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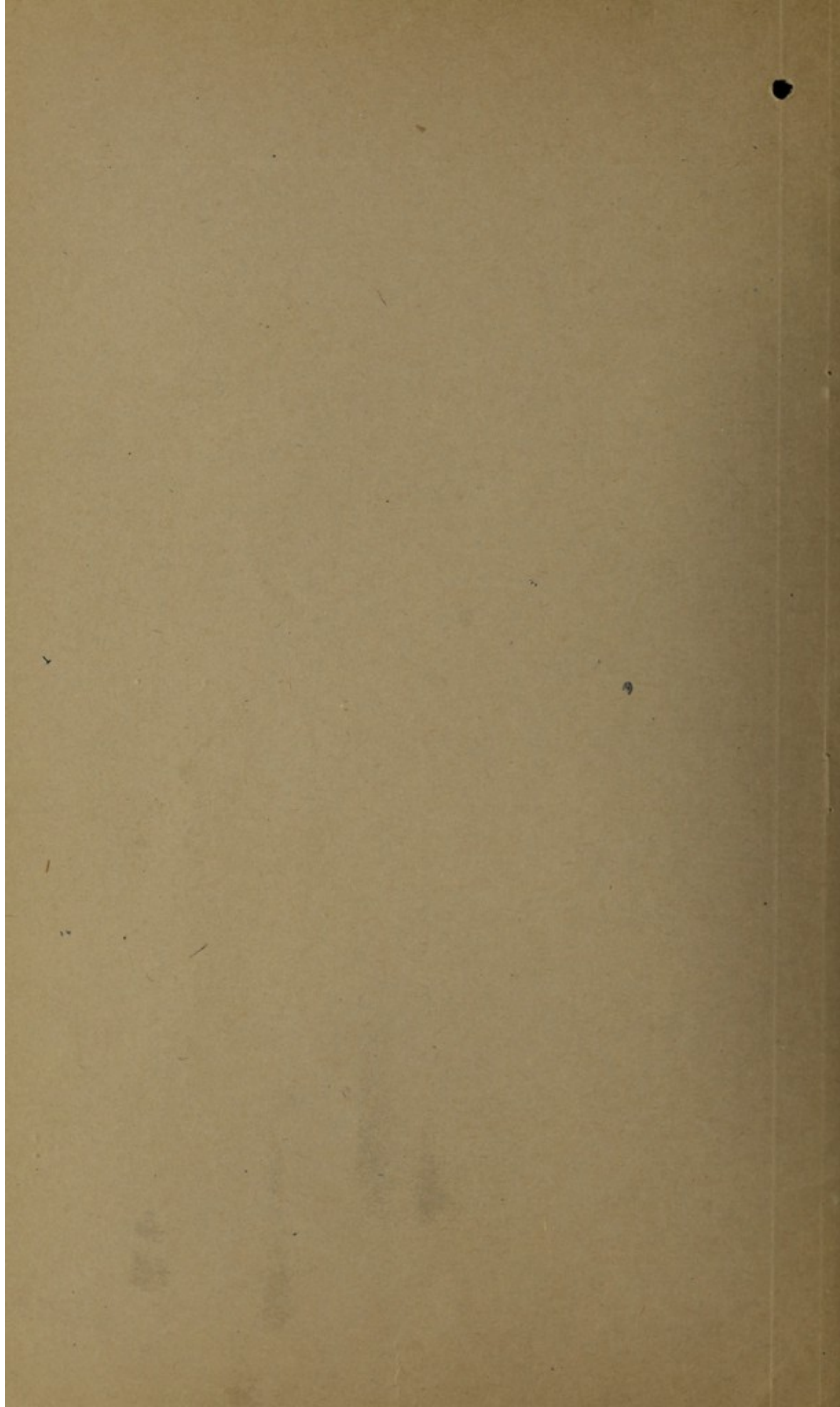
HOLYWELL URBAN DISTRICT COUNCIL



MEDICAL OFFICER OF HEALTH'S

REPORT - YEAR ENDING 31st DECEMBER, 1950.

T own Hall,  
Holywell.





# Holywell Urban District Council

Medical Officer of Health,  
DR. T. W. BRINDLE,  
M.B., Ch.B., D.F.R.

*Town Hall,  
Holywell.*

24th September, 1951.

To the Chairman and Members of the Holywell Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present my Annual Report for the Year ended December 31st, 1950.

During the year under review, there has been a slight increase in the birth-rate for the Holywell Urban Area, whereas the birth-rate for England and Wales has continued to fall. It is also gratifying to be able to report a further improvement in the still-birth rate, which at 0.38 per thousand population is almost identical with the record low-rate of 0.37 per thousand for England and Wales. The death-rate is unchanged at 11.69 per thousand population. Again I can report with satisfaction that there has been no maternal death in the Urban District during the year. Less pleasing, however, is the fact that our infantile mortality rate, although showing a slight decrease, is still very much above the rate for the whole country. Of the seven infant deaths which occurred during the year, four were infants under the age of 4 weeks.

We were fortunate to have no cases of Infantile Paralysis during the year. There was a large increase in the number of cases of measles, 89 as compared with 19, and whooping cough cases also increased to 29 as against 2 the previous year. There were 3 cases of scarlet fever notified, this was a reduction on the previous year's total of 7.

