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COUNTY COUNCIL OF SALOP

ANNUAL REPORT

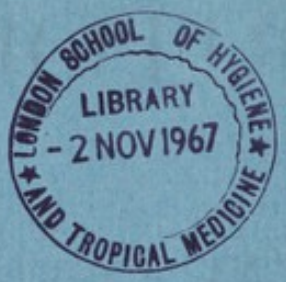
OF THE

COUNTY MEDICAL OFFICER OF HEALTH

1953

COUNTY HEALTH OFFICE . COLLEGE HILL . SHREWSBURY

September, 1954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September, 1954

INDEX

TO THE CHAIRMAN AND MEMBERS OF THE SALOP COUNTY COUNCIL

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health Services of the Council for the year 1953. During the first four months of that period Dr. William Taylor was your Medical Officer of Health and the work of the Health Department was under his guidance.

The Birth Rate in the County of 15.5 per 1,000 of population was the same as the National Figure for 1953, but less than the County rate of 15.8 for 1952.

The Infant Mortality Rate of the County for 1953 of 24.36 is the lowest ever recorded, bettering the 1950 figure of 24.4. The National figure for 1953 was 26.8.

Of the 113 deaths of infants under one year, 68 occurred within the first week of life and included many infants prematurely born or suffering from congenital malformations.

Of the 322 premature births, 273 (or 85.4 per cent) survived the first four critical weeks and had good expectation of attaining maturity.

The Death Rate at 10.84 per 1,000 of population was less than the National figure of 11.4.

The Death Rate for Respiratory Tuberculosis of 0.107 per thousand population was the lowest ever recorded for Shropshire.

The figure for new cases notified was about the same as for a couple of decades. This is not surprising in view of the improvements, notably mass miniature radiography, which lead to earlier diagnosis with its better prospect of cure.

For *all* forms of Tuberculosis, the County Death Rate of 0.13 per thousand population compares with the National figure of 0.20.

The Chest Clinic met with staffing difficulties during the year. The Health Committee and the Hospital Management Committee alike feel the importance of giving priority to Tuberculosis, and especially to preventive measures aimed at its control.

The Ambulance Service made 27,868 journeys carrying 48,670 patients in 1953, as compared with 16,952 journeys carrying 21,926 patients in 1949. The figure of "miles-per-patient" fell from 28.4 to 17.4 during the same period and the service has been most economically run.

Difficulty is still experienced in recruiting and retaining suitable Medical and Dental Officers for junior appointments, and some appointed during the year who were giving good service have already terminated their engagements voluntarily. Nor is a wide choice of candidates usually available. It is difficult to carry out the Council's statutory duties satisfactorily under these circumstances.

At the end of 1953, the Assistant Medical Officers numbered a little more than 9 against an approved establishment of 12; the Principal Dental Officer had 4 Assistants instead of his approved establishment of 10; and the Superintendent Nursing Officer had 3 Assistants instead of 4.

Health Visitors were the equivalent of 44 whole-time staff, against an approved establishment of 52.

On the environmental side, a number of the reports received during 1953 on sewage effluents throughout the County must cause concern. Satisfactory new services involve very high capital costs, and effective interim remedies are hard to find.

Allusion is made on page 60 to developments during the year in agreeing, with County Districts, schemes for "Mixed Appointments"; and the year 1953 showed substantial progress in this direction.

The Health Department staff continue to afford loyal and efficient service to the Council and the public whom we serve; and their ready help and co-operation, and that afforded by the Council's other Departments, are gratefully acknowledged.

In conclusion, I wish to express the appreciation of the Department to the Council for the interest they have taken in our work. To the Members of the Health Committee and Sub-Committees I am most grateful for their kindness, encouragement, and considerate administration.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.
September, 1954.

HEALTH COMMITTEE, 1953.

CHAIRMAN:

ALDERMAN THE REV. R. A. GILES, M.A., B.Litt. (Oxon.)

VICE-CHAIRMAN:

THE RT. HON. THE LORD FORESTER, J.P. (Appointed 27th June, 1953)

ALDERMEN:

BLACK, CAPTAIN R. A., J.P., D.L.
BOYNE, THE VISCOUNTESS, C.B.E., J.P., LL.D.
HEYWOOD-LONSDALE, LT.-COL. A., M.C., J.P., D.L.
JONES, T., J.P.
STEVENTON, T. O.
WAKEMAN, CAPTAIN SIR OFFLEY, Baronet, J.P., D.L. (Chairman of Council)
WARD, T. C. (Vice-Chairman of Council)

COUNCILLORS:

BOWEN, R. A., J.P.
CAMBIDGE, R. O.
CROFT, E. H.
EDWARDS, F. G., J.P.
HAMAR, DR. L. A.
JONES, A. H., J.P.
LANE, CAPTAIN W. G., T.D.
MORGAN, J. C., M.B.E.
MORRIS, MRS. E. L., J.P.
RHAIADR-JONES, J. R.
STEPHENS, MRS. I. E.
THOMAS, E. B., J.P.
WARD, A. W.
WOOD, A. J.
WORRALL, J. N.
WRIGHT, REV. E. E., F.R.A.S.

CO-OPTED MEMBERS:

COCK, MRS. E. M., J.P.
URWICK, DR. R. H.
} Nominated by Shrewsbury Town Council

GLANDON WILLIAMS, A., B.Sc., M.B., F.R.C.S.
POOLER, DR. W. R. H.
} Nominated by Shrewsbury Local Medical Committee (representing General Medical Practitioners)

CHOLMONDLEY, MRS. V. M., J.P. Co-opted member of Health (Nursing) Sub-Committee

WESTON, F., J.P.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer of Health and Principal School Medical Officer:
WILLIAM TAYLOR, M.D., D.P.H. (Retired 21st April, 1953).
THOMAS S. HALL, *M.B.E., T.D.*, M.D., B.Sc., B.Ch., D.Obst., R.C.O.G., D.P.H. (from 1st May, 1953).

Deputy County Medical Officer and Deputy School Medical Officer:
WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D. Obst., R.C.O.G., D.P.H.

Assistant Medical Officer and Medical Officer of Health for the Borough of Shrewsbury:
PETER G. ROADS, M.D. (Lond.), B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer and Temporary Medical Officer of Health for the North-West Salop Combined District (from 1st October, 1953):
CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers:
KATHLEEN PRIESTLEY, L.M.S.S.A. (Retired 30th June, 1953).
MABEL N. JUDD, M.B., Ch.B. (Transferred to part-time duty from 1st November, 1953).
KATHLEEN M. BALL, M.B., B.Ch., B.A.O. (Dub.), D.P.H.
ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
AGNES D. BARKER, M.B., Ch.B.
FLORA MACDONALD, M.B., B.S., D.P.H.
LILIAN J. KENT, M.R.C.S. (Eng.), L.R.C.P. (Lond.) (Temporary—resigned 27th August, 1953).
MARGARET E. HALL, M.B., Ch.B., D.Obst., R.C.O.G. (from 1st May, 1953).
MARGARET H. TURNBULL, M.B., Ch.B., D.P.H. (from 15th September, 1953).
AUDREY ROSS, M.B., Ch.B. (from 1st October, 1953).

Principal Dental Officer:
GERALD R. CATCHPOLE, L.D.S., R.C.S. (Eng.).

Assistant Dental Officers:
BERNARD SCHARF, M.D. (Vienna) (Part-time—resigned 28th March, 1953).
GEORGE B. WESTWATER, L.D.S., R.C.S.
PETER DUFFIELD, B.D.S. (resigned 30th June, 1953).
JOHN B. CLARKE, L.D.S. (from 1st August, 1953).
CHARLES D. CLARKE, L.D.S. (from 1st September, 1953).
GEOFFREY H. STOUT, L.D.S. (from 14th September, 1953).

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:
MARGARET M. FOSTER, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Nursing Officer:
FRANCES M. ROGERS, S.R.N., S.C.M., Q.N., H.V. (from 1st February, 1953).

Assistant Superintendent Nursing Officers:
RITA M. HUGHES, S.R.N., S.C.M., Q.N., H.V.
MILDRED C. TATE, S.R.N., S.C.M., H.V. (from 14th July, 1953).

Lay Administrative Officer:
THOMAS R. BLYTHE

County Sanitary Officer:
HAROLD MALLINSON, Cert.R.S.I.

County Ambulance Officer:
WALTER WALKER.

Psychiatric Social Worker:
KATHLEEN CARPENTER.

Speech Therapists:
AALISH M. GAWNE, L.C.S.T.
EDWARD PAULETT, L.C.S.T.

Principal Duly Authorised Officer:
ERNEST A. R. WARD.

Duly Authorised Officer:
CHARLES T. FRANCIS.

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council:

Consultant Chest Physician:
ARTHUR T. M. MYRES, B.A., B.M., B.Ch. (Oxon.), M.R.C.P. (Ed.), M.R.C.S., L.R.C.P.

Consultant Chest Physician:
PHILIP E. PERCEVAL, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Consultant Psychiatrist:
CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

Medical Officers of Health of Sanitary Districts:

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1953
L. WILSON EVANS, M.C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Retired 30th September, 1953)	Oswestry Borough ..	2,173	10,713	10,860
	Ellesmere Urban	1,220	2,159	2,237
	Wem Urban	903	2,410	2,360
	Whitchurch Urban ..	6,053	6,856	6,856
*C. B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Temporary appointment from 1st Oct., 1953).	Ellesmere Rural	48,253	8,635	9,477
	Oswestry Rural	61,524	20,786	21,390
	Wem Rural	60,343	12,044	12,550
J. L. GREGORY, M.B., Ch.B., F.R.F.P.S., D.P.H., D.T.M. & H.	Bishop's Castle Borough	1,867	1,291	1,287
	Bridgnorth Borough ..	2,645	6,244	6,133
	Ludlow Borough	1,068	6,455	6,452
	Wenlock Borough ..	22,657	15,093	15,020
	Church Stretton Urban ..	6,198	2,580	2,701
	Atcham Rural	134,490	21,274	21,230
	Bridgnorth Rural	100,897	16,166	16,540
	Clun Rural	132,512	9,764	9,503
	Ludlow Rural	112,823	13,946	13,770
W. A. M. STEWART, M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.	Dawley Urban	3,259	8,369	8,390
	Market Drayton Urban ..	1,216	5,368	5,643
	Newport Urban	768	3,744	3,791
	Oakengates Urban ..	2,396	11,659	11,700
	Wellington Urban ..	2,281	11,412	12,940
	Drayton Rural	54,058	10,623	12,340
	Shifnal Rural	39,562	13,534	14,690
	Wellington Rural	54,516	23,523	25,210
*P. G. ROADS, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	Shrewsbury Borough ..	8,118	44,926	46,230
	TOTAL ..	861,800	289,844	299,300

*Mixed appointment

ANNUAL REPORT FOR 1953

ADMINISTRATION

The work of the County Health Department is controlled by the Health Committee, certain powers being delegated to a number of Sub-Committees. The composition and duties of these Sub-Committees are indicated below:

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Health Committee
Chairman of each Sub-Committee of the Health Committee
Two members of the Health Committee

To meet monthly to deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including such matters connected with the ambulance service as are not delegated to the Local Ambulance Sub-Committees; to advise the Health Committee as to the administration of the mental health services; and to exercise the Council's power under the Small Dwellings Acquisition Acts.

HEALTH (NURSING) SUB-COMMITTEE:

Chairman of the Council } *Ex-officio*
Chairman and Vice-Chairman of the Health Committee }
Seven members of the Health Committee
Seven members nominated by the Shropshire Nursing Association

To advise the Health Committee on the administration of the Local Health Services for the care of mothers and young children; midwifery; home nursing; prevention of illness, care and after-care; domestic help; supervision of midwives; registration of nursing homes and nurses' agencies.

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council } *Ex-officio*
Chairman and Vice-Chairman of the Health Committee }
Seven members of the Health Committee

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Public Health Act, 1936, and the Rural Water Supplies and Sewerage Acts, 1944 and 1951, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945—1948.

NATIONAL ASSISTANCE ACTS, 1948—1951:

Administration under these Acts is the responsibility of the Welfare Committee of the County Council.

VITAL STATISTICS

Area (in acres) of Administrative County	861,800
Rateable Value (as at 1st April, 1953)	£1,502,088
Estimated product of 1d. rate (as at 1st April, 1953)	£5,924

Population.—The Registrar-General's estimate of the population of the County at mid-1953 (inclusive of members of the Armed Forces) was 299,300, and this figure is the basis of the various rates referred to in this Report.

The distribution of population throughout the various Sanitary Districts of the County is shown in Table 1 on page (61), from which it will be seen that 142,600 persons were resident in urban areas and 156,700 in rural areas. The increase in population in the County as a whole was 3,800, compared with 2,000 in the previous year.

In the County as a whole, the density of population was 0.35 persons per acre, with 2.27 per acre in urban areas and 0.19 in rural areas. Districts showing the lowest densities were, in the urban areas, Church Stretton (0.44) and, in the rural areas, Ludlow (0.12).

The table below shows the population of Shropshire in the census years 1931 and 1951, with the Registrar-General's estimate for mid-1953, and the distribution of population between urban and rural districts :—

	1931		1951		1953	
	No.	%	No.	%	No.	%
Urban Districts	121,665	49.8	139,549	48.2	142,600	47.6
Rural Districts ..	122,491	50.2	150,295	51.8	156,700	52.4
County	244,156	100	289,844	100	299,300	100

Marriages.—The number of marriages in 1953 was 1,991—a decrease of 131 as compared with the previous year.

Births.—The live births registered in and appertaining to this County during 1953 numbered 4,638, a decrease of 32 compared with the previous year. Male and female births were 2,348 and 2,290 respectively.

The crude birth-rates for the year were 15.93 in urban districts, 15.10 in rural districts and 15.50 in the County as a whole. These rates are based upon the number of births per 1,000 of population.

The standardised rates, adjusted to allow for distribution of the local population by sex and age, were 16.57 in urban districts, 18.11 in rural districts and 17.20 for the County, compared with the rate of 15.5 for England and Wales.

Of the 4,638 live births, 4,431 were legitimate and 207 illegitimate. This latter figure represents 4.46 per cent of the live births, as compared with 4.43 per cent for the previous year.

The births and birth-rates applicable to each Sanitary District in the County are set out in Table II on page (62).

Still-births.—During 1953, there were 133 still-births, representing a rate of 27.88 per thousand live and still-births, as against a rate of 23.01 for 1952. The comparable rate for England and Wales for 1953 was 22.4.

The rate for still-births per 1,000 of population was 0.44, compared with 0.35 for England and Wales.

Deaths.—The number of deaths registered in and appertaining to Shropshire during 1953 was 3,244—an increase of 144 over the previous year. Male and female deaths were 1,653 and 1,591 respectively.

The crude death-rates for the year were 12.60 per 1,000 of population in urban areas, 9.24 in rural areas and 10.84 in the County as a whole. Standardised death-rates were 11.97, 9.79 and 10.84 respectively, compared with a rate of 11.4 for England and Wales.

The table below shows the standardised death-rates for Shropshire during 1951, 1952 and 1953, with comparable rates for England and Wales:

	1951	1952	1953
Urban Districts ..	13.27	11.44	11.97
Rural Districts	11.93	9.51	9.79
Whole County	12.54	10.49	10.84
England and Wales ..	12.5	11.3	11.4

Full information with regard to deaths in this County during 1953, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages (63) and (64).

