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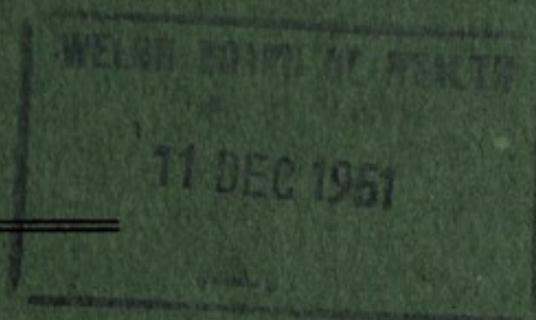
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**HOLYWELL**  
**RURAL DISTRICT COUNCIL.**



**ANNUAL REPORT**  
**OF THE**  
**Medical Officer of Health.**

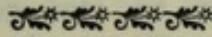


**1950.**

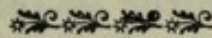




**HOLYWELL RURAL DISTRICT COUNCIL.**



TO THE CHAIRMAN AND MEMBERS OF THE  
HOLYWELL RURAL DISTRICT COUNCIL.



Ladies and Gentlemen,

I have pleasure in presenting to you my report on the health of the Rural District of Holywell for the year ended December, 31st 1950.

I wish to acknowledge the help given by the Senior Sanitary Inspector in the preparation of Sections C. D. & E of this report and the Deputy Water Engineer for his contribution to Section C.

Finally I should like to thank all members of the Health Committee and the officers of the Council for their continued support throughout the year.

I have the honour to be,

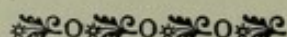
Mr. Chairman, Ladies & Gentlemen,

Your obedient Servant,

( Signed ) T. W. BRINDLE,



# ANNUAL REPORT, 1950.



It is worthy of note that the birth-rate in the Rural District showed an increase over the rate for the previous year. This is in contrast to the continued downward trend for England and Wales. There has been a most pleasing reduction in the infantile death-rate which has fallen by almost one half to 19.77 per 1,000 live-births, which compares favourably with the figure of 29.8 for England and Wales. In this connection, however, it should be noted that this improvement has been partly off-set by an increased number of still-births—13 as compared with 9 in 1949. I am happy to be able to report that there were no deaths during the year which could be attributed to pregnancy or childbirth.

The General Death-rate showed a slight increase on the previous year, but still compares favourably with the death-rate for England and Wales. In a population containing a larger proportion of older people due to increased length of life etc., one cannot expect continued marked decreases in the death-rate. It should be noted that 42 per cent of the total deaths in the year occurred in persons over the age of 75 years and 29 per cent in persons between 65 and 75 years.

There was no serious outbreak of infectious disease during the year, but there were six cases of infantile paralysis. No connection could be traced between any of the cases which occurred at different times in widely separated parts of the area. The ages of persons affected was 7 months, 5, 10, 12, 16, and 22 years. Four of the cases were paralytic. All were treated in hospital and happily no case was fatal. In one case the patient was a visitor on holiday in the district and there is every reason to believe that infection took place outside the area. In another case the patient was a pupil at a boarding school and as there were three other suspicious cases at this school at about the same time considerable anxiety was caused. Fortunately the diagnosis of infantile paralysis was not confirmed in any of these three suspicious cases. All necessary precautions to prevent the spread of infection were taken including the exclusion of day pupils attending the school.

During the early part of the summer a small localised outbreak of diarrhoea and vomiting occurred in one parish.



Careful enquiry in the district affected showed that there had been approximately ten such cases in a period of about thirty-six hours. Symptoms in all cases were fairly severe but of short duration. Investigations into the diets of each of the patients failed to reveal any common causative food stuff. Samples of water from the affected area were found to be polluted and although outbreaks of this nature caused by contaminated water supply are not common and although some of the facts in this particular outbreak do not support a water borne infection, the possibility of such an occurrence could not be entirely ruled out. Accordingly as a precautionary measure notices advising the boiling of all water used for domestic purposes were circulated and a temporary and improvised form of chlorination was introduced. Samples of water taken subsequently proved to be satisfactory. Further recommendations made to the Water Committee included the thorough examination of the supply well, service reservoir and mains with the view to remedying any defects found and the introduction of some form of chlorination.