There were, during the year, 9 new cases of pulmonary tuberculosis notified and 3 new cases of non-pulmonary tuberculosis notified for the first time. This is a considerable increase in both types of the disease as compared with the previous year.

Reference to a graph (Fig. 2) which was published in my Annual Report for the year 1949, shows that from 1939-1944 there was a definite increase in the total notifications of all types of the disease and that from 1945-1949, the general trend of the total cases notified was downward. This downward trend has thus been reversed this year. A further disquieting feature of the disease during the year was the increase in the number of deaths from the pulmonary form to 4. It is thus essential that we shall maintain and if possible, increase, our efforts to control the spread of tuberculosis. The means of combating the disease, at our disposal, are :





1. Early Diagnosis & efficient treatment and isolation of cases.

The visit of the Mass Radiography Unit is, of course, an important aid in the early diagnosis. The response of the public to the visit of this Unit early in 1951 was for various reasons not as good as hoped for. The next visit of the Mass Radiography Unit must therefore be given every possible publicity. Efficient treatment and isolation of cases directs attention to the need for the provision by the Regional Hospital Board, of an adequate number of beds for tuberculous patients.

2. Careful supervision of contacts of the disease.

By this supervision, any adverse features in the environment are brought to light and can be remedied. In this connection, it is hoped that the Housing Committee will continue to give sympathetic and urgent consideration to reports made by the Medical Officer of Health, indicating the need for re-housing of families where there is tuberculosis. The time has also arrived when use should be made of protective vaccination by B.C.G. in suitable contacts.

3. Education.

Although mentioned last, this is perhaps one of the most important means of combating the disease. My own visits to tuberculous patients have shown that in spite of all our efforts, there is still woeful ignorance of the most elementary facts concerning this disease and unnecessary risks are still run by many, simply because of lack of knowledge.

The Clean Food Campaign has been continued with vigour. All premises where food is prepared have been frequently inspected. Although much remains to be done, it is pleasing to be able to report that in many cases we have had willing co-operation from the owners of premises and many improvements have been effected. In order to emphasise the need for the greatest possible care by all engaged in handling food, a meeting was arranged to which all engaged in the food trade were invited.- the response was fairly good. At this meeting, films on food hygiene were shown by a Ministry of Information Mobile Film Unit and short talks on this subject were given by the Medical Officer of Health and Sanitary Inspector.

As in other areas, housing remains one of our greatest and most urgent problems. The Council has exerted every effort to speed up the building of the houses allocated. It is a dismal fact, however, that the number of new houses available is insufficient to keep pace with the growing demands. This adds to the responsibilities of the Council in trying to make the best possible use of the houses as they become ready. I have felt it to be my duty to visit the homes of applicants for Council Houses whenever requested - and to report in detail on conditions, especially if there appear to be any special medical grounds which make re-housing urgent. I trust that the Council will continue to find these reports of value to them in their difficult and important task.

1. Early diagnosis & efficient treatment and isolation of cases.

The visit of the team consisting of the Unit is, of course, an important aid in the early diagnosis. The response of the public to the visit of this Unit early in 1934 was for various reasons not as good as hoped for. The next visit of the team consisting of the Unit must therefore be given every possible publicity. Efficient treatment and isolation of cases direct attention to the need for the provision by the Regional Hospital Board of an adequate number of beds for tuberculous patients.

2. General supervision of contacts of the diseased.

By this supervision, my address focuses in the environment and brought to light and can be remedied. In this connection, it is noted that the Housing Committee will continue to give sympathetic and urgent consideration to requests made by the Medical Officer of Health, including the need for re-housing of families where there is tuberculosis. The time has also arrived when we must be made of prospective vaccination by B.C.G. in suitable contacts.

3. Education.

Although mentioned last, this is perhaps one of the most important means of combating the disease. My own visits to tuberculous patients have shown that in spite of all our efforts, there is still a wide ignorance of the most elementary facts concerning this disease and unnecessary risks are still run by many, simply because of lack of knowledge.

The Green Book Campaign has been continued with vigour. All persons whose food is prepared have been frequently inspected. Although much remains to be done, it is pleasing to be able to report that in many cases we have had willing co-operation from the owners of premises and many improvements have been effected. In order to emphasize the need for the Hygiene Committee to be by all engaged in handling food, a meeting was arranged to which all engaged in the food trade were invited - the response was fairly good. At this meeting, films on food hygiene were shown by a Ministry of Information Mobile Film Unit and much interest was shown. The given by the Medical Officer of Health and Sanitary Inspector.

As in other areas, housing remains one of our greatest and most urgent problems. The Council has exerted every effort to speed up the building of the houses allocated. It is a slight pity, however, that the matter of new house-ventilation is unsatisfactory. This adds to the pressure with the Housing Committee. This adds to the responsibility of the Council in trying to make the best possible use of the houses as they become available. I have felt it to be my duty to visit the homes of applicants for Council houses whenever requested - and to report in detail on conditions especially if there appears to be any special medical grounds which make re-housing urgent. I trust that the Council will continue to find these reports of value to them in their efforts and important task.