In the following table are given particulars of the principal causes of death, in order of importance, for the year 1953, with comparative figures for 1951 and 1952.

Cause of Death	1953			1952			1951		
	Deaths	Rate per 1,000 of population	% of total deaths from all causes	Deaths	Rate per 1,000 of population	% of total deaths from all causes	Deaths	Rate per 1,000 of population	% of total deaths from all causes
Heart Disease	1,111	3.71	34.26	1,057	3.58	34.10	1,276	4.35	34.32
Cancer	509	1.70	15.70	480	1.62	15.48	502	1.71	13.50
Vascular lesions of nervous system	497	1.66	15.32	503	1.70	16.23	513	1.75	13.79
Bronchitis	167	0.56	5.15	121	0.41	3.90	203	0.69	5.46
Diseases of circulatory system (other than heart disease)	148	0.49	4.56	128	0.43	4.13	148	0.50	3.98
Pneumonia	84	0.28	2.59	99	0.33	3.19	125	0.43	3.36
Accidents (other than motor vehicle)	59	0.20	1.82	61	0.21	1.97	75	0.26	2.02
Influenza	51	0.17	1.57	17	0.06	0.55	183	0.62	4.92
Accidents—motor vehicle	50	0.17	1.54	35	0.12	1.13	33	0.11	0.89
Nephritis and nephrosis	48	0.16	1.48	35	0.12	1.13	39	0.13	1.05
Tuberculosis (all forms)	40	0.13	1.23	46	0.16	1.48	63	0.22	1.69
Suicide	32	0.11	0.98	21	0.07	0.68	22	0.07	0.59
TOTAL	2,796	9.34	86.20	2,603	8.81	83.97	3,182	10.84	85.57

Of the 3,244 deaths in 1953, no less than 43.16 per cent were of persons aged 75 years or over. The table below shows the percentages of deaths in age groups and indicates little variation during the past three years. Comparative figures for 1931, however, indicate the extent to which the death rate of persons below the age of 65 years has decreased:—

Year	Percentages of total deaths							
	Under 1 year	Over 1— under 5	Over 5— under 15	Over 15— under 25	Over 25— under 45	Over 45— under 65	Over 65— under 75	Over 75 years
1953	3.48	1.02	0.31	1.29	4.32	20.96	25.46	43.16
1952	3.71	1.03	0.77	1.45	4.45	19.36	25.55	43.68
1951	3.76	0.81	0.37	1.64	4.28	19.17	25.25	44.72
1931	6.56	2.62	1.78	3.01	9.21	23.08	22.98	30.76

Tuberculosis.—During the year, 32 deaths were registered from Respiratory Tuberculosis—five less than in the previous year—giving a death rate of 0.107 per 1,000 of population, which is probably the lowest ever recorded in this County.

There were in addition 8 deaths from Non-respiratory Tuberculosis—one less than in 1952—giving a death-rate of 0.027.

For both forms of this disease, the death-rate for 1953 was 0.13 per 1,000 of population, compared with a rate of 0.20 for England and Wales.

The tables below and on page (11) show the notification and death-rates per 1,000 of population attributable to this County from 1940 onwards.

Respiratory Tuberculosis—New Cases and Death Rates since 1940

Year	New Cases	Deaths	Population	Rates per 1,000 Population	
				New Cases	Deaths
1940	133	76	257,170	0.52	0.29
1941	197	93	276,920	0.72	0.34
1942	185	82	268,900	0.69	0.31
1943	193	113	260,900	0.74	0.43
1944	104	91	259,830	0.40	0.35
1945	143	88	256,530	0.56	0.34
1946	106	65	262,020	0.40	0.25
1947	141	87	264,800	0.53	0.33
1948	89	81	272,350	0.33	0.30
1949	127	100	272,400	0.47	0.37
1950	151	66	288,710	0.52	0.23
1951	109	53	293,500	0.37	0.18
1952	116	37	295,500	0.39	0.13
1953	136	32	299,300	0.45	0.107

Non-Respiratory Tuberculosis—New Cases and Death Rates since 1940

Year	New Cases	Deaths	Population	Rates per 1,000 Population	
				New Cases	Deaths
1940	102	27	257,170	0.40	0.11
1941	139	31	276,920	0.50	0.11
1942	140	32	268,900	0.52	0.12
1943	132	27	260,900	0.51	0.10
1944	86	17	259,830	0.33	0.07
1945	102	31	256,530	0.39	0.12
1946	64	21	262,020	0.24	0.08
1947	67	24	264,800	0.25	0.09
1948	62	14	272,350	0.23	0.05
1949	79	17	272,400	0.29	0.06
1950	77	10	288,710	0.27	0.03
1951	47	10	293,500	0.16	0.03
1952	44	9	295,500	0.15	0.03
1953	27	8	299,300	0.09	0.027

Further information concerning Tuberculosis is given in the section of this report dealing with "Prevention of Illness, Care and After-Care" on page (34).

Cancer.—Deaths from cancer during 1953 numbered 509—an increase of 29 over the previous year. The death-rate per 1,000 of population was 1.70—an increase of 0.08 over the rate for 1952.

Deaths from Cancer—1952 and 1953

Age Groups	1952			1953		
	Males	Females	Total	Males	Females	Total
Under 15 years ..	—	—	—	—	2	2
15 to 45 ,, ..	14	8	22	18	15	33
45 to 65 ,, ..	75	86	161	97	92	189
Over 65 ,, ..	158	139	297	141	144	285
TOTAL ..	247	233	480	256	253	509

Infantile Mortality.—In 1953, the number of infants who died before reaching the age of twelve months was 113—a decrease of two compared with the previous year.

The infant mortality rate, expressed as a rate per 1,000 live births, was 24.36—a decrease of 0.27 compared with the previous year. The rate for 1953 is the lowest ever recorded in this County, the previous lowest being that of 24.39 in 1950.

The corresponding rate for England and Wales in 1953 was 26.8 per 1,000 live births.

Below, in tabular form, are particulars of the causes of death of infants who died in 1953 before attaining the age of one year, with comparative figures for 1952.

Infant Deaths during 1952 and 1953—Causes

Cause	1952			1953			Increase or Decrease
	Males	Females	Total	Males	Females	Total	
Bronchitis	1	2	3	4	2	6	+ 3
Other defined and ill-defined diseases (including prematurity)	43	23	66	34	35	69	+ 3
Whooping Cough	—	—	—	1	—	1	+ 1
Nephritis and Nephrosis	—	—	—	1	—	1	+ 1
Influenza	—	—	—	—	1	1	+ 1
Other respiratory diseases	—	—	—	—	1	1	+ 1
Cancer	—	—	—	—	1	1	+ 1
Syphilitic disease	—	1	1	1	—	1	0
Tuberculosis—respiratory	—	1	1	—	—	—	— 1
,, non-respiratory	1	—	1	—	—	—	— 1
Gastritis, enteritis and diarrhoea	2	—	2	—	1	1	— 1
Accidents, other than motor vehicle	1	2	3	—	2	2	— 1
Pneumonia	9	9	18	7	9	16	— 2
Congenital malformations	12	8	20	10	3	13	— 7
TOTAL ..	69	46	115	58	55	113	— 2

Of the 113 infants who died in 1953, no less than 54 were regarded as "premature," being 5½ lb. or less in weight at birth. Further particulars regarding these premature infants are to be found in the section of this Report dealing with "Care of Mothers and Young Children" commencing on page (17) which includes an interesting table illustrating the relationship between the birth weight of premature infants and their prospects of survival.

As will be seen from the table below, 80 of the total infant deaths during 1953 (or 70.8 per cent) occurred in the first month of life:—

Age Group	1952		1953	
	Deaths	Percentage	Deaths	Percentage
Under 1 day	32	27.8	38	33.6
1 day—1 week	29	25.2	30	26.6
1 week—1 month	14	12.2	12	10.6
1 month—3 months	13	11.3	13	11.5
3 months—6 months	16	13.9	14	12.4
6 months—9 months	5	4.4	2	1.8
9 months—12 months	6	5.2	4	3.5
TOTAL ..	115	100	113	100

Maternal Mortality.—Deaths due directly or indirectly to pregnancy numbered two in 1953. In each case, death occurred in the hospital in which the patient was confined and brief information concerning these cases is as follows:—

	Age	*Cause*
1.	24 years	Pulmonary embolism Thrombosis internal iliac vein Caesarian section
2.	19 years	Uraemia Nephrosclerosis Diabetes Pregnancy

The table below compares the maternal mortality rate for the County with that for England and Wales over the past six years:—

Year	Deaths	Rate per 1,000 live and still-births	
		Shropshire	England and Wales
1948	3	0.57	1.02
1949	3	0.59	0.98
1950	9	1.88	0.86
1951	1	0.21	0.79
1952	6	1.25	0.72
1953	2	0.42	0.76

General.—The following tables summarise the position with regard to the various matters so far referred to in this section of the Report.

Birth-Rates, Death-Rates and Analysis of Mortality, 1953

	Birth rate per 1,000 population		Death rate per 1,000 population						Rate per 1,000 live births	
	Live births	Still-births	All Causes	Whooping Cough	Tuberculosis	Influenza	Acute Poliomyelitis	Pneumonia	Diarrhoea & Enteritis (under 2 years of age)	All Causes (under 1 year of age)
England and Wales	15.5	0.35	11.4	0.01	0.20	0.16	0.01	0.55	1.1	26.8
160 County Boroughs and Great Towns (including London)	17.0	0.43	12.2	0.01	0.24	0.15	0.01	0.59	1.3	30.8
160 Smaller Towns (Resident population 25,000–50,000 at 1951 Census) ..	15.7	0.34	11.3	0.00	0.19	0.17	0.01	0.52	0.9	24.3
London Administrative County ..	17.5	0.38	12.5	0.00	0.24	0.15	0.01	0.64	1.1	24.8
SHROPSHIRE	(*a*) 15.5 (*b*) 17.2	0.44	(*a*) 10.8 (*b*) 10.8	0.01	0.13	0.17	—	0.28	0.2	24.36

(*a*) Crude rate (*b*) Standardised rate

General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1935	3,610	14.92	3,016	12.47	594	46	1.736
1936	3,648	15.08	3,186	13.17	462	46	1.695
1937	3,779	15.69	3,236	13.44	543	51	1.852
1938	3,690	15.28	3,070	12.72	620	47	1.901
1939	3,800	15.52	3,226	12.93	574	48	1.767
1940	4,102	15.95	3,654	14.21	448	48	1.761
1941	4,489	16.26	3,426	12.37	1,063	44	1.726
1942	4,840	18.00	2,973	11.05	1,867	45	1.680
1943	4,915	18.80	3,186	12.24	1,729	36	1.893
1944	5,203	20.02	2,969	11.4	2,234	34	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	2,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.898
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.666
1951	4,603	15.68	3,719	12.67	884	30.41	1.710
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.62
1953	4,638	15.5	3,244	10.84	1,394	24.36	1.70

INFECTIOUS DISEASES

Table V on page (65) of this Report summarises the notifications of infectious diseases which were received during 1953.

Tuberculosis.—During the year, 136 new cases of Respiratory Tuberculosis were notified and there were 32 deaths from this form of the disease.

New cases of Non-Respiratory Tuberculosis numbered 27, and there were 8 deaths from this disease.

Particulars of the notifications of, and deaths from, both forms of Tuberculosis, classified in age groups, are given in the table below. Cases which were not notified until after death are shown in brackets and it will be observed that there were 14 such cases, representing 8.6 per cent of the new notifications during the year.

New Cases of, and Deaths from, Tuberculosis (Respiratory and Non-Respiratory) during 1953

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	1	—	—	—	—	—	—
1—5	7(1)	4	3	2	2	—	2	—
5—15	5	5	5	1	1	—	—	—
15—25	16	16	3	5	—	3	—	1
25—45	26(1)	28(2)	2	2(1)	5	3	—	1
45—65	18(3)	4	3(3)	1(1)	13	1	3	1
65 and over	6(2)	—	—	—	4	—	—	—
	78(7)	58(2)	16(3)	11(2)	25	7	5	3
TOTAL ..	136(9)		27(5)		32		8	

Poliomyelitis.—The number of cases of Poliomyelitis (infantile paralysis) occurring in this County during 1953 was 26, one less than in the previous year. As in that year, there were no deaths from this disease.

These 26 cases, 21 of which were paralytic poliomyelitis and 5 non-paralytic, were notified as follows:—

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
—	—	—	—	—	1	11	7	2	1	4	—	26

The distribution of the cases by sex and age was as follows:—

Age Group	Paralytic		Non-Paralytic		Total	
	Males	Females	Males	Females	Males	Females
Under 1 year ..	1	—	—	—	1	—
1 to 2 years ..	2	—	—	—	2	—
3 to 4 ,, ..	1	—	—	—	1	—
5 to 9 ,, ..	3	5	1	1	4	6
10 to 14 ,, ..	—	1	—	—	—	1
15 to 24 ,, ..	2	—	—	—	2	—
25 and over ..	2	4	2	1	4	5
TOTAL ..	11	10	3	2	14	12

The table below shows the yearly incidence of, and deaths from, this disease during the 16 years up to and inclusive of 1953:—

Notifications of, and Deaths from, Poliomyelitis from 1938 to 1953

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Notifications	8	15	4	4	1	5	10	13	5	32	13	10	62	13	27	26
Deaths ..	1	2	2	2	—	—	1	1	—	2	2	1	11	1	—	—

Dysentery.—The number of cases of Dysentery notified during 1953 was 45—a decrease of 71 as compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 4,201—an increase of 2,124 over the corresponding figure for 1952, and there were 2 deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 934, or 256 more than in the previous year, and there were 4 deaths (male children aged 3 months, 17 months, 23 months and 3 years). (See also under Immunisation Service on page 30).

Food Poisoning.—During 1953, the number of cases of Food Poisoning notified was 39, compared with 19 in the previous year, and none proved fatal.

Typhoid and Paratyphoid.—During the year 7 cases of Paratyphoid and 2 of Typhoid were notified. There were no deaths.

Diphtheria.—There were no notified cases of Diphtheria in this County in 1953 and no deaths from this disease. (See also under Immunisation Service on page 29).

Smallpox.—There were no notified cases of Smallpox in this County during 1953 and no deaths from this disease. (See also under Vaccination Service on page 28).

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year under review was 240—an increase of 3 over the previous year.

VENEREAL DISEASES

Facilities for the treatment of venereal diseases are provided by the Shrewsbury Group Hospital Management Committee in clinics which were originally established by the County Council but which became part of the Hospital and Specialist Services on the coming into operation of the National Health Service Act.

The Clinic at Oswestry was opened on 1st October, 1941, but in view of the decline since the war in the numbers of venereal diseases cases requiring treatment, special facilities in that area are no longer considered necessary and the Clinic was closed on 31st August, 1953.

The particulars given in the table below of the attendance of cases from Shropshire at the Shrewsbury and Oswestry Clinics during 1953 (in the case of the latter, up to 31st August) have been obtained through the courtesy of Dr. J. P. G. Rogerson, Medical Officer in charge.

Information is also given below concerning the numbers of Shropshire patients who received treatment during 1953 as new cases at clinics outside this County.

