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**Contributors**

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FLINTSHIRE  
COUNTY  
COUNCIL

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The . . .  
Health of Flintshire  
The Report  
of the  
Medical Officer  
for the year  
1967

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Flintshire County Council

# THE HEALTH OF FLINTSHIRE

The Report

OF THE

Medical Officer

FOR THE YEAR

1967



Flintshire County Council

THE HEALTH OF

FLINTSHIRE

The Report

Medical Officer

1907

1907

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COUNTY HEALTH OFFICES,  
SHIRE HALL,  
MOLD:

To the Chairman and Members of  
the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

During 1967, a considerable amount of time was spent on the problem of providing adequate community health services in the county in the face of an annual population increase of about 3,000 persons, and to a community expecting improvements and expansion in existing health services. The small number of additional staff employed each year only barely meets the needs of the new population, so very careful watch has to be kept on services to ensure that the best possible use is being made of all resources both as regards staff, buildings and equipment.

Two areas in the county present special health problems - the North West sector where there is a large number of aged persons, and Deeside with a high incidence of young families, many with small children. Because of the special problems of these two areas the department has opened a Sub-Centre at Rhyl and Connah's Quay. The two Sub-Centres have made it possible to deal very much more efficiently with local problems and enabled us to meet the special needs of these areas in the most economical use of resources. It is anticipated that several changes in local government and the administration of the health services are likely to take place in the next year or so.

The Secretary of State for Wales presented his report on Local Government in Wales in July 1967, and recommended one County Council for North Wales (Gwynedd) to replace the five present counties. ~~The~~

Already reports have been published on staffing and management of local government and a report is awaited on the future of the local authority Social Services - certain health functions, welfare and the care of children (Seebomh Committee). Later in the year the



Minister of Health announced that he was proposing to carry out a review of the whole health service and was hoping to publish his findings as a Green Paper in 1967. However, even if radical changes are to come I still believe that we should press on with certain changes as quickly as possible and not wait for the report to be published and in particular this applies to the establishment of much closer working ties between the three branches of the health service and also raising the level of existing health services as high as possible. Every opportunity has been taken to foster close working relations with hospitals and General Practitioners during the year and it is pleasing to report how much mutual respect there is at present between the branches of the health service in this area.

During the year, we made steady progress in the development of various medical screening techniques started in 1966. As mentioned before all patients attended by a District Nurse now have a full urine examination as a routine procedure. Urine of all new born babies is examined for phenylketonuria. Clinics were held throughout the year to take cervical smears which were examined at the Hospital Pathology Department at Rhyl. Many cervical smears are taken also by General Practitioners, the patient has the choice of attending a local authority clinic or their own General Practitioner for this test. During the year, a start was made on instructing women in the correct techniques of self-examination of breasts and this alone could save many lives annually as breast cancer is the highest single cause of cancer deaths in women. Other techniques of screening for various diseases will undoubtedly become available in the coming years and I feel very strongly that we should embark on these as soon as their efficiency has been established.

A start was made two years ago of attaching Health Visitors and District Midwives to groups of doctors and this was further expanded during 1967. All of the attached staff prefer this method of working to the previous "area" basis of work and although their work load has increased in some cases they all claim that job satisfaction more than compensated for this. In the home nursing service we have continued to increase the number of State Enrolled Nurses employed particularly for the nursing care of the aged. During the year, also, nurses worked closely with home helps and use the home helps where any heavy nursing and handling was necessary. We learnt with regret during the year that the Queen's Institute of District Nursing is to cease its training functions in 1968. After this date, training will have to be carried out by training centres approved by the Ministry of Health and nurses qualifying will be issued with a Certificate in District Nursing awarded by the Ministry of Health.



An indication of the changing role of the Health Visitor is given in the main body of the report with the increase in visiting of the aged and handicapped, mentally disordered and regular contact with hospital and general practitioners. Selective visiting to families means less routine visiting of babies and infants and more advice and help in clinics and other groups. There is a need to increase appreciably the number of Health Visitors in the county and it is proposed to recommend a substantial increase in staff in the coming year.

The number of diseases for which protection is offered steadily increases and during the year measles was added to the list. Protection is now available against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox, Measles and Tuberculosis (B.C.G. Vaccination). It is a sad comment that only about 50% of children in the county are protected against these diseases in spite of extensive publicity and health education. Most parents know that protection is available for these diseases, most parents are in favour of protection but the reason for the low acceptance is really due to indifference on their part. If we had a few cases of smallpox or poliomyelitis in the county we would have a frantic rush for protection with indignant complaints about the lack of vaccine and staff to immunise everyone without any delay. During the year, a start was made on placing the routine records relating to vaccination and immunisation on the computer. In this way, up to date records would be available for each child and follow-up invitations for subsequent immunisation produced regularly by the computer. This would improve acceptance of protection by providing regular reminders to parents, and reduce routine work in the department as much of the work previously done manually would, in future, be carried out by the computer.

During 1967, we had the first ambulance man trained on the recently established approved course of training for ambulance personnel and set up as a result of the Report of the Working Party of the Ministry of Health on Ambulance Training. This is an important landmark in the future of the ambulance service and gradually all men in the service will have the opportunity of attending such courses. We are fortunate in that a training centre has been established in Cheshire so that the men can attend on a weekly basis and spend the week end at home. In addition to improved training of staff the Ministry of Health has also made recommendations in relation to equipment in ambulances and here again a degree of standardisation will be of considerable help particularly as regards the type of equipment to be carried for use on vehicles regularly dealing with emergency work.



During the year we were informed that the present Mass X-Ray Service in the county would cease at the end of December. The present Mass X-Ray Unit visiting four centres in the county every three weeks has been in operation for nine years and during that time the numbers of new cases of pulmonary tuberculosis found each year has steadily declined. In addition, General Practitioners can now refer patients direct for a chest x-ray so there is no delay in obtaining a report. In view of these circumstances the Health Committee agreed not to press for the retention of the present Mass X-Ray Service, but to accept the alternative of a visit by the Mass X-Ray Unit periodically possibly once every year to carry out surveys at the request of the Medical Officer of Health.

During 1967, considerable time was spent on improving still further the home help service already one of the most valuable services provided by the department. Courses of instruction were again arranged for new home helps and for those already in the service and every opportunity taken to give home helps a greater insight into the problems of helping sick people particularly the aged and the mentally ill. As will be seen during 1967, we arranged for groups of home helps to visit a geriatric unit in a hospital and to meet both patients and staff and to discuss problems relating to home care with the hospital staff. We also recognised the long service given by some of our home helps by awarding a distinctive badge to those with over ten years service. 35 Home Helps qualified for badges. During 1967, the number of households visited by home helps again increased and the total hours worked.

One of the services that causes considerable concern is that for the generally handicapped. Each year the number of handicapped persons registered with the department increases and yet we are not able to expand our services as we would like mainly due to lack of trained staff to undertake the work. We again advertised for staff in 1967 but failed to recruit any suitably trained. One of our present Home Visitors is on a two year training course and will return in 1968 and be placed in charge of the service, and it is hoped then to send other members of the staff away for suitable training - but this is a very slow process of providing trained staff and is disturbing in view of the annual increase in handicapped persons needing our help. Tribute should, however, be paid to our present home visitors for the work they did during the year and the fact that they were able to maintain existing services in the face of all the difficulties encountered. One matter that deserves mention in this connection is the fact that we had discussions with the Ministry of Labour with a view to establishing a sheltered workshop for the handicapped in the county. The Health Committee agreed in principle to such a workshop for which there is a real need and preliminary plans will now be prepared for the 1968/69 estimates.



I would like again to thank all the members of the staff of the Health Department for their services during 1967 - what was achieved was the result of their combined efforts - and this was very considerable. I would like, in particular, to thank Mr. A. Whitley, the Chief Clerk, for collating all the information for this report and undertaking the preliminary preparation of tables and other statistical information.

I would like to thank the Chairman and members of the Health Committee for their 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 in 1967.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G.W. ROBERTS,

County Medical Officer of Health.



## STAFF CHANGES

### Medical:

Dr. Beryl Roberts, part-time Assistant Medical Officer, resigned on the 14th April, 1967.

### Dental:

Mr. M.D. Turnbull, full-time Dental Officer, resigned on the 30th April, 1967.

Mrs. M. Morton, commenced duty as part-time Dental Officer on the 3rd October, 1967.

Dr. J.M. Hands, part-time Dental Anaesthetist, resigned on the 31st July, 1967.

### Health Visiting:

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

Miss D.E. Booth	14: 8: 67
Miss D.J. Levens	1: 9: 67
Miss P.M. Haworth	- 2: 10: 67
Miss E. Bellis	10: 7: 67
(Part-time)	

The following resigned on the dates shown:-

Miss J.S. Rogers	Buckley District	31: 1: 67
Mrs. M.A. Godding	Caergwrle District	30: 6: 67
Mrs. N. Milnes	Prestatyn District	31: 12: 67
Miss E. Bellis	Buckley District	11: 8: 67
(Part-time)		

### Nurses and Midwives:

The undermentioned Nurses were appointed during the year:-

Mrs. S.N. Gleeson	Rhyl District	1: 1: 67
Relief District Nurse		
Mrs. D.B. Parry	Mostyn District	1: 3: 67
District Nurse/Midwife		
Mrs. I. Hughes	Mold Group Practice	19: 4: 67
District Nurse/Midwife		

Mrs. S.A.F. Thomas District Nurse	Prestatyn District	1: 5: 67
Mrs. E.D. Asbury State Enrolled Nurse	Prestatyn District	22: 5: 67
Mrs. C.A. Crewe District Nurse/Midwife	Saltney District	1: 6: 67
Mrs. M.M. Docs State Enrolled Nurse	Rhyl District	8: 8: 67
Mrs. E.A. Pierce Relief Nurse/Midwife	Deeside District	23: 10: 67
Mrs. J. Nicholls Relief Nurse/Midwife	Central District	1: 11: 67
Miss A. Cartlidge State Enrolled Nurse	Rhyl District	1: 12: 67
Miss S.M. Neale, Relief Nurse/Midwife	Central District	1: 12: 67

The undermentioned resigned during the year:-

Miss C. Roberts	Mostyn District	8: 1: 67
Mrs. E. Jones	Prestatyn District	31: 5: 67
Miss A. Matthews	Saltney District	31: 5: 67
Mrs. D.I. Bell	Maelor District	31: 10: 67
Mrs. D.B. Parry	Mostyn District	31: 10: 67
Mrs. R.A. Jones	Northop District	30: 11: 67
Mrs. L.E. Roberts	Shotton District	31: 12: 67

#### ATTENDANCES AT COURSES AND CONFERENCES

##### Medical Officers:

Dr. G.W. Roberts      Medical Practitioners Union Conference,  
London, 6th and 7th May.

Royal Society of Health Congress, Eastbourne,  
24th to 28th April.

7th International Congress on Mental Health,  
London, 12th to 17th August.

National Study Weekend, Guild of Social  
Workers, Bangor, 1st to 3rd September.



- |                                 |  |
|---------------------------------|--|
| Dr. K.S. Deas                   | National Association for Mental Health Conference, London, 23rd and 24th February.             |
| Dr. W. Manwell                  | Developmental Paediatrics and Handicapped Children's Course, Bristol, 10th - 15th April.       |
| Dr. D.P.W. Roberts              | Developmental Paediatrics and Handicapped Children's Course, Bristol, 10th - 15th April.       |
|                                 | Conference on Salmonella Infection, London, 11th October.                                      |
|                                 | One Day School on Physically Handicapped Children, Bangor, 28th October.                       |
| Dr. E.V. Woodcock               | One Day School on Physically Handicapped Children, Bangor, 28th October.                       |
| <b>Dental Officers:</b>         |  |
| Mr. A. Fielding                 | Annual Dental Conference, Birmingham, 24th to 28th July.                                       |
|                                 | British Dental Association Post Graduate Study Course, London, 16th to 18th November.          |
| <b>Public Health Inspector:</b> |  |
| Mr. E. Lewis                    | Royal Society of Health Congress, Eastbourne, 24th to 28th April.                              |
|                                 | Summer School in Health Education, Bangor, 15th to 25th August.                                |
|                                 | National Study Weekend Guild of Social Workers, Bangor, 1st to 3rd September.                  |
| <b>Health Visitors:</b>         |  |
| Miss P.M. Matthews              | British National Conference on Social Welfare London, 9th to 13th April.                       |
|                                 | National Study Weekend Guild of Social Workers, Bangor, 1st to 3rd September.                  |
| Miss J.S. Rogers                | Winter School, Health Visitors, Association, London, 29th December, 1966 - 10th January, 1967. |



Mrs. L. Pritchard	Winter School, Health Visitors, Association, London, 29th December, 1966 - 10th January, 1967.
Mrs. M.M. Roberts	Chest and Heart Association Conference, Eastbourne, 4th to 7th April.
Miss M. Williams	Combined Conference in Education and Medicine, Loughborough, 5th - 7th April.  Course for Health Visitors attached to Group Practice, Cardiff, 2nd to 6th October.
Mrs. N. Milnes	Course for Health Visitors attached to Group Practice, Cardiff, 2nd to 6th October.
Mrs. M.E. Pearse	Aids to Personality Development, Walsall, 7th to 9th April.
Miss G.M. Jones	National Study Weekend Guild of Social Workers, Bangor, 1st to 3rd September.
Miss A.M. Stewart	National Study Weekend Guild of Social Workers, Bangor, 1st to 3rd September.
Nurses and Midwives:	
Miss L. Mann	Preparation for Parenthood, London, 3rd March.
Miss R. Owen Miss T. Fail	Royal College of Midwives Refresher Course, London, 2nd to 8th April.
Miss E.E. Jones Miss E. Roberts	Royal College of Midwives Refresher Course, Birmingham, 3rd to 9th September.
Mrs. S.T. Evans Miss L. Williams	Royal College of Midwives Refresher Course, Oxford, 10th to 16th September.
Miss B.E. Jones Miss H. Gillespie Miss B. Davies	Preparation for Parenthood Course, Longridge, 1st to 7th October.
Mrs. G. Gibson Mrs. I. Shepherd	District Nurses Refresher Course, Birmingham, 9th to 13th October.



### **Clinic Nurses:**

Mrs. M.M. Digweed      Short Course in Audiometry, Manchester University, 3rd to 14th April.

### **Mental Health Staff:**

Mr. D.G. Evans      Induction Course for New Mental Welfare Officers, Leeds, 3rd - 14th April.

Mrs. D.E. Goodwin      One Day School on Retarded Children, Bangor, 17th June.

Mrs. Z. Hughes      Summer School in Social Psychiatry, Oxford, 24th to 30th September.

Mrs. J. Jenkins      National Association of Mental Health Conference, London, 11th to 13th October.

Mr. J. Jenkins      National Study Weekend Guild of Social Workers, Bangor, 1st to 3rd September.