It is pleasing to record that all the preliminaries in the Joint Water Scheme have been successfully completed and that work should commence in the near future. When the scheme is in full operation the water supply for the whole area will be assured both as regards quality and quantity.

I should like to place on record, my great appreciation to the Chairman of the Health Committee, for his unfailing interest and ready co-operation in all matters affecting the health of the district.

In addition, I should like to thank all members and officers of the Council, and the staff of the Health Department for their help throughout the year.

I remain, Sir, Chairman and Gentlemen,

Very faithfully yours,

T. W. BRINDLE,  
Medical Officer of Health.

These are the figures for the year 1952, and for the purpose of comparison, figures for last year are given, and where appropriate, the rates for England and Wales as a whole, are also given.

TABLE I. Births.

Live-Births.

	Male.	Female.	Total.
Legitimate.	73.	58.	131.
Illegitimate.	2.	3.	5.
TOTAL.	75.	61.	136.

Live Birth-rate per 1,000 population.

1952 - 15.33  
1951 - 14.32

England and Wales, live Birth-rate per 1,000 population.

1952 (Provisional) - 15.8  
1951 - - - - - 16.7

The birth-rate within the Urban Area is somewhat higher than the corresponding rate for England and Wales. It will be noted also, that in contrast to England and Wales as a whole, where the birth-rate has continued to fall, the birth-rate in our Urban area shows a slight increase.

TABLE II. Still-births.

	Male.	Female.	Total.
Legitimate.	3.	-	3.
Illegitimate.	-	-	-
TOTAL.	3.	-	3.

- 3 -



It is pleasing to report that all the difficulties in the Joint Water Scheme have been successfully completed and that work should commence in the near future. When the scheme is in full operation the water supply for the whole area will be assured both as regards quality and quantity.

I should like to place on record my great appreciation to the Chairman of the Health Committee for his untiring interest and ready co-operation in all matters affecting the health of the district.

In addition, I should like to thank all members and officers of the Council, and the staff of the Health Department for their help throughout the year.

I remain, Mr. Chairman and Gentlemen,

Very faithfully yours,

T. W. BRINDLEY,  
Medical Officer of Health.

SECTION A.Social Conditions including chief industries.

Employment within the Urban District is provided in the main, in four industries - a paper making works, a wool factory, a shirt factory and a large artificial silk works. A number of residents find employment in neighbouring districts at a steel works, an iron foundry, in quarrying and coal mining.

Area in acres - 2532.4 Statutory acres.

Population (Registrar General's Estimate).

Mid-Year 1950. 7,950.  
Mid-Year 1949. 7,870.

Number of inhabited houses - 2,400.

Rateable Value - £43,534.

Product of a Penny-Rate: £163-16-1d.

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 also given.

TABLE 1. Births.Live-Births.

	Male.	Female.	Totals.
Legitimate.	73.	68.	141.
Illegitimate.	2.	2.	4.
TOTAL:	75.	70.	145.

Live Birth-rate per 1,000 population.

1950 - 18.24

1949 - 18.04

England and Wales. Live Birth-rate per 1,000 population.

1950 (Provisional) - 15.8

1949 - - - - - 16.7

The birth-rate within the Urban Area thus remains higher than the corresponding rate for England and Wales. It will be noted also, that in contrast to England and Wales as a whole, where the birth-rate has continued to fall, the birth-rate in Holywell Urban area shows a slight increase.

TABLE II. Still-births.

	Male.	Female.	Total.
Legitimate.	3.	-.	3.
Illegitimate.	-.	-.	-.
TOTAL:	3.	-.	3.

TABLE I. - *Population of the United Kingdom, 1925-1930.*

The population of the United Kingdom in 1925 was 46,500,000. In 1930 it was 48,500,000. The increase was 2,000,000. The population of the United Kingdom in 1925 was 46,500,000. In 1930 it was 48,500,000. The increase was 2,000,000.

1925	46,500,000
1930	48,500,000
1935	50,500,000

Population of the United Kingdom in 1925 - 46,500,000. In 1930 it was 48,500,000. The increase was 2,000,000.

TABLE II. - *Population of the United Kingdom, 1925-1930.*

The population of the United Kingdom in 1925 was 46,500,000. In 1930 it was 48,500,000. The increase was 2,000,000. The population of the United Kingdom in 1925 was 46,500,000. In 1930 it was 48,500,000. The increase was 2,000,000.

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1925	46,500,000
1930	48,500,000
1935	50,500,000

Population of the United Kingdom in 1925 - 46,500,000. In 1930 it was 48,500,000. The increase was 2,000,000.

1925	46,500,000
1930	48,500,000
1935	50,500,000

The birth-rate within the United Kingdom was 20.5 per 1,000 in 1925. In 1930 it was 20.0 per 1,000. The increase was 0.5 per 1,000. The birth-rate within the United Kingdom was 20.5 per 1,000 in 1925. In 1930 it was 20.0 per 1,000. The increase was 0.5 per 1,000.

TABLE III. - *Population of the United Kingdom, 1925-1930.*

1925	46,500,000
1930	48,500,000
1935	50,500,000



Still-birth rate per 1,000 total live and still-births.