Shropshire Cases treated at Venereal Diseases Clinics in this County

	New Cases						All Cases						Attendances					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953
SHREWSBURY CLINIC:																		
Syphilis	6	8	5	15	11	23	89	85	77	83	166	168	783	687	516	631	1299	1318
Gonorrhoea	15	11	3	3	18	14	35	20	6	6	41	26	135	83	23	32	158	115
Other Conditions ..	85	84	35	29	120	113	116	110	56	51	172	161	354	293	96	88	450	381
TOTAL ..	106	103	43	47	149	150	240	215	139	140	379	355	1272	1063	635	751	1907	1814
Increase or Decrease ..		—3		+4		+1		—25		+1		—24		—209		+116		—93
OSWESTRY CLINIC:																		
Syphilis	—	—	—	—	—	—	7	5	16	15	23	20	37	5	137	83	174	88
Gonorrhoea	1	—	1	—	2	—	1	1	1	—	2	1	4	1	9	—	13	1
Other Conditions ..	10	—	3	1	13	1	12	5	5	5	17	10	15	6	5	6	20	12
TOTAL ..	11	—	4	1	15	1	20	11	22	20	42	31	56	12	151	89	207	101
Increase or Decrease ..		—11		—3		—14		—9		—2		—11		—44		—62		—106

New Cases from Shropshire treated at Out-County Clinics

Clinic	Syphilis		Gonorrhoea		Other Conditions		Total	
	1952	1953	1952	1953	1952	1953	1952	1953
Doncaster ..	—	—	—	1	—	—	—	1
Liverpool ..	—	—	1	1	3	3	4	4
Oxford ..	—	—	—	—	—	1	—	1
Stoke-on-Trent	—	—	—	—	—	1	—	1
Wolverhampton	3	2	1	3	15	12	19	17
Wrexham ..	1	—	1	1	1	1	3	2
TOTAL	4	2	3	6	19	18	26	26

INTEGRATION OF LOCAL HEALTH, HOSPITAL AND MEDICAL SERVICES

The Minister of Health in his Circular 1/54 of 12th January, 1954, indicated the lines which Annual Reports of Medical Officers of Health for 1953 should follow and asked that mention should be included of "progress made within the year towards greater integration of the services provided by the local health authority with the general medical services provided by the Executive Council or of the hospital and specialist services."

It is satisfactory to record that in Shropshire few difficulties need or do present themselves on this score. This may be in part due to certain indigenous advantages which we enjoy—a population of manageable size and comparatively favourable distribution, with Shrewsbury as a centre not only political but geographical, and good communications radiating therefrom. Inside its small compass, the meeting places and offices of the County Council Departments, the Executive Council and its Local Medical Committee, the Hospital Management Committee and its Group Medical Committee, are all within such walking distance of one another as to make mutual consultation between elected representatives and officers easy.

Far more important is the *will* to co-operate shown between the various sections of the Health Services. Arrangements for the representation of one section on the committees of another have been easily arranged and work well. The County Health Committee have co-opted representatives from the Local Medical Committee of the Executive Council, one of whom is the Secretary of the local Branch of the British Medical Association. The County Health Services have their representatives on the Shrewsbury Hospital Management Committee, as have both the Local Medical Committee of the Executive Council and the Medical Committee of the Hospital Management Committee Group.

With the object of securing closer co-ordination in matters affecting one or other of the three branches of the National Health Service, a Liaison Committee was constituted in April, 1951, on which equal representation was given to the No. 15 (Shrewsbury) Group Hospital Management Committee (whose administrative area covers the greater part of the County), the Executive Council and the County Council. Contacts in existing committees, however, and contacts individually, between the various members serving the Health Services are so easily effected that it has not been considered necessary to pursue the several recent official suggestions for any additional co-ordinating committee; all concerned seem to agree that sufficient liaison is not only available but is amply used, and can be extended further without difficulty as the need arises.

The County Medical Officer enjoys membership of the Local Medical Committee, the Hospital Management Committee, the Group Medical Committee, and the Council of the British Medical Association Branch. Contacts with individual Medical Practitioners are welcomed and seem to be increasing, and the Health Department aims to offer accessibility and help. All this occupies much time, but it is believed to be time spent well and in the interests of health services to the public. To the Chairman of the Local Medical Committee and the Chairman of the Group Medical Committee in particular I record my heartfelt thanks for their unfailing and ever-ready accessibility and wise counsel throughout the year, recording at the same time that they are only two of the many individuals whose generous help it is a pleasure to acknowledge.

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of the County Council, as Local Health Authority, to make arrangements for the care, including the dental care, of expectant and nursing mothers, and of children who have not attained the age of five years and are not in attendance at school.

Notification of Births.—Particulars are given in the following table of the notification of births, in the County as a whole, which were received during 1953, with corresponding figures for the preceding four years:—

Notifications of Births for the years 1949 to 1953

Year	Live Births	Stillbirths	Total
1949	4,947	107	5,054
1950	4,734	102	4,846
1951	4,602	122	4,724
1952	4,715	114	4,829
1953	4,679	126	4,805

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½ lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1953, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:—

Premature Infants born during the years 1949 to 1953

Year	Born				Died			Survived	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1949	111	209	18	388	36	20	56	282	83.1
1950	114	200	16	330	31	19	50	280	84.8
1951	91	197	9	297	17	30	47	250	82.2
1952	99	209	17	325	29	20	49	276	84.9
1953	98	209	15	322	32	17	49	273	85.4

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1953 are summarised in the table on page (18).

Virus Infections during Pregnancy.—The Ministry of Health, during 1951, asked Medical Officers of Local Health Authorities to participate in an enquiry in order to determine to what extent Rubella, Measles, Mumps, Chicken Pox and Poliomyelitis contracted by mothers during pregnancy might affect the children subsequently born.

Twenty-six Virus Infection cases were registered from this County from the commencement of the Enquiry up to the end of 1952, when the registration of cases ceased. Of these 26 cases, one child was still-born and one died eleven weeks after birth.

Thirty-one Control cases were likewise registered and of these one child died two weeks after birth.

The selected children are examined at birth and at one and two years of age, and up to the end of 1953 no congenital defects had been observed in any of these cases.

Birth Control Clinic.—Since 13th June, 1951, a Birth Control Clinic has been held on two afternoons per month in the Welfare Centre, Murivance, Shrewsbury, attended alternately on a sessional basis by medical practitioners with specialist experience.

Advice is available only to married women in whom pregnancy would be detrimental to health and who are referred to the Clinic by their doctor. No charge is made for consultation but patients are expected to pay for medical supplies prescribed.

Below are given particulars of attendances at this Clinic from its commencement and up to 31st December, 1953:—

Year	Sessions	Patients		Medical Supplies Prescribed		
		New	Total Attendances	Patients	Free Issues	Cost Recovered £ s. d.
1951	13	56	60	47	4	13 8 2
1952	24	144	179	132	7	50 18 8
1953	24	142	220	128	8	72 0 6

Ophthalmia Neonatorum.—During 1953, notifications were received from medical practitioners of 8 cases of Ophthalmia Neonatorum—defined in the relevant Regulations as "a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth"; and resulting, if untreated, in blindness.

All of these notified cases recovered, apparently without injury to the eyesight.

Welfare Centres.—Particulars of the attendance of pre-school children and expectant mothers at Welfare Centres in this County during 1953 are given in the table below.

During the year, arrangements were made for the holding of a Welfare Clinic fortnightly in existing premises at Shawbury and this was opened on 22nd December, 1953. The opening of this clinic was greatly facilitated by the Trustees of the Moreton Corbet District Nursing Association (Chairman, Mrs. W. L. Bowden), who very generously provided all the necessary equipment.

The first of the new Welfare Centres to be erected under the Council's post-war capital building programme was completed in the early months of 1953 at Newport and opened officially on 12th June. The erection of another Centre was commenced during the year at Dawley, and proposals were in hand for new premises at Ellesmere, Madeley and Whitchurch.

Attendances at Welfare Centres during 1953

Welfare Centre	Children 0 to 4 Years									Expectant Mothers	
	Cases					Attendances					
	Made first attendance when under 1 year	All Cases—Born in				Under 1 year	1 year but under 2	2 years but under 5	Total	New Cases	Total Attendances
		1953	1952	1951—1948	Total						
Bishop's Castle	33	24	62	85	171	260	185	194	639	—	—
Bridgnorth	116	67	83	135	285	1,040	304	666	2,010	6	12
Broseley	66	54	41	57	152	742	345	328	1,415	†	†
Church Stretton	49	42	43	78	163	374	173	294	841	—	—
Dawley	51	42	37	36	115	443	90	43	576	—	—
Donnington	131	129	96	127	352	1,858	310	387	2,555	1	1
Ellesmere	40	35	43	43	121	482	196	205	883	4	24
Highley	32	25	33	73	131	765	229	421	1,415	2	5
Ironbridge	83	76	68	129	273	1,208	475	663	2,346	35	60
Ludlow	105	78	77	110	265	921	193	312	1,426	—	—
Market Drayton	142	89	71	94	254	1,278	406	332	2,016	19	67
Much Wenlock	48	34	41	99	174	417	185	356	958	2	2
Newport	81	74	67	101	242	1,055	312	408	1,775	1	1
Oakengates	129	76	62	71	209	949	184	207	1,340	—	—
Oswestry	172	134	154	127	415	1,792	447	215	2,454	3	3
St. Martin's	46	39	25	43	107	332	72	85	489	†	†
*Shawbury	28	20	16	13	49	28	8	13	49	†	†
Shrewsbury—											
Murivance	292	261	215	274	750	3,314	800	644	4,758	53	214
White House	102	141	93	123	357	3,179	940	1,151	5,270	37	165
Wellington	165	150	124	135	409	2,028	367	380	2,775	—	—
Wem	29	22	18	23	63	218	33	54	305	2	4
Whitchurch	44	36	59	21	116	399	89	30	518	—	—
Total	1,984	1,648	1,528	1,997	5,173	23,082	6,343	7,388	36,813	165	558

Voluntary Clinics (Established by the Royal Air Force and attended by County Council Health Visitors)

Buntingsdale	55	36	35	5	76	432	68	14	514	†	†
Cosford	33	30	30	38	98	408	85	95	588	†	†
Stanmore	43	37	29	39	105	690	178	289	1,157	†	†
Ternhill	32	16	20	11	47	277	122	37	436	†	†
Total	163	119	114	93	326	1,807	453	435	2,695	†	†

*Opened on 22nd December, 1953 †No Ante-Natal Clinic

Premature Live Births and Stillbirths, 1953

Weight at Birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			Born at Home						Born in Nursing Home								
				Nursed entirely at Home			Transferred to Hospital on or before 28th day			Nursed entirely in Nursing Home			Transferred to Hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in Hospital	Born at Home	Born in Nursing Home
3 lb. 4 ozs. or less ..	23	9	12	3	3	—	6	2	4	—	—	—	1	—	1	26	6	2
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. ..	55	9	43	1	1	—	12	1	11	4	2	2	1	—	1	13	4	—
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. ..	33	2	28	6	—	5	4	—	4	1	—	1	1	1	—	5	2	—
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. ..	98	1	94	57	1	54	9	—	6	7	—	7	—	—	—	7	7	2
Total ..	209	21	177	67	5	59	31	3	25	12	2	10	3	1	2	51	19	4

Of 322 children who were born prematurely in 1953, a total of 273 (or 85.4 per cent) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital) or degree of prematurity as evidenced by birth weight.

Care of Illegitimate Children and Unmarried Mothers

In accordance with the recommendations made in 1943 by the Ministry of Health in Circular No. 2866 with regard to the various problems affecting illegitimate children and unmarried mothers and arrangements for their care, the County Council have, since October, 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations in carrying out the duties outlined in the Ministry's Circular.

In respect of this work, annual grants are paid by the County Council to the Lichfield and Hereford Associations and during 1953 these grants amounted to £445 and £300 respectively.

The County Council have two representatives on the Councils of each of these bodies.

Under the County Council scheme, Health Visitors, District Nurses, Hospitals and Institutions notify the County Medical Officer of confinements (actual and pending) of unmarried mothers of which they become aware in the course of their work, and this information is then forwarded to the appropriate Moral Welfare Worker, who pays an initial visit as soon as practicable, and then visits each case when necessary, but not less frequently than once during each quarter.

Particulars are given in the tables below of the work undertaken by the Moral Welfare Workers during 1953 in connection with the general supervision of unmarried mothers and illegitimate children. With regard to the latter, it will be seen that 177 children came under supervision during the year and this represents 85.5 per cent of the illegitimate births registered in this County.

Supervisory Work undertaken during 1953

Association	Moral Welfare Workers	Visits made to Mothers and Children	Unmarried Expectant Mothers Visited
Lichfield	1	1,279	37
Hereford	2	792	80
TOTAL ..	3	2,071	117

Children Supervised during 1953

	Total	Lichfield	Hereford
On Register on 1st January ..	501	358	143
Added to Register	177	125	52
Removed from Register	224	155	69
On Register on 31st December ..	454	328	126

Accommodation for Unmarried Expectant Mothers.—Circular No. 2866 of the Ministry of Health indicates that the general care and wellbeing of illegitimate children and unmarried mothers should also aim at social and moral rehabilitation of the latter, and refers to the need for accommodation not only for illegitimate children, but also for the mothers of these children, both prior and subsequent to confinement; this accommodation can be provided either through the agency of a voluntary organisation or directly by the Authority responsible for Maternity and Child Welfare.

To meet these requirements, the Council have arrangements with the Shrewsbury Refuge and Shelter, Chaddeslode, with Myford House, Horsehay, and with St. Martin's Home, Hereford, for the admission of unmarried expectant mothers from this County.

Annual grants of £350 and £200 were paid in 1952 to Chaddeslode and Myford House respectively and that for Myford was repeated in 1953. In July, 1953, however, following discussions between representatives of the Executive Committee of Chaddeslode and of the County Council regarding the cost of running the hostel the County Council decided to increase their annual contribution to Chaddeslode for that year from £350 to £450, and also to make a contribution of £100 towards the cost of redecorating and improving the hostel.

Chaddeslode and Myford provide a total of 27 beds (16 at Chaddeslode and 11 at Myford), but this accommodation is also open to cases from neighbouring counties.

The County Council have two representatives on the Chaddeslode Executive Committee; the County Medical Officer was in 1953 elected a member of the Myford House Executive Committee.

By arrangement with the Herefordshire County Council, five beds for Shropshire cases are reserved in St. Martin's Home, Hereford, payment of maintenance costs being made to Herefordshire on a proportionate basis.

The following are particulars of Shropshire cases admitted to Mother and Baby Homes during the year ended 31st December, 1953:—

Chaddeslode, Shrewsbury	8
Myford House, Horsehay, near Wellington	12
St. Martin's, Hereford	10
Mrs. Legge Memorial Home, Wolverhampton	11
Mrs. Hay Memorial Home, Wolverhampton	2
Endesley Street House, Newcastle-under-Lyme	3
The Parker Memorial Home, Sunderland	1
St. Monica's Home, Liverpool	1
TOTAL ..	48

Registration of Day Nurseries and Daily Minders

Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, which came into force on 30th July of that year, the County Council, as Local Health Authority, are required within the provisos implicit in the next two paragraphs to register and supervise:—

(*a*) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for the day, or for a longer period not exceeding six days; and

(*b*) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for the day, or for a longer period not exceeding six days.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children from more than one household to be received by an unregistered child minder who is not a relative.

