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ST. ASAPH RURAL DISTRICT  
COUNCIL



# ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

D. P. W. ROBERTS

M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.P.H.

and

PUBLIC HEALTH INSPECTOR

R. P. BARLOW, M.A.P.H.I.

for the year 1961







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## ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH FOR 1961

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my first Report as Medical Officer of Health for the year 1961. In this foreword, attention is drawn to some of the main features of the year ; further details of these will be found elsewhere in the report.

The population of the Rural District in June 1961, based upon the Census carried out in the previous April, was 9,830 and this was a decrease of 30 on the previous year in spite of an excess of births over deaths of 25.

These fluctuations in the population of the District in recent years have largely been due to the variations in the strength of the military establishments in the area, and I am satisfied that the civilian population is increasing. It will be observed in the report that the number of inhabited properties has increased in ten years by over 500, and private building in Rhuddlan, St. Asaph and, to a lesser extent, Dyserth is expanding.

The birth rate was 15.86 and when adjusted for the higher population of old people in the local population the corrected figure was 17.13, which compares well with the national average of 17.4.

The death rate was 13.3 and when adjusted, as indicated previously, was 11.7 compared with the national average of 12.

During the year there were 6 deaths of infants under 1 year of age, producing an infant mortality rate of 39.1 compared with national average of 21.4. This toll of life is the highest figure since 1956 and 4 of these infants died in the first week of life, mainly because of non-preventable diseases. The standard of Ante-natal and Post-natal care compares well with general standards throughout the country, but there is no reason for complacency, and further efforts must be made to reduce to a minimum the loss of infant life. I am in favour of increasing the proportion of mothers being confined in hospital for delivery and possible subsequent discharge from hospital before the end of the normal period of confinement, although this is not popular with the district midwife. This I consider is most important in scattered rural areas where, should complications develop during delivery, the risk of life is very much increased in home confinement compared with hospital confinement.

The illegitimacy rate for 1961 was 32 per 1,000 births compared with national figure of 59, and there has been a considerable decrease on the previous year, the reason for which I am unable to give. The death rate was 13.3 and when adjusted was 11.7 which compares satisfactorily with the national death rate of 12 per 1,000 population. It is interesting to



reflect on the changes that have taken place in the health of the District over the past 70 years and in the report of the Medical Officer of Health for St. Asaph Sanitary District (St. Asaph R.D.C., Aled R.D.C., Abergele, Prestatyn and Denbigh) for 1892 he comments on the large number of deaths from consumption (23) in the total of 289 deaths in the District. Furthermore, in the report, concern is also expressed about incidence of cholera and risks of further introduction of this disease by foreign seamen using the ports of Rhuddlan and Rhyl, and anxiety is also expressed about the number of cases of diphtheria and typhoid.

During the year there were 6 new cases of tuberculosis (4 pulmonary tuberculosis) notified, and in spite of the efficient treatment and careful follow up of contacts of each new case, it is probable that new cases will occur in the future for some considerable time due to the fairly extensive reservoir of infection amongst the older members of the community.

There were a considerable number of cases of measles which was of a very mild nature, and although a considerable amount of research work is being carried out at present to introduce a satisfactory vaccine to prevent the disease it is probable that another two or three years will elapse before it can be introduced, and it is hoped that it can be combined with the other prophylactic agents, so as to reduce the number of injections that infants are required to receive.

During the year 24 cases of food poisoning occurred at the local hospital, and investigation revealed a deplorable state of food hygiene both in the equipment and the technique and practices of the staff. Recommendations were made, and I am pleased to say that the hospital authorities were most co-operative, and the majority of the short term and most important improvements have been carried out.

Longer-term improvements are required, but these are linked to the ultimate future of the hospital. Opportunity was taken at this stage of lecturing to the staff of the hospital, both canteen and trainee nurses, on Food Hygiene, and films and visual aids were supplied by the County Council.

I would like to take this opportunity of thanking Mr. Lewis for his help in this work.

Visits were also paid to a large modern factory in St. Asaph where lectures and demonstrations were given in food hygiene.

The Council built 47 houses and bungalows, and private builders erected 66, and I must congratulate the authority on the enthusiasm which the members show in pressing on with the rehousing of the families living in slum property and overcrowded circumstances and, above all, in the provision of old people's bungalows. The District Council, at the time of writing of this report, have accepted in principle the County Council scheme for financial assistance in providing certain welfare facilities, and the details of the scheme appear later in the report.



During the year 33 houses were represented for demolition or closing orders, and steady progress is being made, but there are approximately 180 properties still unfit by present day standards, although a proportion of these could be made fit at reasonable expense. It might appear to an outsider that the Council's scheme for slum clearance is rather haphazard, but this is due to a number of factors which include the desire not to move people from condemned property against their wishes unless absolutely necessary, and where age or infirmity mitigate against a person's removal, although the Council will give considerable help in this matter. Another factor about which I am particularly concerned is the long delay over the carrying out of demolition orders, on property that has been represented for demolition, and in some cases this has been occasioned by delays over the purchase of the land through the District Valuer. Nevertheless, I consider that the Council should press for all possible steps to be taken to see that these orders are carried out as speedily as is possible.

Some of the properties that have been represented as unfit and been the subject of closing or demolition orders have been reconditioned, often with the aid of an improvement grant (provided that the improved property has a life of 20 years). This reconditioning can prove to be extremely costly but carried out often because of the site value or character of the property.

Progress has been made on the Tremeirchion and Bodfari sewerage schemes and it is hoped that these schemes will go out to tender shortly.

The Council have agreed to participate in a joint scheme with Rhyl and Prestatyn in the investigation of atmospheric pollution, and the Authority are particularly concerned about the dust and noise nuisance from a quarry in Dyserth.

The Manager of the Employment Exchange at Rhyl has kindly provided details of the employment position in the area, and as mentioned in previous years there is considerable difficulty in finding employment for men over 50 years.

It is pleasing to record that another firm manufacturing electrical equipment is erecting a factory in St. Asaph and this will provide a valuable source of employment, and strike a happy balance between the agricultural and industrial aspects of the local employment situation.

I should like to pay tribute to the outstanding efforts of the voluntary organisations of the District, and particularly to the Women's Voluntary Service who have provided an excellent Meals on Wheels Service.

I should like to express my thanks to the Chairman and Members of the Council, the Clerk, Mr. Barlow, and Mr. Easton who prepared most of the statistics of the report, and Dr. G. W. Roberts, the County Medical Officer of Health.

I remain, your obedient servant,

D. P. W. ROBERTS,

Medical Officer of Health.



## GENERAL STATISTICS

Land Area .....	22,300 acres
Population at mid-year 1961 (Registrar General's estimate) .....	9,830
Population change compared with previous year (decreased) .....	30
Number of inhabited properties at end of 1961 .....	3,119
Number of empty properties at end of 1961 .....	132
Rateable value of the Rural District at end of 1961 .....	£101,471
Product of the 1d rate .....	£435 14 1

## SOCIAL CONDITIONS IN THE RURAL DISTRICT

The rural district is situated in the beautiful Vale of Clwyd, and until recently employment was largely agricultural, the land having a high fertility and blessed by a good climate with comparatively low rainfall (average for past 10 years at Rhyl is 26.1 inches), mild winters with little fog.

During the past five years new industries have been established providing employment for over 1,000 men and women in glass production, clothing manufacture, printing, and assembly of electrical equipment. Employment is also obtained in Deeside industrial plants, and in the summer season temporary work can be obtained for women in Rhyl.

