr/>			
TOTALS	7	48	25

Number of Males on Register at 31.12.66 = 35

Number of Females on Register at 31.12.66 = 45

TOTAL = 80



**Handicapped Persons, General Classes** - During the year a further full-time Home Visitor for the Handicapped, namely Mr. Airey, was appointed on the 23rd May and on the 26th September Miss Baron commenced a 2 year course of Social Studies at Liverpool University. Each Home Visitor is provided with transport and has 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 Health Sub-Committee where a report on their work is submitted.

The 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 all 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.

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 kitchens for those who were confined to wheelchairs and needing full facilities on the ground floor. We also arranged for a piped water supply to one of the residents in a lonely country district.

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 where possible, all reasonable requests are dealt with speedily.

We also continued during the year to issue special badges for attachment to windscreens of cars used by handicapped persons to enable them to get special parking facilities and help from the police 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 are established at Bagillt, Buckley, Connah's Quay and Rhyl. These centres enable the visitors to help more cases in the limited time at their disposal and it also means that the handicapped can meet each other and have a break from their home surroundings.

In conjunction with the Deeside Round Table, a swimming club, known as The Deeside Handicapped Persons Swimming Club was formed, and handicapped persons are transported to this club on a Friday evening for one hours swimming instruction. A number of the members were presented with medals at the end of the year.



Very successful exhibitions and sales of work done by handicapped persons were held during the year at the Denbighshire and Flintshire Agriculture Show and at the Town Hall, Chester. Christmas parties were again held at the Mold and Rhyl Grammar Schools. At these parties voluntary organisations helped with refreshments and the Social Service Groups from the respective schools helped with entertainment and distribution of presents.

A holiday was booked at the Derbyshire Miners' Holiday Centre, Rhyl, for the period 22nd to 27th May. All handicapped persons were invited and a total of 91 handicapped persons and relatives took the holiday. The two visitors for the handicapped, together with two volunteers and a member of my staff, lived in at the holiday camp and were always available to give help and guidance to handicapped persons. Members of voluntary organisations in the Western area were invited to special meetings held at Rhyl and Mold, and expressed a keen desire and willingness to help either with monetary gifts or in kind. The programme for the week included coach tours each day and variety shows each evening. Everyone participating in the holiday thoroughly enjoyed themselves and many letters of appreciation were received. The whole venture was a great success and it is hoped that it will be possible to repeat it next year.

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.

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.

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

At the end of 1966 the number of handicapped persons excluding blind and deaf and dumb on our registers were as follows:-



	Aged under 16	Aged 16 to 64	Aged 65 and over	Total
Males	33	80	29	142
Females	28	93	38	159
TOTAL	<u>61</u>	<u>173</u>	<u>67</u>	<u>301</u>

**Particulars of Visits Paid by Home Visitors During Year:**

Number of first visits (i.e., to new patients who have not been visited at any time previously)	8
Re-visits	3504 .
	<u>3512</u>

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

Bagillt Clinic	-	450 attendances
Buckley Clinic	-	510 attendances
Connah's Quay Clinic	-	748 attendances
Rhyl Clinic	-	812 attendances



Table 31

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS  
ON 31ST DECEMBER, 1966

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	-	-	-	4	2	6	4	1	5	8	3	11
F	Arthritis and Rheumatism	-	-	-	6	8	14	1	13	14	7	21	28
G	Congenital Malformations	-	-	-	-	3	3	-	1	1	-	4	4
H/L	Diseases	-	-	-	7	11	18	5	5	10	12	16	28
Q/T	Injuries	-	-	-	3	1	4	-	-	-	3	1	4
V	Organic Nervous Conditions	-	-	-	20	36	56	15	9	24	35	45	80
U/W	Other Nervous and Mental Disorders	-	-	-	1	6	7	-	-	-	1	6	7
X	T.B. Respiratory	-	-	-	7	-	7	2	-	2	9	-	9
Y	T.B. Non-Respiratory	-	-	-	-	-	-	-	-	-	-	-	-
Z	Other Diseases and Injuries	-	-	-	3	1	4	-	3	3	3	4	7
TOTALS		-	-	-	51	68	119	27	32	59	78	100	178