Miss A.M. Howitt      National Study Weekend Guild of Social Workers, Bangor, 1st to 3rd September.

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

Mrs. G. Kelsey      Conference for Welfare Officers for the  
Mr. A. Airey      Physically Handicapped, Llandrindod Wells, 6th to 8th October.

### **Ambulance Staff:**

Mr. D.J. Jones      Conference of National Association of Ambulance Officers, Brighton, 12th - 14th September.

Mr. E.S. Roberts      County Ambulance Training Course, Nantwich, 30th October - 11th December.

### **Domestic Help:**

Mrs. S.M. Morgan      Institute of Home Help Organiser Weekend School, Scarborough, 28th - 30th September.

### **Office Staff:**

Mr. T.D. Jones      Summer School in Public Health Administration, Bangor, 13th to 16th September.



## Section 1

### ADMINISTRATION

#### A - DEPARTMENTAL OFFICERS

##### County Medical Officer:

Griffith Wyn Roberts, MB BCh BAO DPH.

Official Address: County Health Offices, Shire Hall, Mold  
Tel: Mold 2121

##### 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, DPH.

##### 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

Dr. Beryl Roberts, MB ChB (Resigned 14:4:67)

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 (Welsh Hospital Board Staff):

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

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

Catrin M. Williams, FRCS

##### Ophthalmic Consultants (Welsh 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

( Mr. G.A. Humphreys, MRCS LRCP FRCOG (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 (Resigned 30: 4: 67)

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

Mr. C. Hubbard, LDS

Mr. T. Roberts, LDS

Mr. H.E. Edwards, LDS

Mrs. S.F. Moran, LDS

Mrs. M. Morton, BDS (Since 3: 10: 67)

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

B.T. Broadbent, FDS RCS

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

Dr. J.M. Hands (Resigned 31: 7: 67)

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.

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 (Resigned 31:12:67)

Mrs. P.B.M. Coupe

Mrs. M.A. Godding (Resigned 30: 6: 67)

Miss M.J. Hughes

Mrs. D.M. Lewis

Miss G. Jones (Part-time)

Mrs. S. Lewis (Part-time)

\*Miss J.S. Rogers (Resigned 31:1:67)

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

Miss D.E. Booth

Mrs. R. Jones

Miss D.J. Levens

Miss P.M. Haworth

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

#### Clinic Nurses:

Full-time:

Mrs. S.A. Latham

Part-time:

Mrs. R. Cunnah

Mrs. M.M. Digweed

Mrs. R. Williams

Mrs. A. Roberts

Mrs. A. Cotgreave

Miss S.E. Thomas

Mrs. M. Swinnerton



**Visitors for Chest Diseases:**

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

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

**Assistant Domestic Help Organiser:**

Mrs. S.M. Stuart-Morgan

**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

**Chief Clerk:**

Arthur Whitley

**Departmental Senior Clerk:**

Edward F. Jones

**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	39
District Nurses	13
State Enrolled Nurses	
(assisting on districts)	6
Total	<u>58</u>

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

Whole-time	3
Part-time	138
	<u>141</u>



## Mental Welfare Officers:

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

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 3277	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 Shire Hall, Tel: Mold 2121	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 Pentrobini Pantymwyn Penyffordd Penymynydd Pontblyddyn Pontybodkin Rhesycae Rhosesmor Rhydymwyn Rhydtalog Soughton Treuddyn
Mr. I. Thomas, Tel: Night and Weekend Mold 2734	Connah's Quay U.D. Flint M.B. Holywell U.D. Broughton Ewloe Garden City	Hawarden Higher Kinnerton Mancot East Saltney West Saltney Sealand
Mr. D.G. Evans, Tel: Night and Weekend Pantymwyn 424 Working from,  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 Rhualt 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		
Mrs. Z. Hughes, Tel: Night & Weekend Caerwys 413 Working from: Craigmor, Russell Road, Rhyl Tel: Rhyl 4521		

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#### B - ASSOCIATED OFFICERS

**Clerk of the County Council:**  
T.M. Haydn Rees, Solicitor

**Director of Education:**  
M.J. Jones, MA

**County Surveyor:**  
E.W.W. Richards, MICE, MStructE, MIHE

**County Architect:**  
R.W. Harvey, ARIBA

**County Treasurer:**  
Sidney Elmitt, FIMTA, FRVA

**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, 1967)

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. L. Graham, Town Hall, Flint
Holywell Urban	Dr. D.P.W. Roberts	Mr. H.L. Fields, U.D.C. Offices, Holywell
Mold Urban	Dr. D.J. Fraser	Mr. R. Goucher, U.D.C. Offices, Mold
Prestatyn Urban	Dr. D.P.W. Roberts	Mr. J.M. Edwards, U.D.C. Offices, Prestatyn
Rhyl Urban	Dr. D.P.W. Roberts	Mr. E.L.L. Jones, Russell House, Rhyl
Hawarden Rural	Dr. D.J. Fraser	Mr. D.R. George, R.D.C. Offices, Hawarden
Holywell Rural	Dr. D.P.W. Roberts	Mr. D.O. Meredith Jones, R.D.C. Offices, Holywell Mr. G.T. Tinnewood, R.D.C. Offices, Holywell Mr. R.D. Jones, R.D.C. Offices, Holywell
Maelor Rural	Dr. D.J. Fraser	Mr. S.J.V. James, R.D.C. Offices, Overton
St. Asaph Rural	Dr. D.P.W. Roberts	Mr. R.P. Barlow, R.D.C. Offices, St. Asaph



## STATISTICS AND SOCIAL CONDITIONS

During the year, there was again a substantial increase in the population of the County from 160,560 to 163,110 (2,550). As the birth rate during the year dropped from 17.6 to 17.4 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 (2,550) came into East Flintshire and nearly 1,000 into the area of Hawarden Rural District Council - population 40,230.

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 20.4% and in Prestatyn 20.9% compared with 13.1% for the County as a whole. This feature is reflected in the high death rates in these areas, 17.1 in Prestatyn and 15.3 in Rhyl, compared with 11.9% 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 (68) 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 1967, employment generally remained at a high level with a considerable number of women being employed. During the year the average unemployment figure was 1.9% compared with a figure of 4.1% for Wales and 2.5% 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 2,045 houses, 684 built by local authorities and 1,361 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 Statutory Acres		Population (By Census).				
	(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
Total Urban	14794	30450	34864	44199	47092	71507	77635
Total Rural	148913	51035	57841	62418	65797	73601	72447
Whole County	163707	81485	92705	106617	112889	145108	150082

Table 1 (b)

District	Area in	Area in		Population (estimated mid-year)						
	Statutory Acres at 1/4/34	Statutory Acres as per 1961 Census 1939		1949	1959	1964	1965	1966	1967	
Urban										
Buckley	2646	2638	7345	7622	7690	8020	8320	8530	8880	
Connah's Quay	4214	4214	6505	7455	8030	8790	9390	9910	10400	
Flint M.B.	6243	6802	13020	14160	14300	14040	14070	14150	14290	
Holywell	2532	2428	6918	7870	8320	8560	8580	8640	8610	
Mold	1164	1175	5880	6354	6680	7350	7490	7590	7730	
Prestatyn	3219	2796	7422	8659	9720	12070	12450	12850	13200	
Rhyl	1700	1700	16510	18710	19810	21570	21710	21500	21370	
Rural										
Hawarden	31576	31576	28750	32450	35520	37480	38620	39440	40230	
Holywell	58515	58329	20730	21920	22090	21960	22280	22380	22640	
Maelor	29740	29749	4356	6720	4520	4850	4860	4860	4860	
St. Asaph	22149	22300	7494	8380	10320	10460	10470	10710	10900	
Total Urban	21718	21753	63600	70830	74550	80400	82010	83170	84480	
Total Rural	141989	141954	61330	69470	72450	74750	76230	77390	78630	
Total County	163707	163707	124930	140300	147000	155150	158240	160560	163110	



## VITAL STATISTICS - FLINTSHIRE, 1967

Live Births	2,831
Live birth rate per 1,000 population	17.4
Illegitimate births	196
Illegitimate live births per cent of total live births	6.74
Stillbirths	43
Stillbirth rate per 1,000 live and stillbirths	15.0
Total live and stillbirths	2,874
Infant deaths (under 1 year)	48
Infant mortality rate per 1,000 live births - total	17.0
Legitimate infant deaths per 1,000 legitimate live births	16.66
Illegitimate infant deaths per 1,000 illegitimate live births	26.17
Neo-natal mortality rate per 1,000 live births (first four weeks)	12.36
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	9.18
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	24.0
Total Deaths	1,948
Death rate per 1,000 population	11.9
Maternal deaths (including abortion)	-
Maternal mortality rate per 1,000 live and still births	-

### FINANCIAL

The product of a penny rate, computed for the County in respect of the year 1967/68 was £29,429.

### SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

### BIRTHS

During the year under review, 2,874 births were registered as pertaining to the County, that total being made up as follows:-

	Live Births	Still Births	Total
Legitimate	2,640	38	2,678
Illegitimate	191	5	196
#	<u>2,831</u>	<u>43</u>	<u>2,874</u>

Compared with 1966, these figures show an increase of 64 live births and a decrease of 17 still births, the total births thus showing an increase of 47.

Of the 2,831 live births, 1,480 were males and 1,351 females.

Of the 43 still births, 17 were males and 26 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 1967 was 17.4 which is slightly higher than the rate for England and Wales, namely 17.2 and higher than the County rate for 1966 which was 17.23.

The still birth rate per 1,000 total (live and still) births was 15.0 as compared with the corresponding rate for England and Wales, which was 14.8.

**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	"
1967	68.19	"

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 168 premature births in 1967, 140 were born in hospitals or maternity homes within the National Health Service. 15 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 28 births occurred at home.

Table 3 shows that of the 28 births at home, 9 were transferred to hospital.



Table 2 (a)  
BIRTHS -

DISTRICT	LIVE			STILL			TOTAL		
	Legit	Illegit	Total	Legit	Illegit	Total	Legit	Illegit	Total
<b>Urban -</b>									
Buckley	199	13	212	1	-	1	200	13	213
Connah's Quay	218	14	232	5	-	5	223	14	237
Flint M.B.	222	11	233	2	1	3	224	12	236
Holywell	118	7	125	4	-	4	122	7	129
Mold	122	8	130	-	1	1	122	9	131
Prestatyn	176	13	189	4	-	4	180	13	193
Rhyl	261	30	291	2	-	2	263	30	293
<b>Rural -</b>									
Hawarden	728	52	780	11	2	13	739	54	793
Holywell	361	27	388	5	1	6	366	28	394
Maelor	57	4	61	2	-	2	59	4	63
St. Asaph	178	12	190	2	-	2	180	12	192
Total Urban	1,316	96	1,412	18	2	20	1,334	98	1,432
Total Rural	1,324	95	1,419	20	3	23	1,344	98	1,442
Whole County	2,640	191	2,831	38	5	43	2,678	196	2,874



Table 2 (b)  
BIRTHS AND BIRTH RATES - 1967  
(Live Births, Stillbirths and Total Births)

DISTRICT	Number of Births		Crude rate per 1000 population.		* Adjusted rate per 1000 population		Still-births Rate per 1,000 total births
	Live	Still Total	Live	Still Total	Live	Still Total	
Urban -							
Buckley	212	1 213	23.9	.11	27.24	.13	4.69
Connah's Quay	232	5 237	22.3	.48	22.97	.49	21.09
Flint M.B.	233	3 236	16.3	.20	16.78	.21	12.71
Holywell	125	4 129	14.5	.46	14.06	.45	31.00
Mold	130	1 131	16.8	.13	16.80	.13	7.62
Prestatyn	189	4 193	14.3	.30	21.16	.44	20.70
Rhyl	291	2 293	13.6	.09	15.09	.10	6.82
Rural -							
Hawarden	780	13 793	19.4	.32	19.78	.33	16.39
Holywell	388	6 394	17.1	.27	18.81	.29	15.23
Maelor	61	2 63	12.6	.41	13.99	.45	31.74
St. Asaph	190	2 192	17.4	.18	20.01	.20	10.41
Total Urban	1412	20 1432	16.7	.24	18.54	.26	13.96
Total Rural	1419	23 1442	18.0	.29	19.26	.31	15.95
Whole County	2831	43 2874	17.4	.26	18.96	.28	14.96

\* 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 at home or in a nursing home										
	Nursed entirely at home or in a nursing home					Transferred to hospital on or before 28th day										
	Died					Died					Died					
	Total births	Within 24 hours of birth	In 1 and under 7 days.	In 7 and under 28 days.	(1)	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	(2)	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	(13)	(14)
1) 2 lb 3 oz or less	3	2	1	-	(3)	-	-	-	-	(4)	-	-	-	-	8	-
2) Over 2 lb 3 oz up to and including 3 lb 4 oz	12	1	-	-	(2)	1	-	-	-	(3)	-	-	-	-	1	-
3) Over 3 lb 4 oz up to and including 4 lb 6 oz	28	2	-	-	(2)	1	-	-	-	(2)	3	-	-	1	2	-
4) Over 4 lb 6 oz up to and including 4 lb 15 oz	33	1	1	-	(1)	5	-	-	-	(5)	2	-	-	-	1	-
5) Over 4 lb 15 oz up to and including 5 lb 8 oz	49	-	-	-	(1)	12	-	-	-	(12)	4	-	-	1	3	-
6) TOTAL	125	6	2	-	(6)	19	-	-	-	(19)	9	-	-	2	15	-

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.

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) 1967  
SUMMARY OF CAUSES

CAUSE OF DEATH	Males	Females	Total	Percentage of Total Deaths
Tuberculosis - respiratory	7	3	10	.51
Tuberculosis - other	-	1	1	.05
Syphilitic disease	-	-	-	-
Diphtheria	-	-	-	-
Whooping Cough	-	-	-	-
Meningococcal Infection	-	-	-	-
Acute Poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other infective and parasitic diseases	1	1	2	.10
Malignant neoplasm - stomach	37	15	52	2.66
" " - lung, bronchus	82	16	98	5.03
" " - breast	-	33	33	1.69
" " - uterus	-	12	12	.61
Other malignant and lymphatic neoplasms	84	86	170	8.72
Leukaemia, aleukaemia	3	8	11	.56
Diabetes	4	12	16	.82
Vascular lesions of nervous system	123	206	329	16.88
Coronary disease, angina	278	169	447	22.94
Hypertension with heart disease	20	26	46	2.36
Other heart disease	63	97	160	8.21
Other circulatory disease	32	36	68	3.49
Influenza	3	5	8	.41
Pneumonia	38	52	90	4.62
Bronchitis	65	20	85	4.36
Other diseases of respiratory system	13	3	16	.82
Ulcer of stomach and duodenum	8	2	10	.51
Gastritis, enteritis and diarrhoea	1	7	8	.41
Nephritis and Nephrosis	2	4	6	.30
Hyperplasia of prostate	11	-	11	.56
Pregnancy, childbirth, abortion	-	-	-	-
Congenital malformations	4	8	12	.61
Other defined and ill-defined diseases	76	84	160	8.21
Motor vehicle accidents	24	5	29	1.48
All other accidents	19	25	44	2.26
Suicide	10	1	11	.56
Homicide and operations of war	1	2	3	.15
<b>TOTALS</b>	<b>1,009</b>	<b>939</b>	<b>1,948</b>	



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

Table 4 (a)

DEATHS FROM RESPIRATORY TUBERCULOSIS

COUNTY	DISTRICT	MALES	FEMALES	TOTAL
<b>Urban -</b>				
	Buckley	-	-	-
	Connah's Quay	1	1	2
	Flint M.B..	1	-	1
	Holywell	-	-	-
	Mold	-	-	-
	Prestatyn	3	-	3
	Rhyl	2	2	4
<b>Rural -</b>				
	Hawarden	-	-	-
	Holywell	-	-	-
	Maelor	-	-	-
	St. Asaph	-	-	-
Total Urban		7	3	10
Total Rural		-	-	-
Whole County		7	3	10



## 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 1967 increased to 376 from 370 in 1966. 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 slight increase during the year in deaths due to cancer of the stomach, the total being 52, compared with 49 in 1966. Deaths due to cancer of the stomach are still higher in Wales and the differential has been maintained in the total figure for 1967.