## VITAL STATISTICS

	Total
Live Births .....	156
Male 81, Female 75	
Legitimate live births .....	151
Male 80, Female 71	
Illegitimate live births .....	5
Male 1, Female 4	
Illegitimate local rate per 1,000 live births .....	32
National illegitimate rate per 1,000 live births .....	59
Crude birth rate per 1,000 live births .....	15.86
Birth rate comparability factor for district .....	1.08
Birth rate standardised .....	17.13
National birth rate per 1,000 population .....	17.4
Still births (total) .....	6
Legitimate still births .....	6
Illegitimate still births .....	Nil
Local still birth rate per 1,000 live and still births .....	37.0
National still birth rate per 1,000 live and still births .....	18.7
Infant deaths under age of 1 year .....	6
Legitimate infant deaths under age of 1 year .....	6
Illegitimate infant deaths under age of 1 year .....	Nil
Infant mortality rate per 1,000 live births .....	39.1
National infant mortality rate per 1,000 live births .....	21.4
Legitimate infant deaths per 1,000 legitimate live births .....	39.7
Illegitimate infant deaths for 1,000 illegitimate live births .....	Nil



Infant deaths under 4 weeks of age .....	5
Legitimate infant deaths under 4 weeks of age .....	5
Illegitimate infant deaths under 4 weeks of age .....	Nil
Neo-Natal Mortality rate per 1,000 live births (under 4 weeks of age)	32
National Neo-Natal Mortality rate .....	15.5
Total Peri-natal deaths (still birth and deaths under 1 week combined)	10
Perinatal Mortality rate per 1,000 live and still births .....	61.72
Deaths in first week of life (early neo-natal period) .....	4
Early Neo-Natal Mortality rate (deaths under 1 week per 1,000 live births) .....	25.6
Maternal Mortality including abortion :—	
Number of deaths .....	Nil
Rate per 1,000 total live and still births .....	Nil

### DEATHS

Deaths .....	Male 67, Female 64	Total
Crude death rate per 1,000 population .....		13.3
Comparability factor .....		0.88
Death rate standard per 1,000 population .....		11.7
Maternal death rate for England and Wales .....		12

### RECENT POPULATION CHANGES IN THE DISTRICT

The following table shows the changes in the population due to migration and the probable change in strength of the military establishment.

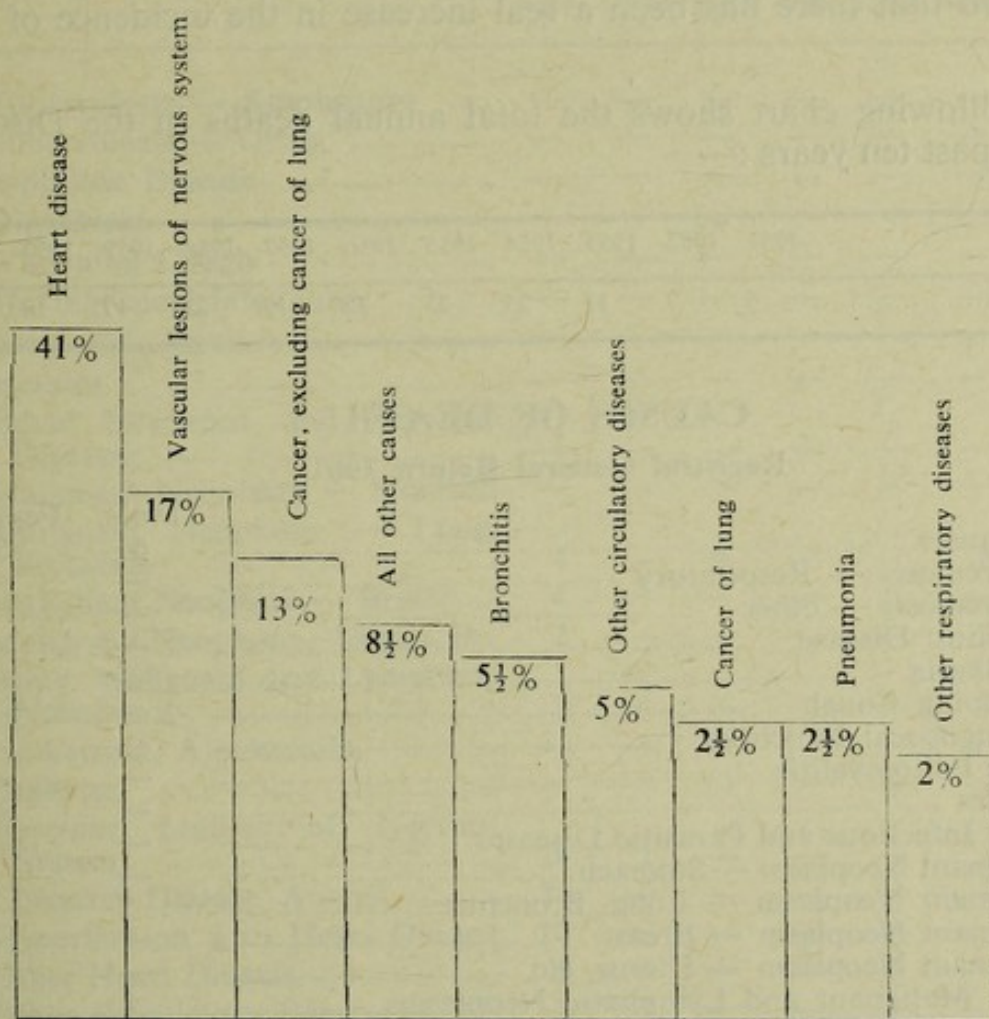
(1)	(2)	(3)	(4)	(5)
Year.	Mid-year population Registrar General's estimated figure.	Population change during year.	Change in population due to Births and Deaths during year.	Change in population due to migration.
1901	6,158 census	—	—	—
1911	7,534 census	—	—	—
1924	7,356	—	—	—
1931	7,873 census	—	—	—
1941	8,407	—	—	—
1951	10,640 census	—	—	—
1952	10,690	+50	+20	+30
1953	10,430	—260	+13	—273
1954	10,520	+90	+3	+87
1955	11,100	+580	—	+580
1956	10,500	—600	+62	—662
1957	11,020	+520	+44	+476
1958	10,680	—34	+12	—46
1959	10,320	—360	+16	—376
1960	9,860	—460	+36	—496
1961	9,830 census	—30	+25	—55

A minus sign in column (4) indicates excess of deaths over births, and plus sign is vice versa.



## DEATHS FROM PRINCIPAL CAUSES

The diagram shown below indicates the common causes of death in order of importance from National returns.



### Cancer

The total deaths from cancer have steadily increased in the district, and in particular cancer of the lung, as shown in the following table based on the Registrar General's returns.

CANCER DEATHS	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Lung .....	2	2	4	4	2	2	4	3	3	5	6
Stomach .....	4	4	5	10	6	9	3	4	4	4	1
Breast .....	1	1	3	2	1	1	1	3	—	4	5
Uterus .....	—	4	1	—	2	—	2	—	—	—	2
Leukaemia .....	—	2	1	—	—	—	1	1	—	1	—
Other Sites .....	8	10	10	14	10	8	13	7	10	7	12
Total deaths all sites ...	15	23	24	30	21	20	24	18	17	21	26



## Coronary Heart Disease

During the past twenty years there has been considerable rise in the incidence of this disease, and although improved methods of certification of death may have accounted for some of this rise, it is generally considered that there has been a real increase in the incidence of the disease.