The Clean Food Campaign was continued with vigour. The majority of the food premises in the district have now been visited by the Council's Sanitary Inspectors and in many cases necessary repairs and alterations have been carried out. As a means of educating both food handlers and the general public in the need for improved methods of food handling, several meetings have been held in various parts of our area. At these meetings films were shown by the Ministry of Information Film Unit, and talks were given by the Medical Officer of Health and Sanitary Inspector. All meetings were well attended and the response from the audience was satisfactory.

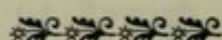
In one case during the year it was found necessary to institute legal proceedings for contraventions of the Food and Drugs Act in connection with the preparation and sale of food. The Council were able as a result of court proceedings to secure a conviction in this case and fines were imposed by the Court on the trader concerned. This case received wide press publicity and should be of value in convincing all engaged in the handling and preparation of food of this Council's determination to play its part in raising the standard of food handling.

Housing still constitutes one of the major problems facing us. In this connection the Council is doing everything possible in providing the houses allocated to it with the utmost speed. Even so the number of houses allocated to the district is



insufficient by a long way to meet the needs of the area. In order to assist them in making the best possible use of the available houses the Council invited me to prepare a list of applicants whose need of better housing accommodation is made urgent by reason of ill health. This list has been prepared and is now consulted by the Housing Committee before letting houses.

It is pleasing to report that the necessary preliminaries in connection with the Joint Water Scheme have now been completed and it is hoped that the work will start in the near future. When this scheme is in full operation it will be possible to abandon the few present unsatisfactory local sources of supply which serve small areas of the Rural District.



## SECTION A.

### SOCIAL CONDITIONS INCLUDING CHIEF INDUSTRIES.

There is no change of importance to report under this heading since the last report. The employment rate remains high.

Area in Acres : 58,550.

Population (Registrar General's estimate)

Mid year 1950 — 22,090.

Mid year 1949 — 21,920.

Number of inhabited houses : 6,852.

Rateable Value : £89,386.

Product of a Penny-Rate : £347 12s. 7d.

### VITAL STATISTICS.

These are presented in Tabular form. For purposes of comparison, figures for last year are given, and, where appropriate, the rates for England and Wales as a whole are given.

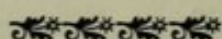


TABLE I.

#### BIRTHS.

#### LIVE-BIRTHS.

			Males		Females		Total
Legitimate	...	...	175	...	160	...	335
Illegitimate	...	...	10	...	9	...	19
			<hr/>		<hr/>		<hr/>
Totals	...	...	185	...	169	...	354
			<hr/>		<hr/>		<hr/>



Live-Birth Rate per 1,000 Population :

1950	—	16.03
1949	—	15.33
1948	—	17.31

England & Wales : Live-Birth Rate per 1,000 Population :

1950 (Provisional)	15.8
1949	— 16.7
1948	— 17.8

These figures show that while the Birth-rate for England and Wales has continued to fall, there has been a rise in the Birth-rate for the Holywell Rural District. To enable a true comparison to be made between the birth-rates in the various areas of the country the Registrar General issues a comparability factor for each area which takes into account differences in the structure of the population as regards age, sex, etc. When this factor is applied to the birth-rate for Holywell Rural District the corrected rate is increased to 17.79.

TABLE II.  
STILL-BIRTHS.

			Males		Females		Total
Legitimate	...	...	7	...	6	...	13
Illegitimate	...	...	—	...	—	...	—
			—		—		—
Totals	...	...	7	...	6	...	13
			—		—		—

Still-Birth Rate per 1,000 total Live & Still-Births.

1950	—	35.42
1949	—	26.08

Still-Birth Rate per 1,000 Population :

1950	—	0.59
1949	—	0.41

England & Wales. Still-Birth Rate per 1,000 Population :

1950	— (Provisional)	0.37
1949	—	0.42

TABLE III.  
DEATHS (GENERAL) RATE.

		Males	Females	Total
All ages (all causes)	...	159	...	128
				...
				287
Death-Rate	per 1,000 population :			
	1950	—	12.90	
	1949	—	12.77	
England & Wales.	Death-Rate per 1,000 population.			
	1950	— (Provisional)	11.6	
	1949	—	11.7	



There has thus been a slight increase in the death-rate as compared with the previous year. It should be noted, however, that when the Registrar-General's comparability factor is applied the death-rate is reduced to 11.40 per 1,000 population—a figure which compares favourably with the rate for England and Wales.