Deaths due to cancer of the lung and bronchus showed a marked increase in 1967 - 98 compared with 75 in 1966, an increase of over 30%. It is disturbing to see the rapid increase in deaths due to lung cancer in women in recent years and this increase occurred again in 1967. There was a small drop in deaths from cancer of the breast and uterus - 45 in 1967, compared with 53 in 1966. The high rate of deaths due to cancer of the breast is a sad commentary on our preventive services, particularly as this can be detected in the early stages by the patient and recovery after treatment in the early stages is so good. In a recent survey in the U.S.A. over 96% of patients with early breast cancer who had undergone operative treatment were alive and well five years later.

It is gratifying to see that the deaths due to cancer under 65 years of age dropped from 148 in 1966 to 132 in 1967. This improvement is possibly due to easier access to diagnostic facilities recently made available to general practitioners and improved treatment facilities in the main treatment centres. Very careful follow up of early cancer cases has also reduced deaths in the earlier age groups.



Deaths due to other forms of cancer as a group decreased by 14 to a total of 170. 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 376 deaths due to cancer in 1967, 127 occurred between the ages of 65 and 75. However, 132 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, 880)	M	1	4	-	-	2	-	7)	1.53
	F	-	1	2	1	2	-	6)	
Connah's Quay U.D. (10, 400)	M	4	4	-	-	1	1	10)	1.92
	F	2	2	2	-	3	-	9)	
Flint M.B (14, 290)	M	6	8	-	-	4	-	18)	2.51
	F	2	1	6	1	7	1	18)	
Holywell U.D (8, 610)	M	1	2	-	-	5	-	8)	2.09
	F	2	-	1	2	5	-	10)	
Mold U.D.(7, 730)	M	1	2	-	-	7	-	10)	2.07
	F	1	2	2	2	4	-	11)	
Prestatyn U.D (13, 200)	M	4	8	-	-	4	1	17)	2.72
	F	2	-	6	1	8	2	19)	
Rhyl U.D (21, 370)	M	4	16	-	-	20	-	40)	3.18
	F	1	5	3	1	18	-	28)	
Hawarden R.D (40, 230)	M	8	19	-	-	13	-	40)	1.81
	F	4	2	7	1	16	3	33)	
Holywell R.D(22, 640)	M	4	13	-	-	15	1	33)	2.47
	F	1	-	2	2	17	1	23)	
Maelor R.D(4, 860)	M	2	2	-	-	2	-	6)	1.85
	F	-	-	-	-	3	-	3)	
St. Asaph R.D(10, 900)	M	2	4	-	-	11	-	17)	2.47
	F	-	3	2	1	3	1	10)	
Total Urban(84, 480)	M	21	44	-	-	43	2	110)	2.49
	F	10	11	22	8	47	3	101)	
Total Rural (78, 630)	M	16	38	-	-	41	1	96)	2.09
	F	5	5	11	4	39	5	69)	
Whole County (163, 110)	M	37	82	-	-	84	3	206)	2.30
	F	15	16	33	12	86	8	170)	
Total (M and F)		52	98	33	12	170	11	376	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	2	3	1	7
"	F	-	-	-	-	-	-	-	1	-	2	3
Other	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	-	1	-	-	-	-	1
Totals		-	-	-	-	-	1	1	3	3	3	11
<b>Malignant Diseases:</b>												
Stomach	M	-	-	-	-	-	-	2	10	11	14	37
"	F	-	-	-	-	-	-	-	2	4	9	15
Lung bronchus	M	-	-	-	-	-	2	5	21	38	16	82
"	F	-	-	-	-	-	-	1	6	8	1	16
Breast	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	-	-	6	11	3	13	33
Uterus	F	-	-	-	-	-	3	1	3	4	1	12
Other	M	-	1	-	3	2	4	6	10	29	29	84
"	F	-	-	1	-	-	2	6	17	28	32	86
Leukaemia	M	-	-	-	1	-	-	-	1	-	1	3
"	F	-	1	-	1	-	-	2	1	2	1	8
Totals		-	2	1	5	2	11	29	82	127	117	376
<b>Heart and Circulation:</b>												
Vascular lesions of M	-	-	-	-	-	-	1	1	21	42	58	123
nervous system	F	-	-	-	-	-	2	3	13	57	131	206
Coronary disease, M	-	-	-	-	-	-	7	28	73	101	69	278
angina	F	-	-	-	1	1	-	5	23	50	89	169
Hypertension with M	-	-	-	-	-	-	-	-	5	8	7	20
heart disease	F	-	-	-	-	-	-	-	6	10	10	26
Other heart	M	-	-	-	1	1	4	1	8	12	36	63
"	F	-	-	-	-	-	-	2	11	18	66	97
Other Circulatory	M	-	-	-	-	-	1	3	5	9	14	32
"	F	-	-	-	-	1	-	5	-	6	2	36
Totals		-	-	-	2	3	15	48	165	313	504	1050



## DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

During the year 1967 deaths attributable to infectious disease were as follows:-

Diphtheria	-
Whooping Cough	-
Meningococcal Infections	-
Acute Poliomyelitis	-
Measles	-
Other Infective and Parasitic Diseases	2
Influenza	8
Pneumonia	90
Bronchitis	85
Gastritis, Enteritis and Diarrhoea	8

It will be noted that there were no deaths during 1967 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 29 were males and 19 females, whilst 43 were legitimate and 5 were illegitimate.



The infant mortality rate (deaths per 1,000 live births) is therefore 17.0, which is lower than the rate for England and Wales, namely, 18.3.

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, 26 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 35 (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 13 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, 1967**  
(under one year of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
<b>Urban -</b>							
Buckley	1	-	1	-	-	-	1
Connah's Quay	3	-	3	3	-	3	6
Flint M.B.	4	-	4	4	-	4	8
Holywell	-	-	-	1	-	1	1
Mold	1	1	2	-	-	-	2
Prestatyn	3	-	3	-	-	-	3
Rhyl	4	-	4	1	-	1	5
<b>Rural -</b>							
Hawarden	6	1	7	7	1	8	15
Holywell	2	2	4	-	-	-	4
Maelor	-	-	-	1	-	1	1
St. Asaph	1	-	1	1	-	1	2
<b>Total Urban</b>	<b>16</b>	<b>1</b>	<b>17</b>	<b>9</b>	<b>-</b>	<b>9</b>	<b>26</b>
<b>Total Rural</b>	<b>9</b>	<b>3</b>	<b>12</b>	<b>9</b>	<b>1</b>	<b>10</b>	<b>22</b>
<b>Whole County</b>	<b>25</b>	<b>4</b>	<b>29</b>	<b>18</b>	<b>1</b>	<b>19</b>	<b>48</b>

The Causes of death were:-

Males Females Total

Accidents (other than motor vehicle accidents)	6	1	7
Congenital Malformations	2	6	8
Pneumonia	2	3	5
Other defined and ill-defined diseases	19	9	28
	<hr/>	<hr/>	<hr/>
	29	19	48
	<hr/>	<hr/>	<hr/>



TABLE 6(b)  
NEO-NATAL DEATHS 1967  
(Under 4 weeks of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
<b>Urban -</b>							
Buckley	1	-	1	-	-	-	1
Connah's Quay	2	-	2	3	-	3	5
Flint (M.B)	4	-	4	2	-	2	6
Holywell	-	-	-	1	-	1	1
Mold	1	1	2	-	-	-	2
Prestatyn	1	-	1	-	-	-	1
Rhyl	2	-	2	1	-	1	3
<b>Rural -</b>							
Hawarden	5	1	6	4	1	5	11
Holywell	2	2	4	-	-	-	4
Maelor	-	-	-	1	-	1	1
St. Asaph	-	-	-	-	-	-	-
<b>Total Urban</b>	11	1	12	7	-	7	19
<b>Total Rural</b>	7	3	10	5	1	6	16
<b>Whole County</b>	18	4	22	12	1	13	35



Table 6 (c)

INFANT DEATHS, 1967  
(Infants under one week of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
<b>Urban -</b>							
Buckley	1	-	1	-	-	-	1
Connah's Quay	2	-	2	2	-	2	4
Flint M.B.	2	-	2	2	-	2	4
Holywell	-	-	-	1	-	1	1
Mold	1	-	1	-	-	-	1
Prestatyn	1	-	1	-	-	-	1
Rhyl	1	-	1	1	-	1	2
<b>Rural -</b>							
Hawarden	4	1	5	2	-	2	7
Holywell	2	2	4	-	-	-	4
Maelor	-	-	-	1	-	1	1
St. Asaph	-	-	-	-	-	-	-
<b>Total Urban</b>	<b>8</b>	<b>-</b>	<b>8</b>	<b>6</b>	<b>-</b>	<b>6</b>	<b>14</b>
<b>Total Rural</b>	<b>6</b>	<b>3</b>	<b>9</b>	<b>3</b>	<b>-</b>	<b>3</b>	<b>12</b>
<b>Whole County</b>	<b>14</b>	<b>3</b>	<b>17</b>	<b>9</b>	<b>-</b>	<b>9</b>	<b>26</b>

**MATERNAL MORTALITY** - There were no deaths 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	45	41	86	9.70	11.74
Connah's Quay	46	37	83	8.00	13.52
Flint (M.B.)	84	81	165	11.50	14.49
Holywell	48	60	108	12.50	11.00
Mold	41	28	69	8.90	10.14
Prestatyn	114	112	226	17.10	9.06
Rhyl	174	152	326	15.30	11.47
<b>Rural -</b>					
Hawarden	210	209	419	10.40	11.96
Holywell	152	146	298	13.20	12.27
Maelor	36	20	56	11.50	12.53
St. Asaph	59	53	112	10.30	8.96
Total Urban	552	511	1063	12.60	11.08
Total Rural	457	428	885	11.30	11.64
Whole County	1,009	939	1,948	11.90	11.30

\* 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	138	83	221
Deaths in age groups 65 and over	358	407	765
<b>TOTALS</b>	<b>496</b>	<b>490</b>	<b>986</b>

#### Rural Districts

	Males	Females	Total
Deaths in age groups 45-64	134	71	205
Deaths in age groups 65 and over	290	335	625
<b>TOTALS</b>	<b>424</b>	<b>406</b>	<b>830</b>

### 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 64 Home Helps in the Western area out of a total of 141 for the county as a whole. It is our intention to provide a similar person at Mold within the next year or so as the demands on the Home Help Service 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.

There is still room for more voluntary help in the county both from organised groups and individuals in spite of the excellent work already being done. The big problem is getting the helper and those in need of help together. A great deal of thought was given to this problem again during the year and it was decided to appoint a part-time Liaison Officer to mobilise the services of voluntary bodies, big and small, and make known to them the needs in the county and how working with the statutory bodies their efforts could be best utilised. The will to help is very much present in the county. The new Officer should be able to channel this goodwill into effective service.

I would like, in particular, to pay tribute to the work done by the Chester and District Marriage Guidance Council during 1967, 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.

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 1967 and a total of 1412 new mothers were seen who made 5651 attendances and this excluded 210 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 210 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, Mr. Whitehouse and Mr. Humphreys, the Consultant Obstetricians and Gynaecologists 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 1967 in this respect.

The Family Planning Clinics at Flint, Mold and Rhyl operated by The Family Planning Association continued to function during the year. The Clinics are held weekly, numbers of new patients and attendances are given below: -

<u>Clinic</u>	<u>No. of Sessions held</u>	<u>No. of new patients</u>	<u>Total Attendances</u>
Flint	51	131	294
Mold	51	97	201
Rhyl	50	159	399

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.

### Cervical Cytology:

Cervical smears are now examined at the Pathology Laboratories at Rhyl, Chester and Wrexham, where specially trained staff examine the smears. Women 35 years of age and over can have cervical smears taken at Health Department Clinics held in the evening at Rhyl and Connah's Quay, or by their own General Practitioners. Cervical smears are also taken on request at Family Planning Clinics.

Smears taken during 1967: -

<u>Local Health Authority</u>	<u>General Practitioner</u>	<u>Family Planning Association</u>	<u>Total</u>
789	512	425	1726



Of these 3 were positive and were referred to a Consultant Obstetrician for further investigation and treatment. All cases referred for further investigation did, in fact, attend and accepted the treatment recommended. A certain number of smears are reported as doubtful or suspicious and these patients attend for a further smear a month or two later.

A great deal more smears could be examined at the Laboratories but we find it still difficult to persuade women to come forward for the examination although considerable publicity has been given to this new service.

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 1967, 212 outfits were issued compared with 270 in 1966.



Table 8

## ANTE-NATAL CLINICS, 1967

	Holywell	Connah's Quay	Mold	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	52	52	50	48	202
(e) Total sessions	52	52	50	48	202
2. Number of patients attending for the first time this year	362	383	248	419	1412
3. Total attendances	1415	1343	1239	1654	5651
<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	26	18	50	14	108
(e) Total sessions	26	18	50	14	108
2. Number of patients attending for the first time this year	19	25	139	26	209
3. Total attendances	19	26	139	26	210

NOTE - Clinics are combined with the Hospital Consultant Clinics.



Table 9

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

Name and Address of Home or Hostel	Number of Beds				Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in Col. (6) for which the authority was responsible.	Average length of stay	
	Total beds (excl. mat. and lab and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots			Ante-natal	Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority :- Bersham Hall - used jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered by the C.M.O., Denbighshire.	15	-	-	12	66 (i.e., Total admissions from all Authorities)	20 (Flintshire Cases)	30 days	21 days
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec. 22(1) or to which the Authority make payment under Sec. 22(5)	-	-	-	-	-	-	-	-
(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis:-								
				(1) Expectant Mothers	4			
				(2) Post-Natal Cases	-			

° Exclusive of the lying-in period.