The Act empowers the County Council to define requirements which must be complied with:—

(*a*) in the case of day nurseries, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and

(*b*) in the case of daily minders and day nurseries, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

No registration was in force, and no application for registration was received under the Act during 1953.

Principal Dental Officer's Report

The dental service provided for Expectant and Nursing Mothers and Pre-School Children was substantially the same in 1953 as for the previous year. The development of this service is dependent upon securing the necessary staff to carry out the work, and it is in the recruitment of dentists where the difficulty and delay lie. The acute shortage of dental officers reported last year had certainly improved towards the end of 1953, but the staffing position remained quite inadequate to enable the service to be expanded as it was hoped to do. A change for the better in 1954 can be reasonably hoped for following the improvement in the conditions of service of dental officers resulting from the Industrial Court Award No. 2496, Public Health Service, 9th February, 1954.

The authorised establishment of full-time dental officers for 1953 was 11. On January 1st the staff consisted of 3.5 in terms of full-time officers; in July it had fallen to 2 only, but by the end of December it had risen to 5.

After making due allowances for the staff changes which took place during the year, the total service rendered was equivalent to 3.6 in terms of full-time officers, 0.4 less than for 1952. The proportion of this total service devoted to the examination and treatment of Expectant and Nursing Mothers and Pre-School Children was one-fifth of a full-time officer, the same as for the previous year.

Review of the work done during the year.—The Dental Staff spend by far the major part of their time doing inspection and treatment for pupils in schools maintained by the Council, leaving only a small proportion of time available for other work. Each Dental Officer, however, carried out some examination and treatment for mothers and pre-school children, the amount of work done depending upon the demand for it in the particular area the officer covered.

The policy of not encouraging Medical Officers, Health Visitors and Midwives to refer mothers and pre-school children to the Dental Service for examination and treatment as a routine measure was followed again in 1953. This policy, which is regarded as a temporary expedient, was reluctantly started in 1950 as a result of the steady shrinkage in the number of dental officers which made it impossible to deal with large numbers of patients. However, all mothers who applied for treatment for themselves or for their children and those whom the Medical Officers and Nursing Staff for particular reasons wished treated, were referred to the dental officers and received treatment.

The overall picture of the work done for mothers during the year shows an increase in the number dealt with, in the number who received treatment, in the number of extractions done and dentures supplied. There is, however a decrease in the number of fillings inserted, but an addition of two in the number of patients made dentally fit as compared with last year.

In the case of the pre-school children there was a general decrease in the number attending for dental examination and treatment and correspondingly in the amount of treatment carried out for them as compared with the previous year. The decrease in the number who received treatment was 27 and 37 fewer were made dentally fit than in 1952. The number of children whose treatment was still in progress at the end of the year was 20. Most of the children dealt with were not brought to the clinic for routine inspection but for the relief of pain.

An analysis of the number of all patients dealt with, giving the details of the treatment carried out, appears at the end of this report.

Supply of Artificial Dentures.—The arrangements entered into with two firms of Dental Mechanics for the construction of the artificial dentures supplied to patients during the year were the same as for 1952.

The employment of a Dental Mechanic, to work in the laboratory in the premises at No. 5 Belmont, Shrewsbury, will be considered when the quantity of mechanical work to be done justifies it.

Facilities for X-ray Examinations.—The programme to instal an X-ray machine at each dental base clinic was taken a step further during 1953 by the provision of a third machine at the new clinic at Newport.

The X-ray machine which was expected to be installed at the dental clinic at Ludlow was not available in 1953, but has since been delivered.

Provision of Dental Clinics.—The programme for the provision of dental clinics in the larger centres of population in the County is steadily being fulfilled. The year 1953 saw the opening of a new dental base clinic, and a beginning made in the erection of two subsidiary ones.

Newport.—The opening and staffing in September of the Dental Clinic at the new Child Welfare Centre at Newport was an outstanding event for the Dental Service in 1953. This new Dental Clinic, satisfactorily equipped and furnished, provides the facilities which have long been needed in that part of the County and, in addition, enhances the prestige of the Council's Dental Service.

Ellesmere and Dawley.—Facilities for carrying out dental treatment are included in the Child Welfare Centres initiated during 1953 at Ellesmere and Dawley; and it is hoped that both these dental clinics will be in operation before the end of 1954.

Madeley.—Plans for a new Child Welfare Centre to include full facilities for a dental base clinic were initiated during the year.

Bridgnorth and Market Drayton.—Full dental base clinic facilities are urgently required at Bridgnorth and subsidiary dental clinic facilities at Market Drayton. Proposals for adaptations and additions to the existing Child Welfare Centres to give the required dental accommodation at both these places were authorised by the Health Committee during 1953.

G. R. CATCHPOLE,
Principal Dental Officer.

Expectant and Nursing Mothers and Pre-School Children dealt with during 1953

	Mothers			Pre-School Children
	Expectant	Nursing	Total	
Referred previously and brought forward for examination	8	2	10	3
Referred for examination during the year	57	55	112	155
	65	57	122	158
Examined during the year	45	42	87	148
Failed to keep all appointments made for examination	17	5	22	7
Awaiting examination at 31st December	3	10	13	3
	65	57	122	158
Found to require treatment previously and brought forward	14	9	23	3
Found to require treatment during the year	45	42	87	132
	59	51	110	135
Treatment completed and patient made dentally fit	25	18	43	98
Treatment still in progress on 31st December	21	24	45	20
Treated during the year but treatment abandoned by patient	6	4	10	—
Treated during previous year but treatment abandoned by patient	2	2	4	1
Transferred for further treatment to the School Health Service	—	—	—	1
Transferred for treatment to Royal Salop Infirmary	—	—	—	10
Failed to keep all appointments made for treatment	2	1	3	5
Awaiting treatment on 31st December	3	2	5	—
	59	51	110	135
Numbers having received treatment during the year	52	46	98	118

Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1953

	Examined	Needing Treatment			Treated			Made dentally fit		
		Examined during year	Brought forward	Total	Examined during year	Brought forward	Total	Examined during year	Brought forward	Total
Expectant and Nursing Mothers	87	87	23	110	81	17	98	29	14	43
Pre-School Children	148	132	3	135	117	1	118	97	1	98

Forms of Dental Treatment Provided during 1953

	Extractions	Anaesthetics		Fillings	Scaling or Scaling and Gum treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures supplied	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	353	50	44	68	10	—	16	11	26	33
Pre-School Children	145	13	68	47	1	37	30	4	—	—

NURSING STAFF AND SERVICES

Nursing Staff Employed by the County Council.—The following are particulars of the Nursing Staff in the employment of the County Council on 31st December, 1953, with corresponding figures for the two preceding years:—

Nursing Staff	Authorised	On 31st December		
		1951	1952	1953
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	—	—	1
Assistant Nursing Officers	3	3	1	2
Health Visitors	41*	24	24	27
School Nurses		3	3	3
Home Nurse Midwives	88	77	77	75
Home Nurses—whole-time	8	7	8	7
,, ,, part-time	—	—	—	2
Midwives	6	5	5	6
Relief Nurses—whole-time	6	5	3	3
,, ,, part-time	—	1	1	—

*In addition to the establishment of 41 whole-time Health Visitors, provision is also made for the part-time services of District Nurse-Midwives as Health Visitors, equivalent to an additional 11 whole-time staff.

Transport.—The majority of Nurses and Midwives employed by the County Council are provided with motor transport for the purpose of their duties, and the position on 31st December, 1953 was as follows:—

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (78)	70	5	3
Midwives (6)	—	3	3
Home Nurses (7)	1	1	5

Housing of Nursing Staff.—The provision of suitable housing accommodation for nurses and midwives is no more than their due, and is a practical necessity in order to recruit and retain suitable staff. Approximately half of the nursing staff whom the Council employ occupy privately owned or rented houses which are unlikely to be available to their successors.

To meet the need for accommodation in such circumstances, the Ministry of Health have approved the erection of a standard-type of Nurse's house in various areas of the County. During 1953 one of these houses was completed at Hilton to serve the combined areas of Worfield and Claverley, while similar houses were, at the end of the year, in various stages of erection at Hodnet, St. Martin's and Westbury; and others were scheduled for Ellesmere, Hinstock, Newport, Roden, West Felton and Wrockwardine.

Particulars of the accommodation occupied by Nurses and Midwives in the Council's employment on 31st December, 1953, are as follows:—

Houses	owned by the County Council	9
,,	rented by the County Council	30
,,	owned by nursing staff or their relatives	5
,,	rented by nursing staff or their relatives	26
Flats	rented by nursing staff or their relatives	1
Rooms	rented by nursing staff or their relatives	6
		77

Arrangement with Radnorshire County Nursing Association.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-crwyn and Stowe, which have a population of 1,044 and cover an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £300 is made by the Salop County Council.

Below, in tabular form, are particulars of the work performed within the parishes in question by the Radnorshire nurses during the twelve months ended 31st March, 1953:—

	Cases	Visits
Maternity and Midwifery	5	143
Surgical and Medical	50	622
TOTAL	55	765

This is the equivalent of £5 9s. 1d. per case, or of 7/10d. per visit, compared with £5 1s. 8d. per case and 5/9d. per visit for the previous twelve months.

NURSING HOMES

Registration.—Section 187 of the Public Health Act, 1936, requires the registration of all nursing homes, maternity and other, and the County Council, as Registration Authority, have power to grant exemption from registration in certain cases.

The following are particulars of registered Nursing Homes accommodating maternity and general cases. There was one addition to the register during the year, and one Home was closed.

Accommodation provided	Nursing Homes	Beds available
General cases only	3	12
Maternity cases only	2	9
Maternity and General cases	8	74
TOTAL	13	95

Inspection.—Registered Nursing Homes are visited regularly by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each Home once in each quarter; twenty-two inspections were made in 1953.

MIDWIFERY SERVICES

Under Section 23 of the National Health Service Act, 1946, the County Council, as Local Health Authority, are required to make available within the County an adequate number of Certified Midwives for attendance on women in their own homes, either as Midwives or as Maternity Nurses.

These requirements have been met by the County Council taking into direct employment those midwives who, immediately prior to the coming into operation of the National Health Service Act, were employed by the various District Nursing Associations throughout the County. This arrangement does not apply, however, in the extreme south-west area of the County, where the Parishes of Bettws-y-crwyn, Llanfairwaterdine and Stowe are provided with midwifery and nursing services by the Radnorshire County Nursing Association on an agency basis.

Notice of Intention to Practise.—The following are the particulars of State Certified Midwives who in accordance with the requirements of the Central Midwives Board, gave notice of their intention to practise in this County during the years 1951 to 1953:—

	31st December		
	1951	1952	1953
Employed by the Local Health Authority	88	85	84
Employed by other Local Health Authorities	3	3	3
In private practice (Domiciliary)	10	6	6
In private practice (Nursing Homes)	13	12	10
In hospitals	55	60	49
	169	166	152

Domiciliary Work performed by County Council Midwives.—Set out in the table below are particulars of the domiciliary midwifery work carried out during 1953 by County Council midwives, with corresponding figures for the preceding two years:—

Work performed by County Council Midwives during 1951—1953

Midwives	Confinements Attended			Visits			
	As Midwives	As Maternity Nurses	Total	Ante-Natal	Midwifery	Maternity	Total
Home Nurse Midwives ..	1,365	300	1,665	16,016	25,874	7,060	48,950
Midwives	330	20	350	1,485	5,212	348	7,045
TOTAL for 1953 ..	1,695	320	2,015	17,501	31,086	7,408	55,995
TOTAL for 1952 ..	1,661	380	2,041	17,395	30,240	7,878	55,513
TOTAL for 1951 ..	1,600	452	2,052	17,173	29,491	7,779	54,443

In addition to the work indicated above, County Council midwives attended 1,099 cases following discharge from institutions after confinement and up to the fourteenth day of the puerperium.

In this latter connection, and in connection with the paragraph "Admission of Maternity Cases to Hospital" on page 26, a number of important considerations arise.

The Minister of Health in his Circular 5/53 of 5th March, 1953, referring to 'Care of Mothers and Babies: The Lying-in Period,' stressed the need for continuity of attention to the needs of the mother and child where confinement has taken place in hospital or maternity home, and said (*inter alia*):

> "The period during which a mother and child should be kept as in-patients in hospital or maternity home after the confinement depends mainly upon clinical considerations. It will vary according to the circumstances of the case and in the Minister's view, based on the best available advice, it should not be less than 10 days, unless there are special reasons in particular cases for earlier discharge.
>
> "Continuity of attention to the needs of mother and child, where confinement has taken place in hospital or maternity home, depends upon:—
>
> (*a*) the provision of information by the Boards of Governors or Hospital Management Committees to the family doctor and to the Medical Officer of Health of the Local Health Authority of all impending discharges of maternity patients, so far as possible not less than 24 hours before the patient is discharged.
>
> (*b*) visiting of mother and child by the appropriate officer of the local health authority as soon as possible after discharge.
>
> (*c*) supply by the hospital staff to the family doctor and where appropriate to the Medical Officer of Health of information regarding any matters appearing to require special attention.
>
> (*d*) consultation between the Board of Governors or Hospital Management Committee and the family doctor or the Medical Officer of Health, as the case may require, where there is any doubt, having regard to the home circumstances, about the advisability of discharge.
>
> "The precise arrangements to be made to ensure the observance of these requirements is a matter for agreement between Boards of Governors or Hospital Management Committees and local health authorities, and it is known that in many areas entirely satisfactory arrangements are in operation. Where they are not, it is desirable that the local health authority should take the initiative in seeking to establish suitable arrangements by agreement with the hospital authorities in its area. Hospital Management Committees and Boards of Governors are, for their part, asked to ensure
>
> (*a*) that maternity cases are not discharged until they are ready to resume home life (and in this connection the nature of the home circumstances should be taken into account) and not, except in very special circumstances, before the tenth day, and
>
> (*b*) that the information needed by the family doctor and the Medical Officer of Health referred to . . . above is given regularly and promptly with the knowledge and agreement of the patient."

Too early discharge of patients after hospital confinement is, therefore, deprecated by the Minister on the best advice available to him.

It certainly makes the administration of a Local Health Authority's domiciliary midwifery services difficult.

Discussions at officer level, seeking to obviate too early discharges, continued with the hospital and specialist services during the year.

The provision of a Domiciliary Midwifery Service obviously presents difficulties in any event at the present time. The percentage of babies born in hospital increases, and the percentage of domiciliary cases falls. Whether this is to be a permanent feature of maternity practice seems impossible to forecast. The present trend may continue; the situation may remain stationary; or there may, with increasing demands for hospital beds for other purposes, even be some reversion to domiciliary practice. Domiciliary midwives prefer to act as such rather than as maternity nurses. The family doctor at present generally is in charge, but whether this trend will continue again remains uncertain.

The increased birth rates between 1940 and 1950 will produce, it has been estimated, an additional half million of potential mothers in the next 5 to 15 years or so, and already it becomes relevant to consider provision for their possible confinements, not least by recruiting sufficient student-midwives for training to attend them.

