

[Report 1954] / Medical Officer of Health, Herefordshire / County of Hereford County Council.

Contributors

Herefordshire (England). County Council.

Publication/Creation

1954

Persistent URL

<https://wellcomecollection.org/works/eruh4wpm>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

HEREFORDSHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

**COUNTY MEDICAL OFFICER
OF HEALTH**

FOR THE YEAR

1954

HEREFORDSHIRE COUNTY COUNCIL.

ANNUAL REPORT
of the COUNTY MEDICAL OFFICER OF HEALTH
for the Year 1954

To the Chairman and Members of the County Council.

It is my privilege to present the Annual Report for the year 1954 on the Health and Health Services in the County.

The vital statistics show that the health of the County has been reasonably satisfactory. The birth rate of 15.5 live births per 1,000 population and the death rate of 12.4 per 1,000 are similar to the corresponding rates for England Wales. The infant mortality rate of 36.2 per 1,000 live births does not compare favourably with the record low rate of 1953.

The county report on the census 1951 did not show any startling changes in the distribution of population with the exception of the very marked tendency of people to marry earlier. At age 20-24 in the population there were, in 1951, 469 females married per thousand, as compared with 248 in 1931. These figures may well be some explanation of the apparently inexhaustible demand for housing accommodation.

It does seem that the cost of maintenance of hospitals, institutions and homes is now so high that everything possible should be done in the way of preventive work and to increase the domiciliary services, so that it is easier to remain at home. These preventive and domiciliary services are to a great extent the responsibility of the County Health Committee.

Taking mental illness first, nearly half of the hospital beds available for all forms of illness, are in fact required either for persons suffering from mental illness or for mental defectives. Details of the steps taken to deal with early mental illness are referred to in the body of the report. So far as mental defectives are concerned, the year was noticeable for the erection of the Barrs Court Occupation Centre. The development of this Centre, with that of handicraft teaching groups, domiciliary teaching and boarding out of defectives for holiday purposes, has done much to diminish the demand for beds in institutions.

The position regarding midwifery is very different. More women than ever are going to hospital for their confinements. The resultant effect of this has been a very marked reduction in home confinements. During the year, for this reason, it was decided to terminate the Part II training scheme for pupil midwives—simply since there were insufficient cases on the district. If this tendency continues, consideration must be given to the case loads of the present staff of midwives, possibly by enlarging existing district areas. This would at once bring complaints about the non-availability of the midwife in the rural areas, particularly in wintry weather. Meanwhile, the hospitals with more confinement cases find difficulty in recruiting sufficient staff, and the domiciliary midwife is concerned lest she should lose something of her efficiency, due to her very few cases each year. I hasten to add that in most parts of the County the domiciliary midwife is also the district nurse and so is now able to devote more time to home nursing.

As the Chairman of the Co-ordinating Committee dealing with children neglected in their own homes, I have been particularly struck by the easy working together of the different social workers. All that is possible is now done to see that, even if conditions fall far short of perfection, the home is not broken up, nor are the children separated. Help given when the family is in difficulties, rather than to wait until it is in real trouble, is well worth while. The appointment of a Problem Family Welfare Officer seems to be unique to Herefordshire.

During the year special attention was given to the care of spastics and epileptics. It seems that the pre-school and school children are already adequately cared for. The adult requiring admission to an institution or colony can also be dealt with. There is, however, still a substantial number of

spastics and epileptics who live at home, and, until more appropriate arrangements can be made, these will be regularly visited by the health visitors.

Changes in the customs of milk retailers and new milk legislation have brought new problems. In the remote parts of the County, it is now getting more difficult to obtain any sort of liquid milk, whatever the designation. Also a number of small dairymen have contracted with a large processing dairy to have milk for them pasteurised, instead of installing plants in their own dairies. This leads to milk making a surprising number of journeys before it actually reaches the consumer. The Milk in Schools Scheme seems to be going along quite satisfactorily. It will be remembered that milk is offered free of charge to all pupils in the maintained schools, and, whenever possible, heat treated or tuberculin tested milk is supplied. This is obtained now in nearly all schools.

The services provided by the County Health Committee have continued to run smoothly. Due to increased demand there has been an expansion of the Ambulance Service and the Home Help Service. An interesting addition were the arrangements made under section 22 of the National Health Service Act, 1946, to distribute welfare foods under the national welfare foods scheme. Distribution is from six main distributing centres, supplemented by about 50 minor distributing points run entirely by volunteers, to whom we are most grateful.

To the Chairman and members of the County Health Committee and Public Health and Housing Committee, I would again offer my sincere thanks for their confidence and support.

Yours faithfully,

J. S. COOKSON,
County Medical Officer.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET,
HEREFORD.

THE COUNTY HEALTH COMMITTEE

(as at 31st December, 1954)

ALDERMAN D. W. HAMLEN-WILLIAMS
(Chairman)

COUNCILLOR MRS. A. J. PASKE
(Vice-Chairman)

Aldermen :

MISS M. M. ARMITAGE
W. J. BRAY, J.P.
W. DAVIES, J.P.

A. E. FARR, J.P.
CAPT. L. H. GREEN, M.B.E., D.L., J.P.
R. C. MONKLEY

D. G. WATKINS

Councillors :

MRS. J. AINSLIE, J.P.
MRS. A. M. BARNEBY, J.P.
BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.
G. F. CHAMBERS, J.P.
R. J. CROSS
MISS S. G. DUNNE
H. C. FAWKE
K. H. R. GIBBS

LT.-COMD. G. GLENTON
S. T. LAYTON
H. T. PATRICK
R. W. P. ROFF
S. R. SOUTHALL
R. C. WILDING
MRS. M. J. WILLIAMSON
W. H. WRIGHT

Education Committee Representatives :

COUNCILLOR MRS. B. A. BARKER, J.P.

COUNCILLOR D. H. YEOMANS

Herefordshire Hospital Management Committee Representatives :

MISS P. GREENLAND, M.B.E.

DR. G. D. TULLIS

Local Executive Council Representatives :

MRS. E. FISH

DR. H. WARD-SMITH

Hereford City Council Representatives :

COUNCILLOR E. O. D'LOIRA
COUNCILLOR MRS. W. H. HIGGINBOTHAM

COUNCILLOR T. R. STEPHENS
COUNCILLOR MRS. W. PIGOTT

Co-opted Members :

MRS. L. H. GREEN

MRS. G. L. HODGES

* * *

THE PUBLIC HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1954)

COUNCILLOR W. H. WRIGHT
(Chairman)

COUNCILLOR K. H. R. GIBBS
(Vice-Chairman)

Aldermen :

A. E. BISHOP
W. DAVIES, J.P.

A. E. FARR, J.P.
D. W. HAMLEN-WILLIAMS

MAJOR J. R. H. HARLEY, D.L., J.P.