**Child Welfare:** Child Welfare Clinics or Well Baby Clinics continued to serve a valuable function in our service for the care of mothers and babies. At these Clinics, the majority of mothers in the County attend regularly, and attendances during 1967 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.

The aim of the Child Welfare Service at present in very broad terms is to give maximum help to parents who need expert advice and help because their children suffer from some disability, either physical or otherwise. In general terms all infants can be classed as:-

1. Healthy Infants.
2. "At Risk" that is premature babies, difficult births, history of virus infection during pregnancy, etc.
3. Suffering from a congenital malformation.
4. Suffering from handicapping conditions, either physical, mental or emotional.

The majority of infants are healthy, possibly up to 80% of all children in a given child population. What is necessary with them is to give advice and help to parents when requested and to make sure that parents know when they can contact a Health Visitor or other member of the local health authority staff should they need advice. In the past year or so we have re-orientated our services to give maximum help and support for the 20% of infants and children who require a great deal more help and support if they are to develop and make full use of their potential. These children with various forms of disability have to be assessed and then actively followed up and in addition to helping the children their parents and teachers often need counselling and support.

As mentioned in previous reports some General Practitioners conduct their own infant welfare clinics for their own patients and we have General Practitioners also conducting clinics for this authority on a sessional basis. It is our policy to offer every help to the General Practitioners who do their own infant clinics by allowing health visitors



and nurses to attend and assist in this work. This practise by General Practitioners is encouraged and will probably increase in the coming years with greater integration of community health services. We help in this work also by arranging for detailed assessment and follow up of children referred to us by the General Practitioners who require detailed investigation, a procedure which is often time-consuming and spread over a period of time and may involve several hospital and other investigations.

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 Ministry of Health has now declared its policy in relation to local authority clinics and health centres. No new purpose built clinic will be permitted in any area until all the General Practitioners practising in that area have been approached to ascertain if some or all of them are interested in obtaining surgery premises in the new building which then becomes a Health Centre. During the year a new clinic was planned in the Mancot area and all General Practitioners in the area were informed of this but none were interested in surgery accommodation in this area and the clinic was built and opened in December. This is the first clinic to be erected employing an industrialised building system and it has great advantages in speed of erection and the ease with which further adaptations can be carried out. New clinics are planned in five other rapidly developing areas and in all these areas the General Practitioners will be approached to ascertain if they are interested in Health Centre accommodation for joint use by them and the Health Department.



During 1967 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:** At the end of the year the number of Clubs established had increased to sixteen. Clinic premises were made available to mothers to meet once a week and to bring with them their toddlers.

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. At the end of the year 16 Pre-School Play Groups had been established.

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 28.

Of the 28 births at home and in nursing homes 19 were nursed entirely at home and 9 were transferred to hospital. Seven 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 1967

	Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946, Section 22
	Premises Registered at end of year		Daily Minders Registered at end of year.	Daily Minders receiving fees from the Authority at end of year.
	Factory (1)	Other Nurseries (2)	(3)	
Number	-	2	3	-
Number of Places (Cols. (1) and (2) ) and number of children minded at end of year (Col. (4) )	..	55	10	-



Table 10 (a)  
CHILD WELFARE CLINICS

Year:	1960	1961	1962	1963	1964	1965	1966	1967
Number of Registered Live Births	2588	2715	2653	2781	3007	2929	2767	2831
Children who attended during the year and who, at the end of the year, were:-								
(a) Under 1 year of age	2261	1864	1844	1871	2045	2199	1983	2100
(b) Between 1 - 5 years	1967	2527	3165	2894	3080	2950	3521	3357
Total attendances	31708	34056	33623	32556	38947	42378	41875	42752



Table 10(b)

## CHILD WELFARE CENTRES 1967

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

DESCRIPTION:	BAGILLT	BODEL- WYDDAN	BROUGHTON	BUCKLEY	CAER- GWRLE	CAERWYS	CONNAH'S QUAY	FLINT	GREEN- FIELD	HOLYWELL	LEESWOOD	MANCOT	MOLD	MOSTYN	MYNYDD ISA	PENLEY	PRESTATYN	RHYL (FFORDD LAS)	RHYL (MERC. HSB)	SALTNEY	SEALAND	SHOTTON	TOTALS
1. Number of sessions held by:-																							
(a) Medical Officers.	24	24	22	21	24	24	24	25	24	24	11	24	24	22	12	-	23	23	24	23	24	23	493
(b) Health Visitors (without Doctor)	25	-	28	23	26	-	27	30	26	26	11	28	28	-	12	-	-	29	25	27	-	28	426
(c) General Practitioners employed by Local Health Authority on seasonal basis.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	-	-	-	-	-	-	23
(d) Hospital Medical Staff.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Total sessions.	49	24	50	44	50	24	51	55	50	50	22	52	52	22	24	23	50	49	50	24	24	51	942
2. Number of infants who attended and who were born:-																							
(a) 1967.	57	46	64	150	89	4	205	124	63	67	30	164	139	20	49	28	99	68	67	55	67	128	1883
(b) 1966.	58	49	69	140	19	16	183	130	33	14	3	84	155	15	48	33	63	81	71	44	158	108	1633
(c) 1962-1965.	50	41	62	68	7	13	316	86	65	82	6	42	44	13	30	43	121	51	25	45	39	61	1371
3. Total attendances by all children under 5 years of age.	1528	669	1703	2583	2490	155	4356	2850	1156	139	521	2819	2638	374	929	678	1057	1559	1333	1541	1633	3885	38677
4. Number of children seen by a Doctor at the Centre:-																							
(a) For the first time since birth.	32	60	62	89	58	-	232	98	33	48	18	80	162	19	23	38	72	74	58	68	48	82	138
(b) Subsequent interviews.	246	165	298	356	251	-	668	126	92	129	90	540	392	73	131	231	157	184	188	192	278	505	5580
5. Number of children under 5 years of age referred to general medical practitioners or specialist for special treatment or advice after medical examination.	-	16	-	6	-	-	12	7	17	11	-	2	41	-	-	-	6	5	4	19	1	2	7
6. Number of children "AT RISK" at the END OF THE YEAR (See defini- tion of "At Risk" in note below).	18	8	-	60	31	3	68	-	2	23	25	-	63	9	43	6	-	59	14	26	7	19	11
																							495

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



Table 10(c)

## MOBILE (CHILD WELFARE) CLINICS 1967

DESCRIPTION	DYSEARTH	EWLOE	FFYNNON-GROEW	GWEIRNA-FIELD	HALKYN	PENY-FFORDD	RHUDDLAN	TOTALS
1. Number of sessions held by:-								
(a) Medical Officers.	24	24	24	11	23	28	22	156
(b) Health Visitors (without Doctor).	-	-	-	12	-	-	-	12
(c) General Practitioners employed by Local Health Authority on sessional basis.	-	-	-	-	-	-	-	-
(d) Hospital Medical Staff.	-	-	-	-	-	-	-	-
(e) Total Sessions.	24	24	24	23	23	28	22	168
2. Number of infants who attended and who were born:-								
(a) 1967.	28	50	20	21	36	32	30	217
(b) 1966.	26	62	5	6	70	12	54	235
(c) 1962-1965.	3	12	3	2	49	3	46	118
3. Total attendances by all children under 5 years of age.	312	859	281	465	640	829	689	4073
4. Number of children seen by a Doctor at the Centre:-								
(a) For the first time since birth	37	54	27	20	28	39	34	239
(b) Subsequent interviews.	222	376	132	87	169	181	332	1499
5. Number of children under 5 years of age referred to general Medical Practitioner or specialist for special treatment or advice after medical examination.								
6. Number of children "AT RISK" at the END OF THE YEAR (see definition of "At Risk" in note below).	3	-	-	2	1	1	11	18
	9	4	-	-	14	-	-	27

"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	493	156	649
(b) Health Visitors (without Doctor)	426	12	438
(c) General Practitioners employed by Local Health Authority on sessional basis	23	-	23
(d) Hospital Medical Staff	-	-	-
(e) Total sessions	942	168	1110
2. Number of infants who attended and who were born: -			
(a) 1967	1883	217	2100
(b) 1966	1633	235	1868
(c) 1962-65	1371	118	1489
3. Total attendances by all children under 5 years of age	38677	4075	42752
4. Number of children seen by a Doctor at the Centre: -			
(a) For the first time since birth	1592	239	1831
(b) Subsequent interviews	5580	1499	7079
5. Number of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination	156	18	174
6. Number of children "at risk" * at the end of the year	495	27	522

\* "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 1966. 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 1966, 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.

**Storage Depot:** An emergency supply is kept at the Ambulance Station, Rhyl, but the main depot is at the Ambulance Headquarters, Mold.

**Supplies:** Supplies of Welfare Foods were ordered from Messrs. S.P.D. Ltd. of Liverpool and direct deliveries were made to two Clinics, one shop and to the Mold Depot.

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

Clinics - 27

Shops - 4



**Food Distributed:** Issued to beneficiaries and losses through break-ages 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	5266	1938	1629	27,645
Issued to Hospitals	27	-	-	144
Issued at 4/-d.	1678	-	-	-
Issued to Day Nurseries	-	-	-	36
	<hr/> 6971	<hr/> 1938	<hr/> 1629	<hr/> 27,825
Out of date, damaged etc.,	406			
Sent for Analysis	-			
Losses through Breakages	-	24	11	173
	<hr/> 7377	<hr/> 1962	<hr/> 1640	<hr/> 27,998

**Summary of Cash and Coupons:**

	Issued	Charge	Amount Due	Amount Received
		s. d.	£ s. d.	£ s. d.
<b>N.D.M.</b>				
(a) By cash.	4906	2. 4.	572. 7. 4.	572. 7. 4.
(b) Free	359			
(c) By cash	1678	4. 0.	335. 12. 0.	335. 12. 0.
<b>C.L.O.</b>				
(a) Free	171			
(b) By cash	1767	1. 0.	88. 7. 0.	88. 7. 0.
<b>A. &amp; D.</b>				
(a) Free	24			
(b) By cash	1605	6.	40. 2. 6.	40. 2. 6.
<b>O.J.</b>				
(a) Free	854			
(b) By cash	26791	1. 6.	2009. 6. 6.	2009. 6. 6.
<b>TOTAL CASH</b>			<hr/> £3045. 15. 4.	<hr/> £3045. 15. 4.



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

At the end of the year one Principal Dental Officer, three 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	324	120
Subsequent Visits	224	164
Total Visits	548	284
Number of additional courses of treatment other than the first course commenced during the year	39	5
Treatment provided during the year -		
Number of Fillings	503	151
Teeth Filled	424	134
Teeth Extracted	287	331
General Anaesthetics given	137	65
Emergency Visits by Patients	43	17
Patients x-rayed	1	7
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	1	26
Teeth Otherwise Conserved	23	-
Teeth Root Filled	-	2
Number of courses of treatment completed during the year	205	80

### PART B - PROSTHETICS

Patients Supplied with F. U. or F. L. (first time)	-	14
Patients supplied with other dentures	-	23
Number of dentures supplied	-	41



## PART C - ANAESTHETICS

General Anaesthetics Administered by Dental Officers	10
--	----

## PART D - INSPECTIONS

Number of patients given first inspections during the year	333	132
Number of patients in A and D above who required treatment	282	122
Number of Patients in B and D above who were offered treatment	282	122

## PART E - SESSIONS

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

For treatment	160
For Health Education	15



## DOMICILIARY MIDWIFERY

At the end of the year 39 domiciliary midwives were employed, all of whom also carried out general nursing duties as our policy of employing district nurse/midwives for combined duties still functions and we feel that this, on the whole, is the best way of dealing with the position of midwifery and general nursing care in the county.

During 1967, there were 1909 births in hospital and maternity homes and 217 in mothers own home. Of the 1909 institutional births 409 were discharged within 48 hours of delivery or approximately 20% of all institutional births. All those mothers discharged from hospital early are visited by the midwives and nursed at home for a further 7 to 10 days. In addition to this work the domiciliary midwives also attend Ante-Natal Clinics held in local authority premises and in General Practitioners surgeries.

A considerable amount of discussion with midwives in hospital and in domiciliary practice has taken place during the year with a view to rationalising the midwifery service in the county in view of the small number of domiciliary confinements and the increase in institutional births. We are all coming to the conclusion that a unified service should be aimed at as the ideal service and as a first step we are exploring the possibility of the domiciliary midwife taking more of her patients into hospital and maternity home for delivery and taking mother and baby home in say 12 hours and continuing with their care at home. In principle, the hospital staff have agreed to this and the General Practitioners but certain details will have to be settled before any further action can be taken. This could lead to fewer domiciliary midwives undertaking full care for the patient but it would mean a higher level of obstetric skill being maintained by the midwives concerned.

Details of work during the year including training of staff and changes in the services are given in the report of the County Supervisor of Midwives which is given below:-

### MIDWIFERY SERVICE

At the end of 1967, 39 domiciliary midwives were employed by the County Council and have practised midwifery during the year. One midwife in the Maelor district was employed half-time until October 31st, when she retired. 3 part-time midwives have been employed occasionally to help in other parts of the County as required.

During the year there have been 2 retirements and 3 resignations. One of these who retired has been in the employment of the County for 20 years.



There have been 6 district nurse/midwives appointed during the year and 4 district nurse/midwives have been transferred to another district within the County. On December 31st, 1967, there was one vacancy in the Maelor district.

Post-graduate courses have been attended by midwives. These included a half-day Study Day arranged by the Royal College of Midwives, Flintshire Branch. Six midwives attended a post-graduate course in accordance with the Central Midwives Board, Rule G.1. Three midwives attended a post-graduate course on parenthood. Nine pupil midwives have completed their part two district training in this County by arrangement with H.M. Stanley Hospital. 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.

7.6% of all confinements in Flintshire have been attended by domiciliary midwives in the mothers own home. This is a decrease of 2% on the number attended in 1966. 92.4% of all mothers confined in hospital and who live in Flintshire have been discharged to their own homes before the 10th day. These mothers have been attended by the district nurse/midwives in their own homes. Every mother who has booked to have her confinement in hospital (excluding G.P. Units) is seen by the district nurse/midwife during her pregnancy. 409 mothers were discharged before the 3rd day.

Each district nurse/midwife has been visited during the year for the purpose of seeing practical work and for the examination of records. In all, 140 visits have been made for this purpose and this figure also includes extra visits for other reasons.

In accordance with the rules of the Central Midwives Board, 5 visits have been made to Maternity Hospitals. 46 midwives working in hospitals have notified their intention to practice during 1967.

