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FLINTSHIRE  
COUNTY  
COUNCIL

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The . . .  
Health of Flintshire  
— The Report —  
of the  
Medical Officer  
for the year  
1970

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**Flintshire County Council**

# **THE HEALTH OF FLINTSHIRE**

## **The Report**

**OF THE**

## **Medical Officer**

**FOR THE YEAR**

**1970**



Flintshire County Council

# THE HEALTH OF FLINTSHIRE

## The Report

FOR THE YEAR

## Medical Officer

FOR THE YEAR

1970

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COUNTY HEALTH OFFICES,  
SHIRE HALL,  
M O L D.

To the Chairman and Members of  
the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

The year was a difficult one as regards the social work side of the health department which has been steadily developed over the past few years. The Local Authority Social Services Act, 1970, was placed on the statute book during the year to be implemented in part in early 1971 and fully by April 1971. This fundamental change in the administration of social services inevitably causes a great deal of problems and anxieties in the minds of the staff involved. As I mentioned last year it would have been much more satisfactory if the setting up of a Social Services Department has been arranged to take place at the same date as the unification of the Health Service and Local Government Reorganisation which is not planned until 1974. My main concern is the separation of health services generally from social services, because of the separate administrative structures, with detrimental effects on the users of these complementary services. In this county the health department has built up very comprehensive social services in company with the welfare and children's departments. The new Social Services Department will start with social services of a high standard which should make the transition easier for the users and the staff. In this report I would like to pay tribute to the staff who will be transferred early in 1971 to the new department, and thank them for their loyal service, hard work, and help at all times in maintaining high standards. At the same time, I would like to wish them well in their new setting.

Infant deaths are taken as a fairly reliable index of the quality of services for expectant mothers and babies in a given area. Our infant death rate has been low for several years and dropped again to 13.0 per 1,000 in 1970, the lowest figure ever recorded in the county. Possibly the most important single fact in achieving this result is the high level of ante-natal care - both in consultant ante-natal clinics held in county premises, and the very excellent ante-natal care arranged by general practitioners in their own surgeries. It is much more difficult to reduce infant deaths in the first week of life and a total of 8 occurred in 1970. These, in the main, are due to prematurity and congenital malformations, two conditions about which a great deal has still to be learned. In the same way, stillbirths still remained high - 48 in 1970. Here, again, there are



many gaps in medical knowledge relating to causes of stillbirths and in the meantime all we can do is maintain our obstetric services at the highest possible level so that all known and avoidable causes are dealt with.

Steps were taken during the year to review our arrangements for the medical examination of newly appointed staff. After considerable investigation and enquiries the practice of routine medical examination of all staff was abandoned in November and a Medical History Report Form introduced, except for certain employees, e.g. ambulancemen, drivers, firemen, etc. Chest X-Ray examination of persons coming into contact with children is still in being and in my view is an essential procedure. This new procedure has reduced dramatically the number of medical examinations of new entrants, and has enabled us to introduce a modified form of an Industrial Health Service for the staff and this will be further developed in 1971 after full consultation with the general practitioners in the county.

The county has approved of Health Centres at St. Asaph, Caergwrle, Buckley, Penyffordd and Rhuddlan, and the general practitioners in these areas have indicated that they are willing and anxious to practice from health centres when erected. A start has been made on the Health Centre at St. Asaph and it is hoped that it will be ready early in 1971. It is a great pity that the erection of health centres is such a complex matter, as this is responsible for slowing down the whole process and causes a great deal of unnecessary work for both Executive Council and the County Council.

In recent years, full and detailed reports have been submitted on the district nursing and midwifery services due, largely, to the far reaching changes which have resulted from the attachment of nursing staff to general practitioners. During the past year a great deal of changes have taken place in the health visiting service. These started with health visitors ceasing to wear uniform and with increasing numbers being attached to general practitioners. The "districts" of health visitors were re-organised on general practitioner "practice areas" so as to facilitate close working arrangements even if full attachment was not yet attained. There has been a gradual increase in the number of clinic nurses employed and they have helped health visitors with clinic duties, selected home visiting and school work. Health visitors are steadily increasing home visits and concentrating their skills on those that need their help and being available for others at fixed times and places to offer help and support. It is also pleasing to report the good working relations between health visitors, district sisters and hospital staff.

It will be seen from the report that our immunisation and vacc-



ination figures showed a marked increase in 1970 - in some cases more than doubled. This has been largely due to the mechanisation of immunisation records. In this way, invitations are automatically printed out at the correct dates and reminders and follow-up arranged for those that do not attend. The mechanisation of records covers both those immunised and vaccinated in general practitioners surgeries, and at our own clinics. During the year, a vaccine against German Measles (Rubella) was introduced and will be offered to young girls (13 to 14 years) in 1971 when the necessary plans have been prepared.

During the year, our scheme of early hospital discharge with follow-up at home by general practitioners and district sisters was further extended and improved. This scheme was referred to in my last annual report, and has now been improved with greater knowledge of the problems involved and should now be more accurately called "planned patient care". The emphasis is not on early discharge as such, but on planning for the patient care at home by close working arrangements between hospital staff, doctors and sisters in the community. Firm working lines have now been developed between the hospital staff, general practitioners and the health department in relation to planned patient care and this will be a very important aspect of the work of the district nursing and health visiting service in the coming years leading up to the integration of the health service in 1974.

I would again pay tribute to all members of the department for their joint effort in 1970. I would like in particular to thank Mr. A. Whitley, Chief Clerk, for collating the information for this report and checking the tables and 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 Treasurer and his staff.

It is pleasing to report the excellent co-operation I have received during 1970, from all departments of the Council and I hope that in return I have been able to offer advice and assistance to them on the many day to day health matters that arise in a large organisation such as the County Council with diverse range of duties.

I have the honour to be,  
Mr. Chairman, Ladies and Gentlemen,  
Your Obedient Servant,

G.W. ROBERTS

County Medical Officer of Health



## 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. J.D. McCarter, MB BCh BAO  
Dr. Y.B. Gibson, MB BCh  
Dr. D. Jones, MB ChB DObst RCOG  
Dr. R.I. Shah, BSc MBBS DGO MROG (resigned 1.9.70)  
Dr. A.M.N.M. Elcomb, MB BS (resigned 16.10.70)

**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  
A.N. Chowdhury, MB BS DO (Lond.)



Ophthalmic Optician (part-time sessional):

A.S.M. Saum, FBOA (Hons)

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  
Mr. D.A. Aiken, MRCOG Hospital Management  
Committee)

Mr. D.B. Whitehouse, MD FRCS MRCOG (Wrexham, Powys  
Mr. G.A. Humphreys, MRCS LRCP FRCOG 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

Mrs. J.M. Bolton, LCST (resigned 13.11.70)

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

Henry Frank Lewis, LDS RCS (since 1.10.70)

Brian Joseph Nuttall, BDS (since 16.11.70)

Dental Officers (part-time):

Mr. C. Hubbard, LDS

Mr. H.E. Edwards, LDS (Resigned 31.12.70)

Consultant Orthodontist (part-time sessional):

J. Hopper, LDS (Orth)



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

Dr. G.E.S. Robinson  
Dr. M.E. Lloyd  
Dr. H. Evans  
Dr. G.P. Roberts  
Mr. T. Roberts, LDS

**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

**Deputy Superintendent Nursing Officer and Supervisor of Midwives:**  
Mrs. I. Shepherd, SRN SCM QN

**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 Certificate Midwives, and  
with Health Visitor's Certificate or other qualifications:-

Miss M. Hinchin, Senior Health Visitor/School Nurse, Central  
Area

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern  
Area (resigned 31.12.70)

Mrs. D.M. Lewis, Senior Health Visitor/School Nurse, Western  
Area

Mrs. P.B.M. Coupe  
Miss M.J. Hughes  
Miss G. Jones (part-time)  
Miss M. Lees  
Miss A.M. Stewart  
Mrs. L. Pritchard (resigned  
Mrs. M.E. Pearse 30.6.70)  
Miss M.W. Wright  
Mrs. M. Moffat  
Miss D.E. Booth  
Miss D.J. Levens  
Miss A.M.C. Smith  
Mrs. B.J. Forster  
Mrs. M.A. Godding  
(part-time) since 10.8.70)

Mrs. S. Lewis (part-time)  
Miss G.M. Jones  
Miss M.Y. Secker  
Miss I.M. Swinscoe  
Miss D. Phillips  
Miss F.M. Higginson  
Mrs. S.E. Wilson  
Mrs G. Jones  
Mrs. H.H. Jones (part-time)  
Miss A. Clarke  
Mrs. E. Simmons  
Mrs. J. Killah  
Mrs. A.E. Prior (since 14.1.70)  
Miss B. Davies (since 14.9.70)

**Visitors for Chest Diseases:**

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



Clinic Nurses:

Full-time:	Mrs. S.A. Latham
Part-time:	Mrs. R. Cunnah (resigned 30.11.70)
Mrs. R.W. Jones	Mrs. M.M. Digweed
Mrs. J. Nicholls (resigned 28.2.70)	Mrs. D. Williams
Mrs. A. Roberts	Mrs. G. Devlin
Mrs. S.M. Hayward	Mrs. M. Swinnerton
Mrs. A.L. Lesh	Mrs. B.J. Gilbertson
Miss V.E. Jones (since 10.8.70)	(since 2.3.70)

Dental Surgery Assistants:

Mrs. L.M. Martin	Mrs. B.M. Roberts
Mrs. E.I. Roberts	* Mrs. D. Young
* Mrs. C.M. Coxon	* Mrs M. Miles
* Mrs. W. Rosedale	* Mrs. A.B. Ratcliffe
* Mrs. M.E. Williams	* Mrs. I. Jones
* Mrs. G. Dowling	

\* part-time

Assistant Domestic Help Organisers:

Mrs. S.M. Stuart-Morgan  
Miss C.O. Simpson

Ambulance Officer:

David John Jones, FIAO FICAP

Chief Mental Welfare Officer:

R. Powell, CSW

Senior Mental Welfare Officers:

I. Thomas, CSW  
R.C. Jones, CSW

Supervisor, Adult Training Centre:

A.J. Murray

Supervisor, Junior Training Centre:

Mrs. D.E. Goodwin, Dip. NAMH

Warden, Fronfraeth Hostel:

H. Madew

Home Visitors for Handicapped Persons (General Classes):

Mrs. B. Wareham, CSW - Senior Social Worker  
Miss H.M. Stewart, MAOT SROT  
Mrs. G.E.G. Staples  
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	37
District Nurses	15
State Enrolled Nurses	
(Assisting on districts)	<u>4</u>
Total	<u>56</u>

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

Whole Time	3
Part time	<u>177</u>
Total	<u>180</u>

**Mental Welfare Officers:**

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

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CLERK OF THE COUNTY COUNCIL  
T.M. Haydn Rees, DL, Solicitor

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**B - ASSOCIATED OFFICERS**

**Director of Education:**

J. Howard Davies, BA

**County Surveyor:**

E.W.W. Richards, FICE, FStructE, MIHE

**County Architect:**

R.W. Harvey, ARIBA

**County Treasurer:**

Sidney Elmitt, FIMTA, FRVA

## B - ASSOCIATED OFFICERS (cont'd)

County Welfare Officer,  
T. Wesley Hughes, F InstW

Children's Officer:  
Mrs. L. Davies, BA

Public Analyst (Fee-paid):  
J.G. Sharratt, BSc, FRIC

Deputy Public Analyst (Fee-paid):  
R. Shinar, BPharm, BSc, FPS, FRIC



# Health Officers of the Several Sanitary Districts (as on 31st December, 1970)

District	Medical Officer	Chief Public Health Inspector
Buckley Urban	Dr. D.J. Fraser	Mr. A.G. Watkin, 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. M. Coppack, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. D.P.W. Roberts	Mr. Ll.T. Owen, U.D.C. Offices, Prestatyn
Rhyl Urban	Dr. D.P.W. Roberts	Mr. G. Black, 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
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

The increase in the county population recorded in recent years continued during 1970, and at the end of 1970, the population was 173, 070 compared with 169,210 at the end of 1969 - an increase of 3860. As in previous years this was due to (a) influx of persons coming into the Prestatyn and Rhyl areas to retire, (b) new working population coming into Deeside, and housing estates in the Eastern half of the county, and (c) an increase of births over deaths in the county as a whole.

In past years there was a considerable annual influx of retired persons mainly from the Midlands into the Western half of the county, particularly Rhyl and Prestatyn Urban Districts. In recent years, particularly, the past four years, this number has considerably reduced due possibly to less land being now available for building suitable small dwellings for these persons. In the past few years the influx of population has been into new housing estates in the Eastern half of the county and in 1970 the main areas showing increase were Buckley 630 - Hawarden Rural District 990 and Connah's Quay 580. The county is concerned with the fact that these persons come into new housing estates but in the majority of cases are employed outside the county and in the main in new industries on Merseyside. It would be a much better arrangement if new industries came with the new population and the council is working very hard to achieve this objective.

During 1970, the majority of new houses were in private estates, a total of 1517 out of a total new houses of 1752. Most of the local authority houses were built to replace unfit houses and it should also be noted that under the 1959 Housing Act, many private dwellings were improved and had adequate basic amenities provided for the first time.

The Western half of the county has a very thriving tourist industry in the summer months and many of the services of the health department are adapted to meet their particular need. The population of this Western seaboard increases by about 60,000 in the summer and extra facilities have to be made available to meet the needs - nurses, social workers and ambulance cover. In recent years, more and more handicapped persons have come to Rhyl and Prestatyn on holiday either as organised parties or in small groups and we have provided the necessary help for them with our existing staff and some temporary help.

During the year the birth rate was 17.2 compared with 17.7 in 1969 - this rate is considerably higher than that for England and Wales which was 16.0. This again emphasised the higher incidence



of young married families in the population.

During 1970, the death rate in the county was 12.7, a slight decrease over 1969, - 13.0. The rate is higher than the national average which in 1970 was 11.7. The above average death rate is easily understood when the population of aged over 65 years is considerably over the national average in Rhyl and Prestatyn. The percentage over 65 in England and Wales is 13 - in Rhyl this figure is 20 per 100 and 17 per 100 in Prestatyn.

This rapidly developing county is in urgent need of a new District General Hospital to serve as a base hospital for the county. This new hospital was promised for 1970 but so far there is no firm date for commencing the building although the site has been acquired and all other preliminaries have now been settled. The county has 97 general practitioners and they are able to meet adequately the needs of the community. The county has an acute shortage of dentists and the position seems to be getting worse each year. Other health personnel are adequate and well distributed and the County Health Department provides a comprehensive range of services under the National Health Service Act.

The county has good main services in all except small rural communities and most of these now have electricity and piped water. Water carriage sanitation is being rapidly provided even for these areas and many villages have been sewered in recent years. All urban areas have mains gas and natural gas was introduced in additional areas of the county in 1970.