TABLE IV.

DEATHS (General) ANALYSIS.

Causes of Death.	M.	F.	Total	Rate per 1000 population
Respiratory Tuberculosis .....	3	—	3	0.14
Other Forms Tuberculosis .....	2	1	3	0.14
Acute Poliomyelitis .....	—	1	1	0.05
Other Infective & Parasitic Diseases ...	—	1	1	0.05
Malignant Neoplasm Stomach .....	3	8	11	0.50
Malignant Neoplasm Lung, Bronchus ...	3	2	5	0.23
Malignant Neoplasm Breast .....	—	1	1	0.05
Malignant Neoplasm Uterus .....	—	1	1	0.05
Other Malignant & Lymphatic Neoplasm	11	13	24	1.09
Diabetes .....	—	2	2	0.09
Vascular Sesions of Nervous System .....	24	18	42	1.90
Coronary Disease, Angina .....	23	9	32	1.45
Hypertension with heart disease .....	4	5	9	0.41
Other Heart Disease .....	27	37	64	2.90
Other Circulatory Disease .....	5	5	10	0.45
Influenza .....	1	1	2	0.09
Pneumonia .....	6	5	11	0.50
Bronchitis .....	8	2	10	0.45
Other Diseases of Respiratory System	2	—	2	0.09
Ulcer of Stomach & Duodenum .....	3	2	5	0.23
Gastritis Enteritis & Diarrhoea .....	—	1	1	0.05
Nephritis & Nephrosis .....	5	3	8	0.36
Hyperplasia of Prostrate .....	7	—	7	0.32
Congenital Malformations .....	1	1	2	0.09
Other defined and ill defined diseases ...	14	8	22	1.00
Motor Vehicle Accidents .....	2	—	2	0.09
All other accidents .....	4	1	5	0.23
Suicide .....	1	—	1	0.05

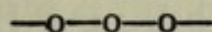
In the above table IV it will be noted that 1 death from acute poliomyelitis is recorded. This death was in fact in the Connahs Quay Urban Area but has been credited in error to Holywell Rural District.



## TABLE V.

### DEATHS : MATERNAL CAUSES :

It is pleasing to report that there has been no death during the year attributed to Pregnancy or Childbirth.



## TABLE VI.

### DEATH-RATES (INFANTILE).

i.e., Infants under 1 year of age.

			Males		Females		Total
Legitimate	...	...	4	...	2	...	6
Illegitimate	...	...	—	...	1	...	1
			—		—		—
Totals	...	...	4	...	3	...	7
			—		—		—

#### Infantile Death-Rate per 1000 live-births :

1950	—	19.77
1949	—	38.69

#### Infantile Death-Rate of Legitimate babies per 1,000 legitimate births :

1950	—	17.92
1949	—	38.81

#### Infantile Death-Rate of Illegitimate babies per 1,000 illegitimate births :

1950	—	52.62
1949	—	100

#### England and Wales : Infantile Death-Rate per 1,000 live-births.

1950 (Provisional)	—	29.8
1949	—	32

It will be seen that there has been a considerable reduction in the infantile death-rate as compared with the previous year and the rate now compares very favourably with the corresponding figure for England and Wales as a whole. Of the 7 infantile deaths during the year 5 occurred in infants who had not reached 4 weeks.



## **SECTION B.**

### **GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.**

#### **PUBLIC HEALTH OFFICERS OF THE AUTHORITY :**

- (a) **MEDICAL OFFICER OF HEALTH:**  
T. W. Brindle, M.B., Ch.B., D.P.H.
- (b) **SANITARY INSPECTORS (Whole time) :**  
D. O. Meredith Jones, C.R.S.I., M.S.I.A.  
F. G. Perry, C.R.S.I., M.S.I.A.
- (c) **WATER ENGINEER :**  
E. A. Iddon, A.M.I. Mun.E.

#### **LABORATORY FACILITIES :**

The officials continued to make use of the service provided by the Public Health Laboratory at Conway.

#### **AMBULANCE FACILITIES :**

Provided by the Local Health Authority (Flintshire County Council). There is no ambulance stationed in the district. The ambulances stationed at Mold, Flint, Holywell and Prestatyn are available for residents in the adjoining districts of the Rural District, and sitting case cars are available by arrangements made with the County Council Welfare Officers.