The ante-natal clinics and mothercraft classes have been visited regularly by the senior nurses. 10 mothercraft classes are held in different parts of the County. 299 mothers have attended these classes, making an attendance of 1,238. Any mother can attend whether she is having her baby at home or in hospital. They are given instructions, but clinical examination of the mother is not carried out. The maintenance of these classes have been due to the interest and work and the co-operation of the midwives and health visitors concerned. The attendance at the mothercraft classes are as follows:-



<u>Clinic</u>	<u>Sessions</u>	<u>New Cases</u>	<u>Attendance</u>
Buckley	17	20	32
Caergwrle	19	18	30
Connah's Quay	35	36	111
Flint	48	39	190
Greenfield	30	11	119
Holywell	22	15	62
Mancot	34	22	161
Mold	24	51	161
Prestatyn	7	5	21
Rhyl	52	80	357

Midwives continue to 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

Medical Aids	-	5
Liable to be a source of infection	-	1
Still Births	-	1

B. From the Maternity Homes

Medical Aids	-	7
Neo-Natal Deaths	-	1
Still Births	-	1
Maternal Deaths	-	1

There are now 9 area relief nurses in the County assisted by 6 S.E.N.'s. These have given adequate cover for holidays, off duty and periods of sick leave. The arrangements for district nurse/midwives who are in charge of a single district continue to work in pairs and has continued to be a satisfactory arrangement. During the year the off duty has been arranged to allow two days off each week and, where practicable, two of these days are taken alternate week-ends.

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, 1967.

Table 11

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES  
DURING 1967

Number of domiciliary confinements attended by midwives under N.H.S. arrangements.

<u>Doctor not booked</u>		<u>Doctor booked</u>		Total	Number of cases delivered in hospital and other institutions but discharged and attended by domiciliary midwives before 10th day.
Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery		
-	9	59	149	217	1909



Table 12

## DOMICILIARY MIDWIVES IN PRACTICE ON 31st DECEMBER, 1967

		Domiciliary Midwives	Total
(a)	Midwives employed by the Authority	39	39
(b)	Midwives employed by Vol- untary Organisations:-		
	(i) Under arrangement with the Local Health Authority in pur- suance of Section 23 of the National Health Service Act, 1946.		
	(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Ser- vice Act)		
(c)	Midwives in Private Practice (in- cluding Midwives employed in Nursing Homes)		
TOTAL		39	39

## 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	210	2	212
Institutional	2619	39	2658
TOTAL	2829	41	2870

It will be noted by reference to page 25 that the adjusted figures show that this is 2 live births less and 2 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 1967, 9 persons were registered under Section 37 of the National Assistance Act accommodating in all 112 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 1967	2905
2. Children born in 1966	2667
3. Children born in 1962-1965	5979
4. Total number of children in lines 1 - 3	11551
5. Persons aged 65 or over	1238
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	192
7. Mentally disordered persons	234
8. Number included in line 7 who were visited at the special request of a G.P. or hospital	46
9. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	214
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	174
11. Number of tuberculous households visited	26
12. Number of households visited on account of other infectious diseases	179
13. Number of tuberculous households visited by Visitors for Chest Diseases	417



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

Number of expectant mothers visited	...	...	...	584
Number of handicapped persons visited	...	...	...	252
Clinics, excluding School Clinics:				
Half-days	...	...	...	1,685
Evening sessions	...	...	...	6
Mothercraft Classes attended	...	...	...	52
Talks to groups:-				
In Clinics	...	...	...	260
Elsewhere	...	...	...	62
Interviews with:-				
General Medical Practitioners	...	...	...	1,134
Social Workers	...	...	...	1,593
Others, parents, etc.	...	...	...	2,062

During 1967, Health Visitors continued to do combined duties as Health Visitors and School Nurses. At the end of the year twenty two Health Visitors, two part-time Health Visitors were employed on combined duties and two Visitors for Chest Diseases. Two of the Health Visitors are designated Senior Health Visitors and based at 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 many 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 1968 making a total of 3 senior Health Visitors.

The Superintendent Health Visitor is also Home Help Organiser for the county and although the joint appointment has advantages from the point of close working relations between health visitors and home helps it has meant that the Superintendent Health Visitor has not had adequate time to devote to the developing Health Visiting Service. To remedy this an Assistant Home Help Organiser was appointed in 1966, based at Rhyl, and it is hoped early in 1968 to appoint an Assistant Home Help Organiser for the Eastern half of the county based at Mold. When these two appointments have been made the Superintendent Health Visitor will be able to devote a greater proportion of her time to the Health Visiting Service which includes the School Health Service and a certain amount of supervision of the Home Visitors for the Handicapped.

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.



During the year, there has been a steady advance in the two aspects of Health Visiting which have been actively pursued in the past few years, closer working ties with General Practitioners, hospitals, and increasing preventive and screening techniques to prevent disease and to detect conditions at an early stage. More Health Visitors were attached to general practitioners during the year, and several others though not attached to practices developed closer working ties. This policy will be actively pursued where doctors and health visitors are prepared to work together and accept attachment as the ideal working partnership. This will take time but it is the ultimate goal for which we are aiming. On the question of screening for disease and disability, all Health Visitors are now trained to detect hearing loss in babies and all babies are examined before they are ten months old and when a hearing loss is suspected or established they are referred to the Medical Officer for full investigation. Existing screening procedures were continued during the year and new tests will be introduced as and when opportunity arises.

More and more clinic nurses are being employed to relieve the health visitors of some of the duties not calling for full health visitor's training, such as helping in clinics, with cleanliness inspections, immunisation and vaccination, and some of the more routine visits to aged and other work. In many cases, health visitors have also been given clerical help and these two measures helped them to utilise their skills to better effect. Even so, we are acutely short of health visitors and permission was obtained by the committee to increase our establishment by two extra health visitors during the year. To fully meet the position, I consider that six additional health visitors are urgently needed in the coming year.

It will be noted that quite apart from attachment to various practices that there was a considerable increase during 1967 in the number of requests and contacts made to health visitors by General Practitioners. In the same way there was an increase in the requests for information and visits made by hospital staff to health visitors. Health visitors were encouraged to work as closely as possible with hospital departments and to visit when considered necessary, and this was found to be particularly valuable in the case of paediatric and geriatric work.

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 1967

Visits to Child Welfare Centres	72
Visits to School Clinics	6
Visits to Hospitals and Homes for the Aged	12
Number of interviews with Health Visitors, Visitors for Chest Diseases, Clinic Nurses and Home Visitors for the Handicapped	902
Other interviews	226
<b>Health Education:</b>	
Talks to Voluntary Groups	32
Films and talks for school children	9
Lecture to Students	7
Visits to Young Mothers' Clubs and Pre- School Play Groups	43
<b>Handicapped Persons:</b>	
Visits to Social Centres	8

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.

The Visitor for Chest Diseases continued to attend the Chest Clinics and in addition paid 1282 visits to patients in their homes. With the gradual fall in the number of tuberculosis cases, more time has been devoted to non-tuberculous chest conditions, such as bronchitis, asthma, etc. Many of these patients also have social problems and are in need of help in the same way as the tuberculosis cases.



**Mothers Clubs:** These groups of young wives, mainly mothers of young children, continued to meet regularly at our clinics. At the end of the year, the number of clubs had increased to sixteen.

**Pre-School Play Groups:** From five groups at the end of 1966, the number had increased to sixteen. I devoted a lot of time to this work to ensure that the groups are founded on sound lines and run efficiently.

When possible, clinic premises are used but some groups meet at Youth Clubs, Chapel Schoolrooms, etc.

No financial assistance is given by the Authority to these groups but it may, in the near future, become necessary to assist with the purchase of equipment, etc.

The Flintshire Association of Pre-School Play Groups was formed in June 1967, in order to bring together the members of all the play groups. A number of successful meetings have been held and courses of training arranged by the staff of the Education Department.

**Students:** We were pleased to welcome students from various parts of the world who were undertaking a variety of training. One student from the William Rathbone Staff College, was taking a course in Community Health Administration, one from Bradford, two from Bolton who were taking the Health Visitors Training. One from overseas on a Local Government Administration Course.

Miss Mann and I continued the series of lectures to Student Nurses at the Royal Alexandra Hospital, Rhyl.

I acted as Assessor to the Course on Middle Management at the William Rathbone College.

### 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 invalid 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, six 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, four 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.

Every year we find that it is essential to keep up to date with new equipment and new nursing techniques. New equipment is introduced continually and we give such equipment an extensive trial before bringing it into general use. Nearly all the equipment now used is pre-packed and sterilised, such as syringes, catheters, dressings, masks, etc. With the co-operation of general practitioners we also give extensive trials to new treatments, which are carried out by nurses, such as treatment for indolent ulcers, bed sores, certain skin conditions and infected wounds. In addition to this introduction of new equipment it is equally important that all staff are kept up to date in nursing techniques and for this purpose arrangements are made for nurses to attend recognised refresher courses regularly.

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 1967 there were 52 nurses carrying out general nursing duties. 39 of these were also practising midwifery. When required the above staff were assisted by three part-time relief nurses and one district nurse/midwife doing half-time duties in the Maelor district until October 31st, when she retired. There are also six state enrolled nurses employed full time to assist the district nurses in the Western and Central areas.

There have been three retirements and three resignations during the year. One of these who has retired has given 18 years service and the other 20 years service.

Eleven district nurses have been appointed during the year and five have transferred to another district within the County. On 31st December, 1967, there were two vacancies, one in the Maelor district and one in Deeside.

During 1967 district nurses have attended 4,292 patients and have paid 119,227 visits. In addition to patients having comprehensive nursing care many have received help with nursing aids, such as walking aids, bath aids, wheelchairs and hoists, all of these being either loaned by this authority or the Red Cross Society. A night nursing service has continued to be provided by the Marie Curie Memorial Foundation and has continued to be appreciated by patients and relatives. This service is administered by this authority. District nurses who are allocated to groups of general practitioner's have carried out 3,018 treatments in their surgeries. Since October, three nurses have been attached to one group of doctors and visit their patients regardless of the geographical location.

Since the County was approved as a Queen's District Training Authority, 31 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 a National District Nursing certificate issued by the Ministry of Health. Four of the nursing staff have been successful in 1967 and one state enrolled nurse achieved the standard of the S.R.N. Training.

During the year ten student district nurses from Liverpool spent three days in this County gaining rural experience as part of their Queen's District Training. Lectures in Social Aspect of Diseases have been given to the student nurses in the Royal Alexandra Hospital, - Rhyl.



In addition to the three monthly meetings of all staff, arranged by the County Medical Officer of Health, 17 groups of nurses have met in different parts of the County with 53 attendances.

173 visits have been made to district nurses for the purpose of examining their records and observing practical work in the patient's own home or interviewed for some special reason.

14 visits have been paid to six nursing homes under the Registration of Nursing Homes, section 187 - 194 of the Public Health Act, 1936. Three of these visits were to advise about the registration of a nursing home.

During the year arrangements have been made for the nursing staff of Lluesty Hospital, Holywell, to spend one day on the district. So far, 24 have seen how the patients are nursed in their own homes. This has been a great help in creating a better liaison between the hospital and local authority staff for the benefit of the patients.

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

L. MANN,

County Nursing Officer



Table 15

## HOME NURSING



## 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 number of primary vaccinations in 1966 was 1,347 and in 1967, 1,377. Vaccination and immunisation are available either from the patient's General Practitioner or at the County Clinics, and approximately 50% of vaccinations and immunisations are done at Clinics and 50% by General Practitioners.

The following table shows the number of vaccinations and revaccinations carried out during the year 1967.

(1) Type of Vaccination	(2) No. of Vaccinations	(3) No. of Revaccinations	(4) Total	(5) Total as % of Total	(6) Total as % of Total
Polio	1,377	0	1,377	100.0	100.0
Diphtheria	1,377	0	1,377	100.0	100.0
Tetanus	1,377	0	1,377	100.0	100.0
Whooping Cough	1,377	0	1,377	100.0	100.0
Measles	1,377	0	1,377	100.0	100.0
Scarlet Fever	1,377	0	1,377	100.0	100.0
Smallpox	1,377	0	1,377	100.0	100.0
Other	1,377	0	1,377	100.0	100.0
Total	1,377	0	1,377	100.0	100.0



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	7	-	-	-	-
3-6 months	13	-	-	-	-
6-9 months	22	-	-	-	-
9-12 months	24	-	-	-	-
1	739	11	-	-	-
2-4	447	17	-	-	-
5-15	125	95	-	-	-
TOTAL	1377	123	-	-	-



Table 16 (b)

NUMBER OF CHILDREN (included in Table 16 (a) ) WHO WERE VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1967

Age at date of vaccination		Number vaccinated
0-3 months	. . .	1
3-6 months	. . .	4
6-9 months	. . .	2
9-12 months	. . .	5
1-2 years	. . .	455
2-4 years	. . .	142
5-15 years	. . .	45
TOTAL	. . .	<u>654</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	-	-
1967	-	-

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 1 death caused. However, no cases were notified in the County in 1967 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 1967

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

Type of vaccine or dose	YEAR OF BIRTH					Others under age 16	TOTAL
	1967	1966	1965	1964	1960-63		
1. Quadruple D. T. P. P	-	13	3	-	4	-	20
2. Triple DTP	637	1202	191	29	60	8	2127
3. Diphtheria/Pertussis	2	2	2	3	5	-	14
4. Diphtheria/Tetanus	18	25	14	12	112	10	191
5. Diphtheria	-	-	-	-	2	-	2
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	2	1	-	-	8	18	29
8. Salk	-	-	1	1	1	-	3
9. Sabin	563	1348	237	70	240	25	2483
10. Lines 1+2+3+4+5 (Diphtheria)	657	1242	210	44	181	18	2352
11. Lines 1+2+3+6 (Whooping cough)	639	1217	196	32	69	6	2159
12. Lines 1+2+4+7 (Tetanus)	657	1241	208	41	184	34	2365
13. Lines 1+8+9 (Polio)	563	1361	241	71	245	25	2506



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
	1967	1966	1965	1964	1960-1963		
1. Quadruple DTPP	-	-	-	-	5	-	5
2. Triple DTP	-	-	45	7	229	7	288
3. Diphtheria/Pertussis	-	-	-	2	5	4	11
4. Diphtheria/Tetanus	-	-	4	2	1423	39	1468
5. Diphtheria	-	-	-	-	11	6	17
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	1	3	15	19
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	-	40	15	1667	59	1781
10. Lines 1+2+3+4+5 (Diphtheria)	-	-	49	11	1673	56	1789
11. Lines 1+2+3+6 (Whooping cough)	-	-	45	9	239	11	304
12. Lines 1+2+4+7 (Tetanus)	-	-	49	10	1660	61	1780
13. Lines 1+8+9 (Polio)	-	-	40	15	1672	59	1786



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 1967

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	...	...	...	...	554
(ii)	Number found positive	...	...	...	...	284
(iii)	Number found negative	...	...	...	...	170
(iv)	Number vaccinated	...	...	...	...	167

## B. School Children and Students Scheme

(Circulars 19/64 (Wales) )

(i)	Number skin tested	...	...	...	...	1763
(ii)	Number found positive	...	...	...	...	269
(iii)	Number found negative	...	...	...	...	1464
(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.