Table 1 (a)

## AREA, POPULATION, ETC.

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

Table 1 (b)

District	Area in Statutory Acres at 1/4/34	Area in Statutory Acres as per 1961 Census	Population (estimated mid-year)						
			1939	1949	1959	1967	1968	1969	1970
Urban									
Buckley	2646	2638	7345	7622	7690	8880	9360	10120	10750
Connah's Quay	4214	4214	6505	7455	8030	10400	10940	11430	12010
Flint M.B	6243	6802	13020	14160	14300	14290	14460	14650	14830
Holywell	2532	2428	6918	7870	8320	8610	8680	8750	8850
Mold	1164	1175	5880	6354	6680	7730	7900	8040	8180
Prestatyn	3219	2796	7422	8659	9720	13200	13430	13670	14080
Rhyl	1700	1700	16510	18710	19810	21370	21660	21510	21500
Rural									
Hawarden	31576	31576	28750	32450	35520	40230	41280	42020	43010
Holywell	58515	58329	20730	21920	22090	22640	22840	22950	23530
Maelor	29740	29749	4356	6720	4520	4860	4880	4870	4840
St. Asaph	22149	22300	7494	8380	10320	10900	10730	11200	11490
Total Urban	21718	21753	63600	70830	74550	84480	86430	88170	90200
Total Rural	141989	141954	61330	69470	72450	78630	79730	81040	82870
Total County	163707	163707	124930	140300	14700	163110	166160	169210	173070



## VITAL STATISTICS - FLINTSHIRE, 1970

Live Births	2,978
Live birth rate per 1,000 population	17.2
Illegitimate births	189
Illegitimate live births per cent of total live births	6.0
Stillbirths	48
Stillbirth rate per 1,000 live and stillbirths	16.0
Total live and stillbirths	3,026
Infant deaths (under 1 year)	40
Infant mortality rate per 1,000 live births - total	13.0
Legitimate infant deaths per 1,000 legitimate live births	13.0
Illegitimate infant deaths per 1,000 illegitimate live births	21.0
Neo-natal mortality rate per 1,000 live births (first four weeks)	10.0
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	8.0
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	24.0
Total deaths	2,206
Death rate per 1,000 population	12.7
Maternal deaths (including abortion)	-
Maternal mortality rate per 1,000 live and stillbirths	-

### FINANCIAL

The product of a penny rate, computed for the County in respect of the year 1970/71 was £31,656.

### SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

### BIRTHS

During the year under review, 3,026 births were registered as pertaining to the County, that total being made up as follows:-

	Live Births	Still Births	Total
Legitimate	2,789	44	2,833
Illegitimate	189	4	193
	<u>2,978</u>	<u>48</u>	<u>3,026</u>

Compared with 1969, these figures show a decrease of 24 live births and an increase of 5 still births, the total births thus showing a decrease of 19.

Of the 2,978 live births, 1,549 were males and 1,429 females.

Of the 48 stillbirths, 28 were males and 20 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 1970 was 17.2 which is slightly higher than the rate for England and Wales, namely, 16.0 and lower than the County rate for 1969 which was 17.7.

The still birth rate per 1,000 total (live and still) births was 16.0 as compared with the corresponding rate for England and Wales, which was 13.0.

**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	"
1968	70.41	"
1969	65.02	"
1970	62.45	"

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 138 premature births in 1970, 125 were born in hospitals or maternity homes within the National Health Service. Statistics as to the survival of these infants are forwarded to the Ministry of Health by the hospital or home at which the birth occurs. The remaining 13 births occurred at home.

Table 3 shows that of the 13 births at home, 6 were transferred to hospital.



Table 2 (a)  
Births - 1970

DISTRICT	LIVE			STILL			TOTAL		
	Legit	Illegit	Total	Legit	Illegit	Total	Legit	Illegit	Total
<u>Urban:-</u>									
Buckley	278	6	284	4	1	5	282	7	289
Connah's Quay	257	11	268	7	-	7	264	11	275
Flint	230	14	244	3	-	3	233	14	247
Holywell	120	10	130	3	-	3	123	10	133
Mold	144	7	151	2	-	2	146	7	153
Prestatyn	154	14	168	-	1	1	154	15	169
Rhyl	260	50	310	7	1	8	267	51	318
<u>Rural:-</u>									
Hawarden	732	46	778	10	-	10	742	46	788
Holywell	371	19	390	2	1	3	373	20	393
Maelor	59	2	61	-	-	-	59	2	61
St. Asaph	184	10	194	6	-	6	190	10	200
TOTAL URBAN	1,443	112	1,555	26	3	29	1,469	115	1,584
TOTAL RURAL	1,346	77	1,423	18	1	19	1,364	78	1,442
WHOLE COUNTY	2,789	189	2,978	44	4	48	2,833	193	3,026

Table 2 (b)  
BIRTHS AND BIRTH RATES - 1970  
(Live Births, Stillbirths and Total Births)

District	Number of Births			Crude rate per 1000 population			*Adjusted rate per 1000 population			Still births rate per 1000 total births
	Live	Still	Total	Live	Still	Total	Live	Still	Total	
<u>Urban -</u> Buckley	284	5	289	26.4	.46	26.88	32.5	.56	33.06	17
Connah's Quay	268	7	275	22.3	.58	22.89	24.3	.59	23.34	25
Flint	244	3	247	16.5	.20	16.65	17.0	.20	17.14	12
Holywell	130	3	133	14.7	.33	15.02	14.3	.32	14.56	23
Mold	151	2	153	18.5	.24	18.70	18.5	.24	18.70	13
Prestatyn	168	1	169	11.9	.07	12.00	18.3	.10	18.48	6
Rhyl	310	8	318	14.4	.37	14.79	16.0	.41	16.41	25
<u>Rural -</u> Hawarden	778	10	788	18.1	.23	18.32	18.5	.23	18.68	13
Holywell	390	3	393	16.6	.12	16.70	18.3	.13	18.37	8
Maelor	61	-	61	12.6	-	12.6	14.0	-	14.00	-
St. Asaph	194	6	200	16.9	.52	17.40	19.4	.59	20.01	30
TOTAL URBAN	1,555	29	1,584	17.2	.32	17.56	19.4	.36	19.84	18
TOTAL RURAL	1,423	19	1,442	17.2	.22	17.40	18.4	.23	18.61	13
WHOLE COUNTY	2,978	48	3,026	17.2	.27	17.48	18.9	.29	19.22	16

\*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				Born	
	Died										Nursed entirely at home or in a nursing home					
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of births	In 1 and under 7 days	In 7 and under 28 days	In Hospital	At home or in a nursing home		
1) 2 lb 3 oz or less	4	3	-	-	-	-	-	-	-	-	-	-	-	-		
2) Over 2 lb 3 oz up to and including 3 lb 4 oz	8	1	2	-	-	-	-	-	-	-	-	-	-	-		
3) Over 3 lb 4 oz up to and including 4 lb 6 oz	-	-	-	-	-	-	-	-	3	-	-	-	-	-		
4) Over 4 lb 6 oz up to and including 4 lb 15 oz	25	-	-	-	2	-	-	-	1	-	-	-	-	-		
5) Over 4 lb 15 oz up to and including 5 lb 8 oz	19	1	-	-	5	-	-	-	2	-	-	-	-	-		
6) TOTAL	69	-	-	-	7	-	-	-	6	-	-	-	-	-		
	125	5	2	-	-	-	-	-	-	-	-	-	-	-		

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



Table 4  
DEATHS (GENERAL) 1970  
Summary of Causes

Cause of Death	Males	Females	Total	Percentage of Total Deaths
Tuberculosis of Respiratory system	1	-	1	.04
Other Tuberculosis including late effects	2	3	5	.22
Other Infective and Parasitic Diseases	1	3	4	.18
Malignant Neoplasm, Buccal Cavity etc.	5	3	8	.36
" " Oesophagus	6	7	13	.59
" " Stomach	32	23	55	2.49
" " Intestine	26	32	58	2.62
" " Larynx	2	-	2	.09
" " Lung, Bronchus	86	14	100	4.53
" " Breast	-	45	45	2.03
" " Uterus	-	19	19	.86
" " Prostrate	9	-	9	.41
Leukaemia	7	4	11	.49
Other Malignant Neoplasms	41	67	108	4.89
Benign and Unspecified Neoplasms	5	1	6	.27
Diabetes Mellitus	6	10	16	.72
Avitaminoses, etc.	-	2	2	.09
Other Endocrine etc. Diseases	1	7	8	.36
Anaemias	-	4	4	.18
Other Diseases of Blood etc.	1	-	1	.04
Multiple Sclerosis	1	3	4	.18
Other Diseases of Nervous System	9	3	12	.54
Chronic Rheumatic Heart Disease	9	19	28	1.26
Hypertensive Disease	29	21	50	2.26
Ischaemic Heart Disease	318	198	516	23.38
Other forms of Heart Disease	50	88	138	6.25
Cerebrovascular Disease	157	234	391	17.71
Other Diseases of Circulatory System	48	63	111	5.03
Influenza	21	22	43	1.95
Pneumonia	54	58	112	5.07
Bronchitis and Emphysema	79	28	107	4.84
Asthma	3	2	5	.22
Other Diseases of Respiratory System	9	8	17	.77
Peptic Ulcer	8	7	15	.67
Intestinal Obstruction and Hernia	2	7	9	.41
Cirrhosis of Liver	1	1	2	.09
Other Diseases of Digestive System	4	16	20	.91
Nephritis and Nephrosis	3	-	3	.13
Hyperplasia of Prostate	3	-	3	.13
Other Diseases, Genito-Urinary System	9	7	16	.72
Diseases of Musculo-Skeletal System	5	7	12	.54
Congenital Anomalies	8	4	12	.54
Birth Injury, Difficult Labour, etc.	4	3	7	.32
Other Causes of Perinatal Mortality	5	5	10	.45
Symptoms and Ill Defined Conditions	4	6	10	.45
Motor Vehicle Accidents	19	11	30	1.35
All Other Accidents	17	23	40	1.81
Suicide and Self-Inflicted Injuries	1	2	3	.13
All Other External Causes	4	2	6	.27
TOTALS	1115	1092	2207	-



## MAIN CAUSES OF DEATHS

The various causes of deaths in 1970 are shown in Table 4, and certain main causes are further analysed in Tables 5 and 5a.

Three main groups account for 66.38% of all deaths (a) Ischaemic and other forms of heart disease, (b) diseases of the circulatory system particularly "strokes", (c) cancer of the various organs, the commonest being cancer of the lungs.

Deaths due to various heart disease, mainly coronary artery infarction increased again in 1970 to 654 - compared with 642 in 1969. Many of these persons were aged as will be seen in Table 5a, but there was an appreciable increase in persons under 65 years of age, particularly males and this may well be due to the harmful effects of heavy cigarette smoking. There are still many unknown factors which have a bearing on coronary attacks and much work is being carried out to try to discover these.

Cerebrovascular disease - "strokes" is again mainly a condition of the aged, but a substantial number of deaths due to this conditions occur in persons under 65 - 45 in 1970, again an increase on 1969. The most important single cause is raised blood pressure and here again a great deal of work is being carried out to discover the causes of raised blood pressure and to control the condition when found.

Cancer deaths again increased in 1970 to a total of 428 (419 in 1969) the biggest single organ being cancer of the lung - directly associated with heavy tobacco smoking. There is no need to enlarge on this topic as this was discussed in some detail last year and further evidence of direct causation between lung cancer and smoking was published in 1970.

It is disappointing to find that cancer which can be discovered in the early treatable stages still cause so many deaths - particularly cancer of the breast - 45 deaths and cancer of the uterus - 19 deaths. This again points to the need to increase our work in early detection of these conditions and in offering effective treatment.

Deaths due to other causes follow very closely the trend for the country as a whole, and there are no deaths with an unusually high local incidence. All causes of deaths are closely analysed each year to ensure that no unusual local factor is missed due to environmental or other factors.

It may be worth mentioning the high rate of deaths due to motor



as the 19th century figures,



Table 5

## Deaths from Malignant Diseases in the various county Districts

District	Sex	Buccal Cavity etc.	Oesophagus	Stomach	Intestine	Larynx	Lung, Bronchus	Breast	Uterus	Prostate	Leukaemia	Other	TOTAL	Rate per 1,000 population
Buckley U.D. (10, 750)	M F	- -	- -	1 -	1 2	- -	9 1	- 2	- 1	1 -	- 1	3 3	15) 10)	2.32
Connah's Quay U.D. (12, 010)	M F	- -	1 -	1 -	- -	- -	6 -	- 5	- 2	2 -	1 1	- 5	11) 13)	1.99
Flint M.B. (14, 830)	M F	- -	- -	3 2	2 -	- -	5 1	- 4	- 2	1 -	- -	4 5	15) 14)	1.95
Holywell U.D. (8, 850)	M F	- 1	- -	3 1	2 2	- -	6 -	- -	- 2	- -	- -	3 4	14) 10)	2.71
Mold U.D. (8, 180)	M F	- -	- -	1 -	1 1	- -	2 -	- 2	- 1	1 -	1 -	5 1	11) 5)	1.95
Prestatyn U.D. (14, 080)	M F	- 2	2 1	5 4	3 5	- -	9 1	- 4	- 3	- -	2 -	5 12	26) 32)	4.11
Rhyl U.D. (21, 500)	M F	1 -	1 -	6 7	8 6	1 -	14 4	- 12	- -	2 -	1 1	7 9	41) 39)	3.72
Hawarden R.D. (43, 010)	M F	1 -	2 4	8 1	3 4	1 -	21 4	- 7	- 3	- -	- 1	7 15	43) 39)	1.90
Holywell R.D. (23, 530)	M F	3 -	- -	4 3	4 7	- -	8 3	- 6	- 3	1 -	1 -	3 8	24) 30)	2.29
Maelor R.D. (4, 840)	M F	- -	- -	- 1	1 2	- -	1 -	- -	- -	- -	- -	3 1	5) 4)	1.85
St. Asaph R.D. (11, 490)	M F	- -	- 2	- 4	1 3	- -	5 -	- 3	- 2	1 -	1 -	1 4	9) 18)	2.34
Total Urban (90, 200)	M F	1 3	4 1	20 14	17 16	1 -	51 7	- 29	- 11	7 -	5 3	27 39	133) 123)	2.83
Total Rural (82, 870)	M F	4 -	2 6	12 9	9 16	1 -	35 7	- 16	- 8	2 -	2 1	14 28	81) 91)	2.07
Whole County (173, 070)	M F	5 3	6 7	32 23	26 32	2 -	86 14	- 45	- 19	9 -	7 4	41 67	214) 214)	2.47
TOTAL - M and F		8	13	55	58	2	100	45	19	9	11	108	428	-



Table 5 (a)