For the Council to consider the provision of their side of a Part II training school for midwives (whereby domiciliary experience is afforded to those candidates for the S.C.M. qualification who have already passed their Part I examination) seems appropriate. Such provision might well improve the Council's existing Midwifery Service. It might encourage Consultant Obstetricians to take an interest in the maintenance and extension of good domiciliary services for future needs. Such interest might in turn help to reduce or spread the high hospital admission rate which under present circumstances in Shrewsbury is accompanied by too early discharge from hospital after confinement.

During 1953, there were 84 midwives in the Council's employ and each, either in the capacity of Midwife or Maternity Nurse, attended on an average 24 confinements during the year.

The information given in the above table relates only to the work of County Council midwives; that undertaken by all midwives (domiciliary, institutional and private) who gave notice of their intention to practise within the area of this County is summarised in the table below.

Domiciliary and Institutional Work under the Midwives Acts

Year	Midwives practising in December	Cases attended by Midwives			Notifications received					
		As Midwives	As Maternity Nurses	Total	Medical Help	Still-births	Death of Mother or Child	Artificial Feeding	Liability to be a source of infection	Having laid out a dead body
1949	167	3,542	1,330	4,872	959	83	54	181	138	34
1950	190	3,426	1,359	4,785	693	75	50	173	75	24
1951	169	3,417	1,271	4,688	775	74	40	164	85	25
1952	166	3,633	1,119	4,752	697	75	23	176	84	16
1953	152	3,808	944	4,752	667	81	23	181	86	21

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, which came into operation on 1st August of that year, medical practitioners are required to notify, as Puerperal Pyrexia, any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1953, the number of cases of Puerperal Pyrexia notified was 14 (none of which proved fatal) compared with 23 in the previous year.

Pemphigus.—There were no cases of Pemphigus during 1953.

Analgesia.—(*a*) *Gas/Air.* Of the midwives employed by the County Council in domiciliary midwifery work, practically all have been trained in the use of the Minnitt Apparatus for the induction of Gas/Air Analgesia. Three midwives who are approaching retirement have, however, refused this training because of their age, and are not, therefore, qualified to use this apparatus. The table below gives particulars relating to gas/air analgesia in respect of the year 1953, with comparative figures for the preceding two years:—

Year	Midwives employed by County Council	Minitt Apparatus provided	Cases in which used			Cases attended		
			Midwifery	Maternity	Total	Midwifery	Maternity	Total
1951	88	80	984	170	1,154	1,600	452	2,052
1952	85	79	1,043	147	1,190	1,661	380	2,041
1953	84	79	1,194	165	1,359	1,695	320	2,015

(*b*) *Pethidine.*—Prior to 1st April, 1950, practising midwives were not authorised to be in possession of Pethidine, or to administer it other than under the supervision of a medical practitioner, but since the introduction on that date of the Dangerous Drugs (Amendment) Regulations, they have been permitted to acquire and use Pethidine on their own responsibility, subject to observance of the following rule of the Central Midwives Board:—

> "A practising midwife must not on her own responsibility use any drug including an analgesic, unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application."

During 1953 pethidine was administered by midwives employed by the County Council in 800 confinements—of which 629 were midwifery cases and 171 maternity cases. This is an increase of 136 such cases compared with the previous year.

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A small supply of these outfits, together with a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. For distribution to the midwives a bulk supply of maternity outfits is stored in Shrewsbury.

During 1953, a total of 2,161 outfits was issued for domiciliary confinement cases in this County.

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and "social." When admission is required on medical grounds the necessary arrangements are made by the medical practitioner in attendance; but when admission is desired for other than medical reasons the patient is required to make application to the Medical Officer of Health of the Local Health Authority for the area in which she lives, and each case is then investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home.

This procedure is undertaken at the request of the Regional Hospital Board to relieve the pressure on maternity accommodation in hospitals. Where, however, unoccupied maternity beds are available after the admission of essential cases, hospitals concerned may at their discretion admit patients who do not qualify on "social" grounds.

Since the coming into operation of the National Health Service Act there has been an increase in the proportion of hospital confinements, and a fall in the proportion taking place at home; and the following figures which date back to 1946 may be of interest:—

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%

Medical Practitioners (Fees) Regulations, 1948.—Under the rules of the Central Midwives Board, a midwife is required in emergency to seek medical assistance by the issue of a Medical Aid Form, and a fee then becomes payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations.

Where, however, a medical practitioner undertakes to provide maternity medical services in accordance with the National Health Service (General Medical and Pharmaceutical Services) Regulations, payment is made by the Local Executive Council, and in such cases the medical practitioner is not entitled to any payment by the Local Supervising Authority under the Medical Practitioners (Fees) Regulations.

The position for the six years 1948 to 1953 is set out in tabular form below, and it will be seen that, as more cases are now being provided with Maternity Medical Services under the National Health Service Act, and are therefore paid for by the Executive Council, there has been a consequent reduction in the number of claims made against the Local Supervising Authority:—

Payments made by County Council under Medical Practitioners (Fees) Regulations

Year	Claims for Payment	Payments by County Council
		£
1948	496	1,296
1949	334	1,168
1950	195	528
1951	150	553
1952	135	398
1953	80	267

HEALTH VISITING

Section 24 of the National Health Service Act, 1946, places a statutory obligation upon the County Council to "make provision in their area for the visiting of persons in their homes by health visitors . . . . for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection." The Health Visitor's duties have, therefore, been greatly extended as, until the "appointed day," the statutory obligations of the County Council with regard to health visiting were limited to mothers, and to children under five years of age.

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Sanitary Institute, or an equivalent qualification. Under a special dispensation of the Ministry of Health, however, nurses without this qualification are allowed to undertake certain health visiting duties. Dispensation in respect of part-time Health Visitors employed in this County who do not possess the Health Visitor's Certificate was originally given by the Ministry for a period of two years from 1st May, 1949, and has since been extended to 31st March, 1955.

The following table indicates the numbers of Health Visitors and Nurse-midwives engaged, whole-time and part-time respectively, in health visiting duties:—

Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	*On 31st December* 1951	1952	1953
Health Visitors and School Nurses	41	27	27	30
District Nurse-Midwives (with Health Visitor's qualifications)	11	8	6	6
" " " (without Health Visitor's qualifications)		31	39	35
	52	66	72	71

Note.—The 41 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1953, were regarded as equivalent to 14 whole-time staff, giving a total of 44 whole-time Health Visitors against an establishment of 52.

Every endeavour is made to recruit Health Visitors to the Council's service, but, in addition, a training scheme for Health Visitors has been operated by the Council since 1947, as a means of supplementing the recruitment of trained staff.

Health Visitor Training Scheme.—The Council's Training Scheme, originally adopted in March, 1947, and subsequently modified in May, 1950, and May, 1951, is open to State Registered Nurses under 35 years of age who have either obtained the State Certified Midwives Certificate, or have completed Part I of the training for that certificate, and who are willing to enter into a contract of service with the County Council for a period of thirty-three months from the date of commencement of training. Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately nine months in duration) three-quarters of the minimum salary recommended for a Health Visitor by the Nurses and Midwives Whitley Council, subject to one-third of that amount being held over until she has passed the final examination for the Health Visitor's Certificate.

On the successful completion of her training, the student enters the Council's service for the remaining period (two years) of her contract at the full minimum salary of a Health Visitor and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

As a matter of interest, the cost to the County Council of training a Health Visitor under this scheme is set out below:—

	£ s. d.
During training (50% of minimum salary)	157 10 0
On qualifying (25% of minimum salary)	78 15 0
Tuition fee (average)	17 10 0
Examination fee	6 6 0
Travelling allowance (5/- per week)	9 15 0
	£269 16 0

Since the inception of the Health Visitor Training Scheme in 1947, until 31st December, 1953, the number of students accepted for training was 23, of whom 21 were successful in obtaining their Certificates.

During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 15,461 families in this County, the bulk of their visits being to children under 5 years of age and to expectant mothers as summarised for 1953 in the table below, with corresponding totals for 1951 and 1952:—

Visits paid by Health Visitors during 1953

Health Visiting Staff	To Children				To Expectant Mothers
	Under 1 year		1 to 5 years	Total	
	First	Subsequent			
Whole-time .. 27	3,324	17,074	30,456	50,854	694
Part-time .. 43	1,196	9,040	14,041	24,277	86
Total for: 1953	4,520	26,114	44,497	75,131	780
1952	4,530	34,228	47,197	85,955	721
1951	4,487	31,740	45,707	81,934	558

HOME NURSING

As Local Health Authority, the County Council are required under Section 25 of the National Health Service Act, 1946, to make provision for securing the attendance of nurses on persons who require nursing in their own homes.

As in the case of the domiciliary midwifery service, the Council elected to provide home nursing by the direct employment of the nurses who were, previous to 5th July, 1948, employed by the various District Nursing Associations, and who were transferred to the Council's employment on that date.

Of the 7 full-time Home Nurses in the service of the Council at the end of 1953, six were employed in Shrewsbury and one in Ludlow. Elsewhere in the County, home nursing duties are undertaken by the home nurse-midwives in the various nursing areas.

Set out in the following table are particulars of the numbers of cases nursed at home and of the visits paid by the Home Nurses during the year 1953:—

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Total
Cases ..	6,518	3,043	89	91	96	1,097	10,934
Visits ..	112,973	38,006	1,011	4,323	760	9,834	166,907

VACCINATION AND IMMUNISATION SERVICE

Section 26 of the National Health Service Act, 1946, requires the County Council, as a Local Health Authority, to make arrangements, in which general medical practitioners may participate, for vaccination against smallpox of persons resident within their area, and also for the immunisation of such persons against diphtheria. The Authority also has permissive powers to make similar arrangements, subject to approval of the Minister of Health, for vaccination or immunisation against any other disease.

Vaccination.—Successful vaccination gives, after about 12 days, complete protection against death from Smallpox, and almost complete protection against catching the disease even when exposed to it. This protection lasts for some years, and is then renewable safely and easily.

Smallpox is a real risk and occurs without warning. Outbreaks are of two kinds. That in Lancashire in 1952 was not the "killing" kind, but many who got Smallpox were very uncomtable and had their lives disturbed; they looked horrible and risked disfigurement; and they were highly dangerous to those who had not been protected by successful vaccination. Outbreaks in Yorkshire and Lancashire early in 1953 were of the "killing" kind, and several deaths occurred with shocking suddenness. Yet deaths from Smallpox are quite unnecessary. They need never occur at all, because complete protection is so easily available.

Vaccination is best done in infancy. Besides protecting infants from a fortnight after they have been successfully vaccinated, this makes re-vaccination in later years free from the unpleasant consequences that occasionally follow when vaccination has to be performed for the first time in older children or adults, whether as an emergency measure during an outbreak of Smallpox, or as a routine procedure demanded on going to a Boarding School, or before travel abroad, or on being called up for National Service.

Under the County Council's scheme parents may have their children vaccinated either by a medical practitioner of their own choice in general practice, or by an Assistant County Medical Officer at a County Council Welfare Centre.

Lists of births registered each month are received from the Local Registrars, and a letter with a detachable consent form, for completion and return to the County Medical Officer, is then sent to the parents of the infants whose births have been notified, offering the choice of vaccination by their private medical practitioner or by an Assistant County Medical Officer. Upon receipt of the consent form, appropriate arrangements are made for vaccination to be performed when the infant attains the age of four months. Persons of all ages, adults and children can, however, be vaccinated or re-vaccinated upon request under the County Council's scheme.

The table below gives particulars of persons of all ages who were vaccinated or re-vaccinated in this County during 1953:—

Persons Vaccinated or Re-Vaccinated during 1953

	Vaccinated by	Under 1 year		1—4 years		5—14 years		Over 15 years		Total	
		P	S	P	S	P	S	P	S	P	S
Primary Vaccinations	Medical Officers ..	450	397	28	21	11	10	4	4	493	432
	General Practitioners	2,013	1,902	119	109	71	64	93	90	2,296	2,165
	TOTAL ..	2,463	2,299	147	130	82	74	97	94	2,789	2,597
Re-Vaccinations ..	Medical Officers ..	—	—	1	1	7	3	23	23	31	27
	General Practitioners	—	—	39	33	120	86	663	543	822	662
	TOTAL ..	—	—	40	34	127	89	686	566	853	689

P = Performed S = Successful

Reference to the table above shows that 2,299 infants were successfully vaccinated before attaining one year of age and this represents approximately 49.6 per cent of the 4,638 births registered during 1953. These two figures (2,299 and 4,638) are not strictly comparable, but their comparison is the only means of giving a reasonably accurate estimate of the infant vaccination state during 1953.

Particulars are given in the table below of the distribution in the areas of the Local Sanitary Authorities within the County of all persons vaccinated or re-vaccinated during 1953.

Primary Vaccinations and Re-Vaccinations performed during 1953

Area	Local Sanitary Authority	Under 1 year		1—4 years		5—14 years		15 years and over	
		Performed	Successful	Performed	Successful	Performed	Successful	Performed	Successful
North-West Combined Districts	Ellesmere Urban ..	20	20	1	1	4	4	6	6
	Ellesmere Rural ..	62	58	7	5	5	5	11	11
	Oswestry Borough ..	79	70	5	5	3	2	23	23
	Oswestry Rural ..	138	132	7	7	9	7	120	114
	Wem Urban	45	41	—	—	2	2	1	1
	Wem Rural	174	165	25	20	7	7	19	18
	Whitchurch Urban ..	39	36	3	2	5	5	62	42
North-East Combined Districts	Dawley Urban	58	49	1	1	3	2	10	9
	Drayton Rural	103	100	18	16	19	18	22	19
	Market Drayton Urban	55	50	6	6	6	6	9	8
	Newport Urban ..	46	46	3	3	2	2	8	8
	Oakengates Urban ..	51	50	4	3	—	—	7	7
	Shifnal Rural	106	98	4	4	2	1	50	46
	Wellington Urban ..	75	71	7	7	—	—	11	11
	Wellington Rural ..	139	134	11	11	3	3	19	18
South-West Combined Districts	Atcham Rural	214	199	16	10	98	66	167	113
	Bishop's Castle Borough	21	15	1	1	1	1	2	2
	Church Stretton Urban	37	34	2	1	4	3	7	7
	Clun Rural	104	95	9	9	4	4	10	7
	Ludlow Borough ..	66	61	3	3	3	3	17	16
	Ludlow Rural	179	164	10	10	1	1	35	34
	Wenlock Borough ..	75	73	7	6	5	4	14	13
Bridgnorth ..	Bridgnorth Borough ..	46	45	2	2	4	3	16	16
	Bridgnorth Rural ..	117	113	7	6	3	3	19	15
Shrewsbury ..	Shrewsbury Borough ..	414	380	28	25	16	11	118	96
	TOTAL ..	2,463	2,299	187	164	209	163	783	660

Diphtheria.—There were no notified cases of Diphtheria in this County in 1953 and no deaths from this disease. The following statistics giving the incidence of Diphtheria and the numbers of deaths among persons of all ages in this County during the past nineteen years show the extent to which immunisation has succeeded in reducing the morbidity and mortality rates:—

Notifications of, and Deaths from, Diphtheria since 1935

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Notifications ..	233	301	206	185	133	236	237	121	53	25	7	10	17	1	5	2	—	1	—
Deaths	20	21	7	19	13	11	9	6	6	1	—	2	2	—	1	—	—	—	—

Under the County Council's scheme for immunisation against Diphtheria, parents can have their children immunised either by a medical practitioner of their own choice who is engaged in general practice, or by an Assistant Medical Officer at a County Council school or Welfare Centre.