1950 - 20.27

1949 - 40.54

Still-birth rate per 1,000 population.

1950 - 0.38

1949 - 0.76

England and Wales. Still-birth rate per 1,000 population.

1950 (Provisional) - 0.37

1949 - - - - - 0.39

There has thus, again been a marked reduction in the still-birth rate for the Holywell Urban Area, which has been reduced by 50% as compared with the previous year and is now almost identical with the rate for England and Wales - itself a new low record.

TABLE III. Deaths (General) Rate.

	<u>Males.</u>	<u>Females.</u>	<u>Totals.</u>
All ages (all causes)	49	44	93

Death-rate per 1,000 population.

1950 - 11.69

1949 - 11.69

England and Wales. Death rate per 1,000 population.

1950 (Provisional) - 11.6

1949 - - - - - 11.8

The crude death-rate thus remains unaltered from that of the previous year. The Registrar General's Comparability Factor for the Holywell Urban District is 1.00 so that the corrected death-rate is also 11.69

TABLE IV. Deaths (General) Analysis.

See next page.

Still-birth rate per 1,000 total live and still-births.

1950 - 20.27  
1949 - 19.54

Still-birth rate per 1,000 population.

1950 - 0.36  
1949 - 0.36

England and Wales. Still-birth rate per 1,000 population.

1950 (provisional) - 0.37  
1949 - 0.39

There has been, again, a marked reduction in the still-birth rate for the Holywell Urban Area, which has been reduced by 50% as compared with the previous year and is now almost identical with the rate for England and Wales - itself a new low record.

### TABLE III. Deaths (General) Rate.

England, Wales, Scotland.

All ages (all causes) per 1,000 population.

Death-rate per 1,000 population.

1950 - 11.69  
1949 - 11.69

England and Wales. Death rate per 1,000 population.

1950 (provisional) - 11.6  
1949 - 11.6

The crude death-rate this year remains unchanged from that of the previous year. The Registrar General's Generalized Index for the Holywell Urban District is 1.00 as that the corrected death-rate is also 1.00.

### TABLE IV. Deaths (General) Rate.

See next page.

Cause of Death.	Male.	Female.	Total.	Rate per 1,000 population.
Tuberculosis, respiratory.	2.	2.	4.	0.50
Malignant neoplasm-stomach.	1.	-.	1.	0.13
" " lung, bronchus.	1.	1.	2.	0.25
" " breast.	-.	2.	2.	0.25
" " uterus.	-.	2.	2.	0.25
Other malignant and lymphatic neoplasms.	5.	1.	6.	0.76
Diabetes.	-.	1.	1.	0.13
Vascular lesions of nervous system.	4.	3.	7.	0.88
Coronary disease, angina.	2.	5.	7.	0.88
Hypertension with heart disease.	5.	-.	5.	0.63
Other heart diseases.	13.	9.	22.	2.77
Other circulatory disease.	2.	1.	3.	0.38
Pneumonia.	2.	2.	4.	0.50
Bronchitis.	3.	2.	5.	0.63
Other diseases of respiratory system.	1.	-.	1.	0.13
Gastritis, enteritis and diarrhoea.	1.	1.	2.	0.25
Nephritis & nephrosis.	1.	1.	2.	0.25
Hyperlasia of prostate.	1.	-.	1.	0.13
Congenital malformations.	-.	1.	1.	0.13
Other defined & ill-defined diseases.	5.	9.	14.	1.76
Suicide.	-.	1.	1.	0.13
<b>TOTAL:</b>	<b>49.</b>	<b>44.</b>	<b>93.</b>	

TABLE V. Deaths (Maternal Causes)

Puerperal and Post Abortive Sepsis.	Nil.
Other Maternal Causes.	Nil.
Total:	Nil.

It is pleasing to report that there were no deaths during the year attributed to childbirth.

TABLE VI. Death-rates (Infantile) i.e. Infants under one year of age.

	Male.	Female.	Totals.
Legitimate.	5.	2.	7.
Illegitimate.	-.	-.	-.
<b>TOTALS:</b>	<b>5.</b>	<b>2.</b>	<b>7.</b>

Infantile Death-rate of legitimate babies per 1,000 legitimate births.  
1950 - 49.65  
1949 - 51.86

Infantile Death-rate of Illegitimate babies per 1,000 Illegitimate births.  
1950 - There was no death among illegitimate babies.  
1949 - There was no death among illegitimate babies.

Infantile Death-rate per 1,000 Live-births. (Legitimate & Illegitimate)  
1950 - 48.27  
1949 - 49.29





England and Wales. Infantile Death-rate per 1,000 live-births.

1950 (Provisional) - 29.8

1949 - - - - - 32.4

The Infantile death-rate for England and Wales reached a new low record. The infantile death-rate for the Holywell Urban Area remained high and is still considerably higher than the National rate.

SECTION B. General Provision of Health Services for the Area.

Officers: Medical Officer of Health: T.W.Brindle,  
M.B.,Ch.B., D.P.H.  
Sanitary Inspector & Surveyor : John Topham.

Laboratory Facilities:

Laboratory investigations were carried out at the Public Health Laboratory at Conway.