AGES OF DEATHS FROM MALIGNANT DISEASE AND HEART  
AND CIRCULATORY DISEASES

Disease	Sex	AGE GROUPS									TOTAL
		under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Tuberculosis:											
Respiratory	M	-	-	-	-	-	-	-	-	1	-
"	F	-	-	-	-	-	-	-	-	-	-
Late effects of respiratory	M	-	-	-	-	-	-	-	1	-	1
"	F	-	-	-	-	-	-	1	-	1	2
Other	M	-	-	-	-	-	-	-	-	-	-
"	F	-	1	-	-	-	-	-	-	-	1
		-	1	-	-	-	-	1	1	2	1
											6
Malignant Diseases:											
Buccal Cavity etc.	M	-	-	-	-	-	-	-	3	-	2
"	F	-	-	-	-	-	-	2	-	1	-
Oesophagus	M	-	-	-	-	-	1	-	2	2	1
"	F	-	-	-	-	-	-	1	2	-	4
Stomach	M	-	-	-	-	-	1	1	10	12	8
"	F	-	-	-	-	-	-	-	5	9	9
Intestine	M	-	-	-	-	-	-	2	8	7	9
"	F	-	-	-	-	-	-	-	6	6	20
Larynx	M	-	-	-	-	-	-	-	-	1	1
"	F	-	-	-	-	-	-	-	-	-	-
Lung, Bronchus	M	-	-	-	-	-	-	3	26	45	12
"	F	-	-	-	-	1	1	4	2	4	2
Breast	M	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	1	1	7	11	10	15
Uterus	F	-	-	-	-	-	1	4	2	6	6
Prostate	M	-	-	-	-	-	-	2	3	4	9
"	F	-	-	-	-	-	-	-	-	-	-
Leukaemia	M	-	-	1	-	-	-	1	-	2	3
"	F	-	-	-	1	-	-	-	-	3	-
Other	M	-	-	1	1	3	1	4	12	8	11
"	F	-	-	1	1	-	5	11	11	23	15
		-	-	3	3	5	11	40	102	142	122
											428
Heart and Circulation:											
Chronic Rheumatic	M	-	-	-	-	-	-	2	-	6	1
Heart Disease	F	-	-	-	-	-	1	2	9	2	5
Hypertensive Disease	M	-	-	-	-	-	3	4	6	8	8
"	F	-	-	-	-	-	-	2	-	9	10
Ischaemic Heart Disease	M	-	-	-	-	-	3	29	84	110	92
"	F	-	-	-	-	-	-	3	14	66	115
Other forms of Heart	M	-	-	-	-	-	-	2	3	16	29
Disease	F	-	-	-	-	1	1	3	5	13	65
Cerebrovascular Disease	M	-	-	-	-	-	3	7	25	59	63
"	F	-	-	-	-	2	1	5	20	50	156
Other Diseases of the	M	-	-	-	1	-	1	1	6	16	23
Circulatory system	F	-	-	-	-	1	-	-	1	8	53
		-	-	-	1	4	13	60	173	363	620
											1234



## DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

During the year 1970 deaths attributable to infectious disease were as follows:-

Diphtheria	-
Whooping Cough	-
Meningococcal Infections	-
Acute Poliomyelitis	-
Measles	-
Other infective and Parasitic Diseases	4
Influenza	43
Pneumonia	112
Bronchitis	107
Gastritis, Enteritis and Diarrhoea	-

It will be noted that there were no deaths during 1970 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 40 infants died before attaining the age of twelve months, and of these 26 were males and 14 females, whilst 36 were legitimate and 4 were illegitimate.

The infant mortality rate (deaths per 1,000 live births) is therefore 13.0 which is lower than the rate for England and Wales, namely, 18.0.

The causes of death of the 40 infants are given in Table 6. In the present state of our knowledge little can be done to reduce the number of deaths due to congenital malformations.



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

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.

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Table 6  
INFANTILE DEATHS, 1970  
(under one year of age)

District	Males			Females			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban:							
Buckley	1	-	1	3	-	3	4
Connah's Quay	1	1	2	2	-	2	4
Flint	4	1	5	1	-	1	6
Holywell	2	-	2	-	-	-	2
Mold	2	-	2	-	-	-	2
Prestatyn	2	-	2	-	-	-	2
Rhyl	1	-	1	3	-	3	4
Rural:							
Hawarden	3	1	4	3	-	3	7
Holywell	5	1	6	1	-	1	7
Maelor	1	-	1	-	-	-	1
St. Asaph	-	-	-	1	-	1	1
Total Urban	13	2	15	9	-	9	24
Total Rural	9	2	11	5	-	5	16
Whole County	22	4	26	14	-	14	40

The causes of death were:-	Males	Females	Total
Other Infective and Parasitic Diseases	-	1	1
Other Diseases of Nervous system	1	-	1
Pneumonia	6	2	8
Other Diseases, Genito-Urinary System	1	-	1
Congenital Anomalies	6	3	9
Birth Injury, Difficult Labour etc.	4	3	7
Other Causes of Perinatal Mortality	5	5	10
Symptoms and Ill Defined Conditions	1	-	1
All Other Accidents	2	-	2
	26	14	40



Table 6 (a)  
NEO-NATAL DEATHS 1970  
(under 4 weeks of age)

District	Males			Females			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban:							
Buckley	-	-	-	3	-	3	3
Connah's Quay	-	1	1	1	-	1	2
Flint M.B.	2	1	3	1	-	1	4
Holywell	2	-	2	-	-	-	2
Mold	1	-	1	-	-	-	1
Prestatyn	1	-	1	-	-	-	1
Rhyl	-	-	-	3	-	3	3
Rural:							
Hawarden	3	1	4	3	-	3	7
Holywell	3	1	4	-	-	-	4
Maelor	1	-	1	-	-	-	1
St. Asaph	-	-	-	1	-	1	1
Total Urban	6	2	8	8	-	8	16
Total Rural	7	2	9	4	-	4	13
Whole County	13	4	17	12	-	12	29

Table 6 (b)  
INFANT DEATHS 1970  
(Infants under one week of age)

District	Males			Females			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban:							
Buckley	-	-	-	3	-	3	3
Connah's Quay	-	1	1	-	-	-	1
Flint M.B.	2	1	3	1	-	1	4
Holywell	2	-	2	-	-	-	2
Mold	-	-	-	-	-	-	-
Prestatyn	1	-	1	-	-	-	1
Rhyl	-	-	-	2	-	2	2
Rural:							
Hawarden	2	1	3	3	-	3	6
Holywell	3	1	4	-	-	-	4
Maelor	1	-	1	-	-	-	1
St. Asaph	-	-	-	1	-	1	1
Total Urban	5	2	7	6	-	6	13
Total Rural	6	2	8	4	-	4	12
Whole County	11	4	15	10	-	10	25

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
Urban -					
Buckley	57	47	104	9.7	12.7
Connah's Quay	53	45	98	8.2	14.3
Flint M.B.	93	75	168	11.3	14.0
Holywell	58	56	114	12.9	9.8
Mold	48	45	93	11.4	12.7
Prestatyn	124	144	268	19.0	9.9
Rhyl	197	196	393	18.3	13.2
Rural -					
Hawarden	220	221	441	10.3	10.5
Holywell	156	156	312	13.3	12.2
Maelor	47	31	78	16.1	13.8
St. Asaph	61	76	137	11.9	10.0
Total Urban	630	608	1238	13.7	11.8
Total Rural	484	484	968	11.7	11.1
Whole County	1114	1092	2206	12.7	11.4

\*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	156	100	256
Deaths in age groups 65 and over	434	487	921
TOTALS	590	587	1177

#### Rural Districts

	Males	Females	Total
Deaths in age groups 45 - 64	143	69	212
Deaths in age groups 65 and over	307	388	695
TOTALS	450	457	907

### Section B

#### HEALTH SERVICES PROVIDED IN THE COUNTY

##### ADMINISTRATION

Services provided by the county as a Local Health Authority under the National Health Service Act, 1946, are administered by the County Health Committee and the County Medical Officer is responsible for the administration of these services on the lines approved by the committee. The Health Committee is also responsible for services for the generally handicapped, blind and deaf.

In addition to the Health Committee which meets quarterly there is a Health (General Purposes) Sub-Committee where non-policy matters can be dealt with in between meetings of the main committee. In this way, many day to day matters can be dealt with more expeditiously and also more time is made available at the main committee to deal with important and fundamental issues relating to the level and quality of health services.

The health services are administered centrally from the health department at the Shire Hall, there being no divisional administration. For the convenience of all using the services three sub-centres of the health department have been established at Rhyl, Connah's Quay and Mold. These sub-centres are manned each day and do receive requests for services and are able to deal



with many local requests for health services made by doctors, hospitals and the public.

For each of the three areas there is an Area Health Sub-Committee. On these sub-committees which meet quarterly are members of the County Council and representatives of each district council, of statutory bodies and voluntary bodies. The area Health Sub-Committee deal with day to day aspects of the health services as they affect the public and members are able to give the County Medical Officer and his staff valuable help and information of needs and views of the public with whom they are in daily contact. In this way the department is able to get "grass root" views on its services, both as regards adequacy and quality. The Area Health Sub-Committee will cease to function in 1971 with the implementation of the Local Authority Social Services Act, 1970, as the main services dealt with at Area Sub-Committees will be transferred to the Social Services Department. The last of the Area Sub-Committees was held on November 13th, and it marked the end of a chapter of health administration in the county, and close and fruitful co-operation between the County Health Department and the district councils.

Some years ago it was decided to have a central point where an "emergency" call for any health service could be directed to day or night. For this purpose the County Ambulance Headquarters was selected - being open day and night all the year round. The ambulance control staff have a list of all health department staff who are on duty at any given time and can contact them quickly. This means that doctors, hospitals and other do not have to keep a list of staff on duty - one call to the ambulance headquarters will locate the staff concerned and make the service available. This facility has proved so valuable that the children's and welfare departments now use the ambulance headquarters as a point of contact for services outside normal office hours.

In 1971 certain services will be transferred from the Health Department to the Social Services Department and plans for a smooth transfer of these services were made in the latter part of the year. A section head was appointed for the Social Services Section of this department and he will be transferred to the new department when the services go over. In this way, there will be continuity of administration during the transition period and this will ensure the least possible disturbance in the quality of service to the public during this period of change.

The County Medical Officer arranges a medical examination of all new employees including a chest x-ray where necessary. The department also operates a modified form of industrial health service, examining employees who have been away from work for



lengthy periods, and helping and advising employees with medical problems. This aspect of the work is done in consultation with the general practitioners. Treatment is also carried out at the Shire Hall of employees who can return to work but need medicine or dressing and supervision by a doctor or nurse.

The County Medical Officer advises all departments of the Authority on medical matters affecting their work and often this needs a knowledge of the particular department and its work and problems. Many day to day medical problems arise particularly in the welfare and children's departments and to a lesser extent in other departments where staff have to comply with certain medical standards or are subjected to certain hazards peculiar to their work, e.g. firemen.

Recently, various health screening tests have been offered to County Council employees, including teachers and also protective vaccination, e.g. smallpox and polio and influenza.

The health department also carried out medical examinations on persons referred to the department for a decision on their fitness to drive a motor vehicle. These are cases where some information on their application form makes an examination desirable. This work entails close co-operation with general practitioners and consultants and at times a great deal of responsibility falls on the County Medical Officer who has to give a decision on an applicant's fitness to hold a driving licence when some medical condition may render this in doubt.

**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 helped individual mothers in need and made 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 a Helping Hand Fund which helps individual cases in need and who cannot, for various



reasons, be helped by statutory bodies, Contributions to this Fund are received from many sources, voluntary organisations, individuals and even persons who, at some time, have in fact received assistance from the Fund.

Meetings of all voluntary organisations were held and officers concerned with social services attended with Mr. Guy and outlined the kind of help voluntary organisations could give, and the ways the county departments could help the voluntary bodies with training and support when additional skilled help was necessary. Working together both the statutory bodies and the voluntary organisations can give a much better service to the community than working separately with only occasional contact over some specific issue.

I would like, in particular, to pay tribute to the work done by the Marriage Guidance Council during 1970, the Women's Royal 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 1970 and a total of 1527 new mothers were seen who made 7,509 attendance and this excluded 117 post-natal attendances. For the convenience of mothers an appointment system is now in use 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 appointments arranged at the prior clinic.

The number of expectant mothers attending ante-natal clinics has steadily increased over the past few years and space at the clinics concerned is now inadequate to meet the needs with the result



that there is loss of privacy and inadequate room for the doctor and midwives to carry out the examinations. The overcrowding is present at all four centres but is particularly acute at Connah's Quay and Holywell, and recommendations have been made to the Health Committee for extensions to be built at both these centres. It is hoped to make a start on this work in 1971 and it may be possible to have the additional rooms available for use in early 1972.

Post-natal examinations are also carried out at ante-natal clinics and it will be seen that 113 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.

Mothercraft clinics continued to be held at various centres in the county during the year. These clinics are educational clinics for mothers and are attended by midwives and health visitors. The clinics are particularly helpful to women expecting their first baby and are open to mothers having home or hospital confinement.

I would like to thank Mr. Parry-Jones, Mr. Whitehouse, Mr. Aiken 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.

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

Clinic	No. of Sessions held	No. of Patients	Total attendances
Connah's Quay	50	282	435
Flint	56	173	384
Mold	66	325	698
Prestatyn	50	254	620
Rhyl	50	466	1046

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 evenings 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 1970:-

Local Health Authority	General Practitioner	Family Planning Association	Others	Total
468	704	1,011	43	2,226

Of these 8 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 1970, 145 outfits were issued compared with 178 in 1969.



Table 8

## ANTE-NATAL CLINICS

	Connah's Quay	Holywell	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	-	-	6	-	6
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	-	-	-	-	-
(d) Hospital Medical Staff in attendance	52	47	44	48	191
(e) Total sessions	52	47	50	48	197
2. Number of patients attending for the first time this year	420	408	188	511	1527
3. Total attendances	1968	2064	1368	2109	7509
<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	-	12	41	3	56
(e) Total sessions	-	12	41	3	56
2. Number of patients attending for the first time this year	-	10	99	4	113
3. Total attendances	-	14	99	4	117

NOTE: - Clinics are combined with the Hospital Consultant Clinics



Table 9

## MOTHER AND BABY HOMES (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. (7)	Average length of stay	
	Total beds (excl. mat. and lab and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots			Ante-natal	Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority:- Bersham Hall - used jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered by the C.M.O., Denbighshire.	18	-	-	12	41 (i.e. Total admissions from all Authorities)	12 (Flintshire Cases)	23 days	16 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	1		
					(2) Post-Natal Cases	-		

\* Exclusive of the lying-in-period.



**Child Welfare:** During the year we introduced Developmental Assessment procedures into some of our child health centres, particularly the larger centres in urban areas. This was very strongly recommended in the Sheldon Report on Child Welfare Centres which came out in 1967 and which has been discussed at meetings with medical and health visiting staff.

The trend is to screen all infants at Child Health Centres and to assess in depth those with any abnormality working closely with the general practitioner and consultant paediatrician. Healthy children are only seen at specific times by appointment for further screening but those with any disabilities, physical or emotional, are followed up at more frequent intervals.

The Guthrie Test for phenylketonuria which was commenced in the county in 1969 continued until 31st July, 1970. From the 1st August 1970 this test was replaced by the Woolf Test for Phenylketonuria. This test is carried out in conjunction with the Welsh National School of Medicine at Cardiff Royal Infirmary. A sample of urine of all babies is taken between the 10th and 14th day of life and forwarded to Cardiff for testing. If a positive result is obtained a second sample of urine is obtained and forwarded to Cardiff for more detailed analysis.