The following chart shows the total annual deaths in the District over the past ten years :—

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Deaths .....	6	7	11	25	23	22	19	23	17	18	20

### CAUSES OF DEATH Registral General Return 1961

	Male.	Female.
All causes .....	67	64
1. Tuberculosis — Respiratory .....	—	—
2. Tuberculosis — other .....	—	—
3. Syphilitic Disease .....	—	—
4. Diphtheria .....	—	—
5. Whooping Cough .....	—	—
6. Meningococcal Infections .....	—	—
7. Acute Poliomyelitis .....	—	—
8. Measles .....	—	—
9. Other Infectious and Parasitic Diseases .....	—	—
10. Malignant Neoplasm — Stomach .....	—	1
11. Malignant Neoplasm — Lung, Bronchus .....	5	1
12. Malignant Neoplasm — Breast .....	—	5
13. Malignant Neoplasm — Uterus, etc. ....	—	2
14. Other Malignant and Lymphatic Neoplasms .....	8	4
15. Leukaemia, Aleukaemia .....	—	—
16. Diabetes .....	—	—
17. Vascular Lesions of the Nervous System .....	7	20
18. Coronary Disease, Angina .....	11	9
19. Hypertension with Heart Disease .....	5	3
20. Other Heart Disease .....	4	7
21. Other Circulatory Disease .....	3	2
22. Influenza .....	—	2
23. Pneumonia .....	5	—
24. Bronchitis .....	5	2
25. Other Diseases of the Respiratory System .....	—	—
26. Ulcer of Stomach and Duodenum .....	—	—
27. Gastritis, Enteritis and Diarrhoea .....	—	—
28. Nephritis and Nephrosis .....	—	—
29. Hyperplasia of Prostate .....	1	—
30. Pregnancy, Childbirth, Abortion, etc. ....	—	—
31. Congenital Malformations .....	—	—
32. Other defined and ill-defined diseases .....	8	4
33. Motor Vehicle Accidents .....	2	1
34. All other Accidents .....	1	1
35. Suicide .....	2	—
36. Homicide and Operations of War .....	—	—



## CAUSES OF DEATH BASED ON LOCAL RETURNS

	All Ages	Under 1 year	1-5 years	5-25	25-44	44-65	Over 65
1. Tuberculosis — Respiratory .....	—	—	—	—	—	—	—
2. Tuberculosis — Other .....	—	—	—	—	—	—	—
3. Syphilitic Disease .....	—	—	—	—	—	—	—
4. Diphtheria .....	—	—	—	—	—	—	—
5. Whooping Cough .....	—	—	—	—	—	—	—
6. Meningococcal Infections .....	—	—	—	—	—	—	—
7. Acute Poliomyelitis .....	—	—	—	—	—	—	—
8. Measles .....	—	—	—	—	—	—	—
9. Other Infectious and Parasitic Diseases .....	—	—	—	—	—	—	—
10. Malignant Neoplasm — Stomach .....	—	—	—	—	—	—	—
11. Malignant Neoplasm — Lung, Bronchus .....	4	—	—	—	1	2	1
12. Malignant Neoplasm — Breast .....	4	—	—	—	1	—	3
13. Malignant Neoplasm—Uterus, etc. ....	2	—	—	—	—	1	1
14. Other Malignant and Lymphatic Neoplasms .....	12	—	—	1	—	1	10
15. Leukaemia, Aleukaemia .....	—	—	—	—	—	—	—
16. Diabetes .....	—	—	—	—	—	—	—
17. Vascular Lesions of Nervous System .....	28	1	—	—	—	3	24
18. Coronary Disease, Angina .....	27	—	—	—	—	1	26
19. Hypertension with Heart Disease .....	10	—	—	—	—	—	10
20. Other Heart Disease .....	5	—	—	—	—	—	5
21. Other Circulatory Disease .....	4	—	—	—	—	—	4
22. Influenza .....	2	—	—	—	—	2	—
23. Pneumonia .....	6	—	—	—	—	1	5
24. Bronchitis .....	5	—	—	—	—	—	5
25. Other Diseases of the Respiratory System .....	1	—	1	—	—	—	—
26. Ulcer of Stomach and Duo- denum .....	—	—	—	—	—	—	—
27. Gastritis, Enteritis and Diarrhoea .....	—	—	—	—	—	—	—
28. Nephritis and Nephrosis .....	1	—	—	—	—	—	1
29. Hyperplasia of Prostate .....	1	—	—	—	—	—	1
30. Pregnancy, Childbirth, Abortion, etc. ....	—	—	—	—	—	—	—
31. Congenital Malformations .....	2	2	—	—	—	—	—
32. Other defined and ill-defined Dis- eases .....	8	3	—	—	—	—	5
33. Motor Vehicle Accidents .....	2	—	—	1	1	—	—
34. All other Accidents .....	3	—	—	—	3	—	—
35. Suicide .....	1	—	—	1	—	—	—
36. Homicide and Operations of War .....	—	—	—	—	—	—	—



**TABLE SHOWING VITAL STATISTICS OF THE DISTRICT  
FOR THE PAST TEN YEARS**

Year.	Registrar General Mid-year Estimate of Population.	Number of Local Births, Registrar General's Return.	Local Crude Birth Rate per 1,000 Population.	Local Adjusted Birth Rate.	National Birth Rate per 1,000 Population.	Local Deaths, Registrar General's Return.	Crude Death Rate per 1,000 Population.	Adjusted Local Death Rate per 1,000 Population.	National Death Rate per 1,000 Population.	Infant Deaths under 1 year of age.	Local Infant Mortality Rate per 1,000 Live Births.	National Infant Mortality Rate.
1881*	—	431	28.8	—	—	290	18.9	—	—	41	95	—
1892*	14,321	321	22.4	—	—	269	18.7	—	—	45	140	—
1911	7,534	169	22.5	—	—	105	13.8	—	—	14	82.3	—
1924	7,356	119	16.1	—	18.8	92	12.5	—	12.2	5	42	75.0
1931	7,873	109	13.8	—	—	111	14.07	—	12.3	4	36.6	—
1941	8,407	125	14.8	—	—	138	16.4	—	12.9	12	104.3	66.0
1951	10,640	148	13.91	18.1	15.5	111	10.43	10.12	12.5	8	54.5	29.6
1952	10,690	129	12.07	15.7	15.3	109	10.2	9.9	11.3	5	38.8	27.6
1953	10,430	117	11.2	14.6	15.5	104	9.9	9.6	11.4	2	17.1	26.8
1954	10,520	128	12.7	15.1	15.2	125	11.9	10.7	11.3	4	15.6	25.5
1955	11,100	115	10.3	12.8	15.0	115	10.3	9.4	11.7	1	34.9	24.9
1956	10,500	154	13.9	17.2	15.7	92	8.3	7.9	11.7	6	6.5	23.8
1957	11,020	152	13.8	16.9	16.1	108	9.8	9.7	11.5	2	39.5	23.0
1958	10,680	135	12.6	15.6	16.4	123	11.5	10.9	11.7	1	14.8	22.5
1959	10,320	130	12.6	15.5	16.5	114	11.1	10.7	11.6	1	7.69	22.0
1960	9,860	142	14.0	17.2	17.1	106	10.7	10.3	11.5	1	7.04	21.7
1961	9,830	156	15.86	17.13	17.4	131	13.3	11.7	12.0	6	39.0	21.4

\* During this period the sanitary district included St. Asaph R.D.C., Aled R.D.C., Prestatyn U.D.C., part of Holywell R.D.C. (Gronant), part of Abergele U.D.C., and Denbigh Borough.



## INFECTIOUS DISEASES

The following table shows the incidence of infectious diseases that are notifiable in 1961 :—

Disease	At all ages.	Under 1 yr.	inc. 1-2 yrs.	inc. 3-4 yrs.	inc. 5-9 yrs.	10—14+	15—20+	21—35+	36—65	over 65	Cases admitted to Hospital
Scarlet Fever	3	Nil	Nil	2	1	Nil	Nil	Nil	Nil	Nil	Nil
Whooping Cough	1	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Measles	160	4	28	40	80	4	Nil	1	Nil	Nil	Nil
Ophthalmia											
Neonatorum	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Pneumonia	2	Nil	Nil	1	Nil	Nil	Nil	Nil	1	Nil	Nil
Erysipelas	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Paratyphoid	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Food Poisoning											
Salmonella	25	Nil	Nil	1	Nil	Nil	Nil	1	4	19	Nil
Poliomyelitis	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Puerperal Pyrexia	5	Nil	Nil	Nil	Nil	Nil	2	3	Nil	Nil	5
Dysentery	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tuberculosis											
Respiratory	6	Nil	Nil	Nil	Nil	Nil	Nil	2	2	2	4
Non-respiratory	1	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	1

It is pleasing to record that no cases of diphtheria or poliomyelitis occurred in the district.

The large number of cases of measles often occur in cycles and this is probably due to rise in the incidence of immune children after an epidemic, and then fall with the passage of time until the percentage of susceptibles rises to a critical level and introduction of the virus often results in another epidemic.