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

The following tables show the number of cases conveyed by ambulances and hired sitting case cars during the year. It also gives, for the purpose of comparison, the figures for 1966 and 1955, together with the number of journeys and mileage involved.

### AMBULANCES

<u>Year</u>	<u>Stretcher Cases</u>	<u>Sitting Cases</u>	<u>Journeys</u>	<u>Mileage</u>
1967	12,326	42,737	11,998	450,325
1966	11,264	43,624	11,986	445,602
1955	5,544	19,745	8,201	269,353

### HIRED SITTING CASE CARS

<u>Year</u>	<u>Patients</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Cost</u>		
				<u>£</u>	<u>s.</u>	<u>d.</u>
1967	2397	1292	30491	1,591.	3.	10.
1966	2035	1095	24624	1,361.	19.	11.
1955	14507	6130	157643	8,137.	19.	1.

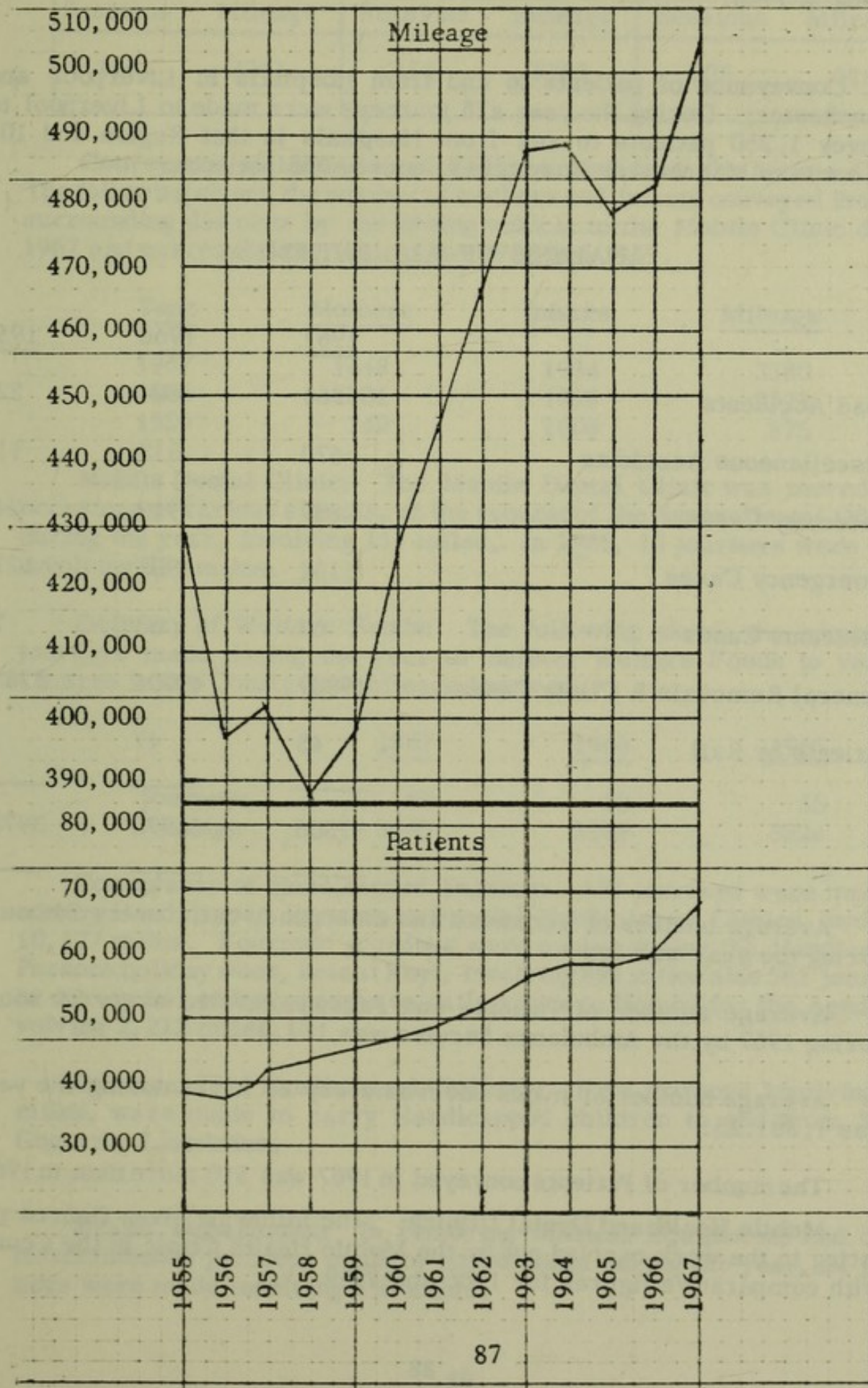


# AMBULANCE STATIONS

Stations	1967						1966						1955					
	Personnel	Vehicles	Stretcher & Chair Cases	Sitting Cases	Journeys	Mileage	Personnel	Vehicles	Stretcher & Chair Cases	Sitting Cases	Journeys	Mileage	Personnel	Vehicles	Stretcher & Chair Cases	Sitting Cases	Journeys	Mileage
Mold	10	8	3091	10139	2849	107382	9	9	2493	10192	2983	105370	4	3)				
Rhyl	10	5	4770	11294	3101	98415	10	5	4212	12657	3160	103119	4	3)				
Queensferry	8	4	1742	7211	2257	84594	7	3	1528	6858	2237	76726	3	2)	5544	19745	8201	269353
Holywell	9	6	1994	7092	2403	99499	9	5	2384	8406	2457	107551	3	2)				
Flint	3	2	660	5663	1096	42170	3	2	539	4308	857	34067	2	1)				
Hammer	1 p/r	1	69	1338	292	18265	1 p/r	1	108	1203	292	18769	-	-)				
Totals	41	26	12326	42737	11998	450325	39	25	11264	43624	11986	445602	16	11	5544	19745	8201	269353



# AMBULANCES AND SITTING CASE CARS





**Patients Transported by Rail:** Forty-five patients were conveyed by Rail during the year, involving 5,485 miles compared with forty-seven in 1966.

**Conveyance of patients to and from Hospitals in Liverpool and Manchester:** During the year 428 journeys were made to Liverpool to convey 1,250 patients to and from Hospitals in that Region and 101 journeys to Manchester Hospitals to convey 265 patients.

#### ANALYSIS OF ALL PATIENTS

	<u>1967</u>	<u>1966</u>	<u>1955</u>
Road Accidents	864	804	223
Miscellaneous Accidents	670	513	111
Maternity Cases	837	919	246
Emergency Cases	5184	4903	1279
Infectious Cases	67	83	79
General Removals & Clinic Cases	49839	49701	37839
Patients by Rail	45	47	19
	<hr/>	<hr/>	<hr/>
	57506	56970	39796
	<hr/>	<hr/>	<hr/>

Average number of accidents and emergency calls every 24 hours during the year was 21.

Average number of Patients and Persons carried every 24 hours during 1967 by the Ambulance Service was 184.25.

Average number of miles covered every 24 hours during the year was 1,381.25.

The number of Patients conveyed in 1967 was 510 more than in 1966.

**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 1966 and 1959.



1967		1966		1959	
Sessions	Mileage	Sessions	Mileage	Sessions	Mileage
164	3761	155	3786	205	5166

**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 1967 and corresponding figures for 1966 and 1959.

<u>Year</u>	<u>Mothers</u>	<u>Infants</u>	<u>Mileage</u>
1967	1448	1934	2380
1966	1301	1893	2325
1959	740	1000	875

**Mobile Dental Clinic:** The Mobile Dental Clinic was moved on 5 occasions to various schools, at the request of the Senior Dental Officer, during the year, involving 111 miles. In 1966, 16 journeys were made involving 384 miles.

**Delivery of Welfare Foods:** The following shows the number of journeys made during the year to deliver Welfare Foods to various Centres in the County and mileage involved.

	<u>1967</u>	<u>1966</u>	<u>1965</u>
Journeys	67	50	55
Mileage	3045	3166	3324

**Conveyance of Handicapped Persons:** 193 journeys were made to convey Handicapped Persons to Special Handicapped Clinics involving 10,127 miles. Fourteen journeys were made, during the Handicapped Persons holiday week, held at Rhyl, involving 893 miles also 581 journeys to convey 841 elderly people on daily visits to Homes for the Aged, involving 2,212 miles.

**Conveyance of Handicapped Children:** Five journeys involving 425 miles, were made to carry Handicapped children to and from Ysgol Gogarth, Llandudno.

**Health Department:** In removing Medical Equipment, and other miscellaneous journeys made by Ambulances during the year, 21 journeys were made involving 390 miles.



## AMBULANCE AND SITTING CASE CARS STATISTICS

	<u>1967</u>	<u>1966</u>	<u>1955</u>
Patients by Ambulances	55063	54888	25289
Others by Ambulances	9841	3528	-
Patients by Hired Sitting Case Cars	2397	2035	14507
Patients by Rail	45	47	19
Totals -	<u>67346</u>	<u>60498</u>	<u>39815</u>

### Journeys

	<u>1967</u>	<u>1966</u>	<u>1955</u>
Ambulances	13048	12320	8201
Hired Sitting Case Cars	1292	1095	6130
Totals -	<u>14340</u>	<u>13415</u>	<u>14331</u>

### Mileage

	<u>1967</u>	<u>1966</u>	<u>1955</u>
Ambulances	473669	456868	269353
Hired Sitting Case Cars	30491	24624	157643
Rail Mileage	5485	5198	-
Totals -	<u>509645</u>	<u>486690</u>	<u>426996</u>

**Fuel:** 17,106 gallons of Petrol were consumed by the 18 Petrol Vehicles in the Service to cover 296,007 miles, average m.p.g. 17.3.

6,743 gallons of Diesel were consumed by the 8 Diesel Vehicles to cover 177,594 miles average m.p.g. 24.8.

### WORK CARRIED OUT BY FLINTSHIRE ON BEHALF OF OTHER AUTHORITIES

	<u>1967</u>	<u>1966</u>
Patients	318	309
Journeys	133	137
Mileage	2347	3600
Cost - Claimed	£317. 0. 2d.	£456. 13. 6d.



## WORK CARRIED OUT BY OTHER AUTHORITIES ON BEHALF OF FLINTSHIRE

	<u>1967</u>	<u>1966</u>
Patients	340	485
Journeys	233	376
Mileage	2220	2759
Cost (Paid)	£581. 5. 11d.	£522. 11. 7d.

**New Ambulances:** Four new Ambulances were purchased in 1967. Two standard type Ambulances replacing WDM 562 after 7 years, and one replacing RDM 454 after 9 years service. 1 Extra Sitting Case Vehicle M.30 Van Conversion for Queensferry Ambulance Station. 1 new Standard Type Ambulance to replace Ambulance 72 ADM which was damaged beyond repair in an accident in September, 1967.

**Vehicles:** Total Vehicles in service as at 31st December, 1967:

<u>Type</u>	<u>Diesel</u>	<u>Petrol</u>	<u>Total</u>
Ambulances	8	8	16
Dual Purpose Ambulances	-	9	9
Handicapped Persons' Ambulances	-	1	1
	<hr/> 8	<hr/> 18	<hr/> 26 <hr/>

**Accident Claims:** Eleven accident claims were made on the Insurance Company during the year. Two of the claims were in respect of major damage to the ambulances, one beyond repair. Only four of the minor claims were attributed to be the fault on the part of the Ambulance Drivers. One of these Drivers was convicted of careless driving on two occasions and was taken off the rank of driver and placed on the rank of Attendant. The other seven claims, including one of the major claims, was attributed to other road users.

**Safe Driving Awards:** Out of the 36 Drivers/ Attendants entered for the National Society for the Prevention of Accidents for 1967, 32 qualified for awards. The 32 Drivers covered 473,669 miles during the year, average miles per driver 13,523 miles.

**British Red Cross (Flintshire Branch):** The Red Cross has again in 1967, been most helpful in providing escorts for patients travelling by train and to special schools etc. Their willingness and devotion to duty at all times is much appreciated, often at very short notice.



**Training:** Local Training of two hours a week at Mold, Holywell and Rhyl was again arranged in October 1967, where Lectures were given by Doctors on the medical side in advanced First Aid, and by the County Ambulance Officer and Senior Staff. All the personnel that attended the 1966-67 course were examined by the St. John in the Advanced First Aid, Part Two, and 28 were successful in passing the examination. The class commenced in 1967 will be again examined in Part Three of the Advanced First Aid.

Senior Driver E.S. Roberts, Queensferry Ambulance Station attended a six weeks Ambulance Training Course at Cheshire County Council from 30th October, 1967 to 8th December, 1967. A certificate was received from the Authority stating that he satisfied the school on his progress in the Course and that he is now a fully Qualified Ambulance man as laid down by the Ministry of Health Ambulance Training scheme, recommended in the Working Party on Ambulance Training (Part 1) dated 1966. On 24th May, 1967, five of the senior full-time Staff sat for the Institute of Ambulance Officers' Graduate Examination and the following three gained their certificate: Senior Driver T.E. Bellis, Shift Leader D.G. Griffiths both of Mold Station and Senior Driver W. Reynolds of Rhyl Ambulance Station.

The Ambulance Officer gave lectures to Womens' Institutes, Young Wives' Groups and Church Ladies' Guilds.

**Annual Inter-Station Competition:** The eleventh Annual Ambulance Competition was held on Saturday, 13th May, 1967 at the County Ambulance Headquarters, Mold. Five teams took part, two teams from Mold, one from Queensferry, one from Flint and one from Holywell. The competition consisted of Vehicle and Personnel Inspection, Attendant's Oral Test, Driving Test and Team Test. Adjudicators were, Dr. R.S.E. Cutcliffe, LRCP, MRCS, DPH (Principal Medical Officer, City of Liverpool) and A. Guinney, Esquire, FICAP, FIAO, (Chief Ambulance Officer, City of Liverpool).

Winning team was Mold No. 1 Team with 275 marks - Driver D. Hughes and Attendant P. Parry. The Driver gaining the highest marks in the Driving Test was Shift Leader T. Thomas, Mold, who was driver in No. 2 Mold Team.

The winners of the Chairman's Cup for the best kept station for 1966, was Mold 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 T.E. Bellis, Mold, by Councillor S.T. Ithell, Chairman of the County



Council. Presentations of Safe Driving Awards were made by Alderman Arthur Jones, Chairman of the Road Safety Committee.

The winning team represented Flintshire in the Ambulance Officers' Association (Wales) Ambulance Competition held at Newtown on Sunday, 25th June, 1967 when nine Authorities were represented. The Winners were Denbighshire County Council. Flintshire came fifth.