In addition to testing for Phenylketonuria this method also tests for Histidinaemia, Cystinuria, Tyrosyluria, Galactosuria, Proteinuria, and Glucose.

Health visitors invite all children to a centre for a full examination between 2 and 6 weeks of age. A further screening test or assessment of development is carried out at 6 months of age. Further examinations are arranged annually until the child enters school - the examination at 4 years of age is regarded as a pre-school medical and replaces the examination on school entry. Tests for hearing are carried out at nine months and repeated at three to four years of age. Tests for squint are carried out on 2nd., 3rd and 4th birthday and for visual acuity on the 4th birthday. In addition to developmental assessment a great deal of advice and information is given to mothers at centres on care and management of their children, particularly in relation to immunisation and vaccination, feeding, prevention of infection and management of common childhood complaints.

A great deal of valuable health education work is still carried out at County Health Clinics by health visitors who have now more time to give to this important aspect of their work since clinic nurses have been appointed for all areas of the county. In this context, also, parent counselling should be specifically mentioned and has



assumed a very important position in relation to children found with various disabilities. It is important to advise these parents on the management of the condition on giving information regarding help and services available and on making plans for special education should this be necessary at a later date.

We still try to persuade mothers to have their children immunised and vaccinated against smallpox and the schedule in current use is as follows:-

- 4 months - Triple Vaccine and Poliomyelitis (Diphtheria, Whooping Cough, Tetanus)
- 6 months - Triple and Poliomyelitis
- 10 months - Triple and Poliomyelitis
- 12 months - Measles Vaccine
- 15 months - Smallpox
- School entry (5 years) - Diphtheria/Tetanus and Poliomyelitis
- 13 years - B.C.G.

In recent years, Rubella Vaccine (German Measles) has become available and this is offered to all girls at school between 13 and 14 years of age.

At Child Health Centres much of this work is now carried out by nursing staff except for vaccination against smallpox.

Many parents take their children to general practitioners for immunisation and vaccination, the choice of general practitioner or child health centre rests with the parent. All immunisation and vaccination records are now mechanically handled by the computer based at the Shire Hall.

During the year, a start was made on discontinuing the sale of proprietary welfare foods at clinics and this again is in line with the recommendations of the Sheldon Report. Government Welfare Foods are, however, still sold including National Dried Milk, Orange Juice and Cod Liver Oil.

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 authority has now agreed to consider the erection of health centres in all areas where new clinics are needed or extensions to existing clinics. Before a health centre can be erected all general practitioners in the area concerned have to be consulted and agree to the joint use of the premises with the local authority. A start was made on the Health Centre at St. Asaph in August. When fully in use this will provide good working conditions for the Community Health Team under the clinical leadership of the general practitioner. Plans are also proceeding for the erection of a Health Centre at Buckley, Caergwrle, Penyffordd and Rhuddlan.

At the end of the year the number of Mothers' Clubs established remained at seventeen. 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 31 Pre-School Play Groups had been established.

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 13.

Of the 13 births at home and in nursing homes, 7 were nursed entirely at home and 6 were transferred to hospital. All 6 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 premature baby nurseries with specially trained staff. Premature babies born on the district are transferred into these Units in special incubators which are picked up at the Hospitals and conveyed in the County ambulances to the Home, and then the baby is transferred to the Unit accompanied by a nurse from the premature baby nursery.

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

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

Supply of Welfare Foods. For years it has been the policy of the authority to sell proprietary welfare foods in clinics, dried milk, vitamins, cereals, spoon foods etc. These have been purchased and sold by active voluntary workers at each centre and in addition to the sale of foods the workers have given valuable help with other aspects of the clinic work and this help has been appreciated by health visitors, nurses and mothers.

Recently, the trend has been to discontinue the sale of proprietary welfare foods at clinics and this is gradually happening at centres at the present time. It will be some time before all clinics cease to sell foods and in some areas where shops are not conveniently situated we will continue to make foods available.

Even when foods cease to be sold we will still welcome the help of our loyal voluntary workers in the day-to-day running of child health centres and many of the workers have accepted their new role readily and with enthusiasm.



DAILY MINDERS AND REGISTERED NURSERIES 1970

	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)		
Number	-	30	5	-
Number of Places (Cols. (1) and (2) ) and number of children minded at end of year (Col. (4) )	-	715	30	



Table 10 (a)

## CHILD WELFARE CLINICS

Year:	1963	1964	1965	1966	1967	1968	1969	1970
Number of Registered Live Births	2781	3007	2929	2767	2831	2985	3002	2978
Children who attended during the year and who, at the end of the year, were: -								
(a) Under 1 year of age	1871	2045	2199	1983	2100	2331	2406	2478
(b) Between 1 - 5 years	2894	3080	2950	3521	3357	2994	3252	3197
Total Attendances	32556	38947	42378	41875	42752	43846	42805	42027



Table 10 (b)

## CHILD WELFARE CENTRES 1970

(see also Table 10 (c) for Centres held on Mobile Clinic)

	Bagillt	Bodelwyddan	Broughton	Buckley	Caerwile	Caerwys	Conah's Quay	Filist	Greenfield	Holywell	Leeswood	Mancot	Mold	Mostyn	Mynydd Iaw	Fenley	Prestatyn	Rhyl (Forddlae)	Rhyl (Mercier House)	Saliney	Sealand	Shotton	St. Asaph	TOTALS
1. Number of Sessions held by:-																								
(a) Medical Officers	22	24	24	24	24	-	24	22	21	22	-	23	-	8	10	-	21	34	24	22	24	24	26	423
(b) Health Visitors (without Doctor)	29	-	28	24	27	24	25	27	30	29	12	28	28	14	12	-	29	16	28	28	28	27	1	494
(c) General Practitioners employed by Local Health Authority on a sessional basis	-	-	-	-	-	-	-	-	-	-	11	-	24	-	-	24	-	-	-	-	-	-	-	59
(d) Hospital Medical Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Total Sessions	51	24	52	48	51	24	49	49	51	51	23	51	52	22	22	24	50	50	52	50	52	51	27	976
2. Number of Infants who attended and who were born:-																								
(a) 1970	38	38	117	198	78	6	324	155	53	82	54	113	184	36	75	33	104	89	129	63	82	146	55	2252
(b) 1969	36	55	71	213	88	9	164	135	47	102	2	78	41	19	27	58	21	98	85	71	126	219	69	1834
(c) 1965 - 1968	26	52	25	28	14	2	186	35	25	40	-	34	16	22	17	45	9	49	33	68	101	209	56	1092
3. Total attendance by all children under 5 years of age	922	703	1932	3568	1864	180	5003	2620	959	1214	748	2316	2107	350	447	475	1581	2106	1832	1552	1771	3568	840	38658
4. Number of children seen by a Doctor at the Centre:-																								
(a) For the first time since birth	55	73	73	215	57	-	254	119	32	75	26	89	137	27	20	31	71	152	100	64	119	222	73	2084
(b) Subsequent interviews	148	253	344	300	228	-	927	135	83	109	121	496	424	55	65	193	181	530	299	290	267	373	266	6087
5. Number of children under 5 years of age referred to general medical practitioners or specialist for special treatment or advice after medical examination	1	10	-	1	-	-	17	8	-	-	2	4	3	-	-	-	1	17	9	2	1	9	13	98
6. Number of children "AT RISK" at the end of the year (see definition of "AT RISK" in note * below)	2	19	5	80	-	-	-	30	16	-	13	-	2	-	-	-	-	-	16	12	10	5	22	232

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



Table 10 (c)  
MOBILE (CHILD WELFARE) CLINICS 1970

	Dyserth	Ewloe	Ffynnongroew	Gwernaffield	Halkyn	Kinnerton	Penyffordd	Rhucklan	TOTALS
1. Number of Sessions held by:-									
(a) Medical Officers	24	-	4	13	22	-	-	22	85
(b) Health Visitors (without Doctor)	-	-	1	11	1	-	-	-	13
(c) General Practitioners employed by Local Health Authority on sessional basis	-	24	-	-	-	6	24	-	54
(d) Hospital Medical Staff	-	-	-	-	-	-	-	-	-
(e) Total Sessions	24	24	5	24	23	6	24	22	152
2. Number of Infants who attended and who were born:-									
(a) 1970	17	37	4	28	26	10	69	35	226
(b) 1969	11	15	-	2	33	17	19	30	127
(c) 1965 - 1968	16	45	-	1	24	18	15	25	144
3. Total attendance by all children under 5 years of age	322	428	29	450	345	120	991	684	3369
4. Number of children seen by a Doctor at the Centre:-									
(a) for the first time since birth	17	32	2	20	33	-	58	35	197
(b) subsequent interviews	156	178	5	86	88	-	344	267	1124
5. Number of children under 5 years of age referred to general medical practitioners or specialist for special treatment or advice after medical examination	4	-	-	16	-	-	-	6	26
6. Number of children "AT RISK" at the end of the year (see definition of "AT RISK" in note * below)	-	4	-	-	-	2	3	25	34

\* "AT RISK" cases include groups such 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	423	85	508
(b) Health Visitors (without Doctor)	494	13	507
(c) General Practitioners employed by Local Health Authority on sessional basis	59	54	113
(d) Hospital Medical Staff	-	-	-
(e) Total sessions	976	152	1128
2. Number of infants who attended and who were born:-			
(a) 1970	2252	226	2478
(b) 1969	1834	127	1961
(c) 1965 - 68	1092	144	1236
3. Total attendances by all children under 5 years of age	38658	3369	42027
4. Number of children seen by a Doctor at the Centre:-			
(a) For the first time since birth	2084	197	2281
(b) Subsequent interviews	6087	1124	7211
5. Number of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination	98	26	124
6. Number of children "at risk" at the end of the year	232	34	266

"AT RISK" cases include such groups as premature infants, haemolytic disease of the new born, 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 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 that the amount of National Dried Milk distributed in 1970 was substantially less than in 1969 - 3634, compared with 4484 in 1969. This has been the trend in recent years in regard to all welfare foods but is more marked in respect of National Dried Milk than the other products - Cod Liver Oil, Vitamin Tablets and Orange Juice. In fact, there was a slight increase in the sale of Orange Juice during 1970.

**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	-	26
Shops	-	2

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

	National Dried Milk	Cod Liver Oil	Vitamin tabs	Orange Juice
Issued against coupons	2187	2120	1973	35508
Issued to Hospitals	69	-	-	230
Issued at 4/-d.	1378	-	-	-
Issued to Day Nurseries	-	-	-	-
Out of date, damaged	105	-	-	-
Sent for Analysis	-	-	-	-
Losses through breakages	-	10	9	73
	3739	2130	1982	35811



# Summary of Cash and Coupons:

	Issued	Charge	Amount due			Amount Received		
		s. d.	£.	s.	d.	£.	s.	d.
N.D.M.								
(a) By Cash	1863	2. 4.	217.	7.	0.	217.	7.	0.
(b) Free	324							
(c) By Cash	1378	4. 0.	275.	12.	0.	275.	12.	0.
C.L.O.								
(a) Free	134							
(b) By Cash	1986	1. 0.	99.	6.	0.	99.	6.	0.
A. & D.								
(a) Free	1							
(b) By Cash	1972	6.	49.	6.	0.	49.	6.	0.
O.J.								
(a) Free	457							
(b) By Cash	35051	1. 6.	2628.	16.	6.	2628.	16.	6.
TOTAL CASH			3270.	7.	6.	3270.	7.	6.

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

At the end of the year one Principal Dental Officer, five full-time Dental Officers and one part-time (sessional) Dental Officer 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	401	111
Subsequent Visits	137	140
Total Visits	538	251
Number of additional courses of treatment other than the first course commenced during the year	27	5
Treatment provided during the year -		
Number of Fillings	404	117
Teeth Filled	375	109
Teeth Extracted	409	137
General Anaesthetics given	200	38
Emergency Visits by Patients	27	16
Patients x-rayed	-	3
Patients treated by scaling and/or removal of stains from the teeth (Phrophylaxis)	12	18
Teeth otherwise conserved	48	-
Teeth Root Filled	-	-
Number of courses of treatment completed during the year	320	87

## PART B - PROSTHETICS

Patients supplied with F.U. or F.L. (first time)	-	8
Patients supplied with other dentures	-	15
Number of dentures supplied	-	32

## PART C - ANAESTHETICS

General Anaesthetics administered by Dental Officers	-	30
--	---	----



## PART D - INSPECTIONS

Number of patients given first inspections during the year	495	125
Number of patients in A and D above who required treatment	420	114
Number of patients in B and E who were offered treatment	420	114

## PART E - SESSIONS

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

For treatment	-	98
For Health Education	-	8



## MIDWIFERY SERVICE

At the end of 1970, 37 domiciliary midwives were employed by the County Council and have practised midwifery during the year. One part-time midwife attended ante natal clinics.

During the year there have been two retirements and six resignations. Those who have retired have given 15 years and 21 years service. There have been six district nurse/midwives appointed during the year and on December 31st there were two vacancies.

Post Graduate courses have been attended by midwives. These included the study day run by the Royal College of Midwives, Flintshire Branch. Seven midwives attended a post graduate course in accordance with the Central Midwives Board, rule G1 and one attended a course in accordance with rule G2 at H.M. Stanley Hospital, St. Asaph. Four midwives have attended a course on parentcraft.

There have been ten pupil midwives who have completed their part 2 District Training. This is by arrangement with H.M. Stanley Hospital, St. Asaph. Four lectures have been given to pupil midwives and each pupil has been visited for the purpose of seeing records and practical work. In addition to this tutorials and visits have been arranged for each pupil midwife to incorporate the community health services. Eight student nurses doing their obstetric training in H.M. Stanley Hospital have spent one day with a district nurse/midwife.

5% of all confinements of mothers residing in Flintshire have had domiciliary confinement and have been attended by district midwives in their own homes. 83% of all mothers confined in hospital and who live in Flintshire have been discharged to their own homes before the 10th day after puerperium. These mothers have also been attended by the District Midwives in their own homes who continue visiting for at least ten days after the delivery and for longer if necessary. In addition to this every mother who has booked to have her baby in hospital has been seen by the district midwife in her own home sometime during the pregnancy. 530 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 examination of records. In all, 99 visits have been made for this purpose. In accordance with the rules of the Central Midwives Board six visits have been made to the maternity hospitals. 50 midwives practising in hospital and one private midwife have notified their intention to practice during 1970.

The ante-natal clinics and mothercraft classes have been



visited regularly. Eleven mothercraft classes are held in different parts of the County. Three new ones have commenced this year. In all, 773 mothers have attended these classes and have made attendances of 1,562. Any mother can attend whether she is having her baby in hospital or at home. They are given instruction but clinical examination of the mother is not carried out. The maintenance of these classes has been due to the interest and work of the midwives and health visitors concerned.