### Food Poisoning

In 1961 25 cases of food poisoning occurred and the following details are given.

The outbreak occurred in February at the local hospital, and 24 patients in one ward were affected and *Clostridium Welchii* was isolated from the affected individuals. Investigation revealed that the probable cause of the infection was infected meat, and this arose probably from faulty food practices and defective equipment.

Recommendations were made and most of these have now been implemented.



## TUBERCULOSIS CASES, 1961

Age Period (Yrs.)	NEW CASES				DEATHS			
	Pulmonary Male	Pulmonary Female	Non-Pulmonary Male	Non-Pulmonary Female	Pulmonary Male	Pulmonary Female	Non-Pulmonary Male	Non-Pulmonary Female
0—1 .....	—	—	—	—	—	—	—	—
1—4 .....	—	—	—	—	—	—	—	—
5—9 .....	—	—	—	—	—	—	—	—
10—14 .....	—	—	—	—	—	—	—	—
15—19 .....	—	—	—	—	—	—	—	—
20—24 .....	—	—	—	—	—	—	—	—
25—34 .....	1	—	1	—	—	—	—	—
35—44 .....	—	1	—	—	—	—	—	—
45—54 .....	—	—	—	—	—	—	—	—
55—64 .....	2	—	—	—	—	—	—	—
65 and over .....	2	—	—	—	—	—	—	—
Totals .....	5	1	1	Nil	Nil	Nil	Nil	Nil

### Tuberculosis

As will be observed in the previous table, there were 7 cases of tuberculosis notified of which 6 were respiratory in origin. Close co-operation is maintained between the District Health authorities, County Council Health Visitors and the local Chest Clinic staff in ensuring satisfactory care and after care arrangements and in the tracing and observation of contacts.

Every County District Authority maintains a tuberculosis register of all persons who are suffering from tuberculosis, and during the year the total list was revised in conjunction with the Chest Clinic and the County Council records.

The position at the end of the year was as follows :—

PULMONARY	— Males .....	14
	Females .....	16
NON-PULMONARY	— Males .....	5
	Females .....	1
Total .....		36



The following table shows the trend of the incidence of infectious notifiable diseases in the past 10 years.

Disease	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Scarlet Fever	12	3	17	15	9	8	3	3	6	8	3
Whooping Cough	41	50	23	31	4	7	17	9	Nil	Nil	1
Diphtheria	Nil	Nil	Nil	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Measles	85	18	110	57	80	13	47	15	45	15	160
Pneumonia	25	16	21	22	17	14	20	12	11	4	2
Meningococcal											
Infections	Nil	Nil	Nil	Nil	1	1	Nil	Nil	2	Nil	Nil
Poliomyelitis	Nil	Nil	1	Nil	3	Nil	2	Nil	Nil	Nil	Nil
Encephalitis	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Dysentery	Nil	1	Nil	Nil	1	Nil	Nil	Nil	Nil	3	Nil
Food Poisoning	Nil	Nil	Nil	4	7	Nil	Nil	Nil	Nil	Nil	25
Paratyphoid											
Typhoid	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Puerperal Pyrexia	5	4	1	1	7	Nil	4	Nil	8	11	5
Tuberculosis											
Respiratory	Nil	Nil	4	2	5	3	3	3	1	4	6
Tuberculosis											
Non-respiratory	Nil	Nil	Nil	1	Nil	1	1	1	1	Nil	1

### Chest X-ray Facilities

The Welsh Regional Hospital Board has a mobile X-ray Unit based at Wrexham which visits all parts of North Wales, and the nearest centres are at Denbigh and Rhyl Town Hall, where the Unit call for one day every three weeks.

During 1961, 1,835 people attended at the Rhyl Centre with an average attendance of 115. 184 people were recalled for observation—to the Chest Clinic at Rhyl.

### Chest Clinic

The treatment of cases of tuberculosis is under the care of the Consultant Chest Physician, Dr. Morrison at Rhyl, and the Consultant Chest Physician at Llangwyfan Sanatorium.



## **PROVISION OF SERVICES UNDER THE NATIONAL HEALTH SERVICES ACT 1946**

The following local services are the responsibility of the Flintshire County Council, and I am indebted to the County Medical Officer of Health, Dr. G. W. Roberts, for allowing me to give the following details :—

### **Section 22. Care of Mothers and Young Children. Infant Welfare Centres.**

Clinics are held at the following places :—

ST. ASAPH. — Pen y Bont, The Roe, on the 2nd and 4th Thursdays of each month, at 2 p.m.

RHUDDLAN. — In front of War Memorial Club, Rhuddlan, on 2nd and 4th Monday in each month, at 2 p.m. (Mobile Clinic.)

DYSERTH. — In the grounds of the Urdd Hall on 1st and 3rd Monday in each month, at 2 p.m. (Mobile Clinic.)

BODELWYDDAN. — In the grounds of Kinmel Park Camp, on 1st and 3rd Thursday of each month, at 2 p.m.

Doctors and Health Visitors are present at these clinics to give advice on infant health, and vaccinate and immunise babies and young children.

### **Ante Natal Clinics**

Ante natal clinics are held at Rhyl Clinic and St. Asaph Hospital, and are staffed by hospital personnel under the direction of the Consultant Obstetrician.

Instruction and advice is given to expectant mothers by the health visitors on child birth and baby management.

### **Family Planning**

Advice is available at a special clinic in Flint.

### **Welfare Foods**

Distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin A and D tablets and Orange Juice) is carried out in conjunction with the Women's Voluntary Service, Welfare Centres, Voluntary Committees and Village Shopkeepers.

The foods are available either at the infant welfare clinics or at special distribution centres.

### **Dental Care of Expectant Mothers**

This is carried out by the school dental staff of the County Council, and the service is free during the period of pregnancy and up to one year after the birth of the baby. It is regrettable that more mothers do not take advantage of this service.



### Section 23. Midwifery Services

There are 3 midwives who are also trained district nurses, employed in the district, who assist in ante-natal and post-natal care, and also during the period of confinement of the mothers.

### Section 24. Health Visitors

The equivalent of two health visitors (1 full-time, 2 part-time, shared with other districts) are responsible for giving advice to families on all aspects of health education. Their duties have increased of late due to the ever-expanding needs of the community, especially the older members. Their duties are complimentary to the work of the general practitioners, who are often so overworked as to be unable to give the necessary time to such matters as health education.

### Section 25. Home Nursing Service

This very valuable provision is carried out by the district nurses, who are usually midwives, and the demands of the service increase yearly, as the proportion of old people rises in the community.

12 Home Helps are employed by the County Council, usually on a part-time basis, in the district. This is an extremely useful post-war development.

### Section 26. Vaccination and Immunisation

#### Smallpox

The number of children vaccinated in the district during the year is shown below.

Age Period.	Primary Vaccination.	Re-Vaccination.
Under 1 year .....	84	1
Over 1 year .....	1	—
2—4 years .....	1	—
5—14 years .....	2	—
15 and over .....	8	43
	<hr/> 96	<hr/> 44

At the time of writing of this report this country has been faced with the possibility of a smallpox epidemic, but adequate measures taken by public health staffs have succeeded in eliminating the disease. The question of advising mothers to have babies vaccinated has been re-opened, and at present there is a divided body of opinion, although officially the policy is to recommend previous vaccination in children up to school entry age.



## **Diphtheria, Whooping Cough and Tetanus**

The number of children who received protection against the above diseases was as follows :—

Age Period.	Primary Vaccination.	Re-inforcing (Diphtheria only)
Under 1 year .....	46	—
1—4 years .....	90	4
5—14 years .....	15	114
Total .....	151	118

I am pleased to say that a reasonably satisfactory level of protection against these diseases has been maintained in the child population.

## **Poliomyelitis**

During the year many children and adults were protected against the disease and special sessions were arranged during the evenings for adults. At the end of the year oral vaccination was introduced and it is hoped that it will be superior to the safe but relatively weak for long-term protection Salk vaccine, which is given by injection.