Councillors :

MRS. J. AINSLIE, J.P.
MAJOR H. S. ALLFREY, J.P.
H. M. BARNEBY
BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.
G. F. CHAMBERS, J.P.
K. V. JAMES-MOORE
S. T. LAYTON

H. T. PATRICK
P. P. J. POWELL, J.P.
S. R. SOUTHALL
T. L. STOKES
L. J. WEST, J.P.
R. C. WILDING
MRS. M. J. WILLIAMSON

CONSTITUTION AND FUNCTIONS OF COMMITTEES ADMINISTERING LOCAL HEALTH SERVICES

The local health services provided by the County Council, as local health authority, under the National Health Service Act, 1946, are administered by the County Health Committee through appropriate sub-committees, to which functions have been given as follows :—

General Purposes Sub-Committee. To administer the functions of the local health authority under sections 21, 26 and 27, and other matters submitted for consideration by any of the following sub-committees, and also financial estimates of expenditure.

Mental Health Sub-Committee. To administer the functions of the local health authority under the Lunacy & Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-38.

Maternity & Child Welfare Sub-Committee. To administer the functions of the local health authority under sections 22, 23, 24, 25 and 29.

Joint Nursing Sub-Committee. A joint committee of an equal number of representatives of the County Council and of the Herefordshire County Nursing Association, with the addition of a chairman who is a member of the County Council. To carry out such functions as are referred to them by the Maternity & Child Welfare Sub-Committee, including, in particular, certain matters in connection with the administration of the services with respect to health visiting, midwifery and home nursing. In practice this has become largely an interviewing sub-committee of applicants for vacancies in the nursing services.

Care Sub-Committee. The care and after-care of tuberculosis patients and their families under section 28, provision of accommodation in convalescent homes, and health education.

There are no arrangements for decentralised management of particular local health services, or joint arrangements with other local health authorities.

Control, supervision and co-ordination of the services at officer level is adequately effected through the 6 Assistant County Medical Officers, of whom 3 are also District Medical Officers of Health. This covers the whole county area, with the exception of the Hereford Rural District Council, which has its own part-time District Medical Officer of Health.

National Assistance Acts 1948 and 1951.

The provisions of these Acts are administered by the County Welfare Committee.

COUNTY STAFF.

County Medical Officer of Health—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Assistant County Medical Officers of Health and School Medical Officers—

*W. HOGG, M.B., B.S., D.P.H.

*R. T. THOMSON, M.B., CH.B., D.P.H.

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H.

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

ISOBEL R. S. TROUP, M.B., CH.B., C.P.H., D.P.H. (Appointed 1/7/54)

*Also District Medical Officers of Health.

Chest Physician—

† T. V. R. PHILIP, M.B., D.P.H.

Assistant Chest Physician—

† R. M. BOVERI, L.R.C.P., L.R.C.S., L.R.F.P.S.

† By arrangement with Birmingham Regional Hospital Board.

Supervisor of Midwives and Superintendent Nursing Officer—

MISS E. O. ROBERTS, S.R.N., S.C.M., M.T.D., H.V.

Nursing Staff—

In the County as at 31st December, 1954, there were 72 nurses, including students. The rural areas are covered by nurses who undertake midwifery, home nursing and health visiting duties, whereas in the urban areas the duties are specialised.

Clerical Staff—

*Chief Clerk—*H. A. ROCK.

DISTRICT MEDICAL OFFICERS OF HEALTH.

Bromyard U.D.C.

„ R.D.C.

Kington U.D.C.

„ R.D.C.

Leominster Borough

Leominster & Wigmore R.D.C.

Weobley R.D.C.

DR. I. F. MACKENZIE

Dore & Bredwardine R.D.C.

Ledbury U.D.C.

„ R.D.C.

Ross-on-Wye U.D.C.

Ross & Whitchurch R.D.C.

DR. WILLIAM HOGG

Hereford City

DR. R. T. THOMSON

Hereford R.D.C.

DR. R. WOOD POWER

GENERAL STATISTICS.

AREA 538,924 acres.

DISTRICT.	1951			1952			1953			1954		
	Live Births	Deaths	Pop.	Live Births	Deaths	Pop.	Live Births	Deaths	Pop.	Live Births	Deaths	Pop.
URBAN.												
Bromyard	33	25	1670	24	29	1652	23	20	1658	21	18	1670
Hereford City (M.B.)	502	415	32100	495	398	32480	515	367	32810	504	385	32720
Kington	20	26	1883	26	23	1854	28	22	1854	24	32	1860
Ledbury	70	58	3676	63	61	3667	64	47	3713	56	59	3760
Leominster (M.B.)	121	66	6206	123	75	6126	122	96	6120	103	89	6130
Ross-on-Wye	104	79	5345	86	66	5271	106	102	5285	93	98	5310
Total Urban Districts	850	669	50880	817	652	51050	858	654	51440	801	681	51450
RURAL.												
Bromyard	127	83	7080	120	87	7044	121	95	7055	126	111	7100
Dore and Bredwardine	159	96	8644	150	85	8389	166	90	8341	137	72	8340
Hereford	236	157	17540	253	172	17210	222	235	18030	237	230	16980
Kington	88	67	4933	93	59	4952	75	53	4937	81	62	4950
Ledbury	152	103	8695	146	98	8693	132	98	8688	121	89	8710
Leominster & Wigmore	173	133	10650	171	132	10420	176	114	10380	153	115	10240
Ross & Whitchurch	193	166	11660	209	134	11730	169	124	11790	168	126	11890
Weobley	133	76	6518	169	70	7112	148	84	6939	136	79	6940
Total Rural Districts	1261	881	75720	1311	837	75550	1209	893	76160	1159	884	75150
Total County	2111	1550	126600	2128	1489	126600	2067	1547	127600	1960	1565	126600

England and Wales.

	1951	1952	1953	1954
Live Births	679,497	673,559	682,007	673,212
Deaths	548,918	497,290	503,403	501,878

Population 44,274,000 approx. Reg.-Gen. estimates.