The attendances at the mothercraft classes are as follows:-

<u>Clinic</u>	<u>Sessions</u>	<u>New Cases</u>	<u>Attendances</u>
Broughton	33	16	120
Buckley	21	49	132
Caergwrle	25	5	44
Connah's Quay	27	26	135
Flint	49	55	260
Greenfield	29	16	78
Holywell	22	18	46
Mancot	33	20	127
Mold	23	41	157
Prestatyn	23	22	58
Rhyl	50	74	405

The Senior Nurses are responsible for the running of four combined hospitals and domiciliary ante natal clinics. Three are attended by Consultant Obstetricians from H.M. Stanley Hospital and one from the Maelor Maternity Hospital. Midwives also have attended 901 ante natal clinics arranged by 23 General Practitioners in their own surgeries. Midwives now arrange the cytology clinics held in Connah's Quay and Mercier House Clinic, Rhyl.

The following Central Midwife Board notifications have been received:-

(a) From Domiciliary Midwives

Medical Aids	-	2 (one ophthalmia neonatorum)
Still Births	-	2
Liabile to be a source of infection	-	2

(b) From the Maternity Homes

Medical Aids	-	5 (these include one ophthalmia neonatorum and three puerperal pyrexia)
Still Births	-	1



In the district nursing report an account of the General Practitioners attachment of nurses is given. District nurse/midwives cover the midwifery of these practices. The arrangements for off-duty remain the same, that is two days off each week.

L. MANN

County Nursing Officer  
Supervisor of Midwives

**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 practice 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, 1970.

Table 11

**DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES  
DURING 1970**

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		
1	16	48	78	143	2660



Table 12

## DOMICILIARY MIDWIVES IN PRACTICE ON 31st DECEMBER, 1970

		Domiciliary Midwives	Total
(a)	Midwives employed by the Authority	37	37
(b)	Midwives employed by Vol- untary Organisations:-		
	(i) Under arrangement with the Local Health Authority in pur- suance of Section 23 of the National Health Service Act, 1946.	-	-
	(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Ser- vice Act)	-	-
(c)	Midwives in Private Practice (in- cluding Midwives employed in Nursing Homes)	-	-
	TOTAL	37	37

## 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 ad-justed by transferred notifications were as follows:-



Table 13

	Live Births Adjusted	Stillbirths Adjusted	Total Births Adjusted
Domiciliary	143	2	145
Institutional	2856	38	2894
<b>T O T A L</b>	<b>2999</b>	<b>40</b>	<b>3039</b>

It will be noted by reference to page 17 that the adjusted figures show that this is 21 live births more and 8 stillbirths less than the total of live and stillbirths received in the returns from the Registrar General.

### NURSING HOMES

Nursing Homes registered with the Authority under the Public Health Act of 1936, 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 1970, seven persons were registered under Section 37 of the National Assistance Act accommodating in all 119 persons and visited and supervised by the County Welfare Officer.

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



The position concerning the 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	1	-	21	21
Homes whose registrations were withdrawn during the year	-	-	-	-
Homes on the register at the end of the year	7	-	95	95

Table 14

HEALTH VISITING

Cases visited by Health Visitors	No of Cases
1. Children born in 1970	3439
2. Children born in 1969	3197
3. Children born in 1965 -68	5901
4. Total number of children in lines 1-3	12537
5. Persons aged 65 or over	2708
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	886
7. Mentally disordered persons	377
8. Number included in line 7 who were visited at the special request of a G.P. or hospital	157
9. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	248
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	209
11. Number of tuberculous households visited	7
12. Number of households visited on account of other infectious diseases	331
13. Number of tuberculous households visited by Visitors for Chest Diseases	195
14. Number of expectant mothers visited	1036



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

Interviews with -

General Medical Practitioners	2,308
Social Workers	3,596
Talks to Groups	380

## REPORT OF SUPERINTENDENT HEALTH VISITOR

During 1970 Health Visitors have continued to carry out combined duties as Health Visitors and School Nurses assisted by Clinic Nurses. In their work of prevention of mental, physical and emotional ill health they have visited more homes than in any previous year and have expanded the early detection facilities especially for tests of hearing loss and a careful watch has been kept upon the high risk groups. These 'at risk' groups are:-

- (a) Families with a handicapped member.
- (b) Inadequate families.
- (c) The frail elderly - especially those living alone.
- (d) Families undergoing stress or special difficulty.

Their work is made more effective by the happy working relationship with colleagues and other workers.

Attachment of health visitors to general practices has developed and the health visitor, district nursing sister together with district nurse, clinic nurse and home aids cover a very wide range of the needs in the community. Twice as many interviews have taken place this year between the health visitors and general practitioners.

The three senior health visitors, Miss M. Hinchin, Mrs. M.D. Lewis and Miss M. Williams, have developed their role as advisors to the three area groups of health visitors. Miss Williams retired on the 31st December and has done much pioneering in the Mold area and will be greatly missed, she gave support to the Social Services Groups in senior schools and made a great contribution to group practice attachments. Meetings have been held at monthly intervals. A management course run in collaboration with the Flintshire College of Technology was of great value and was attended by nursing staff from Flintshire and Denbighshire.



A series of lectures held at two monthly intervals were arranged as part of a vital in-service training programme.

The Mayston Report on Management Structure in the Local Authority Nursing Services was published by the D.O.H.S.S. and has laid the foundations of a new concept of the Community Nursing Services with the recommended appointment of a Chief Nursing Officer to co-ordinate District Nursing, Midwifery, and Health Visiting Services.

Hospital liaison schemes have continued with visits by health visitors to the Chester, Wrexham, Holywell, Rhyl and St. Asaph hospitals. This contact enables better preparation to be made before discharge of elderly patients and in the case of a child, discussion with the ward sister is most helpful, as the health visitor can continue the advice given and watch the progress with greater enlightenment. Exchange visits have been arranged with ward sisters from various hospitals.

Health visitors paid 31,539 visits to children under 5 years, this shows an increase of 4,146 visits. Selected families are visited by clinic nurses under the guidance of the health visitor. Clinic nurses now undertake immunisation procedure in clinics. The increasing number of people coming to live in the County brings problems and many need a lot of supportive help. Many show signs of stress and marital disharmony. The emotional problems of childhood are more apparent and close liaison with Child Guidance staff and General Practitioners has been helpful.

The Visitors for Chest Diseases have attended the chest clinics, in their areas and are responsible for the after care and contact tracing of all patients with chest illnesses including bronchitis and bronchiectasis. They have also played a very valuable role as Health Advisors to the Pre School Play Groups.

Pre School Play Groups: This movement has been consolidated during the year and more groups have appointed a Supervisor who receives some payment, this makes for greater stability. The participation of mothers continues and this is a vital force in bringing new ideas and knowledge of child play and development.

The Flintshire Association of P.S.P.G.'s has increased its influence and much has been done to further the movement and arrange training courses.

The Director of Education has been most helpful in advising and the Inspector of Infant Schools has continued to encourage and help, and much support has been given by Youth Leaders, Reception Teachers



and the W.E.A. Secretary.

The Adventure Play Group in Rhyl has now been firmly established and it is hoped to provide more of these groups to cater for children from less fortunate homes.

I have given overall supervision to this movement and encouraged its growth. The children find such adventure a joy and it is encouraging to note the developing responsibility of those in charge to maintain a high standard.

**Mothers Clubs:** These groups of young wives have continued to meet in our clinics and a few in halls. These meetings have been of great value in promoting greater knowledge of child care and of many other subjects of interest to mothers.

The Green Paper proposals for North Wales on the reorganisation of the Health Service have received consideration and meetings have been held with the Nursing Officers of Denbighshire.

Mrs. I. Shepherd, Deputy Nursing Officer, and I served on the North Wales Committee on the Future Training of the Nurse to give evidence through the Royal College of Nursing to the Briggs Committee.

Mrs. L. Pritchard who was a health visitor in the Maelor Area for many years, retired in June and we regret to record her death in November.

I was appointed Chairman of the Welsh Board of the Royal College of Nursing for a 2nd term of office, and am grateful for this opportunity of serving the nursing profession and of extending the Public Health influence into many spheres that this work has opened up.

P. M. MATTHEWS

Superintendent Health Visitor



## REPORT BY THE COUNTY NURSING OFFICER ON THE DISTRICT NURSING SERVICE

At the end of 1970 there were 58 District Nurses employed. This number includes 5 part-time staff who are equivalent to 2 whole time. 37 of these also practice midwifery. At the end of December there were three vacancies. During the year there have been two retirements and six resignations. Those who have retired have given fifteen years and twenty one years service. Six District Nurses have been appointed during the year. Attachment of District Nursing Sisters to General Practitioners has continued throughout the year. This has proved a great advantage to the district nursing staff in that they have found the work more interesting and where the District Nursing Sisters are fully attached there has been a very good working relationship. The arrangement of the district nursing service in this way instead of each District Nursing Sister having a geographical area has in some instances increased the mileage. The advantages are that the community has received an improved service because of the closer working relationship between the General Practitioners and the district nursing service. In twenty five of the General Practitioners practices the District Nursing Sisters visit their surgeries at a certain time to carry out treatments such as dressings, injections, etc. In all, 11,207 treatments have been carried out. Throughout the County there have been a total of 141,257 visits to patients in their own homes. In addition to comprehensive nursing care, help is given to patients by the loan of aids such as walking aids, bath aids, wheelchairs and lifting hoists, which are obtainable from the Health Department or from the Red Cross Society.

The Day and Night Nursing Service and Welfare Service of the Marie Curie Memorial Foundation have been continued throughout the year and are very much appreciated by patients and relatives.

In January of this year three District Nursing Sisters were successful in the State Registered District Training Course and received Certificates from the Department of Health and Social Security. In the three months September to December 31st five State Registered District Nursing Sisters completed a course of district training. These students will sit their examination on January 14th, 1971. For the first time the students have taken the theoretical course with Denbighshire County Council instead of Liverpool Corporation and have attended Wrexham centre one day each week. In addition to this, tutorials and practical instruction have been continued by this Authority. Each student has had a practical work instructor who has given a written assessment four times during the training. This assessment has replaced the practical examination. In addition to



the written examination and the assessment these students will have a viva conducted by a Doctor and District Nursing Officer from another authority. State Enrolled District Training has been transferred from the Queens Institute of District Nursing to the Panel of Assessors of the Department of Health and Social Security. This year one State Enrolled Nurse has taken this course. The practical examination of this course has been replaced by an assessment and viva conducted the same as for the State Registered Nurse.

Lectures in the social aspects of diseases have been given to student nurses from the Royal Alexandra Hospital, Rhyl and lectures on the district nursing and midwifery service to pre-nursing students at Flintshire College of Technology. Twenty four student nurses of the Royal Alexandra Hospital, Rhyl have spent five days each in Flintshire seeing district nursing, health visiting and other community health services.

Seven S.R.N. District Nursing Sisters have attended post graduate courses arranged by the Queens Institute of District Nursing. Two attended one entitled "Community Care in the 70's". Three attended a course entitled "The Nursing Team" and two attended a course entitled "Mental Health". Two S.E.N. District Nurses attended a course arranged by the Queens Institute of District Nursing. Nine District Nursing Sisters have attended a First Line Management Course. Two attended one arranged by the Hospital Management Committee and seven attended one arranged by this Authority in conjunction with the Flintshire College of Technology. Several of the staff have attended study days arranged by the Clwyd and Deeside Hospital Management Committee, and one by the Royal College of Midwives. Ten of the staff have visited Christies Hospital, Manchester.

206 visits have been made to district nursing staff for the purpose of examining records and observing practical work in the patients own home. In addition to three monthly staff meetings arranged by the County Medical Officer of Health, sixteen group meetings have been held in different parts of the County

Liaison between District Nursing Sisters and Ward Sisters and others have improved greatly during the year. Special meetings with the Matrons of all hospitals in Flintshire have been arranged, at different times, to discuss the early discharge of all patients into the community. From this has come a direct link between District Nursing Sisters and Ward Sisters concerning information about nursing care of the patient in his home. When necessary the hospital has been visited and patients seen before discharge. Often a home assessment has been made before the patients come home. Arrangements are now being made to visit the Chester hospitals.



During the year 25 of the nursing staff of Lluesty Hospital have spent a day on the district. 22 Ward Sisters and Charge Nurses from the Royal Alexandra Hospital have spent a day with the District Nursing Sisters and 52 of our own staff have spent a day each in the Royal Alexandra Hospital.

Under the registration of nursing homes, Section 187 to 194 of the Public Health Act, 1936 eighteen visits have been made to six nursing homes.

The arrangements for off duty are the same as given in the report on the midwifery service.

L. MANN

County Nursing Officer.



Table 15  
HOME NURSING

Total Cases attended (1)	Total Visits (2)	Patients included in (1) who were 65 or over at the time of first visit during the year (3)	Children included in (1) who were under 5 at the time of first visit during the year (4)	Treatments carried out in G.P. Surgeries (not included elsewhere in the table) (5)
6427	141257	3205	338	11207



## VACCINATION AND IMMUNISATION

In recent years more and more illnesses have been controlled by vaccination and immunisation and the list offered to babies in the county is now as follows:-

4 months of age	Triple Vaccine (Diphtheria, Tetanus and Whooping Cough), plus Oral Polio Vaccine.
6 months of age	Triple + Polio
10 months of age	Triple + Polio
12 months of age	Measles vaccine
15 months of age	Smallpox vaccination
School entry (5 years of age)	Diphtheria/Tetanus vaccine + polio
13 years of age	B.C.G. Vaccine (against tuberculosis)

This schedule has been agreed by the Local Medical Committee and general practitioners but it is not rigid and can be altered by any doctor if in his clinical judgement, this is desirable or essential.

As can be seen in Tables 16 (a) and (b) and Table 17 there has been a considerable rise in the number of children immunised against all the possible diseases. At the beginning of 1969 a computer controlled scheme was introduced and this, along with health education, has been the main reason for the encouraging rise. Computer-made appointments and reminders and mechanical handling of records has made the task easier.

The slight fall in the figures in 1969 was due to a change in the schedule with a greater spacing out of injections so that fewer children completed a course within the year. The correct comparison is with 1968 and it can be seen that the numbers have almost doubled for most of the diseases. It is gratifying to see that the confident assertion made in the report for 1969 that "figures for 1970 will show a satisfactory rise" has been fulfilled.

Vaccination against Rubella (German Measles) was introduced late in the year so that the numbers shown in Table 17 are small. The main campaign for young girls will take place next year.