Ambulance Facilities:

Flintshire County Council (the Local Health Authority) are responsible for the Ambulance Service. An ambulance is stationed in Holywell and a 24 hour service is available. Sitting-cars are available by arrangement with the County Council Welfare Officer.

Nursing and Midwifery in the Home.

These services are both provided under arrangements made by the Flintshire County Council, (the Local Health Authority).

Home Help Service.

This service is also provided by the County Council.

<u>Treatment Clinics.</u>	<u>Situation.</u>	<u>Date and times of opening.</u>
Tuberculosis (Provided by the Regional Hospital Board.)	Cottage Hospital, HOLYWELL.	Every Tuesday. 10.30 a.m.
School Clinic (Provided by the County Council).	The Clinic, HOLYWELL.	Every Friday. 9.30 a.m.
Ante Natal Clinic (Provided by the County Council.)	ditto.	Second and fourth Thursdays of each month. 9.30 a.m.-12 noon.
Infant Welfare Clinic (Provided by the County Council.)	ditto.	Every Thursday. 9.30 a.m. - 4.30 p.m.
Orthopaedic Clinic (Provided by Regional Hospital Board.)	Cottage Hospital, HOLYWELL.	Second and fourth Friday each month 10.0 a.m.-12 noon
Immunisation Clinic (Provided by the County Council.)	The Clinic, HOLYWELL.	Once monthly.

1950 (Provisional) - 25.4

1950 (Provisional) - 25.4

The Institute designates for England and Wales  
 a new low level. The Institute design-  
 ates the highest when a new high and  
 is still considerably higher than the National  
 level.

# General Division of Health Services

General Medical Officer of Health: T.W. Williams,  
 M.B., Ch.B., D.S.H.  
 General Inspector & Surveyor: John Thomas.

## Laboratory Facilities

Laboratory investigations were carried out at  
 the Public Health Laboratory at Conway.

## Medical Facilities

Principles County Council (the local health  
 authority) are responsible for the maintenance  
 of the health services. An ambulance is stationed in Holywell  
 and a 24 hour service is available. All the com-  
 munity health services are available by arrangement with the County  
 Council Health Officer.

## General and Specialist in the House

These services are both provided under  
 arrangements made by the Principals County  
 Council, (the local health authority).

## Home Help Service

This service is also provided by the County  
 Council.

<u>Time and place</u> <u>of consulting</u>	<u>Situation</u>	<u>Treatment facilities</u>
Every Tuesday 10.30 a.m.	Holywell Hospital	Tuberculosis (provided by the Regional Hospital Board.)
Every Friday 9.30 a.m.	The District Hospital	General Clinic (provided by the County Council.)
Twice a week and four in the month 9.30 a.m.-12 noon.	Home	Home Help (provided by the County Council.)
Every Thursday 9.30 a.m.- 1.30 p.m.	The District Hospital	General Clinic (provided by the County Council.)
Second and fourth Friday each month 10.0 a.m.-12 noon	Holywell Hospital	Tuberculosis Clinic (provided by Regional Hospital Board.)
Once a month	The District Hospital	General Clinic (provided by the County Council.)



## Hospitals.

The provision of all types of hospital accommodation is now the responsibility of the Clwyd and Deeside Hospital Management Committee. There are two general hospitals within the Urban area.

## SECTION C. Water Supply.

The temporary arrangements made with a neighbouring authority to augment the Council's insufficient water-supply have proved satisfactory and have prevented the need for cutting off the water supply at any time during the year. The quality of the water has remained at all times satisfactory. Thirteen samples have been taken during the year, from the main supply and have all been Class I, with the exception of one single sample which was Class II. Samples taken from the small local sources however, have been of variable bacteriological quality and these sources require close supervision until they have been eliminated when the new Joint Water Scheme is in full operation.

## Refuse Disposal.

This is carried out by direct labour and there is a weekly collection from every house in the Urban area. The refuse is disposed of by tipping. It has been difficult to maintain the tip in satisfactory condition at all times because of the absence of an attendant to supervise.

## Sanitary Inspection of the Area.

Particulars of Notices and Inspections during the year ended 31st December, 1949, (required by Statute to be included in the Medical Officer's Report).

TABLE VII.

<u>No. of Notices.</u>		<u>Nature.</u>	<u>Result.</u>
<u>Informal.</u>	<u>Formal.</u>		
36.	20.	Notice to provide Dustbins.	Dustbins provided.
-	44.	Nuisances.	Nuisances abated or work in progress.
6.	-	Notice to School Managers, Employers, etc., of the occurrence of Infectious Disease.	

TABLE VIII. Inspections.

<u>Number.</u>	<u>Nature.</u>
427.	Inspections of Dwelling Houses for the purposes of the Housing Acts and Public Health Acts.
12.	Inspection of Slaughterhouses.
123.	Inspection of new buildings for the purposes of Building Bye-laws.
97.	Inspections of Foodshops.
85.	Inspection of Bakehouses.