The table below gives particulars of the children under 5 years of age, and of those between the ages of 5 and 14, who were immunised under the County Council's scheme during 1953, with the corresponding figures for 1952; and the table on page (30) shows the distribution of these children in the areas of the various Sanitary Districts according to their places of residence.

Children Immunised against Diphtheria during 1952 and 1953

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total			
	1952	1953	1952	1953	1952	1953	1952	1953
Medical Officers ..	1,135	895	162	153	1,297	1,048	1,905	2,067
General Practitioners	2,211	2,319	80	104	2,291	2,423	655	976
TOTAL ..	3,346	3,214	242	257	3,588	3,471	2,560	3,043

For the effective control of this disease, it is necessary that 75 per cent of the children should be immunised before attaining one year of age and Ministry of Health statistics show that of the children in England and Wales who reached their first birthday during the first six months of 1953, only 31.5 per cent had been immunised.

In this County during 1953, a total of 1,721 children were immunised when under one year of age and 265 of these children were born in that year. As the optimum age for immunisation against Diphtheria is 8 months, only one-third of the children born during 1953 would reach the age for immunisation and this figure of 265 represents 17 per cent of those eligible for protection. There is need, therefore, for greater efforts on the part of all concerned to emphasize to parents the necessity for early immunisation of their children.

Set out in tabular form below is a statement showing the numbers and percentages of the child population in this County, of and under compulsory school age, who have been immunised against Diphtheria during the period from 1st January, 1939, to 31st December, 1953:—

Immunisation in relation to Child Population

	Age Groups and Year of Birth				
	Under 1 year (1953)	1 to 4 years (1952—1949)	5 to 9 years (1948—1944)	10 to 14 years (1943—1939)	Total
Immunised in: (*a*) 1949 to 1953	265	11,469	10,537	8,676	30,947
(*b*) 1948 or earlier	—	—	4,497	12,743	17,240
Estimated mid-year (1953) child population	4,530	18,570	45,900		69,000
Immunity index	6%	62%	79%		70%

Children Immunised in the various Sanitary Districts during 1953

Area	Local Sanitary Authority	Children Immunised		Total	Children given Re-inforcing injections
		Under 5 years	5 to 14 years	0 to 14 years	
North-West Combined Districts	Ellesmere Urban	42	5	47	34
	Ellesmere Rural	75	15	90	97
	Oswestry Borough ..	112	40	152	182
	Oswestry Rural	205	33	238	229
	Wem Urban	60	11	71	80
	Wem Rural	212	13	225	283
	Whitchurch Urban ..	83	4	87	72
North-East Combined Districts	Dawley Urban	82	2	84	84
	Market Drayton Urban ..	52	—	52	73
	Drayton Rural	113	11	124	150
	Newport Urban	38	4	42	67
	Oakengates Urban ..	109	9	118	45
	Shifnal Rural	143	15	158	241
	Wellington Urban ..	113	—	113	23
	Wellington Rural	268	27	295	148
South-West .. .. Combined Districts	Atcham Rural	285	12	297	108
	Bishop's Castle Borough	21	—	21	3
	Church Stretton Urban ..	23	1	24	8
	Clun Rural	95	5	100	30
	Wenlock Borough ..	149	7	156	42
	Ludlow Borough	87	8	95	52
	Ludlow Rural	167	8	175	150
Bridgnorth	Bridgnorth Borough ..	66	—	66	59
	Bridgnorth Rural	169	12	181	211
Shrewsbury	Shrewsbury Borough ..	445	15	460	572
	WHOLE COUNTY	3,214	257	3,471	3,043

Whooping Cough.—Notifications of cases of Whooping Cough received during 1953 numbered 934, and there were 4 deaths from this disease.

Since the coming into operation of the National Health Service Act, facilities for immunisation against Whooping Cough have been available in this County on lines similar to those for immunisation against Diphtheria, except that they have been restricted to those children whose parents make a specific request to have them immunised, no efforts being made to influence parents on this question.

In view of the demand for immunisation against both Diphtheria and Whooping Cough to be undertaken at the same time, use is now being made of a combined prophylactic. The optimum age for immunisation against Whooping Cough is four months, and the types of preparation used are suspended pertussis vaccine and suspended diphtheria-pertussis prophylactic, the latter being used only when the optimum age for diphtheria immunisation (eight months) has been reached.

The tables below give particulars of the notified cases of, and deaths from, Whooping Cough in this County in the past fourteen years; and of the children immunised against this disease during 1953, with corresponding figures for 1952:—

Notifications of, and Deaths from, Whooping Cough—1940 to 1953

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Notifications	420	986	351	705	609	483	591	465	1,068	478	465	1,308	678	934
Deaths ..	7	14	6	11	6	4	4	2	9	4	1	4	4	4

Children Immunised against Whooping Cough in 1952 and 1953

Immunised by	0—4 years		5—14 years		Total	
	1952	1953	1952	1953	1952	1953
Medical Officers ..	270	192	11	18	281	210
General Practitioners	665	1,088	39	80	704	1,168
TOTAL ..	935	1,280	50	98	985	1,378

AMBULANCE SERVICE

Under Section 27 of the National Health Service Act, 1946, Local Health Authorities are responsible for ensuring that "ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental deficiency, or expectant or nursing mothers, from places in their area to places in or outside their area."

Section 24 of the National Health Service (Amendment) Act, 1949, resulted in a modification of this clear cut definition of responsibility, in that the Local Health Authority from whose area a patient has been admitted to hospital is now required to bear the cost of ambulance facilities for his return journey, if it is made within three months from the date of his admission to that hospital.

Operation of the Service.—During 1953, the Service was operated from a Central Control in the County Health Office at Shrewsbury. By the time of publication of this report, Central Control will operate continuously from Ambulance Service Headquarters at the Central Ambulance Depot, Abbey Foregate (Telephone Number Shrewsbury 6331), to which all requests should be made when an ambulance or sitting-case car is required in any part of the County, and in certain parts of neighbouring Counties. Central Control is manned day and night, the night service during 1953 being maintained through the co-operation of the County Fire Service, an arrangement which worked very well indeed but which, in view of the volume of work performed by the Ambulance Service, increasingly tended to jeopardise the efficiency of both Fire and Ambulance Services.

Accordingly, therefore, concurrent with their decision to transfer the Administrative Headquarters of the Ambulance Service from the County Health Office to the new Central Depot (referred to in the following paragraphs) when completed, the Council decided during 1953 that the Ambulance Control should be transferred there and operated entirely by Ambulance Service personnel.

Organisation.—The County Ambulance Service has a main Central Depot at Shrewsbury, and eight subsidiary depots, at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle.

Since the "appointed day" the Central Depot has been divided into two parts—one at Cross Houses Hospital and one in a temporary garage at the County Council Highways Depot at Meole Brace, but these two parts are united in the new Depot within the curtilage of Nearwell, Abbey Foregate, Shrewsbury, in the erection of which very substantial progress was made during 1953. With the completion of this Depot, Ambulance Service Headquarters and Central Control have, from 16th August, 1954, operated therefrom; and it is to this Depot (Telephone No. Shrewsbury 6331) that all enquiries should be made.

Radio-Telephony Control.—Arrangements were completed during 1953 whereby, without extra cost to the Council, the Ambulance Service would be provided with two-way radio-telephony between vehicles and control early in 1954 for a trial period of three months.

Co-operation with other Services.—Direct telephone lines exist between the Police, Fire and Ambulance Control rooms, enabling excellent liaison to be maintained. This has proved to be particularly effective in the case of crashed aircraft.

Arrangements with other Ambulance Authorities and the National Coal Board.—The County Council have continued to serve parts of adjacent districts in Cheshire, Staffordshire, Denbighshire and Flintshire, in accordance with the agreements made with those Authorities; and arrangements for reciprocal aid in case of emergency in border areas have continued to function satisfactorily.

In March, 1952, the Minister of Health informed Local Health Authorities that they could provide transport for cases within the responsibility of the National Coal Board, subject to the costs incurred being re-imbursed by the Board, and arrangements to this end exist between the County Council and the West Midland and North Western Divisions of the Coal Board.

Vehicles.—The following table shows the distribution of ambulances and sitting-case cars at 31st December, 1953, with the comparative figures for 1952:—

Establishment of Ambulances and Sitting-Case Cars

Depot	Ambulances			Sitting-Case Cars		
		31st December			31st December	
	Authorised	1952	1953	Authorised	1952	1953
Shrewsbury	15	15	15	6	6	7
Oswestry	3	3	3	3	3	3
Whitchurch	2	2	2	—	—	—
Market Drayton	1	1	1	—	—	—
Donnington and Shifnal ..	5	5	5	2	2	2
Wenlock	1	1	1	—	—	—
Bridgnorth	2	2	2	1	1	1
Ludlow and Craven Arms ..	3	3	3	1	1	1
Bishop's Castle	1	1	1	—	—	—
Retained additional to establishment for:						
(*a*) Civil Defence Purposes ..	—	3	5	—	1	1
(*b*) Use by Motor Mechanic	—	—	—	—	1	—
TOTAL ..	33	36	38	13	15	15

Repairs.—With certain exceptions, vehicle maintenance and repair is carried out by the mechanic employed in the Ambulance Service and by the County Council Workshop at the Central Highways Depot, Meole Brace.

Personnel.—Particulars are given in the following table of the personnel, full-time and part-time, employed on operational duties in the County Ambulance Service on 31st December, 1952, and on 31st December, 1953.

Establishment of Ambulance Service Personnel

Ambulance Depot	Authorised		31st December, 1952					31st December, 1953				
	Full-time		Full-time		Part-time			Full-time		Part-time		
	Drivers	Attendants	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants	Driver-Attendants	Attendants	
			M.	F.	M.	M.	F.	M.	F.	M.	M.	F.
Shrewsbury	19	12	23	5	—	1	6	24	5	—	2	6
Oswestry	3	2	—	—	5	6	9	—	—	7	6	9
Whitchurch	1	1	—	—	4	2	1	—	—	4	2	4
Market Drayton ..	1	1	—	—	4	—	—	—	—	3	—	—
Donnington & Shifnal	5	4	3	—	1	—	3	3	—	1	—	3
Wenlock	1	1	—	—	1	—	—	—	—	1	—	—
Bridgnorth	2	1	1	—	2	1	3	1	—	2	1	3
Ludlow & Craven Arms	3	2	—	—	6	9	7	—	—	6	5	9
Bishop's Castle	1	1	—	—	4	1	1	—	—	4	1	2
TOTAL ..	36	25	27	5	27	20	30	28	5	28	17	36

The figures in the table above, expressed in terms of full-time personnel employed on a 44-hour week without overtime or stand-by duties, give the table below:—

Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Total			Authorised	
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants		Full-time	
	M.	F.	M.	M.	F.	M.	M.	F.	Drivers	Attendants
1952	27	5	7	2	5	34	2	10	36	25
1953	28	5	12	2	5	40	2	10	36	25

Work Performed.—During 1953, despite a careful control of the use of the Service, there was again an increase in the amount of work performed. Searching enquiry is instituted whenever there is any suggestion of misuse, but the cases of misuse confirmed are a very small proportion of the cases carried.

The extent to which use of the Service has increased since the "appointed day" and the distribution of work between ambulances and sitting-case cars is shown in the table below:—

Work performed by Ambulances and Sitting-Case Cars, 1948 to 1953

Year	Ambulances		Cars		Women's Voluntary Service		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
*1948	4,352	126,269	912	32,276	1,205	38,888	6,469	197,433
1949	12,732	322,470	6,209	197,687	2,985	101,888	21,926	622,045
1950	18,547	408,260	9,122	233,936	2,765	98,363	30,434	740,559
1951	20,613	399,382	11,366	250,730	2,497	80,012	34,476	730,124
1952	23,706	426,423	15,733	305,677	1,811	51,617	41,250	783,717
1953	28,720	465,640	17,760	324,994	2,190	53,692	48,670	844,326

*From 5th July

Careful co-ordination of journeys, referred to in previous reports, continued to effect reduction in the average mileage per patient carried, as shown in the following table:—

Patients Carried and Mileage Covered

Year	Patients	Mileage	Mileage per Patient
1949	21,926	622,045	28.4
1950	30,434	740,559	24.3
1951	34,476	730,124	21.2
1952	41,250	783,717	19.0
1953	48,670	844,326	17.4

The particulars of the work undertaken each month during 1953 by the County Ambulance Service are given in the table below, together with comparative figures for the previous year.

Patients conveyed, and distances travelled, by the Ambulance Service during 1952 and 1953

Month	Ambulances				Sitting-Case Cars				Total					
	Journeys		Mileage		Journeys		Mileage		Journeys		Mileage		Patients	
	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953	1952	1953
January	1,285	1,275	37,899	39,236	774	1,020	26,903	35,165	2,059	2,295	64,802	74,401	3,554	3,972
February	1,178	1,240	34,060	36,720	686	845	27,590	27,787	1,864	2,085	61,650	64,507	3,282	3,636
March	1,176	1,335	35,544	39,146	756	929	27,267	29,631	1,932	2,264	62,811	68,777	3,177	3,902
April ..	1,239	1,326	35,685	39,073	830	885	30,110	29,952	2,069	2,211	65,795	69,025	3,195	3,708
May ..	1,098	1,405	34,261	41,838	885	952	29,228	31,491	1,983	2,357	63,489	73,329	3,350	3,927
June ..	1,010	1,523	30,097	41,042	872	883	28,510	28,152	1,882	2,406	58,607	69,194	2,990	3,892
July ..	1,189	1,503	35,041	40,835	987	1,030	30,613	34,967	2,176	2,533	65,654	75,802	3,664	4,226
August	1,059	1,307	30,930	34,128	855	858	27,606	29,741	1,914	2,165	58,536	63,869	3,122	3,813
September	1,151	1,279	36,576	35,043	872	895	27,717	30,984	2,023	2,174	64,293	66,027	3,351	3,918
October	1,184	1,459	39,134	40,053	1,030	965	37,072	33,867	2,214	2,424	76,206	73,920	4,082	4,501
November	1,204	1,427	35,713	38,465	930	987	35,764	32,564	2,134	2,414	71,477	71,029	3,726	4,533
December	1,271	1,484	41,483	40,061	880	1,056	28,914	34,385	2,151	2,540	70,397	74,446	3,757	4,642
TOTAL	14,044	16,563	426,423	465,640	10,357	11,305	357,294	378,686	24,401	27,868	783,717	844,326	41,250	48,670

The table below shows the work performed by each of the Ambulance Depots during 1953.