## **Measles**

Experiments are being conducted to introduce a safe and effective vaccine to protect infants against this disease, which can cause serious complications when infants are attacked under age of 2 years.

## **Tuberculosis**

All thirteen-year-old children are offered vaccination (by the use of live attenuated tubercule bacilli B.C.G.) against this disease, and the majority of children are protected.

The proportion of children who do not require vaccination is high (i.e. they have already had contact with the disease and developed a successful immunity) and this indicates a significantly high level of tuberculosis infection in the community.

## **Section 27. Ambulance**

The Ambulance service is radio-controlled and administered from the headquarters at Mold. Local stations are situated at Rhyl and Holywell.

## **Section 28. Prevention of Illness, Care and After Care, and Loan of Equipment**

Arrangements can be made for the loan of certain equipment from County Council sources for handicapped persons.



Equipment can also be hired from British Red Cross Society at the local branch headquarters in St. Asaph, and this service has been a most useful supplement to the satisfactory facilities. The local voluntary organisation is to be highly commended for their efforts.

### **Mental Health and Subnormality**

Visits are paid by mental welfare officers of the County Council to mentally ill patients who require advice and help.

Sub-normal children who cannot be educated in an ordinary school and who are not severely retarded (i.e. idiot category) are admitted to the Training Centre at Fron Fraith, Rhyl, which will be moving to Tirionfa, Rhuddlan, in August 1962, and in this centre they are trained to the limits of their capabilities.

### **School Health**

Medical inspections of schoolchildren were carried out during the year by me as Assistant County Medical Officer, and it is pleasing to record the high standard of general health and fitness of the children. It is regrettable that children do not obtain sufficient sleep due to parents being too lax over the time allowed for television viewing.

Furthermore, stricter control is required over consumption of sweets due to high increase of dental decay.

### **School Premises**

Minor improvements are still required in some of the older buildings, but the worst school premises in the area have now been closed and a new Roman Catholic school opened in St. Asaph.

### **Venereal Diseases**

Treatment is available at the following clinics :—

Wrexham and East Denbighshire War Memorial Hospital — Males,

Monday 5 to 7 p.m. Wednesday 4 to 6 p.m. Females, Friday 5 to 7 p.m.

Chester Royal Infirmary. — Males, Wednesday 5 to 7 p.m., Saturday 11 a.m. to 1 p.m. Females, Monday 5 to 7 p.m., Thursday 5 to 7 p.m.

H. M. Stanley Hospital. — Males and Females 5.30 to 7 p.m.

The treatment is confidential, free and inclusive of travelling expenses.

### **Nursing Homes**

The following nursing homes in the district are registered with the County Council and inspected periodically :—

Plas Coch, Rhyl Road, St. Asaph (20 beds).

Bryn Cwybr, Rhyl Road, Rhuddlan (10 beds).



## **Welfare Homes**

Persons who are unable to look after themselves satisfactorily can be admitted to County Council homes, which are situated at :—

Y Gorlan, Brighton Road, Rhyl ; The Lawn, Rhyl ; Women's Convalescent Home, Rhyl ; Carr Holm, Prestatyn ; Park House, Prestatyn ; and Hafan Glyd, Shotton.

## **Section 47. National Assistance Act, 1948**

This section conveys power to District Councils to remove persons who are aged, infirm, suffering from grave chronic diseases and are living in insanitary conditions and are unable to look after themselves and are not receiving adequate care and attention from others.

During 1961 no legal action was necessary, although two instances occurred where persuasion was sufficient to induce the individuals to be admitted to a Home.

## **Health Education and Food Hygiene**

Lectures and films were given by Mr. Lewis, County Public Health Inspector, and myself at H. M. Stanley Hospital and at a local glass factory in the instruction of clean food habits. Letters of advice and posters were sent to owners of cafes and food premises in the area drawing attention to danger of faulty food practices.

## **Diabetes Survey**

Recently I carried out with the co-operation of the County Welfare Officer and the Matron of the Flintshire County Council homes a survey of the evidence of diabetes in old people and give below the results of the work.

243 urines were tested and 9 cases of glycosuria were discovered (3.8%), of which 4 were known diabetics. Of the remaining 5 cases there were two cases of confirmed diabetes, 2 cases proved negative and one case is still under investigation, and will probably be confirmed as diabetes. It has been the policy in most of the homes to test the urine and shortly after admission with the "Clinistix."

In the instance of the two new cases of diabetes these tests carried out on admission approximately 2 years ago were negative.

As a result of this work, certain recommendations have been made and further details will be made known at a future date.

## **Public Health Laboratory Service**

The local public health laboratory is at Conway, and Dr. Kingsley Smith, the Director, and his Deputy, Dr. Harris, carried out the Bacteriological examination of specimens sent from the District. They have been most co-operative and my gratitude is extended to them for their advice and help throughout the year.



## Housing

The following numbers of houses were erected or in the course of construction in 1961 :—

Parish.	Council Houses completed.	Council Houses under construction.	Private Houses completed.	Private Houses under construction.	Total No. of Council Houses in Parish.
Bodelwyddan	—	—	1	—	84
Bodfari	—	—	—	1	21
Cwm	—	—	—	—	22
Dyserth	1	3	9	4	132
Rhuddlan	7	—	31	2	194
St. Asaph	35	36	24	8	218
Tremeirchion	4	—	—	—	34
Waen	—	—	—	—	26
Totals	47	39	66	16	731

The following table shows the number of applicants for Council houses (and bungalows) in the district at end of 1961 :—

Bodelwyddan	24
Bodfari	7
Cwm	5
Dyserth	45
Rhuddlan	90
St. Asaph	120
Tremeirchion	8
Waen	5
Total	304

The majority of the serious cases of overcrowding have been rehoused, but the Council are continually faced with the problem of tenants being unable to meet rent commitments because of an inability to budget their finances satisfactorily, and often there is gross over-spending on hire purchase commitments.

It is extremely distasteful to have to evict such families, especially where children are concerned, as they are the unfortunate victims of their parents' mismanagement.



**Table showing trend of Housing Development in District**

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
New Council Housing .....	32	15	30	46	52	45	Nil	18	18	21	47
New Private Housing .....	3	10	22	20	13	16	21	21	43	67	66
Total .....	35	25	52	66	65	61	21	39	61	88	113
No. of inhabited Properties ...	2,581	2,606	2,658	2,689	2,738	2,777	2,798	2,827	2,843	3,006	3,119
Population .....	10,640	10,690	10,430	10,500	11,100	10,500	11,020	10,680	10,320	9,860	9,830
Average No. of persons per house ...	4.1	4.	3.9	3.8	4.	3.7	3.9	3.7	3.6	3.2	3.1

	1941	1951	1961
Number of inhabited houses .....	2,236	2,581	3,119
Population .....	8,407	10,640	9,830
Average No. of persons per house .....	3.7	4.1	3.1

## SLUM CLEARANCE

During 1961 the following representations were made :—

16 properties were subject of closing orders.

10 properties were subject of demolition orders.

2 properties were subject of clearance areas.

Nil properties were subject of compulsory purchase orders.

4 properties were subject of undertakings not to re-let.

Steady progress was made on dealing with property which was unfit, and could not be repaired at reasonable cost, and also properties that although unfit at present could be reconditioned at reasonable cost. Encouragement was given by means of granting improvement grants, both Standard and Discretionary, to owners to improve property in their possession, but there are still over 150 unfit houses and bungalows.

It is hoped that the majority of these properties will be dealt with over the next five years.

The County Council have formulated a scheme to give financial assistance to district councils who provide units of accommodation, bungalows or flats, for old or handicapped people and in particular where welfare facilities are included, and the Council have agreed to accept the general points in the scheme for new development.