<u>Shop Acts.</u>	25 Inspections.	
<u>Smoke Abatement.</u>	No action taken.	
<u>Swimming Baths.</u>	No change.	
<u>Eradication of Bed Bugs :</u>		
No. of Council houses found to be infested..		2
No. of Council houses disinfested... ..		2
No. of other houses found to be infested ...		5
No. of other houses disinfested. ... ..		5

#### SECTION D.

##### Housing.

As already mentioned in the introduction, housing remains a major problem. There were 325 applicants for houses at the end of the year and a large proportion of these applicants are in urgent need of re-housing because of the unsatisfactory state of their present accommodation and because of overcrowding.

During the year 42 Council houses were completed and 5 private houses were built.

TABLE IX.

##### 1. Inspection of dwellinghouses during the year.

- 1 (a) Total number of dwellinghouses inspected for housing defects under the Public Health Acts - 179.
- (b) No. of inspections made for the purposes - 427.
- 2 (a) (i) No. of dwellinghouses (included under sub-head above) which were included and recorded under the Housing Consolidated Regulations 1925 and 1932 - Nil.
- (ii) No. of inspections made for this purpose. Nil.
- (iii) No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation - Nil.
- (iv) No. of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects, reasonably fit for human habitation - 69.

TABLE X.

##### 2. Remedy of defects during the year without service of Formal Notice.

No. of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers - 61.

TABLE XI.

##### 3. Action under Statutory Powers during the year.

- (a) Proceedings under Section 9, 10 and 16 of the Housing Act, 1936.
- (i) No. of dwellinghouses in respect of which notices were served requiring repairs - Nil.
- (ii) No. of dwellinghouses rendered fit after serving of formal notices.
- (a) By owners - Nil.
- (b) By Local Authority - Nil.



No. of other houses inspected...  
 No. of other houses found to be infested...  
 No. of Council houses inspected...  
 No. of Council houses found to be infested...  
 No. of other houses inspected...  
 No. of other houses found to be infested...  
 No. of Council houses inspected...  
 No. of Council houses found to be infested...  
 No. of other houses inspected...  
 No. of other houses found to be infested...

SECTION D.

Housing.

As already mentioned in the Introduction, housing remains a major problem. There were 325 applicants for houses at the end of the year and a large proportion of these applicants are in urgent need of re-housing because of the unsatisfactory state of their present accommodation and because of overcrowding. During the year 14 Council houses were completed and 5 private houses were built.

TABLE IX.

1. Inspection of dwellings during the year.  
 (a) Total number of dwellings inspected for housing defects under the Public Health Acts - 193.  
 (b) No. of inspections made for the purpose - 127.  
 (c) (i) No. of dwellings inspected under sub-head above which were included and recorded under the Housing Commission Regulations 1925 and 1932 - Nil.  
 (ii) No. of inspections made for this purpose - Nil.  
 (iii) No. of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation - Nil.  
 (iv) No. of dwellings (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation - 69.

TABLE X.

2. Number of notices during the year which served.  
 (a) Formal notices.  
 No. of notices served during the year - 10.  
 No. of notices served during the year - 10.

TABLE XI.

3. Action under Housing Acts during the year.  
 (a) Proceedings under Section 8, 9 and 10 of the Housing Act, 1932.  
 (i) No. of dwellings in respect of which notices were served requiring repairs - Nil.  
 (ii) No. of dwellings rendered fit after serving of formal notices.  
 (a) By Council - Nil.  
 (b) By Local Authority - Nil.

- (b) Proceedings under Public Health Acts.  
 (i) No. of houses in respect of which notices were served requiring defects to be remedied - 44.  
 (ii) No. of dwellinghouses in which defects were remedied after serving of formal notices -  
     (a) By owners - 17.  
     (b) By Local Authority in default of owners. Nil.
- (c) Proceedings under Section 11 and 13 of the Housing Act, 1936.  
 (i) No. of dwellinghouses in respect of which demolition orders were made - Nil.  
 (ii) No. of dwellinghouses demolished in pursuance of demolition orders - Nil.
- (d) Proceedings in respect of Section 2 Housing Act, 1936.  
 (i) No. of separate tenements or underground rooms in respect of which closing orders were made - Nil.  
 (ii) No. of separate tenements or underground rooms in respect of which closing orders were determined - Nil.

TABLE XII.

4. Housing Act, 1936. Part 4 - Overcrowding.

- (a) (i) No. of dwellinghouses overcrowded at end of year - Unknown.  
 (ii) No. of families dwelling therein - Unknown.  
 (iii) No. of persons dwelling therein - Unknown.  
 (iv) (b) No. of new cases of overcrowding reported during the year - Unknown.  
       (c) No. of cases of overcrowding relieved during the year - Unknown.  
       No. of persons concerned in such cases - Unknown.

SECTION E. Inspection and Supervision of Food.

Milk Supply. The milk supply was maintained at its usual standard throughout the year. Inspections of farms were carried out as time permitted.

TABLE XIII. Carcases inspected and condemned.