Work performed by Ambulance Depots during 1953

Ambulance Depot	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1953 (in terms of whole-time personnel)
Shrewsbury	15,573	23,964	406,830	30.57
Oswestry	3,887	6,105	80,446	6.07
Whitchurch	826	1,452	31,176	1.79
Market Drayton ..	327	338	12,345	0.81
Donnington	1,937	6,617	87,294	4.28
Shifnal	608	945	21,437	1.10
Wenlock	300	506	10,130	0.31
Bridgnorth	1,312	2,800	48,295	2.59
Ludlow & Craven Arms	1,706	3,397	83,392	3.65
Bishop's Castle	175	356	9,289	0.53
TOTAL ..	26,651	46,480	790,634	51.70

Rail Transport.—Use of the facilities provided by British Railways for the conveyance of patients by rail has continued to be made in suitable cases. Patients are collected by ambulance from their homes or from hospital, and remain on the same stretcher until they reach their destination, the main part of the journey being made in the comfort and privacy of a railway compartment and the final stage by road being carried out by an ambulance of the Local Health Authority for the area in which the station of arrival is situated.

Training.—Members of the whole-time staff have attended courses of instruction at Shawbury Airfield in the rescue of crews from crashed aircraft, and the normal First Aid training has been continued.

Civil Defence.—The attendance of members of the Civil Defence Ambulance Service at training sessions has not been all that could be desired, but the opening of the new Central Ambulance Depot in 1954 will provide better training facilities, which it is hoped will stimulate interest.

A start was made during 1953 with driving tuition, and a friendly First Aid Competition between teams from Chatwood, Church Stretton and Meole Brace provided both organisers and personnel with valuable experience.

County Council owned Health Service Cars.—The Ambulance Service central administration are responsible for the motor cars used by District Nurse-Midwives and Health Visitors throughout the County. At 31st December, 1953, such nursing service cars numbered 91.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, 1946, the County Council, as Local Health Authority may, and if directed by the Minister of Health must, make arrangements, for:—

(1) the prevention of illness ;

(2) the care and after-care of persons suffering from illness or mental defectiveness.

The Minister has directed that, in the case of persons suffering from tuberculosis, arrangements for care and after-care shall be obligatory.

Tuberculosis

Administrative arrangements.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant status and one of Senior Hospital Medical Officer status—is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by the whole-time Health Visitors of the Council.

Report of Consultant Chest Physician.—The following is the report of the Consultant Chest Physician, Dr. A. T. M. Myres :—

"In the year the total clinic attendances (excluding collapse treatment attendances) for all the Clinics in the County was 5,165 of which 1,224 were first attendances ; 384 of these being contacts of the 129 persons notified to the Medical Officer of Health in the year as having Pulmonary Tuberculosis (excluding 7 notified after death). Of these 71 were initially diagnosed at Chest Clinics; 33 at General Hospitals (31 as In-Patients and 2 as out-patients); 10 by General Practitioners or on domiciliary visits at General Practitioners' request ; 2 on routine examinations of Hospital and Sanatorium Staff ; 3 whilst in the Services ; and 10 were referred as a result of Mass Miniature Radiography findings. Of this total at least 17 (or 13 per cent) were contacts of known tuberculous persons.

"It is the aim of the Chest Service that at least all home contacts and other intimate contacts of a person newly notified as having Pulmonary Tuberculosis, should be examined as soon as practicable, and re-examined periodically as may be indicated in individual cases, judged by the infectivity of the known case, duration of contact, and family history ; particular attention being paid to children and adolescents. Of the latter two, those who do not react to the Tuberculin tests are advised to have BCG vaccination. BCG vaccination is also advised for a new born child where a member of the household is known to be tuberculous. Segregation of the babe until vaccination is effective is arranged with the help of the Children's Officer where indicated by known or potential tuberculous infection.

"When notification is received of persons having died of tuberculous disease not previously recognised, enquiries are made from the notifying practitioner to endeavour to discover the probable degree and duration of infectivity of the person before death ; known close contacts are sought, both for a possible source of infection, and for those who may have been infected from a notified case.

"When a member of the staff of a school, or a pupil of a nursery school has been found to have active Pulmonary Tuberculosis, arrangements have been made for tuberculin testing of children and adolescents and radiography (by Mass Miniature Radiography units in the case of large institutions) of all concerned.

"A close liaison is kept with the District Disablement Resettlement Officer for the re-employment of tuberculous persons as required.

"It is much regretted that at present owing to restricted clinic facilities and technical staff, numbers attending individual clinics are unduly large, and the waiting time for patients to be seen, in some instances unduly long, but every effort is made to see cases known to be urgent without delay.

"Thanks are due to the Medical Officer of Health and his staff, for their help and co-operation, especially to the Health Visitors, between whom and the Chest Physicians a close personal relationship is so important, and also to the District Nurses on whom the Physicians depend so much for the administration of Streptomycin to many patients on domiciliary treatment pending their admission to Sanatorium."

The Chest Clinic experienced during 1953 an increasing volume of work and this unfortunately and quite fortuitously was accompanied by changes and difficulties in securing and retaining suitable ancillary non-professional staff.

As a result, and in spite of hard work on the part of all concerned, there was a tendency for arrears to accumulate and for delays to ensue, both in securing appointments for patients and contacts, and in actually dealing with these after their arrival. A great deal of thought and effort is being given to measures to produce improvements, since the Health Committee are very much concerned about their responsibility for the control of Tuberculosis (as distinct from other diseases of the chest).

In particular they feel the importance of preventive work, such as the tracing of possible sources from which a new case could have been infected ; and, by the tracing and examination and surveillance of contacts, the limitation of infection and the prevention of its further spread.

The Chest Physicians and the Hospital Management Committee have been equally aware of these considerations and continue, with the Council's Health Department, to pursue measures by by which it is hoped improvements will be effected.

Mass Radiography.—During 1953, surveys were carried out at Wellington and Ellesmere by the Wolverhampton Mass Radiography Service and the Stoke-on-Trent Mass Radiography Service respectively.

Results of these surveys are summarised in the statements below :—

Survey at	Persons X-rayed	Suspected Respiratory Tuberculosis Cases		Other Conditions*
		Active	Inactive	
Wellington ..	4,743	8	55	69

*Bronchiectasis, chronic bronchitis and emphysema, Lobar and broncho-pneumonia, Non-tubercular fibrosis, pleural thickening, cardio-vascular lesions, etc.

Three cases of suspected active respiratory tuberculosis were discovered amongst the adult males, equivalent to 1.2 per thousand of the males actually X-rayed, and this is below the national average of 3.6 per thousand for both sexes, whilst four cases discovered amongst the adult females (2.8 per thousand of the females X-rayed) is also below the national average.

Among 871 children who were X-rayed only one case of suspected active tuberculosis was discovered. This is in keeping with the findings amongst this age group elsewhere in the Country.

Survey at	Persons X-rayed	Cases of presumably active Respiratory Tuberculosis	Rate per 1,000
Ellesmere ..	1,431	4	2.7

The results of the survey are in keeping with the findings of previous surveys in other parts of Shropshire in that the 4 cases of suspected active respiratory tuberculosis discovered amongst the 1,431 persons X-rayed is below the national average.

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—The Minister of Health has authorised the provision of B.C.G. vaccination for infants and other young contacts of tuberculous patients, and to those who are at special risk by reason of their occupation.

During 1953, a total of 66 persons was vaccinated, 40 of whom were child contacts of tuberculous relatives and 26 members of hospital staffs.

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps and during 1953 assistance was provided through the Council's Domestic Help Scheme in 12 cases.

Open-Air Shelters.—The distribution on 31st December, 1953, of the 66 shelters in the ownership of the County Council was as follows :—

At patients' homes	51
On loan to East Hamlet Hospital	1
In store	14
	66

Central Register.—The position with regard to cases on the Tuberculosis Register during 1953 was as indicated below :—

		Respiratory	Non-Respiratory
On Register on 31st December, 1952 ..		1,091	198
ADDED :	New Cases	136	27
	Restored to Register	6	1
	Transfers in	38	1
REMOVED :	Cured	19	3
	Deaths—from Tuberculosis ..	32	8
	other causes	4	—
	Transfers out	33	4
On Register on 31st December, 1953 ..		1,183	212

The following are particulars of the distribution of 175 cases of Respiratory Tuberculosis who were in Hospitals and Sanatoria on 31st December, 1953 :—

Shirlett Sanatorium	66
Cross Houses Hospital	20
Prees Heath Sanatorium	11
Wrekin Hospital	10
East Hamlet Hospital	5
Kyre Park Sanatorium	12
Meadowslea Sanatorium, Chester	6
Hertford Hill Sanatorium, Warwick	3
Shelton Hospital	15
Other Hospitals	27
	175

Other Aspects of Care and After-Care

Other Types of Illness.—In the case of patients discharged from hospital, any necessary nursing care and attention is provided through the Council's Home Nursing Service, and arrangements have been made by the Regional Hospital Board for particulars of all discharged hospital patients requiring after-care to be notified to the Local Health Authority.

Close co-operation has also been established with the Children's Officer, whose aid is very often necessary where residential accommodation is required for children during a domestic emergency, such as illness or confinement of the mother.

Provision of Nursing Equipment.—The provision of nursing accessories forms an important part of the Council's Scheme, and all Home Nurses and Midwives hold a small supply of minor articles, such as hot water bottles, air rings, bed pans and feeding cups, which are available for issue on loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in a central stock at the Health Department and issued as the need arises. Application should be made in office hours to the Health Department, 13 College Hill, Shrewsbury (Telephone No. 3031) ; or at other times to No. 4 Claremont Bank, Shrewsbury (Telephone No. 2141).

A small loan charge is made for the hire of larger items of equipment only.

Recuperative Convalescence.—Under the County Council's scheme for the provision of convalescent facilities, arrangements are made for patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council, but, in accordance with their family incomes, patients are required to contribute towards the cost of their convalescence.

During the year, a total of 31 cases was assisted by the County Council and sent to the following Convalescent Homes at a total cost to the Council of £239 12s. 10d.

ADULTS	
Lady Forester Convalescent Home, Llandudno	19
The Llandudno Convalescent Home for Women	1
Victoria Convalescent Home, Clevedon	2
St. Luke's Convalescent Home, Torquay	1
The Convalescent Home, Sydney House, Pensarn, North Wales	1
Sunningdale Convalescent Home, Woolacombe, Devon	1
Caxton Convalescent Home, Limpsfield, Surrey	1
St. Luke's Convalescent Home, Exmouth	1
CHILDREN	
The Charnwood Forest Convalescent Home, Woodhouse Eaves, Near Loughborough, Leicestershire	1
Omerod Home for Children, St. Annes-on-Sea, Lancashire	2
The Convalescent Home, Sydney House, Pensarn, North Wales	1
	31

Health Propaganda

Literature.—During the year leaflets and posters on a variety of health subjects have been distributed to the public through Welfare Centres and the Health Visiting and Nursing Staffs. In addition, suitable posters have been displayed at the Child Welfare Centres and on the former Empire Marketing Board poster frames in Shrewsbury.

Copies of the magazine "Better Health" were supplied regularly to Health Visitors and Home Nurse Midwives, and a number of copies were distributed at the Welfare Centres to the mothers attending. A copy of the magazine "Mother and Child" was distributed every month to each Assistant County Medical Officer of Health and Health Visitor for their information.

Exhibit.—The exhibition stand was again in continual use throughout the year and topics dealing with the following subjects were displayed at the larger Welfare Centres : The Work of the Health Visitor ; Breast Feeding is Best Feeding ; Milk ; and Café and Canteen Hygiene.

Films.—Film displays on a variety of health subjects were arranged at the Health Centre, Murivance, Shrewsbury, for members of the Mothers' Club ; and film displays on food hygiene subjects were again arranged at schools in the Wellington area, in conjunction with lectures given by the late Mr. C. G. Speake, who was Senior Sanitary Inspector of the Wellington Rural District Council, until his lamented death in May, 1953.

Display Sets.—Display sets consisting of twelve attractively coloured panels printed on stiff card and entitled "Take care of your eyes" were received from the Ministry of Health and displayed at the Child Welfare Centres throughout the County.

Courses and Lectures.—Lectures on health subjects and mothercraft were given by members of the staff to various organisations and associations in the County such as Parent Clubs, Women's Social Clubs, British Red Cross Society and groups of final year pupils.

DOMESTIC HELP SERVICE

Under the permissive powers of Section 29 of the National Health Service Act, 1946, the County Council have since 5th July, 1948, provided a Domestic Help Service which is available to "any person who is ill, an expectant mother, mentally defective, aged or a child not over compulsory school age."

This Service was initiated and operated on the Council's behalf by the Women's Voluntary Services in the first instance but, on 1st April, 1952, as provided for in the Council's scheme submitted to and approved by the Minister of Health, the direct operation of the Service was taken over by the County Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1953, are given in the table below :—

Centre	Address
Bridgnorth	Child Welfare Centre, Northgate
Church Stretton	54 Sandford Avenue
Ludlow	Child Welfare Centre, Dinham
Market Drayton	The Armoury, Shropshire Street
Newport	Child Welfare Centre, Beaumaris Road
Oswestry	Child Welfare Centre, 30 Upper Brook Street
Shrewsbury	County Health Department, College Hill
Wellington	Edgbaston House, Walker Street
Whitchurch	Child Welfare Centre, 27 St. Mary's Street

Administration.—The Service is administered by the Health Committee of the County Council through a Nursing Sub-Committee, which includes a substantial number of co-opted members, representative of the Shropshire Nursing Association.

With the exception of the Shrewsbury Office, which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, for the initial assessment of payments to be made by applicants who are unable to pay the standard charge and for the collection of such payments.

All assessments are checked in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the service before recommending the extent to which assistance should be provided.

Charges for Domestic Help.—Applicants unable to pay the standard charge for Domestic Help (2/3d. per hour in 1953) are required to furnish particulars of their financial circumstances so that they may be assessed to pay in accordance with their means.

The scale of assessment used for that purpose was based upon recommendations made in 1948 by the Associations of Local Authorities, adjusted since that date to make allowance for increases in the cost of living.

Increases in the cost of the Service on one hand, and disparities between the assessment scale and allowances made by the National Assistance Board on the other, have resulted in consideration being given to proposals for increasing the standard charge and revising the scale of assessment to give relief to the lower income groups.

Home Helps.—Payment to Home Helps is made in accordance with the wages scales of the West Midlands Joint Industrial Council, Local Authorities Non-Trading Services (Manual Workers). The rates in operation at the end of 1953 were 2/4½d. per hour in the Borough of Shrewsbury and 2/3½d. elsewhere in the County.

A number of whole-time Home Helps are employed for maternity cases and others needing full-time assistance but in order to avoid "standing time" the major part of the work is undertaken by part-time Helps.

All Home Helps are provided with overalls and are paid travelling expenses, either in the form of a weekly allowance for the use of bicycles or by the refund of actual 'bus or rail fares. Part-time helps receive payment for travelling time.

On 31st December, 1953, a total of 101 Home Helps were employed (25 full-time and 76 part-time) and the table below shows their distribution throughout the County :—

Home Helps employed on 31st December, 1953

Centre	Whole-time	Part-time	Total
Bridgnorth ..	1	3	4
Church Stretton ..	—	4	4
Ludlow	2	5	7
Market Drayton ..	3	1	4
Newport	—	6	6
Oswestry	2	10	12
Shrewsbury ..	14	21	35
Wellington ..	2	21	23
Whitchurch ..	1	5	6
Total for 1953 ..	25	76	101
Total for 1952 ..	30	68	98

Work performed.—During 1953, a total of 755 cases was assisted, at an average of 250 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 120,886.