CARE OF MOTHERS AND YOUNG CHILDREN.

		1951	1952	1953	1954
Population		126,600	126,600	127,600	126,600
Live Births :					
Legitimate	(M)	1,011	991	1,036	955
	(F)	971	997	940	899
	(T)	1,982	1,988	1,976	1,854
Illegitimate	(M)	69	75	44	50
	(F)	60	65	47	56
	(T)	129	140	91	106
Total : Live Births		2,111	2,128	2,067	1,960
Still Births :					
Legitimate	(M)	19	35	23	20
	(F)	25	22	15	26
	(T)	44	57	38	46
Illegitimate	(M)	2	—	1	—
	(F)	1	2	2	1
	(T)	3	2	3	1
Total Still Births		47	59	41	47
Number of Infant Deaths		70	62	32	71
Number of Maternal Deaths		1	2	1	1

	1951		1952		1953		1954	
	County	Eng. & Wales	County	Eng. & Wales	County	Eng. & Wales	County	Eng. & Wales
Live Birth Rate	16.7	15.5	16.8	15.3	16.2	15.5	15.5	15.2
Still Birth Rate	21.8	22.9	26.9	22.6	19.4	22.4	23.4	23.4
Illegitimacy Birth Rate	61.1	47	65.8	46	44	46	54	46
Infantile Mortality Rate	33.1	29.6	29.1	27.6	15.5	26.8	36.2	25.5
Maternal Mortality Rate .....	.46	.79	.9	.72	.47	.76	.49	.69
Crude Death Rate	12.2	12.5	11.8	11.3	12.1	11.4	12.4	11.3

Notification of Births, 1954.

	Live Births.				Still Births.			Confinements calculated from N.O.B.
	Single	Twin Babies	Trip-lets	Total	Single	Twin Babies	Total	
At Home	857	8	—	865	12	—	12	873
Maternity Nursing Homes	104	2	—	106	1	—	1	106
Hospitals	1020	33	3	1056	32	1	33	1070
Grand Total	1981	43	3	2027	45	1	46	2049

Infant Mortality Rate.

Year	COUNTY.			* England & Wales— Rate per 1,000 live births.
	Live Births	Deaths under 1	Rate per 1,000 live births	
1945	2070	87	42	46
1946	2412	83	34.4	43
1947	2509	97	38.6	41
1948	2310	101	43.7	34
1949	2336	64	27.4	32
1950	2123	67	31.5	29.8
1951	2111	70	33.1	29.6
1952	2128	62	29.1	27.6
1953	2067	32	15.5	26.8
1954	1960	71	36.2	25.5

Infant Welfare Centres.

There are nineteen Infant Welfare Centres in the County, including Hereford City. The Centre at Orleton was closed during the year and the Centres at Ledbury and Ross have been taken over from the Voluntary Committees by the County Council.

At the majority of these Centres there is a voluntary committee with several honorary officers who, in many cases, have carried out this work over a period of many years. They have been responsible for the day to day running of the Centre, including the raising of money over and above that supplied by the County Council in the form of a small grant. An Assistant County Medical Officer attends regularly at each session and examines the children selected by the Nurse, and gives advice to the mothers.

The following table shows the attendances at the Centres in the County :—

CENTRE.	No. of children who first attended during the year and who at their first attendance were under 1 year of age.	No. of children who attended during the year and who were born in :—			Total No. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were :—			Total attendances during the year.
		1954	1953	1952—49		Under 1 year of age	Over 1 but under 2 years of age	Over 2 but under 5 years of age	
BARTESTREE	13	11	22	30	63	88	41	53	182
BELMONT	137	106	111	142	359	1922	579	419	2920
BROMYARD	34	27	33	24	84	332	109	42	483
COLWALL	8	7	8	11	26	107	70	63	240
DILWYN	9	7	9	13	29	53	31	44	128
FOWNHOPE	9	9	14	42	65	73	50	143	266
FOXLEY	51	41	60	69	170	757	145	96	998
HEREFORD	254	196	184	163	543	3052	484	534	4070
KINGSTONE	38	32	39	88	159	621	253	366	1240
KINGTON	43	36	28	9	73	293	26	16	335
LEDBURY	45	39	39	61	139	476	248	301	1025
LEOMINSTER	76	63	65	34	162	907	281	47	1235
LONGTOWN	6	6	8	9	23	29	29	23	81
OCLE PYCHARD	11	7	15	26	48	54	65	76	195
*ORLETON	4	3	3	21	27	19	58	10	87
PEMBRIDGE	20	19	15	20	54	113	37	50	200
ROSS	97	87	79	114	280	1213	162	177	1552
SHOBDON	6	5	9	29	43	42	43	84	169
WEOBLEY	11	9	8	13	30	73	36	26	135
TOTAL	872	710	749	918	2377	10224	2747	2570	15541

*This Centre was closed in December, 1954.

St. Martin's Day Nursery, Hereford.

<i>Number of approved places</i>		<i>No. of children on register at the end of the year</i>		<i>Average daily attendance during the year</i>	
0—2	2—5	0—2	2—5	0—2	2—5
10	25	9	24	8	22

The St. Martin's Day Nursery is approved under the Nursery Nurses training scheme. The Nursery receives children of any age up to 5 years. In my opinion, children, at any rate under 3 years of age, should be looked after at home, wherever possible. Some, however, do require nursery accommodation, and priority is given as follows :—

- (a) Mother is unable to look after the child owing to illness.
- (b) Mother is unable to look after the child, *e.g.*, mother unmarried.
- (c) Mother goes out to work in essential industry.
- (d) On medical grounds—the child requires to be with other children.

Mother and Baby Homes.