Sickness: 2,894 man hours were lost during the year 1967 by the Operational Staff due to sickness and injury, and 132 working days by Headquarters Staff.

Establishment: The establishment of the Service as on 31st December, 1967, was as follows:-

Head of Department	County Medical Officer of Health
Officer-in-Charge	County Ambulance Officer
Records Clerk	1
Senior Ambulance Controller	1
Ambulance Controllers (2 females & 3 males)	5
Telephonist	1
Clerk/Shorthand Typist	1
Senior Ambulance Drivers	4
Shift Leaders	4
Ambulance Drivers	18
Ambulance Attendants	12
Part-time Driver (Hanmer)	1
Mobile Clinic Driver	1
Handicapped Persons' Vehicle Driver	1
Motor Mechanic	1
Part-time Cleaner (Ambulance 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 76 contacts out of a possible total of 83 were examined - that is 91.6% of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 554 persons during the year and gave B.C.G. vaccine to 167 persons.

Grants of milk and other foods were made during the year by the Area Health Sub-Committee to 105 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 Ministry of Social Security. 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 1967 a total of 543 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.



(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. Thirty-one such persons were assisted in 1967. The cost of this was £250.

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.

(c) **Medical Loan Scheme:** Members of the Health Committee recently expressed a desire to have some information about the type of equipment that was provided on loan by the Health Department to patients nursed at home. Over the past ten years, the department has gradually built up a supply of over five hundred items of equipment and these are listed in the Appendix, at the end of this Report. This scheme is administered under Section 28 of the National Health Service Act and extra items are purchased annually and added to our stock to meet increasing demands and to replace equipment that becomes unserviceable with constant use. Loans are kept at the Health Department in Mold and individual nurses keep a small supply of items in daily use which they issue direct to patients. With the more bulky items these are taken to patients on request from the patient, the General Practitioner, or the hospital by the district nurse or by the Ambulance Service. Loans are free to patients who can retain them as long as required. Periodic visits to the homes are made by the senior nurses to ensure that equipment is still in use and serviceable. The equipment that is no longer needed by the patient is returned to the depot at Mold and serviced before re-issue. A card index scheme is maintained in the Health Department showing the total equipment available and the names and addresses of patients using the equipment at a given time.

In addition to the County Loan Scheme, the British Red Cross Society and the St. John's Brigade also have equipment which they loan to individuals on request, making a small loan charge in most cases. The existence of the loan depots belonging to the voluntary organisation is known to all the Health Department Staff and these depots are used to supplement the County Loan Scheme, and to assist the voluntary organisations with their training and home visiting activities.

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 52 such persons in 1967. 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.

### HOME HELP SERVICE

The Home Help Service continued to make a most valuable contribution to community care. The total number of householders where the service of a Home Help was arranged was 1,091. This shows an increase of 62 over the previous year. Over 100 people were enabled to make private arrangements from the register of private helpers. The householder pays the person concerned for her services and this saves some of the costs of administration. The officers of the Ministry of Social Security have also been most helpful in arranging for payment of a domestic help allowance to a few elderly people.

Over 85% of those who received help were aged 65 or more, and a number of people are over 80 years old and with help are still able to live independent lives at home.

This is an expensive service to run and every effort is made to ensure that the help is only given when the need is evident and a visit is made by one of our Health Visitors or the Area Assistant Organiser when a request is made by a G.P. or hospital. The expected duration of help is noted on each application form, but as 85% of householders are aged, many of them require help for an indefinite period.

A training course was held in Mold and 8 Home Helps were awarded the Flintshire Certificate. The provision of a National Scheme of Training in Wales with a recognised certificate would help to give recognition to this service and would increase the standard of proficiency.

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.



Several social events were arranged during the year. A happy outing of 85 Home Helps was made to Conway and several parties were held.

Fourteen meetings of Home Helps were arranged in different parts of the County. Four excellent talks were given by Ward Sisters from the Geriatric Hospitals. Visits were arranged for two parties of Home Helps to Lluesty Hospital, Holywell, where they were taken round the wards and afterwards Miss L. Jones, Matron, and some of the senior sisters spoke of the work of the Hospital and the progress made in recent years in the care of the elderly.

The interest in the elderly by neighbours and friends has been encouraged and sometimes help has been given to tired relatives who may be feeling the strain. A number of problem families have responded well to the patient collaboration of an experienced Home Help. This is work that calls for a lot of supportive help.

The Health Visitors have played a most valuable part in the care of the elderly and closer working relationships with general practitioners and hospital staff have given a better and more immediate service to those in need.

The Home Help Service is an integral part of the County Health Service, providing a personal service to persons in their own homes. The service is much appreciated by all concerned - doctors, hospital staff, social workers and above 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	Aged under 65				Total
		Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	
No. of Cases	938	57	14	19	63	1,091



Of the above, 15 persons received evening help and 33 received help on Sundays.

#### Hours Worked:

Eastern Area	...	...	...	...	...	...	36,812
Central Area	...	...	...	...	...	...	29,770
Western Area	...	...	...	...	...	...	71,657
							<hr/>
							138,239
							<hr/>

#### NEW CASES HELPED IN 1967

Aged under 65 on first visit in 1967						
Aged 65 or over on first visit in 1967	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	Total	
No. of Cases	369	22	7	19	41	458

#### Number of Helpers employed at 31st December, 1967:

Full-time	...	...	...	...	...	...	3
Part-time	...	...	...	...	...	...	138
							<hr/>
							141
							<hr/>

#### Number of Meetings of Home Helps:

5



## MENTAL HEALTH

Services for the mentally disordered provided by the authority continued at a satisfactory level during 1967, 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 the hostel. The Authority continued during the year with its policy of allowing staff to go on appropriate training courses and during the year two Assistant Mental Welfare Officers commenced attendance at a two year course in social work at the Liverpool College of Commerce.

We have continued our policy of recruiting trainees in all branches of our Mental Health activities and at the end of 1967, preliminary arrangements were made for one of the Junior Training Centre trainees to attend a suitable training course in 1968.

At the end of 1967, we had one Chief Mental Welfare Officer, one Senior Mental Welfare Officer, four Mental Welfare Officers and two Assistant Mental Welfare Officers. 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 1967. 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 1967, children from East Flintshire continued to attend the Training Centre at Chester. At the end of 1967, forty-two children from Flintshire were attending the Chester centre, and five attended Denbighshire Centres, being conveyed by special transport provided each day.



During the year, the social clubs for the mentally disordered already established continued to function and indeed developed and enlarged those activities and attracted more persons who need this kind of help and support. Members of the staff run these clubs and they are assisted by some of the club members who are encouraged to take an active part in the club's activities as this is a vital factor in achieving their ultimate full recovery.

The work at Fronfraith Hostel, Rhyl, continued successfully in 1967. 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 thirty-six people were admitted, male and female, and twenty-seven were discharged, four were returned successfully to their homes, thirteen to lodgings, three were admitted to a Special Unit, one is now employed at the Hostel. 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 94 in the table is about a third the total that did, in fact, obtain hospital admission as informal patients.

Table 20

MENTALLY-ILL PATIENTS DEALT WITH BY  
MENTAL WELFARE OFFICERS, 1967

	Males	Females	Total
Admitted to Hospital for observation:			
Under Section 25	21	24	45
Under Section 29	19	33	52
	<u>40</u>	<u>57</u>	<u>97</u>
	Males	Females	Total
Admitted to Hospital for treatment			
Under Section 26	-	-	-
Admitted to Hospital informally:			
Under Section 5	41	53	94
Psychopathic Patients (admitted to Hospital)	1	1	2

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

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

MENTAL SUBNORMALITY  
CASES ON LIST FOR VISITING IN THE COMMUNITY

			Age under 16			Age 16 and over			Total
			M	F	T	M	F	T	
1966	...	...	61	25	86	90	100	190	276
1967	...	...	57	24	81	101	106	207	288



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 2892 after-care visits were paid and 756 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 1383 visits to mentally subnormal patients.

Table 22

VISITS PAID BY MENTAL WELFARE OFFICERS

Years:	1960	1965	1966	1967
To Mentally Ill Patients:-				
(a) After-care visits	512	1575	2178	2892
(b) Visits (other than After-care)	589	849	602	756
To Mentally Subnormal Patients	385	817	991	1383

In addition, during 1967 Health Visitors paid 387 visits to mentally subnormal patients and 349 to patients who were mentally ill.



Table 23

Number of persons under Local Health Authority care at 31st December, 1967

		Mentally ill				Elderly mentally infirm*	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 (1)	F (2)	M (3)	F (4)		M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)		M (17)
1	Total Number		2	285	450			1		1	1	10	4	48	46	47	20	53	60	1028
2	Attending training centre											9	2	39	19	13	16	21	22	141
3	Awaiting entry to training centre																			
4	Receiving home training													2					2	4
5	Awaiting home training																			
6	Resident in L.A. home/hostel **			2	2			1				1		9	6					21
7	Awaiting residence in L.A. home/hostel																			
8	Resident at L.A. expense in other homes/hostels																			
9	Resident at L.A. expense by boarding out in private household																			
10	Attending day hospitals																			
11	Receiving home visits and not included in lines 2-10.																			
		(a) suitable to attend a training centre.	(b) others	2	283	448				1	1		2		19	34	4	52	36	862

\* Line 2 - Includes 47 persons who attend the Chester and Denbighshire T.C.

\*\* Line 6 - Includes 6 persons from other Authorities.



Table 24

Number of persons referred to Local Health Authority during year ended 31st December, 1967.

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 (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	
(a) General Practitioners			32	43			2										77
(b) Hospitals, on discharge from in-patient treatment			68	73				1									142
(c) Hospitals, after or during out-patient or day treatment		2	24	45													71
(d) Local education authorities									1	1			2	1			5
(e) Police and courts			9	13			1										23
(f) Other sources			23	28							1						52
(g) Total		2	156	202			3	1	1	1	1		2	1			370

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	..	...	...	...	...	21
Enteric Fever (Typhoid)		...	...	...	...	-
Erysipelas	..	...	...	...	...	2
Food Poisoning	...	...	...	...	...	13
Measles	...	...	...	...	...	929
Meningococcal Infections		...	...	...	...	1
Ophthalmia Neonatorum		...	...	...	...	-
Paratyphoid	...	...	...	...	...	-
Acute-encephalitis - Infective	...	...	...	...	...	-
- Post-infective	...	...	...	...	...	-
Acute Poliomyelitis - Paralytic		...	...	...	...	-
- Non-paralytic	...	...	...	...	...	-
Pneumonia	...	...	...	...	...	23
Puerperal Pyrexia	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	12
Tuberculosis - Respiratory	...	...	...	...	...	12
- Meninges and C.N.S.		...	...	...	...	-
- Other	...	...	...	...	...	5
Whooping Cough	...	...	...	...	...	71
Malaria (contracted abroad)	...	...	...	...	...	-
						<u>1090</u>



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 161.

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 decrease in the cases of dysentery notified 21, and this is again possibly only a fraction of the cases which occurred in the particular locality. Food poisoning usually more serious than dysentery decreased during the year but again the total cases occurring was probably much higher than the number notified, namely, 13 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 1967 showing those in males and females and due to respiratory and non-respiratory illness.

Table 25

DEATHS FROM TUBERCULOSIS, 1967

	Males	Females	Total
Respiratory Tuberculosis	7	3	10
Non-respiratory Tuberculosis	-	1	1
All forms	<hr/> 7	<hr/> 4	<hr/> 11

Notification of new cases of tuberculosis fluctuate slightly from year to year, but the overall trend is a gradual reduction in new cases notified,



both respiratory and non-respiratory, as will be seen from Table 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 1967 of new cases (0.10) is slightly lower than the rate for England and Wales for 1966 (0.30). The death rate from tuberculosis in Flintshire for 1967 (0.06) is also slightly higher than the last known rate for England and Wales (i.e. for 1966 - 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	1965	1966	1967
Table 1 (Flintshire):						
Respiratory T.B.	135	132	82	46	17	12
Non-respiratory T.B.	44	34	14	10	3	5
Table 2 (Flintshire):						
Notification per 1000 population	1.28	1.14	0.65	0.35	0.12	0.10
Table 2 (England and Wales):						
Notification per 1000 population	1.16	1.18	0.51	0.33	0.30	*
Table 3 (Flintshire):						
Death rate per 1000 of the population						
Respiratory and Non-respiratory	0.46	0.40	0.06	0.04	0.02	0.06
Table 3 (England and Wales):						
Death rate per 1000 of the population						
Respiratory and Non-respiratory	0.99	0.59	0.07	0.04	0.04	*

\* Figures not available



During the year the close co-operation existing in the past with the Ministry of Social Security 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.

During the year we were informed by the Medical Officer in charge of the Mass X-Ray Service at the Welsh Hospital Board that the semi static unit that visits four centres in the county every three weeks would cease to attend at the end of 1967. This has been a valuable service which has now been in operation for 9 years, and my immediate reaction was a protest against the withdrawal of the service. However, before doing this I carefully checked on the total cases examined in 1967 and previous years and the new cases of tuberculosis discovered, and the number of new cases found is so small that the cost of operating the service for this purpose is not justified. (It will be seen from Table 26 that only 12 new cases of pulmonary tuberculosis were notified in 1967 and possibly half of these were discovered at Chest Clinics and not by the Mass X-Ray Unit). In addition, General Practitioners now have open access to X-Ray facilities including chest x-ray examinations so that the need for mass x-ray facilities is not too vital. The Welsh Hospital Board plan to retain one Mass X-Ray Unit in North Wales to carry out survey work in industry and for groups of the population in consultation with the various Medical Officers of Health and this I consider is adequate for our needs.



Table 27  
TUBERCULOSIS - CARE AND AFTER-CARE

	DURING 1967									
	MALES			FEMALES			TOTAL			
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	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	1	4	5	3	12	15	
Non-respiratory	-	2	2	1	5	6	1	7	8	
Total	2	10	12	2	9	11	4	19	23	
2. Number of persons in contact (at home) with above cases:-										
Respiratory	8	22	30	2	24	26	10	46	56	
Non-respiratory	1	2	3	4	20	24	5	22	27	
Total	9	24	33	6	44	50	15	68	83	
3. Of the "contacts" shown in (2) above, number known to have been examined by Chest Physician:-										
Respiratory	7	22	29	2	22	24	9	44	53	
Non-respiratory	1	1	2	3	18	21	4	19	23	
Total	8	23	31	5	40	45	13	63	76	



Table 28

SURVEY OF GENERAL POPULATION BY MASS RADIOGRAPHY UNIT DURING 1967							
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	1028	15	68	17	1.65	5	14
Mold	1096	16	68	34	3.10	6	13
Rhyl	2192	15	146	77	3.56	105	110
Shotton	786	16	49	12	1.53	4	7
Special Surveys in Factories, etc.	6995	-	-	-	-	9	19
TOTALS	12097	62	82	140	2.74	129	163



**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	42
Other conditions	152
TOTAL	<u>199</u>

#### Section D

### FOOD AND DRUGS ACT 1956

#### REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

**New Legislation:** The following Food Regulations were among the new Public Health Legislation which was enacted during the year ended 31st December, 1967. The Regulations deal with the control of food administration, food standards, its handling and preparation and sale. They will come into operation on the 4th January, 1971.