Table 16 (a)  
SMALLPOX VACCINATION (1970)

Age at date of vaccination	1. Number of persons vaccinated (or revaccinated during period).		11. Number of cases specially reported during period.		
	Number vaccinated	Number revaccinated	(a) Generalised vaccinia	(b) Post-Vaccinal Encephalo-myletitis	(c) Death from complications of vaccination other than (a) and (b)
0-3 months	2	-	-	-	-
3-6 months	4	-	-	-	-
6-9 months	3	-	-	-	-
9-12 months	18	1	-	-	-
1	1539	46	-	-	-
2-4	249	50	-	-	-
5-15	55	55	-	-	-
TOTAL	1870	152	-	-	-
TOTAL 1969	854	108	-	-	-
TOTAL 1968	1539	248	-	-	-



Table 16 (b)

NUMBER OF CHILDREN (included in Table 16 (a) ) WHO WERE  
VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1970

Age at date of vaccination			Number vaccinated	1969	1968
0-3 months	...	...	2		
3-6 months	...	...	2		
6-9 months	...	...	2		
9-12 months	...	...	3		
1-2 years	...	...	848		
2-4 years	...	...	95		
5-15 years	...	...	13		
T O T A L			965	343	903



Table 17

## VACCINATION OF PERSONS UNDER 16 COMPLETED DURING 1970

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

Type of vaccine or dose	Year of Birth					Others under age 16	TOTAL	TOTALS	
	1970	1969	1968	1967	1963-66			1969	1968
1. Quadruple D, T, P, P.	-	-	-	-	-	-	-	-	-
2. Triple D, T, P.	232	3052	219	33	32	2	3570	-	-
3. Diphtheria/Pertussis	-	1	-	1	2	-	4	-	-
4. Diphtheria/Tetanus	1	11	5	7	220	22	266	-	-
5. Diphtheria	-	-	-	-	-	4	4	-	-
6. Pertussis	-	-	-	-	-	-	-	-	-
7. Tetanus	-	1	-	-	2	107	110	-	-
8. Salk	-	-	-	-	-	-	-	-	-
9. Sabin	227	3066	256	62	288	27	3926	-	-
10. Measles	1	1857	587	197	306	13	2961	-	-
11. Rubella	-	-	-	-	-	43	43	-	-
12. Lines 1+2+3+4+5 (Diphtheria)	233	3064	224	41	254	28	3844	1854	1963
13. Lines 1+2+3+6 (Whooping cough)	232	3053	219	34	34	2	3574	1588	1755
14. Lines 1+2+4+7 (Tetanus)	233	3064	224	40	254	131	3946	1952	2109
15. Lines 1+8+9 (Polio)	227	3066	256	62	288	27	3926	1926	2074



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	TOTALS	
	1970	1969	1968	1967	1963-66			1969	1968
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-		
2. Triple D. T. P.	1	97	35	15	170	23	341		
3. Diphtheria/Pertussis	-	-	-	-	2	-	2		
4. Diphtheria/Tetanus	-	1	1	3	2032	97	2134		
5. Diphtheria	-	-	-	-	2	2	4		
6. Pertussis	-	-	-	-	-	-	-		
7. Tetanus	-	-	-	-	19	67	86		
8. Salk	-	-	-	-	-	-	-		
9. Sabin	1	100	29	19	2132	196	2477		
10. Measles	-	-	-	-	-	-	-		
11. Lines 1+2+3+4+5 (Diphtheria)	1	98	36	18	2206	122	2481	2399	2619
12. Lines 1+2+3+6 (Whooping cough)	1	97	35	15	172	23	343	261	135
13. Lines 1+2+4+7 (Tetanus)	1	98	36	18	2221	187	2561	2479	2702
14. Lines 1+8+9 (Polio)	1	100	29	19	2132	196	2477	2394	3163



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 1970**

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	...	...	...	...	239
(ii)	Number found positive	...	...	...	...	141
(iii)	Number found negative	...	...	...	...	95
(iv)	Number vaccinated	...	...	...	...	94

**B. School Children and Students Scheme**

(Circulars 19/64 (Wales) )

(i)	Number skin tested	...	...	...	...	3177
(ii)	Number found positive	...	...	...	...	290
(iii)	Number found negative	...	...	...	...	2823
(iv)	Number vaccinated	...	...	...	...	2503



## COUNTY AMBULANCE SERVICE

The following tables show the number of patients conveyed by ambulances and hired sitting case cars during the year 1970. Also given, for the purpose of comparison, the figures for 1969 and 1955, together with the number of journeys and mileage involved.

### AMBULANCES

Year	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage
1970	14,257	48,761	12,890	485,213
1969	13,708	46,067	12,608	464,316
1955	5,544	19,745	8,201	269,353

### HIRED SITTING CASE CARS

Year	Patients	Journeys	Mileage	Cost
1970	2,250	1,263	31,162	£1986. 13s. 4d.
1969	3,065	1,507	38,066	£2090. 2s. 8d.
1955	14,507	6,130	157,643	£8137. 19s. 1d.

### PATIENTS TRANSPORTED BY RAIL

Twenty Patients were conveyed by Rail during the year to various parts of the Country involving 4,170 miles. In 1969 thirty-two patients were conveyed involving 5,116 miles.



## STATIONS - VEHICLES - PERSONNEL

Stations	1970						1969						1955					
	Personnel	Vehicles	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage	Personnel	Vehicles	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage	Personnel	Vehicles	Stretcher & Chair Cases	Walking Cases	Journeys	Mileage
Mold	12	9	2568	11678	3134	113275	10	10	3029	10960	3025	109075	4	3				
Rhyl	11	5	5052	10758	3085	95906	11	5	4739	11114	3123	95226	4	3				
Queensferry	10	4	2439	8183	2486	88683	9	4	2272	8624	2478	86995	3	2	5544	19745	8201	269353
Holywell	10	5	2804	8757	2474	103064	10	5	2779	7582	2525	102838	3	2				
Flint	5	3	1228	8055	1441	64364	4	2	737	6428	1167	49029	2	1				
Hanmer	1	1	166	1330	270	19921	1	1	152	1359	290	21153	-	-				
TOTALS	49	27	14257	48761	12890	485213	45	27	13708	46067	12608	464316	16	11	5544	19745	8201	269353



Conveyance of patients to and from Liverpool and Manchester Hospitals: - during the year 546 journeys were made to Liverpool to convey 2,438 patients, and 117 journeys to Manchester to convey 266 patients. In 1969, 2581 patients were conveyed to and from Liverpool Hospitals and 257 patients to and from Manchester Hospitals.

#### ANALYSIS OF ALL PATIENTS

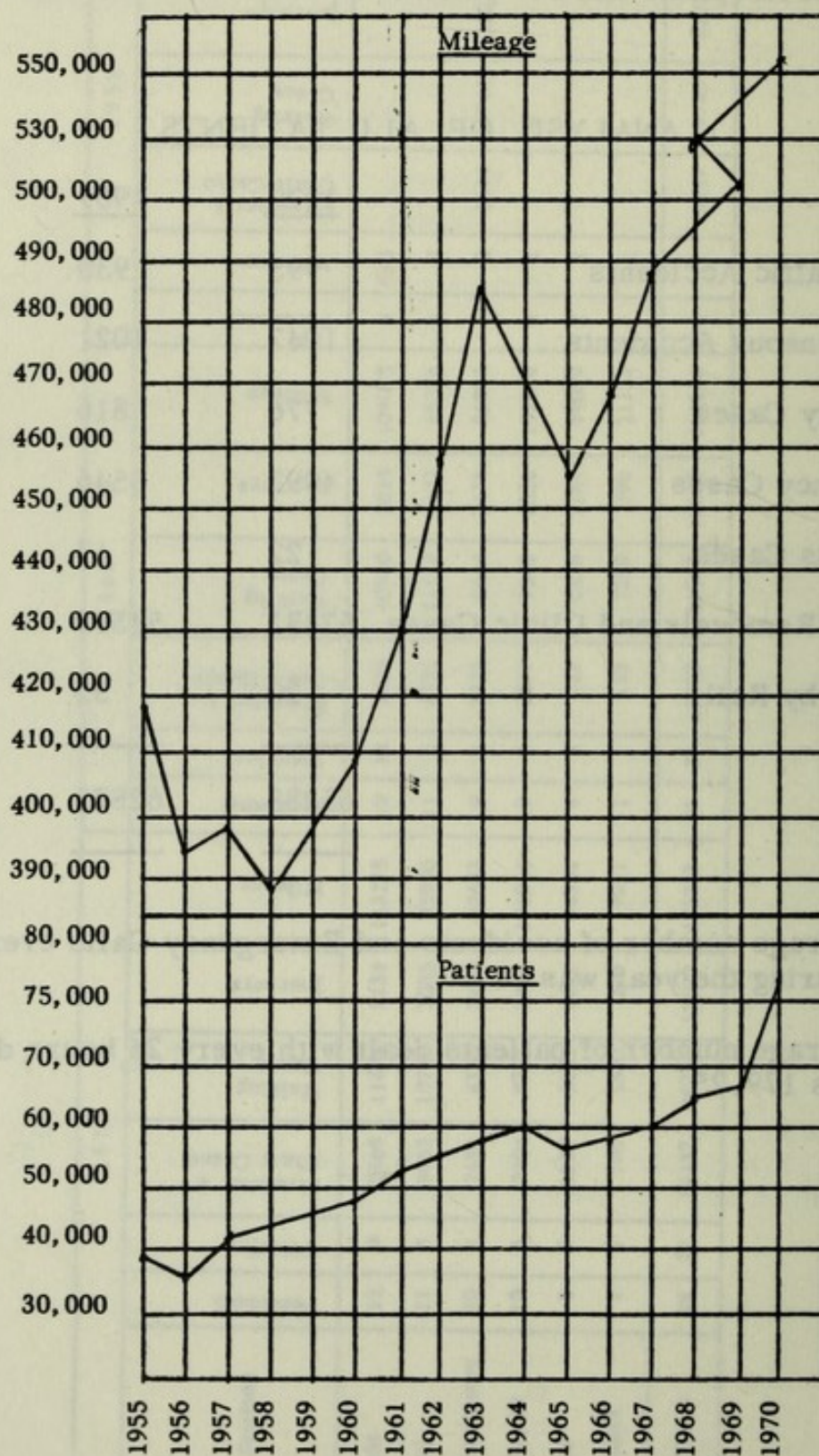
	<u>1970</u>	<u>1969</u>	<u>1955</u>
Road Traffic Accidents	995	930	223
Miscellaneous Accidents	1047	1021	111
Maternity Cases	776	816	246
Emergency Cases	4997	5546	1279
Infectious Cases	22	17	79
General Removals and Clinic Cases	57431	54510	37839
Patients by Rail	20	32	19
	<hr/>	<hr/>	<hr/>
	65288	62872	39796
	<hr/>	<hr/>	<hr/>

Average number of accidents and Emergency Calls every 24 hours during the year was 21.07.

Average number of patients dealt with every 24 hours during the year was 179.25.



The following shows total mileage by Ambulances and Sitting Case Cars, also the total patients and Others conveyed by Ambulances and Sitting Case Cars.





Mobile Health, School Health and Dental Clinics: The following shows number of journeys and mileage involved in moving the three Mobile Clinics during the year with comparative figures for 1969.

1970		1969	
Sessions	Mileage	Sessions	Mileage
170	3306	174	3415

Conveyance of Mothers and Babies to and from the Mobile Health Clinic from the surrounding districts by the towing vehicle during 1970.

Year	Mothers	Babies	Mileage
1970	956	1394	2237
1969	1175	1727	2401

Delivery of Welfare Foods and Medical Equipment: The following shows the number of journeys made during the year to deliver Welfare Foods and Medical Equipment in the County and mileage involved, with comparative figures for 1969.

	1970	1969
Journeys	164	114
Mileage	6454	4609

Conveyance of Elderly Persons to Homes for the Aged: The Ambulance Service is called upon to convey elderly persons to Homes for the Aged as 'Day Cases' on behalf of the County Welfare Department, and a charge is made of the mileage involved. During 1970 the following figures were involved, figures for 1969 are also shown.

	1970	1969
Journeys	16	34
Persons carried	796	188
Mileage	1877	470



## JOURNEYS MADE ON BEHALF OF OTHER DEPARTMENTS

25 journeys were made during the year 1970 on behalf of Other Departments, involving 933 miles.

During 1969, 24 journeys were made involving 908 miles.

## SHOWS AND MOTOR RACING MEETINGS

23 journeys involving 286 miles in 1970.

In 1969, 13 journeys were made involving 504 miles.

## CONVEYANCE OF HANDICAPPED PERSONS TO OCCUPATIONAL CLASSES AND OUTINGS

	1970	1969
Persons carried	6742	7159
Journeys	232	228
Mileage	15042	13353

## MAJOR ACCIDENT EXERCISE 'POD'

On Sunday, 6th December 1970, a major accident exercise was arranged in the County. The incident was a large aircraft, flying over Flintshire developing engine trouble, and when over Prestatyn the engines disintegrated with one part dropping on a Youth Club in Prestatyn, another on Pilkington Factory, St. Asaph, and another on a Youth Club at Bodelwyddan. The full major accident procedure was immediately put into operation by the Ambulance Control. Fourteen Ambulances and Crews were mobilised to deal with approximately ninety casualties in all, with the assistance of six ambulances and crews from Denbighshire. Casualties were moved to the War Memorial Hospital, Rhyl and Colwyn Bay Hospitals. The exercise was to test the Hospitals on how they could deal with this number of casualties should a real incident of this nature happen in the County. Fourteen journeys, involving 802 miles were recorded for this work.



Total Statistics of Ambulances, Sitting Case Cars and Trains, showing Total Patients and Persons carried, Total Journeys and Total Miles with comparative figures for 1969 and 1955.

	1970	1969	1955
Total Patients by Ambulances	63018	59775	25289
" Persons by Ambulances	9888	11141	
" Patients by Hired Sitting Cars	2250	3065	14507
" Patients by Train	20	32	19
	<hr/>	<hr/>	<hr/>
	75176	74013	39815
	<hr/>	<hr/>	<hr/>

Journeys

Ambulances	13524	13542	8201
Hired Sitting Case Cars	1263	1420	6130
	<hr/>	<hr/>	<hr/>
	14787	14962	14331
	<hr/>	<hr/>	<hr/>

Mileage

Ambulances	516150	491278	269353
Hired Sitting Case Cars	31162	38066	157643
Rail Mileage	4170	5166	-
	<hr/>	<hr/>	<hr/>
	551482	534460	426996
	<hr/>	<hr/>	<hr/>

WORK CARRIED OUT BY OTHER AUTHORITIES  
ON BEHALF OF FLINTSHIRE

	1970	1969
Patients	150	214
Journeys	146	152
Mileage	1690	2408
Cost - Paid	£243: 7: 11d.	£471: 4: 8d.



# WORK CARRIED OUT BY FLINTSHIRE ON BEHALF OF OTHER AUTHORITIES

	1970	1969
Patients	81	38
Journeys	46	33
Mileage	1174	750
Cost - Claimed	£196: 16: 0d.	£122: 0: 9d.

New Ambulances 1970: Five new Ambulances were purchased in 1970-71 Financial Year. Three Standard type Ambulances fitted with Lomas Fibre-glass Bodies to our specification on the Ford 25-cwt. Transit Ambulance Chassis were delivered in November 1970. Two 25-cwt. Transit Vans converted to Dual-purpose vehicles were not delivered until 3rd February 1971. All the five new vehicles were replacing five vehicles purchased in 1963.