<i>Name and Address of Home</i>	<i>No. of beds</i>	<i>No. of cots</i>	<i>Number of admissions during the year.</i>	<i>Number of admissions in Col. (4) for which the Authority was responsible</i>	<i>Average length of stay in days</i>	
					<i>Ante Natal</i>	<i>Post Natal</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
St. Martin's Home, Walnut Tree Avenue, Hereford	22	18	68	26	34.5	48.2

The following additional information in respect of St. Martin's Home, Hereford, is of interest :—

AGES OF MOTHERS ADMITTED :

14-16 years	.....	.....	.....	5
17-20 years	.....	.....	.....	23
21-24 years	.....	.....	.....	14
25-30 years	.....	.....	.....	20
31-34 years	.....	.....	.....	3
35-42 years	.....	.....	.....	3
				Total 68

1st Baby	.....	.....	.....	41
2nd Baby	.....	.....	.....	12
3rd Baby	.....	.....	.....	5
Married (Separated)	.....	.....	.....	5
Divorced	.....	.....	.....	2
Widow	.....	.....	.....	1
Convalescence	.....	.....	.....	2
				Total 68

DISCHARGES :

Home with Baby	14
Situation with baby	10
Home from Hospital	3
Left against advice	2
Walked out	4
Home before birth of baby	1
Walked out with baby	1
Placed for adoption	27
Fostered out	1
Placed in Nursery	3
Mother to Hostel with baby	1
	Total 67

Maternity Homes.

	<i>No. of Homes on Register 31/12/54</i>	<i>Maternity Beds as at 31/12/54</i>	<i>Births during 1954.</i>
Hereford City	2	9	107

Report of Principal Dental Officer on Dental Treatment for Expectant and Nursing Mothers, and Children under Five Years of Age.

There has been an appreciable increase in the demand for dental treatment from this category of patient during the year. The higher acceptance of conservative dental surgery is particularly gratifying, though in the rural areas especially an almost stubborn resistance to this form of treatment is encountered. Such resistance will only be broken down by prolonged intensive dental health education.

Unfortunately the dental staffing position is such that dental health education cannot be undertaken to any extent without a serious neglect of operative dental surgery, the demand for which already presents difficulties to the depleted dental staff. The present staff consists of three full-time dental officers, which is quite inadequate to meet the dental requirements of over 18,000 school children in addition to the provision of treatment for expectant and nursing mothers and children under five years of age. A total staff of six full-time officers is necessary to meet all demands and provide a comprehensive dental service.

The general condition of the teeth of pre-school children seen at clinics is poor and in some cases even appalling. Children whose parents take reasonable care of the teeth often show considerable destruction of tooth tissue by a rampant form of decay.

Patients requiring hospital facilities for their dental treatment are referred to the County Hospital, Hereford, for treatment by a Senior Hospital Dental Officer, of the Birmingham Regional Hospital Board. Radiographic facilities are also provided by the County Hospital, Hereford.

Denture work continues to be sent to a private dental laboratory for final processing, the initial stages being executed by the dental staff at Hereford City Clinic.

(a) Numbers provided with dental care :

	Examined	Needing treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	126	118	96	60
Children under five	183	174	145	127

(b) Forms of dental treatment provided :

	Extractions	General Anaesthetics	Fillings	Scalings	Silver Nitrate treatment.	Crowns and Inlays	Radio-graphs	Dentures provided	
								Complete	Partial
Expectant and Nursing Mothers	472	17	131	11	—	—	8	33	22
Children under Five	386	139	8	2	1	—	—	—	—

Training.

Four members of the staff completed the Health Visitors' training course and returned to service in the county.

Two of the existing staff attended post-graduate courses for Health Visitors.

HOME NURSING.

	1953	1954
General Nursing Visits	58,102	55,972
Tuberculosis Visits	1,007	1,341

There was no marked change in home nursing beyond a slight but steady increase in the amount of home nursing treatment given to Tuberculosis patients.

Training.

Three members of the staff attended post-graduate courses in district nursing. Two members of the staff took initial training in District Nursing through the Queen's Institute.

Fourteen District Training Candidates from Worcester were given rural experience each for three days.

IMMUNISATION AND VACCINATION.

The County Council, as Local Health Authority, is responsible for the organisation of a scheme in connection with Diphtheria Immunisation, Whooping Cough Immunisation and Smallpox Vaccination for the whole County, including the City of Hereford, under Section 26 of the National Health Service Act, 1946.

Diphtheria Immunisation.

During 1954, a total of 1,829 children under 15 years of age were primarily immunised, and 2,332 children were given a single reinforcing injection. Immunisation was carried out as follows :

	Children aged :—		Total	Reinforcing injections
	Under 5	5—14		
At Minor Ailments Clinics	38	1	39	1
At Infant Welfare Centres	354	2	356	8
At School Medical Inspections	28	385	413	2163
By General Practitioners	993	28	1021	160
Total Immunisations, 1954	1413	416	1829	2332
Comparative figures, 1953	1342	456	1798	2540

All Health Visitors, District Nurses and Head Teachers in the area have co-operated by informing parents of the advisability of securing protection for their infants as early in life as possible, and all General Medical Practitioners are participating in the scheme.

The policy of offering treatment at the time of the school medical inspections, on the child's admission to school at five years of age and again on reaching the age of nine years, has continued with success. During the period under review, immunisation was offered in respect of children in these age groups at 162 maintained and 5 private schools ; 3,397 notices were forwarded to parents resulting in the primary immunisation of 413 children and the administration of 2,163 reinforcing injections, an acceptance rate of 76 per cent.

There were no notifications of diphtheria occurring in children under 15 years of age, and no deaths from diphtheria during the year.

The following table is of interest. It shows the progress of Diphtheria Immunisation in the County for the last 10 years. Figures are in respect of children under 15 years of age at the 31st December in any year :—

<i>Year</i>	<i>Cases Notified</i>	<i>Deaths from Diphtheria</i>	<i>Under 15 Population</i>	<i>Number Immunised</i>	<i>Percentage Immunised</i>
1945	12	1	27,991	17,003	61
1946	15	Nil.	26,300	16,498	63
1947	13	1	27,280	17,549	64
1948	3	Nil.	28,627	18,143	63
1949	1	Nil.	28,910	19,886	69
1950	Nil.	Nil.	29,250	20,452	70
1951	2	Nil.	29,310	21,650	73
1952	Nil.	Nil.	29,700	21,705	73
1953	Nil.	Nil.	30,100	22,198	74
1954	Nil.	Nil.	30,500	22,757	75

Whooping Cough Immunisation.

The scheme for the immunisation of children against whooping cough came into operation on 1st January, 1954. This scheme is restricted to children under 5 years of age for the time being. Suspended whooping cough vaccine is issued free of charge to General Medical Practitioners, and payment made at the agreed rate for the receipt of a completed record card. Services are also provided at all Clinics and Infant Welfare Centres in the area. During the year, a total of 1,187 children were immunised as follows :—

	<i>Children aged :—</i>		<i>Total</i>
	<i>Under 1</i>	<i>1—4</i>	
At Minor Ailments Clinics	1	7	8
At Infant Welfare Centres	218	201	419
By General Practitioners	277	483	760
Total Immunisations, 1954	496	691	1,187

There were 295 notifications of whooping cough occurring in children under 5 years of age during 1954, and of these 2 were ascertained to have previously received injections of a combined diphtheria-whooping cough vaccine.