Details of the scheme are as follows :—



### **Basic Conditions for Contribution by County Council**

In order to qualify for a contribution from the County Council the following basic conditions must be fulfilled :—

- (a) An application for the County contribution must be made in good time before the commencement of any scheme to which it relates and be accompanied by the following details and information :—
  - (i) The estimated cost of the scheme ;
  - (ii) An outline list of the welfare services to be provided with the estimated cost of such services ;
  - (iii) Plans of the Scheme for formal approval in writing by the County Council.
- (b) Units of housing accommodation shall be occupied by single persons of pensionable age (i.e. men over 65 years of age and women of 60 years of age) or married couple where both husband and wife are of pensionable age or by persons who, in the opinion of the County Welfare Officer, can benefit from special housing accommodation by reasons of infirmity.

### **Welfare Facilities**

The County Council considers that the following welfare facilities—the list is not necessarily intended to be exhaustive—are desirable in connection with housing accommodation provided for aged and other people intended to be covered by this scheme and that the District Councils should, wherever possible and practicable, provide as many of these welfare facilities as are appropriate to the particular scheme :—

- (a) central heating for the dwellings ;
- (b) a common room for use by the residents in the scheme ;
- (c) baths of a type suitable for old people and provided with fittings to enable old people to get in and out without assistance ;
- (d) communicating bells between individual dwellings, and, in the case of major schemes only, the residence of the Warden ;
- (e) fittings arranged so as to be convenient of access to old people and which will avoid the need for them to resort to undue bending or climbing of step ladders, etc., to gain access to such fittings ;
- (f) bath safety rails.

### **Contributions by the County Council**

(a) **Basic Contribution** : The County Council will make a basic contribution of £10 per annum in respect of each unit of accommodation for the period of the loan in relation to all schemes.



(b) **Minor Schemes :** For schemes of less than 18 houses (i.e. minor schemes) an additional contribution will be made by the County Council for the period of the Housing loan, of £1 for every £10 of capital expenditure incurred by the Housing Authority in the provision of welfare facilities for all or any of the units of accommodation within the scheme, subject to a maximum of £25 including the basic grant of £10.

(c) **Major Schemes :** The County Council will make an additional contribution to the District Council in respect of welfare facilities calculated on the following basis by reference to the annual deficiency on the scheme concerned :—

- (i) The annual contribution in respect of welfare facilities shall not exceed the total deficiency incurred thereon in the year to which it relates ;
- (ii) No contribution will be made in respect of items properly chargeable to the Housing Revenue Account and which could properly be covered by rents.
- (iii) Other than the basic contribution of £10 (4(a) above) there will be no subsidisation of rents nor assistance in respect of expenditure which would normally be borne by tenants.
- (iv) The expenses towards which the County Council will contribute will be limited to those incurred by District Councils in providing welfare facilities, e.g. the welfare services of the kind referred to in 3 above and communal facilities or services, the cost of which cannot properly be recovered in rent and can be considered to arise as a direct consequence of the houses being erected for old people, e.g. warden's house and costs and laundry services ; and
- (v) A contribution calculated on the basis of the foregoing principles and the contribution in 4(a) above will be the maximum contribution payable in respect of the major scheme to which they relate. Of that maximum, there will be paid in every year to the District Council concerned such proportion as the number of dwellings comprised in the scheme and actually occupied during that year by tenants approved by the County Council bears to the total number of dwellings in the scheme.

## **WATER SUPPLY**

The distribution of water in the Rural District is now as follows :—

Bodelwyddan, Rhuddlan and St. Asaph are supplied by the Rhyl U.D.C. Water Undertaking, Bryniau, Dyserth, is supplied from the mains of the Holywell R.D.C. Water Undertaking, as it is a high level area.



Bodfari, Cwm, Tremeirchion, Rhualt and Waen are now supplied with water coming from the Rhyl source. This means that the whole of the rural district has an adequate treated safe water.

There are only 2 properties on a well supply in the district.

The water supply in the rural district is not liable to plumbo solvent action and given below is a chemical qualitative and quantitative analysis of the local water supply carried out during the year.

### Appearance

Bright with a very slight deposit.

### Microscopical Examination

Traces of mineral and organic debris. Turbidity less than 3.

Colour 4.		Odour slightly chlorinous.	
P.H. 75.		Free CO <sub>2</sub>	2
Electric conductivity	230	Dissolved solids dried at 180°C	155
Chlorine present as chloride	19	Alkalinity as Ca Co <sub>3</sub>	32
Hardness Total	70	Nitrite Nitrogen less than	0.01
Carbonate	32	Oxygen absorbed	0.6
Non-carbonate	38	Residual chlorine	0.03
Nitrate Nitrogen	4.2	Ammonical Nitrogen	0.049
Albuminoid Nitrogen	0.036	Iron	0.06
Metals Manganese	0.03	Zinc, Copper, Lead	absent
Fluoride	0.06		

All above quantities in parts per million.

This sample is reasonably clear and bright in appearance, just on the alkaline side of neutrality and free from metals apart from negligible traces of iron and manganese. The water is fairly soft in character and contains no excess of mineral constituents. It is free from noticeable colour and of a very satisfactory organic quality.

From the aspect of the chemical analysis these results are evidence of a fine and wholesome water, suitable for drinking and domestic purposes.

Properties supplied by main water are as follows :—

PARISH.	Total No. of Houses.	Number supplied with water.	
		(a) into Houses.	(b) Standpipes.
Bodelwyddan .....	314	314	Nil
Bodfari .....	132	132	Nil
Cwm .....	134	129	5
Dyserth .....	723	723	Nil
Rhuddlan .....	812	812	Nil
St. Asaph .....	717	717	Nil
Tremeirchion .....	194	188	6
Waen .....	84	84	Nil
Totals .....	3,110	3,099	11



## **Drainage and Sewerage**

St. Asaph, Rhuddlan, Dyserth and Bodelwyddan have satisfactory sewerage systems, although Dyserth and Rhuddlan require extensions so as to allow for increased development.

Apart from small septic tank systems attached to individual groups of Council houses, the remainder of the district has no sewage disposal system.

It is hoped that Tremeirchion and Bodfari schemes will be passed for tender during 1962, as these schemes are urgently required. There are only 11 pail closets in use in the district, the remainder of the houses in unsewered areas having water closets connected to septic tanks.

## **Slaughtering Facilities**

One slaughterhouse in the district was in operation during the year and modifications have been carried out to comply with the new regulations which became operative on October 1st 1961.

I am of the opinion that slaughtering should be concentrated in large centres where adequate buildings and equipment can be provided, and 100% inspection of meat carried out. At present meat inspection is not compulsory, although it is an offence to sell food (meat) unfit for human consumption (Food and Drugs Act, 1955). I should like to see slaughtering concentrated in perhaps two or three centres for the whole of North Wales.

## **Caravan Sites**

The modification and improvements are being carried out to the local sites by the site owners in order to comply with the site licences granted by the Council under Caravan Sites & Control of Development Act, 1960.

I am concerned with the problem of landowners allowing large numbers of tents on land, often near residential areas, during the summer season. Sanitation appears to be almost absent, and a loophole in the present legislation allow tents on a plot of land to be present for up to 28 days before action can be taken. This is not only a local but a national problem, and action is necessary to protect the interests of residential property near these areas and also the health of the campers and provision should be made for special sites for tents and adequate sanitary arrangements, etc., provided on the lines of the Caravans Act, 1960.

## **Smoke Control**

It has become increasingly recognised that atmospheric pollution from whatever source can cause illhealth either in the form of bronchitis or cancer of the lung.

The district is comparatively free of smoke, but it was regrettable that the Ministry did not confirm the Smoke Control Zone for Bodelwyddan so as to preserve the beautiful church from possible damage should housing development take place in the vicinity.



I should nevertheless wish the Council to adopt a bye-law under the Clean Air Act whereby all grates installed in new properties or reconditioned dwellings should be capable of burning smokeless fuel, so that at a future date when consideration is given to the setting up of a smoke control area considerable expense will be saved by the Council. Furthermore, the majority of new grates are capable of burning smokeless fuels and the additional cost to prospective home buyers will be virtually negligible. Also it should be added that ordinary coal can be burned in these appliances.