Vehicles: Total vehicles in the Service as on 31st December 1970:-

Type	Diesel	Petrol	Total
Standard Ambulances			
B.M.C. Chassis	6	6	12
Dual Purpose B.M.C.			
Conversions	-	6	6
Standard Ambulances			
Ford Transit Chassis	-	4	4
Land Rovers	-	3	3
B.M.C. Handicapped Persons'			
Ambulance	-	1	1
Commer Dual Purpose	-	1	1
Commer C.D. Van -			
Health Department	-	1	1
	6	22	28

Training: Seven Ambulance-men in the Service attended a 6-week Ambulance Training Course at Wrenbury Hall, Cheshire during 1970, and seven long service men attended the two-week refresher courses. Six of each group were successful in passing the test, two (one from each group) failed.

Safe Driving Awards: Forty-one Ambulance Driver Attendants



were entered for safe driving awards with The Royal Society for Prevention of Accidents in 1970. Thirty-three qualified for awards. Five failed to qualify and three who did not complete the 44 weeks driving received exemption certificates.

**ANNUAL COMPETITION:-** The fourteenth Ambulance Annual Competition was held on Saturday, 9th May 1970, at the Rhyl Fire Service Headquarters. Five teams took part, one from each of the stations - MOLD, RHYL, HOLYWELL, QUEENSFERRY and FLINT. It was a very successful competition and enjoyed by all. The adjudicators were Dr. Gareth Williams (District Medical Officer of Health, Wrexham) and Mr. E. Evans Hughes (County Ambulance Officer, Denbighshire County Council) and his staff. The Driving Test was judged by Police-Sergeant Dart of Gwynedd Constabulary. The winning Team were Driver M.A. Gatehouse and Attendant J. King of Rhyl Ambulance Station for the second year running, and held the County Shield for the team test. Driver M.A. Gatehouse also gained the highest marks in the Driving Test and held the D.J. Jones Trophy, and Attendant J. King gained the highest marks in the Attendant's Test and won the Dr. G. Wyn Roberts Trophy.

Presentation of Awards were made by Alderman Dr. B.D. Chowdhury (Chairman of the County Council). The Chairman's Cup for the best station in 1970 was won by Mold Ambulance Station.

Presentation of Safe Driving Awards was made by Alderman Arthur Jones, C.B.E., J.P., (Chairman of the Road Safety Committee).

**SICKNESS:-** 1033 working days were lost during the year by operational staff owing to sickness, and 153 working days by Control and Headquarters Staff.

**Establishment:-** The Establishment of the Ambulance Service as on 31st December, 1970 was as follows:-

Head of Department	County Medical Officer of Health	
Officer-in-Charge	County Ambulance Officer	
Clerical Staff		2
Control Staff		7
Senior Drivers		3
Shift Leaders		6
Driver/Attendants		37
Part-time Ambulance Driver (Hanmer)		1
Mobile Clinics' Driver		1
Handicapped Persons' Vehicle Driver		1
Motor Mechanic and Assistant		2
Part-time Cleaner		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.

Grants of milk and other foods were made during the year by the Area Health Sub-Committee to 139 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 Department of Health and 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.

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 2,503 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.

With the discontinuance of the Semi static Mass X-ray Unit we decided to look again at our policy of insisting on a chest x-ray for all newly engaged staff as part of their medical examination. It was finally agreed to continue to insist on a chest x-ray examination of all staff who would come into close contact with children, e.g. teachers, nurses, child care staff, school meals staff, etc. In the case of other staff, chest x-ray examination was only requested when the history of clinical findings made this desirable. All chest x-rays are now carried out by arrangements with Consultant Radiologists and a payment is made only for cases who do not come into the categories defined as contacts of children by the Department of Health and Social Security. If any abnormality is found a copy of



the report is sent to the patients own doctor.

(b) Illness Generally: Grants of milk, etc., similar to those for tuberculosis are also made by the Area Sub-Committees to persons suffering from other forms of illness, and to mentally subnormal patients living in their own homes. Fifty-two such persons were assisted in 1970. The cost of this was £445.

The cost of the grants of milk and other forms of nourishment made to chest cases and to persons suffering from other illnesses was £3,000.

(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 2,000 items of equipment. 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.

It was decided during the year to completely re-organise our arrangements for the storage and distribution of medical loan equipment. For some years the department has gradually increased its practice of bulk purchase of medical and nursing equipment and dressings and this has recently added to our problems of distribution to individual district sisters and clinics.

It was decided to appoint a storeman/driver for the Health Department to handle all our medical supplies and loan equipment. Mr. C. Williams was appointed to this post on 4th May, 1970 and uses a van we took over from the Civil Defence Department.

District sisters and health visitors send in requisitions for supplies and also notify the department of any medical loans needed by their patients. Weekly deliveries of equipment, loans and welfare foods are made to all clinics in the county by the storeman/driver. He also checks stocks and notifies the supplies department when additional items are needed.

Senior district sisters pay periodical visits to homes where loan equipment has been issued and arrange for its return if no longer needed. No charge is made for the use of medical loans which can be kept by the patient as long as needed.

Because of the new scheme district sisters do not keep stocks of medical loan equipment in their own homes now.



The British Red Cross Society and the St. John Ambulance Brigade still maintain depots of medical loan equipment available to patients on payment of a small loan charge. These depots help the department and patients in various parts of the county, and also the voluntary organisations with their training schemes in first aid and home nursing.

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 74 such persons in 1970. Recommendations for convalescence are received from the hospital, general practitioners and public and charges are recovered according to the financial circumstances of the patients.

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 was started 21 years ago and continues to expand and make a valuable contribution to community care. A 21st Birthday Party was held at Llwynegryn Hall and was attended by over 100 Home Helps and friends.

The Assistant Home Help Organisers have done good work in helping to raise standards through training schemes and group meetings of staff. They have visited all new applicants for help and have played a most valuable part in encouraging staff.

The total number of householders who received help was 1,360, an increase of 123 on the previous year. Private arrangements have been made for others from the register of private helpers. Earlier discharge of patients from hospital have increased the number of requests and these figures do not indicate the increasing frailty and longer life enjoyed by many of those helped. This has necessitated the development of a 'caring' service and in no sense is the Home Help only employed on domestic duties. The work is a true service in the Community.

Close co-operation has occurred between the Area Organisers and Wardens in sheltered housing estates. There has been much better communications with staff in hospital to give notice of discharge of patients needing help.

Three training courses were held. Lectures were given by a Geriatrician, Senior Mental Officer and a General Practitioner and visits were made to hospitals and Homes for the Aged.

The Home Aid Scheme for bathing patients and giving personal attention at home has developed in Rhyl, Prestatyn, Mold, Treuddyn, Buckley and Flint. This has been much appreciated by the District Nursing Sisters. The Senior District Nursing Sisters have made the arrangements.

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



Table 19

## Home Help Service

## HOME HELP TO HOUSEHOLDERS FOR PERSONS:

Aged 65 or over on first visit during the year	aged under 65 on first visit during the year				
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
1212	59	5	13	71	1360

Of the above, 3 persons received evening help and 16 received help on Sundays.

New cases helped during the year:

Aged 65 or over .. .. .	429
Others .. .. .	98
Total .. .. .	<u>527</u>

Hours Worked:

Eastern Area .. .. .	48,335
Central Area .. .. .	34,723
Western Area .. .. .	72,432
Number of Meetings of Home Helps .. .. .	16
Number of Training Courses held .. .. .	3
Number of Training Certificates Awarded ..	33
Number of Long Service Awards - 10 years ..	6
Number of Long Service Awards - 15 years ..	1

P.M. MATTHEWS,  
Home Help Organiser



## MENTAL HEALTH

Services for the mentally disordered provided by the authority continued at a satisfactory level during 1970, 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 three Mental Welfare Officers were attending 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 during the year.

During the year we were for the first time able to meet in a reasonable way the casework needs of persons referred to the department by general practitioners and consultants, and particularly so cases on discharge from psychiatric hospital or attending psychiatric out-patient clinics. The department now has a firm basis of trained mental welfare officers and trainees of good calibre who are able to meet all cases really in need and who work closely with the social workers of the two main Psychiatric Hospitals in the area. I feel that it is a great pity that this arrangement is going to be disturbed at this stage, with the transfer of mental welfare officers and all other services for the mentally disordered to the new Social Services Department in the early part of 1971.

Services for the subnormal continued on a satisfactory level during 1970. 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 1970, children from East Flintshire continued to attend the Training Centre at Chester. At the end of 1970, fifty-two children from Flintshire were attending the Chester centre, and nine attended Denbighshire Centres, being conveyed by special transport provided each day.

The Authority has now agreed to the erection of a new Training Centre at Queensferry for Juniors and Adults and it is hoped that work on the centre will commence in early 1971. The new centre will accommodate 30 juniors and 60 adults and when completed will take the trainees who now go to the centre at Chester.

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 recovery.

The hostel for the mentally disordered at Fronfraith, Rhyl, continued to function during 1970, and admitted persons on a short-term basis. The purposes of the hostel is to assist the mentally disordered with poor and inadequate home conditions to weather the transition from hospital to the community. Often after a settling down period, employment is found for the resident and suitable lodgings, or the resident goes to his own home or relatives if such arrangements can be made. During the year 44 persons were admitted to the hostel which accommodates 19 men and 7 women. A total of 47 left the hostel.

During the year we continued with our policy of finding lodgings for mentally disordered patients who were fit for discharge from hospital and at the end of 1970, 130 persons were in boarding house accommodation in the county in Rhyl and Prestatyn. This has entailed a great deal of work for the mental welfare officers, who not only have to find suitable lodgings, but who have to supervise and help the ex-patients when they come out of hospital and this supervision will continue indefinitely in the majority of cases.

The boarding house scheme has developed faster than was originally envisaged and this presented considerable problems to the department during the year, particularly when the North Wales Hospital was discharging patients to some boarding houses which did not provide the level of care that we desired. Because of this the question of registering these boarding houses as Residential Homes for the mentally disordered under Section 19 of the Mental Health Act, 1969 was considered by the County Health Committee. This matter was the subject of correspondence and consultation with the staff of the Welsh Office who approved in principle of registration, but who could not assist with the actual process of securing registration because of certain technical difficulties in the interpretation of words "suffering from mental disorder". This was the unhappy position at the end of the year and the whole boarding house scheme for ex-psychiatric hospital patients is now in the balance, but there are hopeful signs that greater co-operation is forthcoming from hospital staff in this matter, and this may, in due course, help to enable this valuable service to continue and be placed on a more satisfactory basis.

I would like to thank again the medical superintendents of the



North Wales Hospital, Denbigh, and the Deva Hospital, Chester, for their help and co-operation during the year. I would also like to thank Dr. M.J. Craft, the Consultant in Subnormality, for his continued help in dealing with the many complex problems presented by sub-normal patients and in particular in holding out-patient clinics for the subnormal in the county and providing hospital beds for short-term care. I would also like to thank, in particular, all general practitioners in the county for their ready help to the staff of the mental health section in the day to day administration of the Mental Health Act.

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 113 in the table is about  $\frac{1}{4}$  of the total that did, in fact, obtain hospital admission as informal patients.

TABLE 20

MENTALLY-ILL PATIENTS DEALT WITH BY  
MENTAL WELFARE OFFICERS, 1970

	Males	Females	Total
Admitted to Hospital for observation:			
Under Section 25	16	22	38
Under Section 29	31	42	73
	<u>47</u>	<u>64</u>	<u>111</u>
	Males	Females	Total
Admitted to Hospital for treatment			
Under Section 26	1	-	1
Admitted to Hospital informally			
Under Section 5	45	68	113
Psychopathic Patients (admitted to Hospital)	-	-	-

Details of the work done in the community for the mentally sub-normal 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.



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	
1969	...	69	29	98	123	127	250	348
1970	...	65	28	93	94	104	198	291

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 2,159 after-care visits were paid and 951 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 622 visits to mentally subnormal patients.

Table 22

**VISITS PAID BY MENTAL WELFARE OFFICERS**

<u>Years:</u>	1967	1968	1969	1970
To Mentally Ill Patients:-				
(a) After-care visits	2892	1768	1988	2159
(b) Visits (other than after-care)	756	666	1331	951
To Mentally Subnormal Patients	1383	818	870	622

In addition, during 1970 Health Visitors paid 579 visits to mentally subnormal patients and 930 to patients who were mentally ill.



TABLE 23

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER 1970

	Mentally ill				Elderly mentally infirm*		Psychopathic				Mentally handicapped				Severely Mentally handicapped				Total	
	Under age 16		16 and over		M (5)	F (6)	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 (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	M (17)	F (18)		
1 Total number			67	116						1	20	3	44	55	45	25	50	49		475
2 Attending workshops, day centres, or training centres (including special units)				1							18	1	16	22	28	16	30	29		161
3 Awaiting entry to workshops, day centres, or training centres (including special units)											2	1			9	2	1	1		16
4 Receiving home training																				
5 Awaiting home training																				
6 Resident in L. A. home/hostel **			4										14	6						24
7 Awaiting resident in L. A. home/hostel																				
8 Resident in other home/hostel			1																	1
9 Boarded out in private household																				
10 Attending day hospital																				
11 Receiving home visits and not included in training centre lines 2-10																				
(b) Others			62	115						1		1	14	27	8	7	19	19		273

\* Line 2 includes 52 Persons who attend the Chester and Denbighshire Training Centres.

\*\* Line 6 includes 7 Persons from Other Authorities.



TABLE 24

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31ST DECEMBER, 1970

Referred by	Mentally Ill				Psychopathic				Mentally Handicapped				Severely Mentally Handicapped				Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
(a) General practitioners			41	92				1									134
(b) Hospitals, on discharge from in-patient treatment			17	52													69
(c) Hospitals, after or during out-patient or day treatment			11	15													26
(d) Local education authorities				1					3	1				1			6
(e) Police and courts			5	7													12
(f) Other sources			22	61													83
(g) Total			96	228				1	3	1				1			330

NOTE: Only one referral should be 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 Health Department Welsh Office. There is a 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	-
Leptospirosis	-
Diphtheria	-
Dysentery	21
Typhoid Fever	-
Infective Jaundice	1
Food Poisoning	80
Measles (excluding Rubella)	417
Acute Meningitis	2
Ophthalmia Neonatorum	1
Paratyphoid Fever	2
Acute-encephalitis - Infective	-
- Post-infective	-
Acute Poliomyelitis - Paralytic	-
- Non-paralytic	-
Tetanus	-
Puerperal Pyrexia	-
Scarlet Fever	21
Tuberculosis - Respiratory	23
- Meninges and C.N.S.	-
- Other forms	7
Whooping Cough	45
Malaria (contracted abroad)	-
Relapsing Fever	-
Cholera	-
	<hr/> 621 <hr/>



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 amount to 204.

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 cases are usually more serious than dysentery and remained high during the year but again the total cases occurring was probably much higher than the number notified, namely, 80 cases.

During the year we had in the county a case of confirmed cholera, the only case in this country in 1970 and the first case in England and Wales for over 60 years. This occurred in a man who, with his family had spent a holiday in Tunisia, who contracted the illness there and who came home still excreting the organism. Accurate diagnosis was established on his return home and full precautionary steps taken to isolate and supervise the family until the husband ceased to excrete organisms.