Vaccination against Smallpox.

All parents in the area are informed of the importance of ensuring that their infants are vaccinated in early life by means of a personal letter, embodying a consent form, which is taken to the mother by the Health Visitor at the time of the first visit after notification of the birth of a child. The Health Visitor informs the parents of the facilities for vaccination, either by taking the infant to the private medical practitioner or by attendance at the special clinics inaugurated for this purpose at Hereford and Leominster. If any infant has not been vaccinated by the sixth month, then the Health Visitor forwards a report to the County Health Department stating the reasons for refusal.

The following table shows the number of persons vaccinated (or re-vaccinated) during the last 5 years, based on record cards received :—

Age at date of Vaccination :		Under 1	1	2—4	5—14	15 or over	Total
Number vaccinated	1954.....	834	34	33	31	62	994
"	"	1953.....	890	41	33	39	1081
"	"	1952.....	765	25	24	24	920
"	"	1951.....	851	46	39	27	1051
"	"	1950.....	730	38	30	34	876
Number re-vaccinated	1954	—	—	11	15	144	170
"	"	1953	—	1	4	16	241
"	"	1952	—	—	5	33	262
"	"	1951	—	—	7	40	462
"	"	1950	—	—	5	26	221

No cases were specially reported during the year of (a) Generalised Vaccinia and (b) Post-vaccinal encephalomyelitis, and no deaths from complication of vaccination.

AMBULANCE SERVICE.

The administration of this service has, in general, continued to be the responsibility of the Joint Ambulance Committee, consisting of members of the St. John Ambulance Brigade, British Red Cross Society and representatives of the County Health Committee.

In accordance with the advice of the Chief Ambulance Adviser, Ministry of Health, the County Ambulance Officer and all whole-time paid staff, comprising the under-mentioned, became employees of the County Council and members of the staff of the County Health Department with effect from 1st October, 1954. All whole-time paid drivers were also supplied with a County uniform as from this date.

Hereford—	2 Clerks
	2 Senior Drivers
	8 Drivers
	2 Mechanics
	1 Garage Assistant (temporary)
Ross-on-Wye :	3 Drivers (1 temporary)

In addition, the British Red Cross Society and St. John Ambulance Brigade jointly provide a rota of voluntary attendants and telephonists throughout the County.

The operational vehicle strength as at 31st December, 1954, was as follows :—

Station.	Ambulances.	Utilecons.
Hereford	5	3
Ross-on-Wye	1	1
Leominster	1	—
Kington	1	—
Ledbury	1	—
Bromyard	1	—
Leintwardine	1	—
Pontrilas	1	—
Totals	12	4

A further ambulance retained at Hereford, not used operationally and not shown on vehicle strength, was available for training of Civil Defence Ambulance and Casualty Collecting Section personnel.

It will be seen from the following table that the Ambulance Service continues to expand and it does appear that the peak has not yet been reached :—

<i>Year</i>	<i>Full-time Drivers</i>	<i>Annual Mileage</i>	<i>Patients Carried</i>
1950	6	151,956	8,173
1951	8	147,242	8,201
1952	9	171,142	10,535
1953	10	189,425	12,481
1954	13	206,455	15,389

Full details of mileage, patients carried and journeys undertaken by each station are shown in Tables A, B and C.

Plans for the partial introduction of Radio-Telephony are now nearing completion and it is hoped that the service will be operational during the first half of 1955.

Continued use is being made of transport mainly by rail for long distance cases and full co-operation is given by the railway service. During the year 178 patients, compared with 115 during 1953, were removed by this method, thus saving approximately 19,800 road miles.

TABLE "A"—ANALYSIS OF MILEAGE.

STATION.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Hereford	10716	9654	11245	9057	11912	10376	11530	10686	12266	12741	11831	12287	134301
Ross-on-Wye	1564	1356	1940	1735	2061	1511	1970	1620	1719	1552	1757	2238	21023
Leominster	1970	1350	2087	1320	1491	1130	1344	1331	1633	1610	1361	1165	17792
Kington	294	794	419	209	678	397	407	188	351	368	639	375	5119
Ledbury	525	808	608	929	953	842	1043	733	797	380	618	818	9054
Bromyard	942	1265	1157	1016	1614	1102	996	915	1036	1053	1308	1091	13495
Leintwardine	223	211	298	250	152	76	59	400	776	620	304	523	3892
Pontrilas	314	44	819	179	12	72	80	71	69	—	119	—	1779
	16548	15482	18573	14695	18873	15506	17429	15944	18647	18324	17937	18497	206455

TABLE "B"—ANALYSIS OF PATIENTS CARRIED.

STATION.	<i>Stretcher</i>	<i>Sitting</i>	<i>Total</i>	<i>Removals</i>	<i>Urgent Removals</i>	<i>Maternity</i>	<i>Accident</i>	<i>Infectious Disease</i>	<i>Mental</i>	<i>Total</i>
Hereford	2955	8780	11735	10648	384	307	301	33	62	11735
Ross-on-Wye	530	570	1100	1007	27	16	39	7	4	1100
Leominster	426	345	771	574	137	36	21	—	3	771
Kington	90	57	147	110	12	9	14	1	1	147
Ledbury	185	484	669	553	60	22	33	—	1	669
Bromyard	334	476	810	766	12	14	14	1	3	810
Leintwardine	32	41	73	36	14	6	15	—	2	73
Pontrilas	15	69	84	76	—	—	8	—	—	84
	4567	10822	15389	13770	646	410	445	42	76	15389

TABLE "C"—ANALYSIS OF JOURNEYS.

STATION.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Hereford	553	564	645	513	682	453	594	597	604	618	635	634	7092
Ross-on-Wye	49	43	64	50	66	57	59	53	50	59	59	82	691
Leominster	48	46	57	37	39	33	40	31	23	48	41	38	481
Kington	8	16	10	7	18	11	11	7	6	7	16	9	126
Ledbury	20	33	28	40	33	30	33	30	31	23	23	31	355
Bromyard	24	35	31	29	46	28	20	20	25	23	32	26	339
Leintwardine	4	3	5	5	3	1	2	6	12	14	5	10	70
Pontrilas	6	1	14	4	—	2	2	2	1	—	4	—	36
	712	741	854	685	887	615	761	746	752	792	815	830	9190

HOSPITAL CAR SERVICE.