#### **HOME HELP SERVICE :**

This is provided by the Local Health Authority.

#### **NURSING IN THE HOME AND DOMICILIARY MID- WIFERY :**

The Local Health Authority are responsible for providing these services.

#### **TREATMENT CENTRES AND CLINICS :**

**TUBERCULOSIS :** Clinics are available in Rhyl, Queensferry, Holywell and Wrexham.

#### **ANTE NATAL, INFANT WELFARE, SCHOOL CLINICS :**

These clinics are provided by the Flintshire County Council.

#### **HOSPITAL SERVICES :**

The provision of hospital beds is the responsibility of the Clwyd and Deeside Hospital Management Committee. Patients from the Rural District are admitted into Cottage Hospitals in the areas immediately adjoining and also into hospitals in areas further afield, notably in Chester and Liverpool.



## **SECTION C.**

### **WATER SUPPLY:**

There was no acute shortage of water in any part of the district during the year. The health department sent 53 samples of water for bacteriological examination. All samples of water obtained from the Birkenhead supply, the Mold Water Co., and the Hawarden Water Co., were satisfactory as regards quality. Samples obtained from the local sources were variable in quality and the sources, which were dosed with Chloros from time to time as a precautionary measure, require the closest supervision to ensure a pure supply.

It is gratifying to report that the preliminary stages of the Council's Joint Water Scheme with Holywell Urban District Council have now been successfully completed and that work on the scheme will commence shortly. When the scheme is in full operation the unsatisfactory sources of supply will be discontinued.

Below are given details relating to water supply within the area.

a) Direct to Houses	Population (estimated)
No. of houses	12,903.
4,301.	
b) Standpipe supply	Population (estimated)
No. of houses	6,399.
2,133.	

### **SEWERAGE AND SEWAGE DISPOSAL.**

During the year 1950-51 the Council continued their policy of extensive renewals to equipment at their various sewage disposal works and the works generally are now in a satisfactory state of repair. The Council have approved a scheme of sewerage disposal for the Village of Soughton and a scheme of sewerage for Saithaelwyd Park Estate.

### **PUBLIC CLEANSING.**

Part of the district comprising of the Parishes of Whitford, Llanasa, Newmarket, Gwaenysgor and Caerwys are done by direct labour.

The remaining areas are done on a contract basis.

The direct labour scheme which has now been in operation for 2 years is working very satisfactorily and shows considerable improvement upon the old method of removal by private contractors. Regular weekly collections are made throughout the areas concerned.

### **RIVERS AND STREAMS.**

No complaints of any pollution of rivers and streams were received.



## **CAMPING SITES.**

There are a large number of camping sites in the area, the majority of which are found in the coastal area in the parish of Llanasa. Holiday makers from Lancashire and the Midlands arrive in large numbers during the summer months, the peak period being the month of August.

The larger camping sites are well organised by the Owners, who have provided main water on the sites, lavatory accommodation and refuse receptacles.

## **SMOKE ABATEMENT.**

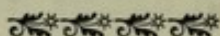
No complaints were received during the year.

## **ERADICATION OF BED BUGS.**

No case of bug infestation was found during the year.

## **SCHOOLS.**

Periodical visits are paid to schools in the district. Sanitation in many of these rural schools is poor. The provision of pail closets for children leaves much to be desired.



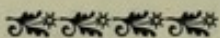
## **SECTION D.**

### **HOUSING:**

The inspection of dwelling houses takes up a large amount of time. A large number of properties visited are of a type which should normally be dealt with in Clearance Areas, under the Housing Act, 1936.

Consequently it is not possible to appreciably improve such premises satisfactorily.

Statutory Notices served during the year numbered 11. Legal proceedings were instituted in 4 cases and court orders were obtained.



## **SECTION E.**

### **SHOPS INSPECTION.**

All shops in the area were visited during the year and the statutory provisions relating thereto were enforced.

A number of improvements were carried out to comply with Section 13 of the Food and Drugs Act, 1938.

All premises where food is prepared, offered or exposed for sale received a number of visits during the year. Leaflets were distributed to all food traders in an attempt to make them and their staffs conscious of the dangers arising from the bad handling of food. The response to the department's efforts in this respect has been very good.