Full and prompt public health measures ensured that no further cases occurred in the county and the whole episode was over in one month and the patient able to return to work. This did result in several persons being vaccinated against cholera, if they were proceeding to areas where cases of cholera had been notified.

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 1970 showing those in males and females and due to respiratory and non-respiratory illness.



Table 25

## DEATHS FROM TUBERCULOSIS, 1970

	Males	Females	Total
Tuberculosis of Respiratory system	1	-	1
Late effects of Respiratory T.B.	2	2	4
Other Tuberculosis	-	1	1
	3	3	6

There is a slight variation from year to year in the number of cases of tuberculosis diagnosed. However, in 1970, there was a dramatic rise in new cases of respiratory tuberculosis - a total of 23 compared with 10 in 1969. Each individual case has been thoroughly investigated and all contacts followed-up and there is no simple explanation to this large increase in new cases. There were no concentration of cases in any particular area or in any one age group, cases were sporadic and widely spread. Death rates remained very low in 1970 and showed no marked change over previous years.

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.

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.

At the end of 1970, we were notified that all Mass X-Ray Services would cease in the county in 1971, and this means that in future only very strongly positive mantoux children would be referred to Radiologists for a Chest X-Ray in connection with our B.C.G. Scheme. It also means a change of policy as regards chest x-ray examinations.



Table 26

## TUBERCULOSIS - CARE AND AFTER-CARE

	DURING 1970									
	MALES			FEMALES			TOTAL			
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total	Total
1. Number of cases notified to Chest Visitors:-										
Respiratory	1	19	20	-	4	4	1	23	24	
Non-respiratory	-	1	1	2	5	7	2	6	8	
Total	1	20	21	2	9	11	3	29	32	
2. Number of persons in contact (at home) with above cases:-										
Respiratory	3	15	18	3	13	16	6	28	34	
Non-respiratory	-	6	6	-	8	8	-	14	14	
Total	3	21	24	3	21	24	6	42	48	
3. Of the "contacts" shown in (2) above, number known to have been examined by Chest Physician:-										
Respiratory	3	14	17	3	13	16	6	27	33	
Non-respiratory	-	5	5	-	7	7	-	12	12	
Total	3	19	22	3	20	23	6	39	45	

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

Syphilis	3
Gonorrhoea	69
Other conditions	201
	<u>273</u>



## FOOD AND DRUGS ACT

### Report of the County Public Health Officer

#### Environmental Health

The following measures were among the new legislation introduced during the year ended December 31st, 1970:-

Agricultural Act, 1970

Riding Establishment Act, 1970

Colouring Matter in Food (Amended) Regulations,  
1970

Cream Regulations, 1970

Emulsifiers and Food Stabilisers in Food Regulations, 1970

Food Hygiene General Regulations, 1970

Labelling of Food Regulations, 1970

Cheese Regulations, 1970

Smoke Control Areas Exempted Fireplaces Order,  
1970

Fertiliser and Feeding Stuffs Regulations, 1970

#### Food and Drugs Act, 1955:

1,551 Samples were taken during the year ended December 31st, 1970. 605 samples were sent to the Public Analyst for chemical analysis and the remainder were sent to the Public Health Laboratory Service for bacteriological examination. The Public Analyst reported adversely on 48 samples. 39 of these were milk samples and the other 9 were miscellaneous groceries.

#### Milk:

(a) Chemical Analysis. 321 Samples were submitted for chemical analysis and 39 were found to be not genuine - 16 contained added water., 7 had butter fat deficiencies, 13 were poor quality milks in that the solids not fat content was low, 3 samples contained foreign matter. Successful legal proceedings were instituted in respect of 7 samples which contained added water and warning letters were sent to the producers in the other cases.

(b) Biological Examination. No evidence of Bovine Tuberculosis was found in any sample of farm bottled milk but Brucellosis was found in the milk distributed by 11 milk retailers and 2 wholesale producers.



Brucellosis was found in 55 samples. This figure is inclusive of individual and group samples taken at farm premises. Pasteurisation Orders were placed on the eleven producer retailers. The two wholesale producers were advised to contact their Veterinary Advisers. Two cases of Brucellosis in human beings were notified by general practitioners. In one instance where the patient was a farmer the herd had been investigated for abortion for some months by the farmer's veterinary adviser before he was taken ill with Brucellosis.

(c) Pasteurising Plants: There is only one milk pasteurising plant in the county. This is inspected weekly, attention being paid to the cleanliness and to the efficiency of the pasteurisation operations. All samples taken from the plant were satisfactory.

(d) School Milk: All school milk is pasteurised and samples taken at schools have been satisfactory in keeping quality and chemical analysis.

#### Other Foods:

284 Samples were submitted for chemical analysis and 9 were found to be below standard or did not comply with the Labelling of Food Orders. Successful legal proceedings were instituted in respect of one sample and warning letters were sent to the others.

8 Complaints were received regarding foreign matter in food stuffs and legal proceedings were instituted in 4 cases - a bread roll containing a wound dressing, Yogurt unfit for human consumption, a scone containing a nail, a cake containing a nail. Traces of lead and arsenical sprays were also found on fruit. Certain additives fed to pigs as disease preventors and growth promoters contain copper and arsenic. 8 Samples of pigs livers taken for chemical analysis were found to contain traces of arsenic and copper. The amount of Arsenic varied from 0.1 P.P.M. to 0.2 P.P.M. and the copper from 2.4 P.P.M. to 17.6 P.P.M. Evidence of mercury was also found in 7 samples of canned fish - Tuna, Salmon, Shrimps and Sardines. The amounts varied from 0.03 P.P.M. to 0.20 P.P.M.

#### Bacteriological Examination:

Foodstuffs submitted for bacteriological examination included animal pet foods, chicken livers and hearts, cakes, savoury ducks, pies, minced beef, yogurt, cultured milks. No organisms of significance were isolated.



### Fertiliser and Feeding Stuffs Act:

16 Samples of Fertiliser and 31 samples of Feeding Stuffs were taken for analysis and the Public Analyst reported adversely on 6. In most cases the deficiency was due to chemical breakdown caused by long storage. A sample of mineral additive was taken following a complaint from a farmer. The sample was found to be satisfactory.

### Diseases of Animals (Waste Food) Order, 1957:

The main purpose of the above Order is the prevention of animal disease by waste food. It has also important public health aspects which tend to be overlooked. The Order deals with the care which has to be taken in the collection and distribution of waste food which has to be sterilised prior to animal feeding, the maintenance of the pig swill plant, the cleansing or sterilising of the waste food bins prior to their return to the collecting points and the cleansing of the vehicles.

These waste food bins are collected from hospital kitchens, school meal hatches, restaurants, hotels, holiday camps, etc., and it is important that they are cleansed and sterilised properly prior to their return for they are never returned to the same collecting point, e.g. bins collected from a snack bar may be returned to a school or hospital kitchen which makes it essential that the bins be clean and the food handler has regard for the Food Hygiene Regulations. There are 22 licensed pig swill plants in the county.

### Handicapped Persons:

20 Applications were received for assistance in the conversion of homes so that physically handicapped people could be made mobile. These included the provision of downstairs w.c's and baths., the widening of doors, provision of handrails, ramps and levelling of footpaths, etc.

### Health Education:

The theme of the Exhibition staged this year at the Flint and Denbigh Show was Diseases of Animals communicable to Man. Mr. T.B. Elphick, Divisional Veterinary Officer, co-operated in providing films and also veterinary officers to answer any questions on animal health. The films dealt with Brucellosis, Salmonella Infection, Hydatidosis.



Talks and films shows were also given to pre-retirement groups, church organisations, canteen staffs, nursing and domestic science students and hospital kitchen staffs. The topics included clean food, home safety, housing and environmental health.

Result of Legal Proceedings:

<u>Article</u>	<u>Nature of Complaint or Deficiency</u>	<u>Results and Proceedings</u>
Bread Roll	Contained wound dressing	Fined Total £32. 0. 0.
Cream Cheese	26% Deficiency in butter fat	Fined Total £63. 18. 6.
Yogurt	Unfit for human consumption	" £27. 0. 0.
Cake	Contained nail	" £15. 0. 0.
Scone	Contained nail	" £25. 18. 0.
Milk	Contained 22.5% Added Water	" £14. 0. 0.
Milk	Contained 4.1% Added Water	" £18. 18. 6.
Milk	Contained 8% Added Water	" £25. 17. 0.
Milk	Contained 3.3% Added Water	" £14. 15. 0.
Milk	Contained 3.4% Added Water	" £14. 15. 0.
Milk	Contained 3.3% Added Water	" £14. 15. 0.
Milk	Contained 4.2% Added Water	" £14. 15. 0.

E. LEWIS

COUNTY PUBLIC HEALTH INSPECTOR



## **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 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 provisions 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 1970, 125 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 Dis-ablement 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 28 will be seen that there are 106 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 358. 14 of these were under 16 years of age and at school, and 84 were in the employable age group from 16-59 and 33 were in employment as follows:-

Workshops for the Blind	7
Home Workers' Scheme	4
Ordinary Conditions	22

There were 173 on the register of Partially/Sighted, of these 7 were employed. 8 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 in Shotton and Rhyl and a weekly dancing class in Rhyl. Summer outings were held and Christmas gifts and cards given by the society.



Table 27

A - FOLLOW-UP OF REGISTERED BLIND AND  
PARTIALLY-SIGHTED PERSONS - 31st DECEMBER, 1970

	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	8	-	-	18
Partially-sighted	8	2	-	18
(b) Treatment (medical surgical or optical):				
Blind	4	-	-	-
Partially-sighted	3	1	-	1
Total Blind and partially-sighted	23	3	-	37
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:				
Blind	3	-	-	-
Partially-sighted	1	1	-	1
Total Blind and Partially-sighted	4	1	-	1

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 28

**CHESTER AND NORTH WALES SOCIETY FOR THE DEAF****LIST OF PERSONS ON THE REGISTERS ON  
THE NIGHT OF 31st DECEMBER, 1970**

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
<b>Deaf with Speech: -</b>			
Males	4	19	3
Females	5	14	8
<b>Deaf No speech: -</b>			
Males	1	6	2
Females	-	5	9
<b>Hard of Hearing: -</b>			
Males	3	7	1
Females	4	9	6
<b>TOTALS</b>	<b>17</b>	<b>60</b>	<b>29</b>

Number of Males on Register at 31:12:70 = 46

Number of Females on Register at 31:12:70 = 60

**TOTAL = 106**



## Handicapped Persons - General Classes

The Health Department administered the service for the generally handicapped under Sections 29 and 30 of the National Assistance Act, 1948.

The service for the handicapped is organised by a senior social worker for the handicapped, two home visitors and an occupational therapist. The county is divided into areas with a worker responsible for home visiting in each area and the five day centres for the handicapped under the care of the occupational therapist except at Rhyl and Prestatyn. The Occupational Therapist is also available to visit houses in any part of the county to advise the other workers on problems where her special skills and training can be of value.

The intention is to gradually develop the service and train staff so that we will have one senior social worker, three social workers and two occupational therapists and as the number of handicapped on the register increase annually the recruitment of the staff referred to above becomes an urgent matter.

The number of handicapped persons on the register increased by nearly 100 in 1970 and it was not possible to increase the scope of our services because of lack of trained staff. We concentrated our services on those cases in urgent need of help, and kept in touch with other cases by their attendance at day centres, and visiting by health visitors who visited cases with added social problems and help by working closely with the home visitors for the handicapped.

It is pleasing to report the good co-operation in this field between our staff and other workers, Group Disablement Rehabilitation Officer, Health Visitors, Welfare Officers and voluntary workers. We receive a great deal of valuable help from voluntary workers at our social clubs, with swimming activities and outing and, in particular, at our annual holidays for the handicapped, both at the camp in Rhyl and at other centres also.

A great deal of work is done each year to help the handicapped by carrying out adaption in their homes. The nature of the adaptations vary in each case and depend on the needs of the handicapped and the type of house in which he or she resides. During 1970, 26 adaptations were carried out at a total cost of £1,506 and these varied from minor works such as fixing a handrail to a stairway to a provision of bathroom in ground floor room. The costs varied from £3 to over £140 according to work done which was as follows:-



- Providing ceiling hoist - 1 case
- " extractor fan and heater - 1 case
- " handrails on stairs and walls - 6 cases
- " drives and lowering kerbs for invalid cars - 2 cases

- Providing Wessex Portable track hoist - 3 cases
- " toilet aids - 2 cases
- " ground floor W.C. - 4 cases
- " french window and ramps - 2 cases
- " low bath suite - 1 case

All requests were inspected by Mr. Elwyn Lewis, County Public Health Inspector, and a member of the Architect's staff. Work was carried out by either County Architect's staff, Local District Councils or private contractors.

The special ambulance for the conveyance of handicapped persons is still being used and as I have stated previously is much appreciated by those confined to wheelchairs.

The Deeside Handicapped Persons Swimming Club run in conjunction with the Deeside Round Table is still functioning on a Friday evening for one hour's swimming instruction. A very successful exhibition of work done by handicapped persons was held during the year at the Denbighshire and Flintshire Agricultural Show.

Christmas parties were again held at Mold and Rhyl High 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.

Three holidays were held during the year. Barmouth from 18th to 22nd May, Rhyl from 8th May to 15th May. Llandudno from 26th September to 3rd October. All the registered handicapped persons were invited together with members of their family or a friend. 32 Persons stayed at Barmouth and 51 at Rhyl and 40 at Llandudno. The handicapped visitors, together with volunteers, lived in the holiday camp and were always available to give help and guidance. Members of voluntary organisations in the Western area gave assistance both morning and evening in the dressing etc., of the handicapped. Many letters of appreciation have been received.



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 service 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.

At the end of 1970 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	98	84	77	259
Females	95	118	106	319
	<hr/> 193 <hr/>	<hr/> 202 <hr/>	<hr/> 183 <hr/>	<hr/> 578 <hr/>

#### **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)	100
Re-visits	2992
	<hr/> 3092 <hr/>

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

Bagillt Clinic	-	1012 attendances
Buckley Clinic	-	1009 attendances
Connah's Quay Clinic	-	989 attendances
Prestatyn Clinic	-	970 attendances
Rhyl Clinic	-	1021 attendances



Table 29

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS  
ON 31ST DECEMBER, 1970

Major handicaps	Age Under 16 (1)	Age 16-29 (2)	Age 30-49 (3)	Age 50-64 (4)	Age 65 or over (5)	Total (6)
1. Amputation	3	2	1	2	9	17
2. Arthritis or rheumatism	2	1	6	33	54	96
3. Congenital malformations or deformities	128	8	5	-	1	142
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	14	-	1	29	40	84
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine.	14	4	4	18	8	48
6. Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	25	4	12	43	53	137
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	-	5	6	2	1	14
8. Tuberculosis (respiratory)	-	1	-	-	3	4
9. Tuberculosis (non-respiratory)	-	-	3	1	3	7
10. Diseases and injuries not specified above	7	2	4	5	11	29
11. Total	193	27	42	133	183	578