The Hospital Car Service Committee, although working under difficulties owing to the shortage of volunteers in some areas of the County, has maintained an efficient service throughout the year and, where practicable, all requests for this form of transport have been met.

Details are given in the following table of work undertaken. The total mileage is an increase of 6,760 over the year 1953, and the patients carried shows an increase of 535 for the same period.

Bearing in mind the need for economy, every endeavour is made to transport suitable patients by means of this service in order to alleviate demands for ambulances.

	<i>Mileage</i>	<i>Journeys</i>	<i>Patients Carried</i>
January	8,595	321	409
February	9,677	314	436
March	9,787	388	483
April	8,403	338	448
May	9,440	385	495
June	9,049	303	438
July	9,606	285	417
August	7,023	230	344
September	8,018	283	440
October	7,537	263	400
November	9,634	311	439
December	9,264	289	333
TOTALS	106,033	3710	5082

TUBERCULOSIS.

PRIMARY NOTIFICATIONS.

	1949				1950				1951				1952				1953				1954			
	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T
Pulmonary	55	34	10	99	55	38	17	110	73	48	23	144	50	30	22	102	54	23	14	91	40	35	6	81
Non-Pulmonary	7	6	19	32	6	10	17	33	8	14	13	35	8	6	6	20	4	9	6	19	5	5	3	13
Totals	131				143				179				122				110				94			

NO. OF DEFINITE CASES ON CLINIC REGISTER.

	1949				1950				1951				1952				1953				1954			
	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T
Pulmonary	318	240	73	631	318	263	85	666	333	279	103	715	346	299	106	751	368	307	95	770	386	303	84	773
Non-Pulmonary	55	80	72	207	48	77	82	207	47	72	81	200	43	76	77	196	51	74	74	199	52	71	63	186
Totals	838				873				915				947				969				959			

DEATHS.

	1949				1950				1951				1952				1953				1954			
	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T	M	F	C	T
Pulmonary	28	29	—	57	26	11	1	38	19	9	1	29	12	5	—	17	15	7	—	22	10	7	—	17
Non-Pulmonary	1	2	2	5	1	1	2	4	5	—	3	8	4	1	1	6	—	—	2	2	1	—	—	1
Totals	62				42				37				23				24				18			

TUBERCULOSIS MORTALITY. DEATH RATE PER 1,000 POPULATION.

	RESPIRATORY		NON-RESPIRATORY		TOTAL	
	County	Eng. & Wales	County	Eng. & Wales	County	Eng. & Wales
	1949451	.399	.049	.054	.500	.46
1950 .....	.296	.36	.031	.046	.328	.36
1951 .....	.229	.274	.065	.04	.293	.31
1952 .....	.134	.212	.047	.028	.182	.24
1953 .....	.172	.179	.016	.22	.188	.20
1954 .....	.134	.159	.008	.019	.142	.18

New contacts examined during the past years are as follows :—

1949	1950	1951	1952	1953	1954
148	208	209	254	211	313

Chest Physician's Annual Report on Tuberculosis, 1954.

The downward trend of primary notifications continues slowly. Diligent search for cases is not enough, and all measures towards a better standard of housing, nutrition and hygiene should be actively encouraged as the basic factors in eliminating Tuberculosis.

The continued fall in the death rate reflects, to a large extent, on improved methods of treatment and the life-saving effect of streptomycin and other drugs. It is to be hoped that the fairly large reservoir of tubercle bacilli that remains in the community will not become resistant to these drugs, otherwise, failing the discovery of new antibiotics, the death rate may rise again.

The examination of more "contacts" as a comparatively fruitful source of fresh cases discovered has been made possible by increased X-ray facilities and by improved reliability of the tuberculin jelly test. Parents of children found to have incurred a tuberculous infection are themselves invited to have an X-ray. A certain amount of reluctance towards contact examination, or sparing the time to attend, is still occasionally encountered, but this is much less than in some parts of the country.

For the first time for many years the number of tuberculous cases under clinic supervision has fallen, however slightly, rather than risen and this despite the fact that more persons than ever are being referred to the clinic, 647 being examined for the first time in 1954 compared to 588 in 1953. Total attendances and home visits by chest physicians were 4,208 in 1954 compared to 2,985 in 1953. Consideration of these figures in conjunction with the number of primary notifications appears to justify a cautious conclusion that the incidence of Tuberculosis is really falling.

Less children during the past year were found to require Institutional treatment for Tuberculosis. Factors responsible may be the improvement in housing, B.C.G. vaccination during the past few years and improvement in the purity of milk.

B.C.G. vaccination of infant contacts proceeds ; 97 have been vaccinated.

Care continues to be exercised regarding the nature of employment of the tuberculous. This problem is shared by the Disablement Resettlement Officer. While it is not always easy to place a convalescent in suitable part-time employment, the position appears to be rather easier than it was.

CONVALESCENCE.

Patients are recommended for short periods of recuperative convalescence under section 28 of the National Health Service Act, 1946, by general medical practitioners, doctors of hospitals and medical officers of the local health authority. Only those persons who do not require medical or nursing care, but merely rest, change of air and good food, are accepted under the scheme. Patients are assessed on their family income and expenditure and are expected to contribute towards the total cost of the period of convalescence in accordance with their means.

During 1954, a total of 55 persons proceeded to convalescent homes for periods ranging from two to eight weeks ; 4 boys, 8 girls, 16 adult males and 27 adult females.

Members of the W.V.S. and B.R.C.S. have given valuable assistance, where required, in escorting children and some adult patients to and from convalescent homes.

HOME HELP SERVICE.

During 1954 the following cases were dealt with :—

(a) Ill	.....	136*
(b) Maternity	.....	87
(c) Aged	.....	76†
(d) Children not over School Age	.....	8
(e) Mentally Defective	.....	2
		<hr/>
		309
		<hr/>

* Including 15 Tuberculosis

† Including 16 Blind

Each case has been supported by the Certificate of a Doctor or Nurse.

The full standard charge for the Service was increased from 2/10 per hour to 3/- per hour on the 4th October, 1954. Persons who cannot pay this are assessed according to their financial circumstances.