	Cattle incl. Cows.	Calves.	Sheep & Lambs.	Pigs.
Number killed.	1219	391	5492	73.
Number inspected.	1219	391	5492	73.
All diseases except Tuberculosis Whole Carcases condemned.	3	8	6	Nil.
Carcases of which some part or organ was condemned.	170	-	57	-
Percentage of number inspected affected with diseases other than Tuberculosis.	13.9	-	1.1	-
Tuberculosis only. Whole carcases condemned.	.23	-	-	-
Carcases of which some part or organ was condemned.	140	-	-	2
Percentage of number inspected affected with tuberculosis.	13.3	-	-	.2

- (d) Proceedings under Public Health Act.
- (i) No. of houses in respect of which notices were served regarding defects to be remedied - 44.
- (ii) No. of dwellings in which defects were remedied after serving of formal notices -
- (a) By owners - 17.
- (b) By local authority in default of owners - Nil.
- (e) Proceedings under Section 11 and 12 of the Housing Act, 1936.
- (i) No. of dwellings in respect of which demolition orders were made - Nil.
- (ii) No. of dwellings demolished in pursuance of demolition orders - Nil.
- (f) Proceedings in respect of Section 2 Housing Act, 1936.
- (i) No. of separate tenements or underground rooms in respect of which closing orders were made - Nil.
- (ii) No. of separate tenements or underground rooms in respect of which closing orders were determined - Nil.

# TABLE XII.

## IN HUNTER AST. 1936. Part A - Overcrowding.

- (a) (i) No. of dwellings overcrowded at end of year - Unknown.
- (ii) No. of families dwelling therein - Unknown.
- (iii) No. of persons dwelling therein - Unknown.
- (iv) No. of new cases of overcrowding reported during the year - Unknown.
- (v) No. of cases of overcrowding relieved during the year - Unknown.
- No. of persons housed in such cases - Unknown.

## SECTION B. Inspection and Supervision of Food.

Milk Supply. The milk supply was maintained at its usual standard throughout the year. Inspections of stores were carried out as time permitted.

## TABLE XIII. Carcasses Inspected and condemned.

	Number killed.	Number inspected.	All diseases except Tuberculosis.	Carcasses of which some part or organ was condemned.	Percentage of number inspected affected with diseases other than Tuberculosis.	Tuberculosis only. Whole carcasses condemned.	Carcasses of which some part or organ was condemned.	Percentage of number inspected affected with tuberculosis.
1935.	121	121	2	2	1.6	2	1.6	1.6
1936.	121	121	2	2	1.6	2	1.6	1.6



TABLE XIV. Food Poisoning Outbreaks.

<u>Total No. of outbreaks.</u>	<u>No. of cases.</u>	<u>No. of deaths.</u>	<u>Organisms or other agents responsible, with no. of outbreaks of each.</u>	<u>Foods involved with no. of outbreaks of each.</u>
Nil.	Nil.	Nil.	Nil.	Nil.

TABLE XV. FACTORIES ACTS, 1937 and 1948.  
Part I of the Act.

## INSPECTIONS.

<u>Premises.</u>	<u>M/c Line No. 2</u>	<u>No. on Regis- ter.</u>	<u>Number of</u>		<u>Occupiers prosecuted</u>
			<u>Inspec- tions.</u>	<u>Written Notices.</u>	
(i) Factories in which Sections 1, 2, 3, 4, & 5 are to be enforced by local authorities.	1.	8.	15.	1.	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	2.	6.	13.	1.	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises.)	3.	-.	-.	-.	-.
TOTAL:		14.	31.	2.	-.

## CASES IN WHICH DEFECTS WERE FOUND.

<u>Particulars.</u>	<u>M/c Line No.</u>	<u>Number of cases in which defects were found.</u>				<u>No. of cases in which pro- secutions were instituted.</u>
		<u>Found.</u>	<u>Re- ferred to H. by H.M. M.I.</u>	<u>Referred to H. by H.M. M.I.</u>		
Want of Cleanliness. S.1.	4.	5.	5.	-.	-.	-.
Overcrowding S.2.	5.	3.	-.	-.	-.	-.
Inadequate ventilation S.4.	7.	-.	-.	-.	-.	-.
Unreasonable temper- ature. S.3.	6.	-.	-.	-.	-.	-.
Ineffective drainage of floors. S.6.	8.	1.	1.	-.	-.	-.
Sanitary Conveniences S.7. Insufficient.	9.	1.	-.	-.	1.	-.
Unsuitable or defect- ive.	10.	3.	3.	-.	-.	-.
Not separate for sexes.	11.	-.	-.	-.	-.	-.
Other offences against the Act (not including offences relating to outwork.)	12.	2.	1.	-.	1.	-.
TOTAL:		12.	10.	-.	2.	-.





## SECTION F.

TABLE XVI. Prevalence of, and Control over Infectious &amp; Other Diseases.

## NOTIFIABLE DISEASES.

NAME OF DISEASES.	NO. OF CASES NOTIFIED.
Scarlet Fever.	3.
Pneumonia.	10.
Measles.	89.
Meningitis.	1.
Whooping Cough.	29.
TOTAL:	132.

TABLE XVII. ANALYSIS OF NOTIFIED INFECTIOUS DISEASES.

The figures shown in Column 1 of the foregoing Table are analysed in age groups below.