At the time of writing the report the Council have agreed to co-operate with two other District Councils in a scheme for the detection of levels of atmospheric pollution in the area.

My purpose of this survey is to be in a position over the next 5 to 10 years of studying the general levels of pollution in the district and to advise the Authority accordingly.

Concern has been expressed over the pollution from Dyserth Quarry, and the matter is under investigation.

### **Disinfection**

The disinfection of large articles, such as bedding, can be carried out through arrangements made by the Public Health Inspector with Rhyl U.D.C.

### **Superannuation**

During the year 7 medical examinations were carried out on staff either for fitness to commence employment or because of absence from work through ill-health.

### **Common Lodging Houses**

There are no such establishments in the district.

### **Inspections under Factories Act 1937 to 1959**

The prescribed particulars of inspections carried out during the year are provided in the annex to this report.

I have pleasure in including in my report the Employment Officer's Report for 1961 for Rhyl, Prestatyn, St. Asaph and Abergele area.



## EMPLOYMENT OFFICER'S REPORT

### (1) Unemployment

**Number of Persons registered as Unemployed (excluding Registered Disabled Persons requiring employment under sheltered conditions) for the year 1961**

Date	Men	Women	Total
16th January .....	441	233	674
13th February .....	440	221	661
13th March .....	409	201	610
10th April .....	359	141	500
15th May .....	307	97	404
12th June .....	228	15	243
10th July .....	195	9	204
14th August .....	228	14	242
11th September .....	266	44	310
16th October .....	441	148	589
13th November .....	454	183	637
11th December .....	473	182	655

The downward trend in unemployment apparent since 1958 continued in 1961, but hardened towards the end of the year due to a general levelling off of employment throughout the country.

These factors must be considered also in the light of the rise in the insured population of the area since 1958. In June 1958 the insured population was 11,814 and in June 1961 it was 13,099 — an increase of nearly 11 per cent.

### (2) Disabled Persons

	11th April 1960		17th April 1961	
	Men	Women	Men	Women
1914-18 Pensioners .....	64	—	49	—
Others disabled H.M.F. ....	115	1	111	1
Disabled from birth or early childhood .....	45	17	45	17

The largest causes of disablement are injuries and diseases to the upper and lower limbs.

Next comes Pulmonary T.B. and diseases of the heart and circulatory system. Other chest complaints figure high on the list, but it is felt that the majority of these people are people who have come here for their health.

This is an important point in considering what can be done for these disabled. A large number of elderly workers "retire" here because of their health, are happy if they can find something during the season and retire officially on reaching the age of 65.

Fifty per cent of the unemployed Registered Disabled Persons are over 55 ; seventy-five per cent are over 50. None are over 65. Statistics show that very few of the younger disabled are unemployed for a lengthy period.



## Registered Disabled Persons. Section I

Number unemployed on	Men	Women	Total
16th January 1961 .....	50	11	61
20th February 1961 .....	60	9	69
20th March 1961 .....	58	8	66
17th April 1961 .....	46	8	54
15th May 1961 .....	42	8	50
20th June 1961 .....	40	2	42
17th July 1961 .....	38	1	39
21st August 1961 .....	34	4	38
18th September 1961 .....	44	6	50
16th October 1961 .....	58	11	69
20th November 1961 .....	55	11	66
18th December 1961 .....	43	11	54

Section II Cases (suitable for employment under sheltered conditions only) have been excluded. The total varied between one and six.

The total number registered as disabled are as follows :—

	Men	Women	Total
20th April 1959 .....	359	56	451
19th October 1959 .....	384	62	446
11th April 1960 .....	408	59	467
18th October 1960 .....	412	66	478
17th April 1961 .....	412	51	463
16th October 1961 .....	410	68	478

These figures are not strictly representative of the disabled in this area, but are approximately correct — persons register at this office but leave the area, others register elsewhere but come here to reside.

It would appear, therefore, that the problems of the disabled in this area are threefold, and in order of importance I would list them as :—

(1) **Living in this area.** Without diversification of industry, opportunities of fitting a person with a specific disability to a specific job seldom arise. A small circle of employers are being approached time after time, and, although willing to consider the disabled, are limited in the number of posts they can offer.

(2) **Age.** In an area with a high percentage of unemployment, the older person is at a great disadvantage — unfortunate but understandable. As will be seen from the figures quoted, most of the Registered Disabled Persons are in the “over 50s.” It must be borne in mind, however, that the majority of our able-bodied unemployed are in the same age group.

(3) **Disability.** This, in the majority of cases, is the least of the problems.



### (3) **Employment**

The vacancies in this office area outstanding on 13th June 1962 were :—

- Agriculture — 2 men.
- Timber — 3 men.
- Construction — 12 men.
- Transport — 3 men.
- Distributive Trades — 4 men, 15 women.
- Professional Services — 1 man, 16 women.
- Miscellaneous Services (including Recreation, Cinemas, Catering, Hotels, Laundries, Domestic Service) — 18 men, 133 women.
- Public Administration — 1 man, 1 woman.

You will appreciate that although outstanding vacancies are recorded on a certain date, many of them will be filled in a very short time. A large number are seasonal vacancies and will be difficult to fill, as, for example, the vacancies for women in catering. Other vacancies (e.g. Agriculture and Building) are for skilled men at a time when there is a shortage of skilled labour.

Generally, apart from seasonal work, we have very few vacancies outstanding for very long in the area, the exceptions being vacancies for skilled workers in particular trades.

The vacancies recorded from other districts within daily travelling distances are in two categories :—

- (a) Skilled workers, mainly in Building and in Engineering.
- (b) Workers for seasonal work for similar vacancies we are finding difficulty in filling ourselves.

It is well nigh impossible to balance the unemployed with the vacancies available. The vacancies outstanding are usually for workers with special skills and not suitable for the unemployed.

Some indication of the vacancies in the area can be gleaned from the fact that in 1961 this office placed in employment 842 men and 587 women.

The general picture is, therefore, vacancies for skilled workers in certain industries ; more vacancies in summer for females than the number of women available ; a high number of vacancies for men in the summer ; few unskilled vacancies for either sex in the winter months.

### **General Comments**

The area is a seasonal holiday resort and consequently the unemployed figures are high in winter and low in summer. In fact, there is a substantial shortage of female labour during the summer months. In the last 12 months two factories have been set up in the area, already



employing about 60 workpeople. These two factories hope to extend their labour force to 200 in the next two years. Work has already started on another new factory which hopes to employ up to 150 workers in the next two years.

I think it fair to say that workpeople move to this area on medical advice due to their own illnesses or illnesses of members of their family. The workpeople often have special skills or experience which are difficult to fit into the industries of the area and they are also at an age where it is difficult to train them in new skills.

G. G. MORGAN,

Manager.

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## ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1961

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### TABLE 1

#### GENERAL STATISTICS

##### Drainage

Number of new drains to properties laid and tested .....	141
Number of choked and defective drains .....	43
Number of new water closets installed in the district .....	93
Number of privies converted to W.C.'s .....	5

##### Scavenging

Number of pail closets emptied .....	468
Number of refuse bins emptied .....	64,880
Number of loads of refuse .....	1,220

##### Abatement of Nuisances

Number of Preliminary Notices served .....	5
Number of Preliminary Notices complied with .....	3
Number of Abatement Notices served .....	3
Number of Abatement Notices complied with .....	3
Number of prosecutions .....	Nil

##### Infectious Diseases

Number of notified cases .....	202
Enquiries .....	15
Number of premises disinfected .....	4

##### Slaughterhouses

Number of Licensed Slaughterhouses .....	1
Number of Licensed Slaughtermen .....	5
Number of Knacker's Yards .....	1

##### Ice Cream

Number of premises registered for the manufacture of ice cream .....	2
Number of premises registered for the sale of ice cream .....	55
Number of new registrations for the sale of ice cream .....	2
Number of samples taken for bacteriological examination .....	54



The samples were subjected to the methylene blue reduction test and were graded as follows :—

Samples in Grade 1 .....	52
Samples in Grade 2 .....	2
Samples in Grade 3 .....	Nil
Samples in Grade 4 .....	Nil

### Rodent Control

Number of farms inspected .....	133
Number of farms found to be infested .....	29
Number of business premises inspected .....	96
Number of business premises found to be infested .....	26
Number of dwelling houses inspected .....	178
Number of dwelling houses found to be infested .....	74

### Food Hygiene

The number of premises coming within the scope of the Food Hygiene Regulations, 1960, are as follows :—

Cafes and Hotels .....	30
Licensed Premises .....	29
Grocers' Shops .....	44
Greengrocers' Shops .....	14
Butchers' Shops .....	8
Bakehouses .....	6
Sweet Confectionery .....	14
Fishmongers' Shops .....	2
School Canteens .....	10
Premises registered under the Food & Drugs Acts .....	54

It was not necessary to take legal action in cases of contravention of the Food Hygiene Regulations, all cases being dealt with informally.