In June the Service was increased to fifty (or equivalent) whole-time Home Helps (i.e., an increase of 10), or 2,200 hours per calendar week.

The National Joint Council's Rates of Pay are in force; namely, 2/5 $\frac{3}{4}$ per hour in the City of Hereford and 2/5 per hour in the remainder of the Administrative County, with a plus rate of 2d. per hour throughout the County for tuberculosis and certain infectious cases.

PROBLEM FAMILIES.

This service was in abeyance from December, 1953, owing to the resignation of the Problem Family Welfare Officer, until June, 1954, when a successor was appointed.

During the ensuing half-year the following cases were on the register:—

Group A. Cases where possible child neglect might be arrested by timely help	32
Group B. Cases where bad housing was mainly responsible, but with other attendant problems	3
	35
Total number of home visits during the half-year	370
" " " visits to other organisations with members of problem families	24
Total number of hospital and clinic visits with members of problem families	29

Work has been concentrated mainly on the families where home conditions amounted almost to neglect. Bad home management and dirt constitute the biggest problem, and the children of these families suffer mainly from being ill-clad, and poor surroundings, rather than from malnutrition and physical ill-treatment.

Of the new cases referred, five are comparatively young couples, where the mother has had several quick pregnancies and finds herself unable to cope with increasing responsibilities. In the main these cases quickly respond to help and advice and have shown definite improvement.

In cases of the older parents, help is not so willingly received, but advice on financial and domestic problems is generally well accepted. In the majority of cases the father is unemployed, or a casual labourer. Housing conditions for nearly all the families is a major problem. Fields and muddy lanes have to be negotiated in all weathers, and this accounts for quite a good deal of absenteeism among the children of school age.

The W.V.S. has given invaluable help in supplying the children of needy families, and also helped in the matter of bedding in some cases.

Nine cots and mattresses have been supplied from a store of old ones at the County Health Department. These have been repainted in each case and made presentable.

At Christmas 130 children were given toys and books (kindly contributed by the W.V.S. and friends) and 18 of the most needy families received large food parcels made available by a gift of £36 from the Salvation Army Headquarters.

MENTAL HEALTH.

Administration.

Control and administration of the mental health services for which the local Health authority is responsible, has been delegated by the County Health Committee to a Mental Health Sub-Committee, the members of which are drawn from the County Health and Education Committees, and co-opted members from organisations interested in mental health. Meetings of the Sub-Committee are held quarterly.

Staff.

Ascertainment of mental defectives within the County is undertaken by the medical staff of the County Health Department, who are also authorised under the Mental Deficiency Acts 1913-1938, to furnish any essential certificates and reports on behalf of the local health authority.

In the event of any difficulty being encountered involving cases of mental illness or mental deficiency, reference may be made to the Regional Hospital Board, whose Consultants are readily available to assist the local health authority.

The statutory supervision of defectives in their own homes, their training and occupation is undertaken by the Mental Deficiency Organiser and two Mental Deficiency Welfare Officers, who also exercise supervision of defectives on licence from institutions on behalf of the appropriate hospital management committees,

Responsibility for initiating action under the Lunacy & Mental Treatment Acts, for the reception into hospital of persons of unsound mind and other mentally sick persons, rests with the Duly Authorised Officers.

Work undertaken in the Community.

(Prevention, Care and After-Care).

Voluntary patients continue to form a large proportion of those entering hospital, many of the admissions being the direct result of careful and sympathetic approach on the part of the Duly Authorised Officer called to deal with the sick persons concerned. It is felt however that quite a number of those patients detained in hospital by the Duly Authorised Officer and Magistrates under 3 day and 14 day Orders, would have voluntarily submitted themselves for treatment if admission could have been to a psychiatric or neurosis unit attached to a general hospital, thus avoiding compulsory removal to the mental hospital. There is reason to feel that fear of the mental hospital and the stigma of mental illness is still prevalent, and constitutes a serious barrier to early notification and treatment of the mentally sick. Instances still arise in which, through lack of early notification, patients reach an acute stage of mental illness and subsequent efforts to prevent a major breakdown become difficult. Generally in such cases admission on a voluntary basis becomes impossible.

Realisation of the medical and social problems involved, is reflected in the close co-operation which is maintained by the local authority's mental health services, with the hospitals, general medical practitioners and national and voluntary social services, in the desire to promote good mental health in the community.

The local health authority undertakes responsibility for the after-care of mentally sick persons referred from out-county hospitals and in respect of patients discharged from Service hospitals. With the exception of occasional difficult cases, which are in addition referred by the Medical Superintendent the after-care of patients discharged from Burghill Mental Hospital is undertaken by the psychiatric social workers attached to that hospital.

Visitation of patients referred to the local health authority is made by 2 male Duly Authorised Officers, who hold the Relieving Officer's Certificate of the former Poor Law Examinations Board, and a female Mental Deficiency Organiser. After-care requests are not high, during the year 4 cases being referred for investigation.

Lunacy and Mental Treatment.

In the table below, particulars are given of the action taken by the Duly Authorised Officers with regard to the reception of patients into Burghill and Holme Lacy Hospital for treatment during the year :—

AGE GROUP	MALES						FEMALES					
	Vol.	Temp.	Certfd.	3 Day Orders	14 Day Orders	Total	Vol.	Temp.	Certfd.	3 Day Orders	14 Day Orders	Total
10—20	—	—	—	—	—	—	—	—	—	1	—	1
21—30	5	—	2	2	—	9	3	—	1	1	2	7
31—40	8	—	5	—	1	14	8	—	—	3	1	12
41—50	4	—	1	2	1	8	6	—	2	6	1	15
51—60	2	—	2	3	—	7	3	—	5	2	3	13
61—70	6	—	4	8	1	19	7	—	5	4	2	19
71—80	2	1	1	2	2	8	3	1	6	2	1	13
81—90	3	—	2	1	2	8	2	—	—	1	—	3
	30	1	17	18	7	73	32	1	19	20	11	83

NOTE.—Of the 56 patients dealt with under 3 day and 14 day Orders

- 12 departed after treatment ;
- 32 became voluntary patients, 18 departing before the end of the year ;
- * 5 were certified.
- 7 died.

Of the 62 Voluntary patients received—

- 31 departed after treatment ;
- * 2 were certified ;
- 5 died ;
- 24 remained under treatment at the end of the year.