DISEASE.	No. of cases notified as having occurred among persons of the ages immediately below specified											Total
	0-1	1-3	3-5	5-10	10-15	15-25	25-35	35-45	45-55	55-65	65 & over.	
Scarlet Fever.	-	-	-	2.	1.	-	-	-	-	-	-	3
Whooping Cough.	3.	7.	12.	5.	2.	-	-	-	-	-	-	29
Measles.	3.	15.	20.	51.	-	-	-	-	-	-	-	89
Ac. Pneumonia.	1.	-	-	-	-	-	-	1.	2.	3.	3.	10
Meningococcal Infection.	-	1.	-	-	-	-	-	-	-	-	-	1
TOTALS:	7.	23.	32.	58.	3.	-.	-.	1.	2.	3.	3.	132.

Although there was no serious outbreak of infectious disease during the year, measles cases increased to 89 and cases of whooping cough to 29. There were no cases of infantile paralysis or diphtheria during the year. Diphtheria Immunisation is now the responsibility of the Local Health Authority - Flintshire County Council. From figures kindly supplied by Dr. A.E. Roberts, County Medical Officer of Health, it is estimated that at December 31st, 1951, out of a total estimated population of 1,893 persons under 15 years of age, 1,518 had been immunised against diphtheria.



# SECTION F.

## TABLE XVI. Prevalence of, and Control over Infectious & Other Diseases.

### NOTIFIABLE DISEASES.

NAME OF DISEASE.	NO. OF CASES NOTIFIED.
Scarlet Fever.	3.
Psittacosis.	10.
Measles.	89.
Scarlet Fever.	1.
Whooping Cough.	29.
TOTAL.	132.

### TABLE XVII. ANALYSIS OF NOTIFIED INFECTIONS.

The figures shown in Column 1 of the foregoing Table are analysed in the groups below.

DISEASE.	No. of cases notified as having occurred among persons of the ages immediately below specified
Scarlet Fever.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Whooping Cough.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Measles.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Scarlet Fever.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Whooping Cough.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Measles.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Scarlet Fever.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Whooping Cough.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
Measles.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+
TOTAL.	0-4 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+

Although there was no serious outbreak of infectious disease during the year, measles cases increased to 89 and cases of whooping cough to 29. There were no cases of infantile paralysis or diphtheria during the year. Diphtheria immunity is now the responsibility of the Local Health Authority. From figures kindly supplied by Dr. A. E. Roberts, County Medical Officer of Health, it is estimated that at December 31st, 1934, out of a total population of 1,999 persons under 15 years of age, 1,818 had been immunised against diphtheria.

# TUBERCULOSIS.

NEW CASES NOTIFIED DURING THE YEAR, 1950.      DEATHS FROM TUBERCULOSIS DURING THE YEAR, 1950.

Age Groups.	RESPIRATORY.		NON-RESPIRATORY.		Total		RESPIRATORY.		NON-RESPIRATORY.		Total
	M.	F.	M.	F.			M.	F.	M.	F.	
0.	-	-	-	-	-		-	-	-	-	-
1.	-	-	-	-	-		-	-	-	-	-
5.	-	1	1	1	3		-	-	-	-	-
15.	1	2	-	-	3		-	-	-	-	-
25.	1	-	-	-	1		-	-	-	-	-
35.	1	1	-	-	2		2	1	-	-	3
45.	-	1	-	1	2		-	-	-	-	-
55.	-	1	-	-	1		-	1	-	-	1
65.	-	-	-	-	-		-	-	-	-	-
All ages	3.	6.	1.	2.	12.		2.	2.	-	-	4.

There were during the year, 9 new cases of pulmonary tuberculosis and 3 new cases of non-pulmonary tuberculosis notified for the first time. There was thus a considerable increase in the notifications of both types of the disease as compared with the previous year. Deaths from the pulmonary form increased to 4.

# TUBERCULOSIS.

NEW CASES REPORTED DURING THE YEAR 1920.  
 DURING THE YEAR 1920.

Age Groups.	THE YEAR 1920.				THE YEAR 1919.			
	Total.	Male.	Female.	Total.	Total.	Male.	Female.	Total.
0.	-	-	-	-	-	-	-	-
1.	-	-	-	-	-	-	-	-
2.	-	-	-	-	-	-	-	-
3.	-	-	-	-	-	-	-	-
4.	-	-	-	-	-	-	-	-
5.	-	-	-	-	-	-	-	-
6.	-	-	-	-	-	-	-	-
7.	-	-	-	-	-	-	-	-
8.	-	-	-	-	-	-	-	-
9.	-	-	-	-	-	-	-	-
10.	-	-	-	-	-	-	-	-
11.	-	-	-	-	-	-	-	-
12.	-	-	-	-	-	-	-	-
13.	-	-	-	-	-	-	-	-
14.	-	-	-	-	-	-	-	-
15.	-	-	-	-	-	-	-	-
16.	-	-	-	-	-	-	-	-
17.	-	-	-	-	-	-	-	-
18.	-	-	-	-	-	-	-	-
19.	-	-	-	-	-	-	-	-
20.	-	-	-	-	-	-	-	-
All ages.	12.	1.	2.	3.	12.	2.	2.	4.

There were during the year, 9 new cases of pulmonary tuberculosis and 5 new cases of non-pulmonary tuberculosis notified for the first time. There was thus a considerable increase in the notification of both types of the disease as compared with the previous year. Deaths from the pulmonary form increased to 4.