**Labelling of Food Regulations, 1967:** These Regulations amend the provisions relating to the advertising and sale of certain prepacked foods, meat products, the sale of foods from vending machines, intoxicating liquors, processed peas, and the use of the word "milk" with certain foods. The Regulations will also control the sale of "tenderised meat" (that is meat which has been treated with proteolytic enzyme) whether the enzyme was injected into the animal prior to slaughter or into the meat itself.

**Coffee and Coffee Products Regulations, 1967:** Specify compositional requirements for coffee, coffee products, decaffeinated coffee, its labelling and advertising. They also impose restrictions on the use of the words French Coffee and Viennese Coffee.

**Ice Cream Regulations, 1967:** Specify compositional requirements for ice cream and Parev Ice. They also make specific requirements for its labelling and advertising.

**Margarine Regulations, 1967:** These Regulations specify the amount of fat, water, vitamin content and butter content to be found in margarine. They also specify the wording on labels and advertisements, etc.

**Solvents in Food Regulations, 1967:** Relate to liquid products which are used to facilitate the incorporation of soluble ingredients into food.



They also prohibit the sale or importation and advertisements of solvents which do not comply with the Regulations.

Artificial Sweeteners in Food, 1967: Specify the type, the composition, labelling and advertisements of artificial sweeteners which may be found in foods.

Canned Meat Products, 1967  
Sausage and Other Meat Products, 1967  
Meat Pie and Sausage Rolls, 1967

The above three Regulations specify the composition of the meat products and requirements for the labelling and description of the articles.

Slaughter of Poultry Act, 1967: Makes provision for the humane slaughter of poultry and for the registration of premises used for the slaughtering of poultry. This Act will come into operation on a day to be appointed by the Ministry of Agriculture, Fisheries and Food.

The Food (Control of Ionisation) Regulations, 1967: These Regulations prohibit (with certain exceptions) the application of ionising radiation to food intended for sale for human consumption. They also prohibit the importation of food which has been so treated.

Food Sampling: 1576 samples were taken during the year ended 31st December, 1967. 641 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>	<u>Genuine</u>	<u>Not Genuine or below standard</u>
Milk	360	327	33
Misc. Groceries	157	150	7
Alcoholic Drinks	19	19	-
Vegetables and Fruit	20	18	2
Ice Cream and Ice			
Lollies	15	15	-
Meat Products	39	37	2
Food Colourings	15	13	2
Patent Medicines	16	16	-
	641	595	46

Milk: (a) Chemical Analysis: 360 Samples were sent for chemical analysis to the Public Analyst who reported that 33 were not genuine or



were below standard. One sample of milk contained traces of added water and a warning letter was sent to the producer.

20 samples of milk were low in solids not fat, and 8 had butter fat deficiencies. Successful legal proceedings were instituted in respect of one sample which had a 10% butter fat deficiency. Traces of penicillin were found in 6 samples. Warning letters were also sent to the producers of milk contaminated with grass and to the producers of a milk which contained traces of blood.

(b) Biological Examination: It is important to note that although no evidence of bovine tuberculosis was found in any sample, Brucellosis was found in milk distributed by 16 producer-retailers. On investigation 36 animals were found to be infected. Two of the larger producer-retailers when stopped retailing, went out of business as retailers and sent their milk to the Creameries, thus compulsorily preventing some of the infected animals from being removed from the herds. This evasion is not satisfactory, for Brucellosis was found in churn milk delivered to a retailer from a Creamery. In another instance which provides a relevant example, a producer-retailer who decided to go out of production and purchase bulk milk for bottling found Brucellosis in his first supplier's milk and when this was stopped and he was referred to a second supplier, Brucellosis was found in that supply as well. There is no record of how any of the diseased animals were disposed. In all cases of *Brucella* infected milk the following were 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, the Milk Marketing Board.

Pasteurising Plants: There are two Milk Pasteurising Plants situated in the county. These are inspected weekly, attention being given to their structural condition, efficiency of the pasteurising operations and to the cleanliness of the operators. Samples of the pasteurised milk are taken each week and submitted for bacteriological examination. All samples taken from the plants satisfied the Methylene Blue and Phosphatase Tests.

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

Other Foods: 281 samples of foodstuffs were submitted for chemical analysis and 13 were found to be substandard or did not comply with the Labelling of Food Orders and Emulsifier and Stabiliser Regulations. The Colouring Matter in Food Regulations makes it an offence to use certain colouring matter in foods. The prohibited colour Blue V.R.S. was found in 2 food manufacturers premises and the occupiers were allowed to surrender the colours.



A sample of carrots gave a strong biological response for pesticide residues and the smallholder was advised to dispose of the crop.

The compositional quality of a sample of marmalade and a sample of pork sausage were below the legal requirements but subsequent samples have been proved to be satisfactory.

All samples of cream, frozen food, meat sold as pet foods, cakes and confectionery, submitted for bacteriological analysis were found to be satisfactory.

**Sampling of Pesticide Residues in Foodstuffs:** This scheme was brought into being by the County Council's Association, Association of Public Analysts and other Local Authority Organisations due to the increased public concern regarding the contamination of foodstuffs by pesticide residues. The samples are selected and have to be taken at certain times of the year. They are examined biologically and also tested for organochlorine, organo-phosphorous compounds, lead, arsenic and mercury residues.

The Flintshire County Council were asked to take the following samples this year. Game, rice, ham, peas, lettuce, milk, cream cheese, tomatoes, meat and dried fruit. Organochlorine residues were found in the rice (.060 parts per million). Note must be made that there are no legal standards at the moment.

**Fertiliser and Feeding Stuffs Act:** 12 samples of fertiliser and 17 samples of feeding stuffs were submitted for chemical analysis. All samples were satisfactory. Following a complaint 2 samples of feeding stuffs were examined chemically and bacteriologically and they were found to be satisfactory.

**Other Duties:** The inspection of clinics, schools, kitchens, the investigation of complaints, atmospheric pollution, water supplies, refuse and sewage disposal, adaptation to houses of handicapped persons.

**Health Education:** Talks and Film Shows were given to Youth Clubs, Young Wives Clubs, Hospitals, Canteen Staffs, Nursing and Domestic Science Students. The subjects included clean food, the social services and environmental health.

A successful "Safety on the Farm" exhibition was staged this year at the Flint and Denbigh Agricultural Show. The exhibition dealt with the precautions to be taken in the use of pesticides and weedkillers, the wearing of protective clothing and respirators, "farmer's lung", the storage of poisons, home safety on the farm, and the misuse of electrical equipment. A series of films were also shown dealing with tractor accidents and moving machinery.



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 container 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 below. 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.

A fairly recent innovation in the field of blind welfare has been the provision of Talking Book Machines. A small number of talking books have been available on loan from the Royal National Institute for the Blind for some years, but in the last few years there have been great strides in recording books on special topics and the provision of special tape recorders operated by the blind persons to play these back. In 1966, the Health Committee agreed to pay the annual rental for the hire of the tape recorders for each blind person provided with this equipment. By the end of 1967, 66 blind persons in the county were using Talking Book Machines and getting a regular supply of books of their choice on suitable tapes. Each newly registered blind person is now informed of this scheme and given the opportunity of hearing a recording and when possible handling the equipment himself.

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 94 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 353. 10 of these were under 16 years of age and at school, and 71 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 148 on the register of Partially/Sighted, of these 5 were employed. 9 were children attending special schools and 6 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, 1967

	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	3	3	1	20
Partially-sighted	4	1	-	4
(b) Treatment (medical surgical or optical):				
Blind	4	7	1	5
Partially-sighted	13	4	-	12
Total Blind and partially-sighted	24	15	2	41
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:				
Blind	2	6	1	4
Partially-sighted	8	2	-	7
Total Blind and Partially-sighted	10	8	1	11

N.B. 2 Cases died.

B - OPTHALMIA 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, 1967

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	1	3	2
Females	-	4	10
Deaf No speech: -			
Males	3	14	3
Females	4	19	2
Hard of Hearing: -			
Males	-	7	7
Females	-	7	8
TOTALS	8	54	32

Number of Males on Register at 31.12.67 = 40

Number of Females on Register at 31.12.67 = 54

TOTAL = 94



**Handicapped Persons - General Classes:** We continued to provide a limited service for the generally handicapped during 1967. Limited entirely due to lack of trained staff and repeated advertisements have not attracted a single trained person. Miss Baron, who started as a Home Visitor for the Handicapped in 1963 was away during the year on the two year course leading to the National Certificate in Social Work and will not return until 1968, when it is hoped to put her in charge of the Service. During the year our two Home Visitors continued to carry out their duties for the handicapped and did the work very well considering the difficulties they worked under as regards lack of adequate training and the numbers they were responsible for. We were able to send both on a study week-end for Workers with the handicapped, held at Llandrindod Wells in October and they both found this very useful.

During the year the Home Visitors worked closely with Health Visitors, the Group Disablement and Resettlement Officer of the Ministry of Social Security. In addition they have now developed valuable contacts with several voluntary bodies and members of these voluntary organisations attend at each of the 5 Social Clubs held for the handicapped each week.

The total number of handicapped persons on our register continued to grow as the figures in Table 31 shows. However, there are many others who would benefit by registration and the help that a full service could provide, but so far we have not been able to go out and seek them due to lack of trained social workers to help in this field. I see no way out of this difficulty except to train our own staff and this is a slow procedure as we can only send one person away on a two year course at a time and to train a full complement of staff for the work would take six to eight years.

During the year, we had the use of a special ambulance to convey handicapped persons to the social classes. This ambulance is fitted with a hydraulic lift which will lift a patient in his wheelchair from ground level to inside the vehicle, and carry a total of 8 patients in wheelchairs or up to 14 sitting cases not in chairs. This vehicle has made a great difference to the attendance of the more seriously handicapped at these classes and been much appreciated by all confined to wheelchairs.

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 14th to 20th May. All handicapped persons were invited and a total of 106 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 employment or who would be unable to do any hand work but these cases were visited by the Health Visitor.

At the end of 1967 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	53	56	33	142
Females	38	96	55	189
TOTAL	<u>91</u>	<u>152</u>	<u>88</u>	<u>331</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)	35
Re-visits	3189
	<u>3224</u>

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

Bagillt Clinic	-	554 attendances
Buckley Clinic	-	734 attendances
Connah's Quay Clinic	-	875 attendances
Prestatyn Clinic	-	137 attendances
Rhyl Clinic	-	1136 attendances



Table 31

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

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	-	-	-	3	2	5	7	2	9	10	4	14
F	Arthritis and Rheumatism	-	-	-	8	11	19	3	16	19	11	27	38
G	Congenital Malformations	-	-	-	-	5	5	-	1	1	-	6	6
H/L	Diseases	-	-	-	7	12	19	7	7	14	14	19	33
Q/T	Injuries	-	-	-	4	3	7	-	-	-	4	3	7
V	Organic Nervous Conditions	-	-	-	24	42	66	16	11	27	40	53	93
U/W	Other Nervous and Mental Disorders	-	-	-	1	6	7	-	-	-	1	6	7
X	T.B. Respiratory	-	-	-	5	-	5	3	-	3	8	-	8
Y	T.B. Non-Respiratory	-	-	-	-	-	-	-	-	-	-	-	-
Z	Other Diseases and Injuries	-	-	-	2	1	3	-	2	2	2	3	5
TOTALS		-	-	-	54	82	136	36	39	75	90	121	211



# APPENDIX

## Medical Loan Scheme

### Stocks

Adjustable Raised Toilet Seats	...	...	...	...	...	...	2
Adjustable Bedside & Chair tables	...	...	...	...	...	...	5
Adjustable stool ...	...	...	...	...	...	...	1
Adjustable Walking Sticks	...	...	...	...	...	...	6
Air Bed and Pump	...	...	...	...	...	...	1
Alpha Walking Aid	...	...	...	...	...	...	1
Baby Sitters	...	...	...	...	...	...	2
Back Rests	...	...	...	...	...	...	6
Bath Safety Rails	...	...	...	...	...	...	29
Bath Seats	...	...	...	...	...	...	24
Bed Cages	...	...	...	...	...	...	7
Bed Pans ...	...	...	...	...	...	...	14
Book Rests	...	...	...	...	...	...	1
Commodes	...	...	...	...	...	...	18
Cot Bedsteads & Mattress	...	...	...	...	...	...	3
Dunlopillo Mattresses	...	...	...	...	...	...	17
Easicarri Exerciser	...	...	...	...	...	...	1
Elbow Crutches	...	...	...	...	...	...	28
Electric Knitting Machine	...	...	...	...	...	...	1
Feather Pillows	...	...	...	...	...	...	12
Folding Bed	...	...	...	...	...	...	1
Fireguards	...	...	...	...	...	...	5
Handy Spring Pole	...	...	...	...	...	...	1
Helping Hands	...	...	...	...	...	...	35
Holsts and Slings	...	...	...	...	...	...	7
Hospital Bed with pole & chain	...	...	...	...	...	...	5
Invalid Chairs	...	...	...	...	...	...	34
Lifting poles and Chains	...	...	...	...	...	...	19
Mobile Walking Aids	...	...	...	...	...	...	7
Pathy Adjustable Walking Aids	...	...	...	...	...	...	1
Patients Friend Bed Lifter	...	...	...	...	...	...	1
Portable Braille Typewriter	...	...	...	...	...	...	1
Powell Tilting Seat	...	...	...	...	...	...	1
Pulpit Walking Aids	...	...	...	...	...	...	94
Quadruped Walking Sticks	...	...	...	...	...	...	19
Rollator Walking Aids	...	...	...	...	...	...	2
Rubber Air Ring	...	...	...	...	...	...	3
Ripple Bed	...	...	...	...	...	...	1
Rubber Hot Water Bottles	...	...	...	...	...	...	1
Rubber Toilet Seat Covers	...	...	...	...	...	...	3
Self-Lift Chair	...	...	...	...	...	...	1
Shoulder Crutches	...	...	...	...	...	...	4
Spinal Carriage	...	...	...	...	...	...	1
Stocking Aids	...	...	...	...	...	...	17
Tilting Teapot Stands	...	...	...	...	...	...	1
Thermos Flask	...	...	...	...	...	...	2
Toilet Aids	...	...	...	...	...	...	8
Toilet Seats - Raised	...	...	...	...	...	...	2
Tripod Walking Aids	...	...	...	...	...	...	70
Trolleys	...	...	...	...	...	...	3
Twin Pushchair	...	...	...	...	...	...	1
Twin Talk Set	...	...	...	...	...	...	1
Urinals	...	...	...	...	...	...	21

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