### Improvement Grants

Number of Discretionary Grants approved during the year .....	32
Total amount of Discretionary Grant Aid approved during the year .....	£9,324
Number of Standard Grants approved during the year .....	6
Total amount of payments made for Standard Grants during the year .....	£807

### Factories and Workshops

Although no new factories were erected during the year a start on the erection of a factory for the manufacture of plastic conduits is expected to commence in a few months time.

The number of factories on the register is 68. Informal notice was served to provide sufficient sanitary accommodation at one factory.



## TABLE 2 FOOD INSPECTION

### Carcases and Offal Inspected and Condemned for the year 1961

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed .....	862	1	49	11927	768	—
Number inspected .....	862	1	49	11927	768	—
<b>All Diseases except Tuberculosis and Cysticerci</b>						
Whole carcases condemned .....	1	1	—	8	3	—
Carcases of which some organ was condemned .....	208	—	1	302	11	—
Percentage of the number inspected affected with disease other than Tuberculosis or Cysticerci .....	24.2%	100%	2.04%	2.59%	1.82%	—
<b>Tuberculosis Only</b>						
Whole carcases condemned .....	—	—	—	—	—	—
Carcases of which some part or organ was condemned .....	—	—	—	—	2	—
Percentage of the number inspected affected by Tuberculosis .....	—	—	—	—	0.26%	—
<b>Cysticercosis</b>						
Carcases of which some part or organ was condemned .....	2	—	—	—	—	—
Carcases submitted for treatment by refrigeration .....	—	—	—	—	—	—
Generalised and totally condemned.....	—	—	—	—	—	—

Total weight of meat condemned — 1 ton 11 cwts. 24 lbs.

Total number of animals slaughtered — 13,607.

### Other Food Condemned

Canned Meat .....	86 lbs.
Canned Vegetables .....	2 lbs.
Minced Beef .....	70 lbs.
Bacon .....	10 lbs.
Cauliflowers .....	5 cases

### Food and Drugs Act, 1955

In order to ensure that food sold to the public is free from injurious substances or adulteration, samples of food are taken for analysis by Mr. Elwyn Lewis, County Health Inspector.



His report for samples taken in the St. Asaph Rural District during the year is as follows :—

ARTICLE.	No of samples taken.	Genuine.	Not genuine or below standard.
Milk .....	6	6	—
Dairy Products .....	4	4	—
Ice Cream and Lollies .....	5	5	—
Vegetables and Fruit .....	6	6	—
Alcoholic Drinks .....	4	4	—
Sausages and Meat products .....	7	7	—
Miscellaneous Foods .....	5	5	—
Total .....	37	37	—

12 samples of foodstuffs were also submitted to the Public Health Laboratory for bacteriological examination and all were reported as being satisfactory. 3 samples of animal feeding stuffs and 3 samples of fertilisers were taken under the Fertilisers and Feeding Stuffs Act and submitted to the Public Analyst. These were reported as being satisfactory.

E. LEWIS,  
County Health Inspector.

### RAIN GAUGE

Diameter of funnel — 5 inches.

Height of top above ground — 12 inches.

Height of ground above sea-level — 195 feet.

Average rainfall for 10 years taken at Rhyl Meteorological Station is as follows :

1952 — 22.40 inches.	1957 — 26.60 inches.
1953 — 20.39 inches.	1958 — 31.25 inches.
1954 — 30.90 inches.	1959 — 23.91 inches.
1955 — 19.00 inches.	1960 — 31.02 inches.
1956 — 26.12 inches.	1961 — 27.18 inches.



Prescribed Particulars on the Administration of the Factories Act, 1937.

**PART I OF THE ACT**

1. Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	20	21	Nil	Nil
(2) Factories not included in (1) in which Sec. 7 is enforced by the Local Authority .....	37	27	1	Nil
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .....	11	12	Nil	Nil
<b>TOTAL</b> .....	68	60	1	Nil



## 2. CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases.")

PARTICULARS (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1) .....	Nil	Nil	Nil	Nil	Nil
Overcrowding (S.2) .....	Nil	Nil	Nil	Nil	Nil
Unreasonable temperature (S.3) .....	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation (S.4) .....	Nil	Nil	Nil	Nil	Nil
Ineffective drainage of floors (S.6) ...	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7)— (a) Insufficient .....	1	1	Nil	Nil	Nil
(b) Unsuitable or defective .....	Nil	Nil	Nil	Nil	Nil
(c) Not separate for sexes .....	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not including offences relating to Out- work) .....	Nil	Nil	Nil	Nil	Nil
<b>TOTAL</b> .....	<b>1</b>	<b>1</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>



PART VIII OF THE ACT

OUTWORK (Sections 110 and 111)

Nature of Work (1)	Section 110				Section 111	
	No. of out-workers in August list required by Section 110(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Paper Bags	Nil	Nil	Nil	Nil	Nil	Nil
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	Nil	Nil	Nil	Nil	Nil	Nil
Brush making	Nil	Nil	Nil	Nil	Nil	Nil
Pea picking	Nil	Nil	Nil	Nil	Nil	Nil
Feather sorting	Nil	Nil	Nil	Nil	Nil	Nil
Carding, etc., of buttons, etc.	Nil	Nil	Nil	Nil	Nil	Nil
Stuffed toys	Nil	Nil	Nil	Nil	Nil	Nil
Basket making	Nil	Nil	Nil	Nil	Nil	Nil
Chocolates and sweetmeats	Nil	Nil	Nil	Nil	Nil	Nil
Cosaques, Christmas stockings, etc.	Nil	Nil	Nil	Nil	Nil	Nil
Textile weaving	Nil	Nil	Nil	Nil	Nil	Nil
Lampshades	Nil	Nil	Nil	Nil	Nil	Nil
TOTAL	Nil	Nil	Nil	Nil	Nil	Nil



Date	Time	Place	Remarks	Altitude	Temperature	Wind	Clouds	Notes
1911	0800	...	...	...	...	...	...	...
1911	0900	...	...	...	...	...	...	...
1911	1000	...	...	...	...	...	...	...
1911	1100	...	...	...	...	...	...	...
1911	1200	...	...	...	...	...	...	...
1911	1300	...	...	...	...	...	...	...
1911	1400	...	...	...	...	...	...	...
1911	1500	...	...	...	...	...	...	...
1911	1600	...	...	...	...	...	...	...
1911	1700	...	...	...	...	...	...	...
1911	1800	...	...	...	...	...	...	...
1911	1900	...	...	...	...	...	...	...
1911	2000	...	...	...	...	...	...	...
1911	2100	...	...	...	...	...	...	...
1911	2200	...	...	...	...	...	...	...
1911	2300	...	...	...	...	...	...	...
1911	0000	...	...	...	...	...	...	...
1911	0100	...	...	...	...	...	...	...
1911	0200	...	...	...	...	...	...	...
1911	0300	...	...	...	...	...	...	...
1911	0400	...	...	...	...	...	...	...
1911	0500	...	...	...	...	...	...	...
1911	0600	...	...	...	...	...	...	...
1911	0700	...	...	...	...	...	...	...

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