Of the 38 patients detained under Summary Reception and Temporary Orders (including those marked *)—

- 6 certified patients were discharged ;
- 6 " " died ;
- 24 " " were under treatment at the end of the year.
- 1 Temporary patient was discharged ;
- 1 " " remained under treatment.

Approximately 100 further investigations were made during the year, but after careful enquiry by the Duly Authorised Officers, were satisfactorily concluded without recourse to action under the Lunacy & Mental Treatment Acts.

The problem of caring for the elderly senile patient continues to be a pressing one, particularly those in respect of whom detention under the Lunacy Acts is not necessary. It is hoped that, where institutional care is found to be necessary, accommodation other than in the mental hospital will be provided eventually.

The certification of patients is instituted only as a last resort and every effort is made to arrange admission by other means. This is borne out by a decrease of 21 in the total number of patients certified during 1954 as compared with 1953. The Officers concerned feel that any extra time spent in avoiding this method of admission is worthwhile and is in accord with present day medical and social approach.

Protection of Patients' Property.

(Sec. 1 Lunacy Act, 1908) (Sec. 48 Nat. Assistance Act, 1948).

During the year enquiries were made with regard to the property of 10 patients, following their admission to the mental hospital. Inventories of property were taken and referred to the County Welfare Officer in 3 of the cases concerned.

MENTAL DEFICIENCY ACTS, 1913-38.

Ascertainment.

45 cases were ascertained during 1954, and at the end of the year 7 defectives were awaiting vacancies in Institutions.

Supervision.

The number of cases under supervision by the Mental Deficiency Organiser and the Mental Deficiency Welfare Officers on 31st December, 1954 were as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Statutory supervision	138	125	263
Voluntary supervision	15	21	36
Licence	2	3	5
Out-County Cases	1	4	5
	<hr/>	<hr/>	<hr/>
	156	153	309
	<hr/>	<hr/>	<hr/>

Training.

During the period under review, the half-day weekly classes for mentally defective children and young persons have continued at Bromyard, Hereford, Kington, Ledbury, Leominster and Ross-on-Wye. At the end of the year, 45 defectives were attending these classes and 2 were receiving instruction in their own homes.

The Barrs Court Centre, Barrs Court Road, Hereford, providing training facilities for 30 defectives, aged between 5 and 16 years on admission, was practically completed and equipped by

the end of the year, and the staff, consisting of supervisor, assistant supervisor, general assistant and cleaner/guide, were appointed in readiness for the opening of the Centre on 11th January, 1955.

Outwork.

During the period under review, the form of outwork was changed from hairgrips to press studs. This work is more intricate, involving the use of a small jig, but the majority of the defectives concerned have proved themselves capable of undertaking the work and have thus increased their earnings.

Certification.

Cases certified during the year were as follows :—

	Males	Females
Admitted to :—		
Burton Road Hospital, Dudley	1	—
Monyhull Hall Hospital, King's Heath, Birmingham 14	2	—
St. Margaret's Hospital, Great Barr Park, Birmingham, 22a	4	1

Short-term Care.

During the year urgent cases were accommodated temporarily as follows :—

Admitted to :—	Males	Females	Period
Lea Colony, Bromsgrove	—	1	3 weeks
"Morney Cross," Fownhope, Hereford (Private Home)	1	—	1 week
"Orchard Dene," View Road, Rainhill near Liverpool (Private Home)	1	—	8 weeks

BLIND AND PARTIALLY-SIGHTED PERSONS.

The County Welfare Officer maintains the registers of blind and partially-sighted persons and is responsible for the provision of welfare services. Three Home Teachers carry out regular visiting in the homes and teach Braille, Moon and other embossed literature and handicrafts where possible. These officers are also responsible for the organization of social activities such as clubs and outings.

Seventy-one persons were certified as blind during 1954 and at the 31st December the total on the register was 354.

The chief causes of blindness are shown to be :—

Cataract 82 ; Trauma 29 ; Glaucoma 34 ; Cataract and other cases 31 ;
Congenital hereditary and developmental defects 25 ; Myopic error 14 ;
Glaucoma and other causes 19.

The following table shows age of onset of blindness.

Under 1 year	27	21—30 years	8
1—4 years	3	31—39 years	9
5—10 years	5	40—49 years	21
11—15 years	4	50—65 years	66
16—20 years	5	65 and over	147
		Unknown	59

Of the new cases in 1954, the age of onset of blindness was as follows :—

1—4 years	1	50—65 years	7
5—10 years	—	65 and over	58
21—30 years	—	Unknown	3
31—39 years	—		
40—49 years	2		

The causes of blindness of these cases were :—

Cataract	19	Arterio Sclerosis	2
Glaucoma	7	Myopic Error	—
Diabetes	2	Vascular Diseases	9
Cataract and other causes	9	Congenital, hereditary and developmental defects	4
Glaucoma and other causes	7	Other causes	12

Of the cataract cases twenty-three were over 70 years of age, one was aged 44, one 63, two 64, and one 69. Of the glaucoma cases thirteen were over 70 and one aged 67.

Forty-five persons were registered as partially-sighted at the end of 1954, of whom sixteen were regarded as prospective blind, ten industrially handicapped, and twelve requiring supervision only. The remainder were children.

The main causes of defective vision are as follows :—

Cataract 17 ; Myopic error 8 ; Congenital hereditary and developmental defects 10 ; Vascular diseases 7.

During the year twenty-six new cases were certified in the following age groups :—

5—15 years	6	50—64 years	2
21—40 years	—	65 and over	18

The causes of defective sight of these were as follows :—

Cataract 11 ; Myopic error 1 ; Vascular diseases 5 ; Glaucoma 3 ; Congenital, hereditary and developmental defects 4 ; Other causes 2.

All the cataract cases were over 65 years of age with the exception of three children whose condition is congenital. The persons suffering from glaucoma were all over 65.

Treatment of cases is carried out for the most part at the Victoria Eye Hospital, Hereford, but a few patients also attend hospitals at Worcester and Gloucester. The co-operation between the Welfare Department and the hospital is very close and the Home Teachers use every endeavour to persuade patients to avail themselves of the treatment recommended.

A. Follow-up of Registered Blind and Partially-Sighted Persons.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	6	2	—	25
(b) Treatment (medical, surgical or optical)	33	14	—	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	18	9	—	11

B. Ophthalmia neonatorum.

(i) Total number of cases notified during the year	Nil.
(ii) Number of cases which :—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—