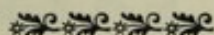
# **FACTORIES ACTS, 1937 and 1948.**

## **PART 1 OF THE ACT.**

TABLE VII.

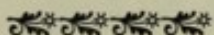
### **INSPECTIONS.**

Premises :	No. on Register.	Inspect ions.	Number of Written Notices.	Occupiers Prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	41	30	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	12	16	—	—
Total	53	46	5	—



### **CASES IN WHICH DEFECTS WERE FOUND.**

	Found.	Remedied
Want of cleanliness (S.1)	2	2
Overcrowding (S.2)		
Unreasonable Temperature (S.3)		
Inadequate ventilation (S.4)	1	1
Ineffective drainage of floors (S.6)		
Sanitary Conveniences (S.7)		
(a) insufficient	1	1
(b) unsuitable of defective	2	2
(c) not separate for sexes	1	1
Other offences against the Act (not including offences relating to Outwork)		
Total	7	7



## **PART VIII OF THE ACT.**

### **OUTWORK**

NIL.

(SECTIONS 110 and 111).



# SECTION F.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE VIII.—NOTIFIABLE DISEASES.

Name of Disease.	No. of Cases Notified.	Admitted to Hospital.	Total Deaths
Scarlet Fever ... ..	18	1	—
Whooping Cough ... ..	35	2	—
Measles ... ..	131	—	—
Pneumonia ... ..	28	4	—
Acute Poliomyelitis ... ..	6	6	—
Puerperal Pyrexia ... ..	1	—	—
Food Poisoning ... ..	1	—	—
Erysipelas ... ..	2	—	—
Totals ... ..	222	13	—



TABLE IX.

## ANALYSIS OF NOTIFIED INFECTIOUS DISEASES.

The Figures shown in Column I of the foregoing Table are analysed in age groups below :—

Diseases.	Number of cases notified as having occurred among persons of the ages immediately below specified.												Total
	0...	1...	2...	3...	4...	5...	10...	15...	20...	35...	45...	65...	
Scarlet Fever .....	...	...	4...	4...	2...	6...	2...	...	...	...	...	...	18
Whooping Cough .....	3...	6...	8...	5...	3...	9...	1...	...	...	...	...	...	35
Measles .....	5...	7...	16...	21...	12...	56...	10...	2...	1...	...	1...	...	131
Pneumonia .....	3...	...	...	1...	...	2...	1...	...	2...	2...	2...	15...	28
Acute Poliomyelitis .....	1...	...	...	...	...	2...	1...	1...	1...	...	...	...	6
Puerperal Pyrexia .....	...	...	...	...	...	...	...	1...	...	...	...	...	1
Food Poisoning .....	...	...	...	...	...	...	...	...	...	...	...	1...	1
Erysipelas .....	...	...	...	...	...	...	...	...	...	...	1...	1...	2
Totals .....	12...	13...	28...	31...	17...	75...	15...	4...	4...	2...	4...	17...	222



**TABLE X.—TUBERCULOSIS.**  
New Cases notified during the year, 1950.

Age Groups					Deaths.			
	Respiratory.		Non-Respiratory		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ...			...	1			...	
1 ...	1	1	...				1	1
5 ...	1		...					
15 ...	3	4	...				1	
25 ...	2	1	...	2	2			
35 ...			...					
45 ...	5	1	...		1			
55 ...	2		...					
65 ...	1		...					
All ages	15	7	...	3 2	3		2	1

There were during the year 22 new cases of pulmonary tuberculosis notified and 5 cases of non-pulmonary tuberculosis. This represents a decrease of 6 cases of pulmonary tuberculosis and an increase of three cases of non-pulmonary tuberculosis as compared with the year 1949. The combined total of 27 cases is the same as that for 1948 and apart from this year is the lowest total recorded since 1942. It appears to confirm the definite downward trend in tuberculosis notifications in the district from 1949 onwards.

Deaths from Tuberculosis during the year were as follows : Pulmonary—3, Non-Pulmonary—3. The corresponding figures for 1949 are Pulmonary—10, Non-Pulmonary—0.

In several of the cases of Tuberculosis housing conditions were unsatisfactory either as regards structure or overcrowding and in some cases both. Reports have been submitted to the Housing Committee and the necessary action has already been taken in some cases. It is earnestly hoped that all the other cases will receive early attention.