Particulars of the individual categories of cases are given in the table below and it will be seen that 49 per cent of these *cases* were chronic sick and aged persons. Of the total of 120,886 *hours* for which the Home Helps received payment, 87,580 hours (or 71 per cent) were attributable to the chronic sick and aged.

Cases attended by Home Helps during 1953

Centre	Aged	Chronic Sick	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	14	8	1	6	2	1	—	32
Church Stretton	3	8	7	7	5	—	—	30
Ludlow	6	19	6	16	2	—	1	50
Market Drayton	8	13	7	13	2	—	—	43
Newport ..	—	8	8	22	2	1	2	43
Oswestry ..	23	37	13	22	5	—	2	102
Shrewsbury ..	38	77	57	95	11	5	4	287
Wellington ..	32	52	8	28	5	5	2	132
Whitchurch ..	2	19	7	5	3	—	—	36
Total for 1953 ..	126	241	114	214	37	12	11	755
Total for 1952 ..	146	224	155	239	45	12	10	831

Recovery and Expenditure.—The sum recovered during 1953 from those taking advantage of the service was £3,670. The tabular statement below indicates the numbers of cases who paid for assistance at the standard rate, those who paid at assessed rates and those who received free help, together with the number of hours attributable in each case :—

	Cases	Hours worked and travelled by Home Helps
Standard rate ..	271	21,773
Assessed rates ..	353	66,053
Free	131	33,060
Total	755	120,886

Particulars are given below of the expenditure incurred by the County Council in the operation of the Service during 1953, with corresponding totals for the two preceding years :—

Expenditure and Income—Year ended 31st December, 1953

Centre	Wages and Insurance			Overalls, Rentals, etc.	Total Expenditure	Payments by Householders	Nett cost to County Council	Receipts as Percentage of Expenditure
	Clerical Assistants	Home Helps Whole-time	Home Helps Part-time					
	£	£	£	£	£	£	£	%
Bridgnorth	51	440	117	69	677	113	564	16.7
Church Stretton ..	42	—	512	148	702	156	546	22.2
Ludlow	57	531	600	62	1,250	139	1,111	11.1
Market Drayton ..	48	766	210	44	1,068	257	811	24.1
Newport	13	—	824	46	883	441	442	49.9
Oswestry	123	517	1,408	63	2,111	467	1,644	22.1
Shrewsbury	251	3,698	2,648	215	6,812	1,217	5,595	17.9
Wellington	133	878	2,507	190	3,708	631	3,077	17.0
Whitchurch	82	310	770	43	1,205	249	956	20.7
Total for 1953 ..	800	7,140	9,596	880	18,416	3,670	14,746	19.9
Total for 1952 ..	439	6,911	9,095	889	17,334	3,437	13,897	19.8
Total for 1951 ..	—	8,547	7,751	815	17,113	4,936	12,177	28.8

It will be seen from the table above that the total cost of this Service has increased since 1951, while the recovery from householders decreased during the same period. The reasons for these variations are as follows :—

Increased cost : Due to the —employment of paid part-time clerks to staff the Home Help Offices on transfer of the operation of the Service from the W.V.S. ;

—payment of increased wages to Home Helps from 1st January, 1952, and the subsequent adoption of national wage rates later the same year.

Decreased receipts : Due to the —revision of the assessment scale from 1st November, 1951, in view of the increased cost of living, in the favour of those taking advantage of the Service.

Bishop's Castle Home Help Service.—At Bishop's Castle a Home Help is provided for by the Rachel Humphrey's District Nurses Charity, of which the Trustees are the Mayor and Aldermen of the Borough. The Clerk is Mr. F. Lavender. The sick and poor are not charged, but in other cases a donation is asked for.

MENTAL HEALTH SERVICE

Under Sections 49 to 51 of the National Health Service Act, 1946, it is, briefly and broadly, the duty of the County Council, as Local Health Authority :—

(1) to ascertain, and to initiate proceedings for the provision of care and treatment of persons suffering from mental illness or defectiveness, and

(2) to make arrangements for the domiciliary care and after-care of such persons.

Administration.—Responsibility for the Mental Health Service is that of the Health Committee, and this duty is delegated to the Health (General Purposes) Sub-Committee, the constitution of which is given on page 8.

Staff.—On 31st December, 1953, the staff employed in the Mental Health Service, in addition to the County Medical Officer of Health and his Deputy, consisted of the following officers :—

6 Assistant County Medical Officers
3 Petitioning Officers under the Mental Deficiency Acts
1 Principal Duly Authorised Officer
1 Duly Authorised Officer
1 Superintendent Nursing Officer
1 Deputy Superintendent Nursing Officer (who were also Duly Authorised Officers)
2 Assistant Superintendent Nursing Officers
27 Health Visitors

In addition to the duties which they normally undertake, officials of the Local Health Authority also carry out a certain amount of work on behalf of various Regional Hospital Boards and Hospital Management Committees. The main service performed in this connection is the periodic visiting of patients licensed from institutions for mental defectives to the care of persons resident in Shropshire. At the end of the year 1953, there were 12 defectives on licence from institutional care who were being visited by the County Council's Health Visitors.

On the other hand, Psychiatric Social Workers employed by the Regional Hospital Board undertake, on behalf of the Local Health Authority, the after-care of patients immediately following their discharge from mental hospitals, selected cases being later referred to the County Council's Health Visiting Staff for domiciliary supervision.

Lunacy and Mental Treatment Acts.—Particulars are given in the following table of the cases dealt with under the Lunacy and Mental Treatment Acts by the Duly Authorised Officers of the County Council during 1953, with corresponding figures for 1952 :—

Cases dealt with by the Duly Authorised Officers

		Males		Females		Total	
		1952	1953	1952	1953	1952	1953
Lunacy Act, 1890	Under Summary Reception Order	38	33	72	75	110	108
	Under "Three Day" Order ..	4	5	2	5	6	10
Mental Treatment Act, 1930	As Voluntary Patients	16	35	15	37	31	72
	As Temporary Patients	3	4	4	7	7	11
	TOTAL ..	61	77	93	124	154	201

In addition to the patients shown in the table above, investigations were carried out by the Duly Authorised Officers in the case of 28 persons in whom unsoundness of mind had been alleged but could not be confirmed.

Mental Deficiency Acts.—

Ascertainment.—Particulars of the mental defectives ascertained during the year 1953, with corresponding figures for 1952, are given below :—

Mental Defectives ascertained during 1952 and 1953

	Males		Females		Total	
	1952	1953	1952	1953	1952	1953
Cases reported by Local Education Authority :—						
(i) Under Section 57(3) of the Education Act, 1944 ..	9	20	9	13	18	33
(ii) Under Section 57(5) of the Education Act, 1944 :—						
on leaving special schools	14	14	2	4	16	18
on leaving ordinary schools	10	3	14	15	24	18
Other Cases	6	6	5	4	11	10
Total ..	39	43	30	36	69	79

At the end of the year 1953 there were 67 mental defectives in this County awaiting vacancies in institutions, particulars of whom are given in the following table :—

Mental Defectives awaiting admission to Institutions on 31st December, 1953

Defect	Males					Females					Grand Total
	Under 7	7—16	16—30	30—60	Total	Under 7	7—16	16—30	30—60	Total	
Feeble-minded ..	1	4	6	3	14	3	—	1	3	7	21
Imbeciles	3	11	5	7	26	2	2	3	4	11	37
Idiots	2	4	—	1	7	1	—	1	—	2	9
Total ..	6	19	11	11	47	6	2	5	7	20	67

Guardianship.—On 31st December, 1953, there were 9 Shropshire mental defectives (2 males and 7 females) under guardianship care, only 2 of whom were resident in this County. Of the remaining 7 (2 males and 5 females), 2 were under supervision by the Brighton Guardianship Society, and 5 by other Local Health Authorities.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1953 :—

Defectives under Statutory Supervision on 31st December, 1953

Defect	Males					Females					Grand Total
	Under 7	7—16	16—30	Over 30	Total	Under 7	7—16	16—30	Over 30	Total	
Feeble-minded ..	2	13	85	12	112	—	12	61	24	97	209
Imbeciles	8	38	44	18	108	3	39	33	16	91	199
Idiots	3	1	1	2	7	1	2	2	3	8	15
Total 1953 ..	13	52	130	32	227	4	53	96	43	196	423
Total 1952 ..	8	48	119	31	206	3	49	89	43	184	390

In addition to the cases under Statutory Supervision referred to above, there were 286 cases under Voluntary Supervision.

Occupation and Training of Mental Defectives

As it is the duty of the Local Health Authority to make arrangements for the occupation and training of mentally defective persons residing in the community and who are under supervision or guardianship, provision was made in the County Council's proposals under the National Health Service Act, 1946, for the establishment of two Occupation Centres in the more populous parts of the County.

On 14th March, 1953, therefore, as a first step towards implementing the above proposals and in response to local public demand, the Health (General Purposes) Sub-Committee approved a suggestion of the County Medical Officer of Health to start an experimental occupation class for ineducable mentally defective children aged between 5 and 16 years, at the Wellington Welfare Centre once weekly, on Tuesday afternoons, the only period when accommodation was available ; and on 17th October, 1953, the Committee authorised the establishment of a similar class in Shrewsbury.

Since the inception of the Wellington class under the supervision of a Health Visitor, assisted by one unqualified paid helper and one or two voluntary helpers, 18 children residing in Wellington and the surrounding area (Oakengates, Trench, Donnington, Shifnal, Horsehay, Little Wenlock and Waters Upton) have made an average of 11 attendances per session, but the Shrewsbury class has been much less well attended.

In view of the success of the Wellington class and recognising the desirability of establishing at an early date more frequent sessions at Wellington and developing the class at Shrewsbury, the Council agreed, during 1953, to assist financially with the training of a prospective Supervisor of Occupation Centres who, on completing her course, would undertake the running of these classes.

National Assistance Act, 1948

WELFARE OF THE BLIND

Responsibility for the welfare of the Blind—formerly a duty of the Health Committee under Section 2 of the Blind Persons Act, 1938—passed on 5th July, 1948, to the Welfare Committee of the County Council, and the information which follows has consequently been made available for inclusion in this Report through the courtesy of the County Welfare Officer, Mr. F. G. Fawcett.

Register of Blind Persons.—On 31st December, 1953, the numbers of partially-sighted and blind persons included in the Shropshire Register of Blind Persons were as follows :—

	Males	*Females*	*Children*	*Total*
Blind	222	78	7	507
Partially-sighted ..	11	14	5	30
	233	92	12	537

Additions to Register.—During the year, 77 persons (34 males and 43 females) were certified as blind persons and included in the Register. In addition 13 persons (4 males and 9 females) were certified as partially-sighted.

There has been a noticeable increase in the number of persons in the age group 60 plus who have been certified as blind persons, and this, in some measure, may be due to the fact that officers of the National Assistance Board now advise the County Welfare Officer when they find applicants for assistance who have only a small degree of sight. Of the total cases added to the Register during the year, 65 blind persons (26 males and 39 females) and 10 partially-sighted persons (3 males and 7 females) were 60 years of age or more.

Causes of Blindness.—A perusal of Forms B.D.8 completed in respect of the 77 blind persons certified during the year indicated that in 19 (or 25 per cent) of these cases the primary cause of blindness was cataract ; of these 19 cases, 18 were aged 70 years or more.

Other major causes were :—Senile macular degeneration (10) ; Congenital, hereditary and development defects (8) ; Myopic error (7) ; Glaucoma primary (6) ; and Diabetic retinopathy (5).

The blind persons for whom treatment was recommended numbered 46, medical treatment being suggested in 26 cases, surgical in 15 cases and optical in 5 cases.

Of these cases, the name of one was removed from the Register following successful surgical treatment ; two persons died ; three persons refused surgical treatment for the extraction of cataract ; three cases in which surgical treatment had been recommended were advised against it by their doctor on general health grounds ; two cases did not receive treatment ; and in one case in which surgical treatment had been advised the ophthalmic surgeon decided not to pursue the matter.

It would seem that, although treatment of one form or another was advised in 46 cases, it was anticipated that this would only result in the removal of 6 persons from the category of blind persons; that in 30 cases treatment would not result in the removal of the persons concerned from the Register; and that in 10 cases the results of treatment would be doubtful.

The table below relates to the provision of treatment as a result of follow-up action in the case of blind and partially-sighted persons :—

Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight
Cases registered during 1953 in respect of which para. 7 (*c*) of Forms B.D. 8 recommends :—										
(*a*) No treatment	4	5	1	—	—	—	26	3	31	8
(*b*) Treatment (medical, surgical or optical) ..	15	4	5	1	—	—	26	—	46	5
Cases at (*b*) above which on follow - up action have received, or will receive, treatment	6	3	5	1	—	—	24	—	35	4

EPILEPSY AND SPASTIC PARALYSIS

There are widely acknowledged difficulties in procuring reliable statistical information about the numbers of handicapped persons in a community who suffer from epilepsy or those cerebral conditions called spastic paralysis.

With epilepsy, the effects vary in severity to such an extent that whilst the minor degrees are better ignored or made light of, the more serious degrees cause a person to be very severely handicapped. Between these extremes, the difficulty lies in deciding at what stage an epileptic is permanently and substantially handicapped within the meaning of the legislation.

With both epilepsy and spastic paralysis, mental deficiency is a common complication and many sufferers from these conditions are cared for as Mental Defectives. Where mental deficiency is less marked, it is often difficult to decide whether they should be regarded as Mental Defectives and cared for as such, or alternatively treated as Epileptics or Spastics and, if sufficiently handicapped, given assistance through the Welfare Service as Handicapped Persons. Every doubtful or border-line case requires careful consideration on its individual merits.

In the case of both these categories of handicapped persons, close liaison between the County Health Department, School Medical Department and the County Welfare Department ensures that the names of persons over school leaving age, who can be described as permanently and substantially handicapped, are placed on a register, in order that they may receive such assistance as the County Welfare Committee can provide under Section 29 of the National Assistance Act, 1948.

Furthermore, at the present time steps are being taken by the County Welfare Officer in association with the County Medical Officer, after consultation with the Local Medical Committee and local branch of the British Medical Association, to obtain information from General Medical Practitioners of patients who qualify for assistance from the Welfare Services.

FOOD AND DRUGS ACTS, 1938—1950

Qualitative Sampling of Milk and Other Foods.—Under Section 3 of the Food and Drugs Act, 1938, a person who sells to the prejudice of a purchaser any food or drug, which is not of the nature, substance or quality demanded, is guilty of an offence ; and under Section 68 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of food and drugs for analysis, with a view to ensuring that compliance with the requirements of Section 3 is maintained.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County, and during 1953 their sampling officers obtained 1,503 samples (1,150 of milk and 353 of other foods). The results of the examinations of these samples are given in the table below.

Analysis of Food and Drug Samples taken in 1953

Description of Samples	Samples taken				
		Formal		Informal	
	Total	Genuine	Adulterated or Below Standard	Genuine	Adulterated or Below Standard
Milk	1,150	*802	244	79	25
Sponge, Cake and Pudding Mixtures	74	4	—	67	3
Ice Cream	38	17	—	20	1
Spices and Flavouring	26	16	—	10	—
Table Jellies	18	4	—	14	—
Cereals	17	5	1	10	1
Tinned Meat	16	15	—	1	—
Beverages	14	10	—	4	—
Sausages	13	12	—	1	—
Tinned Fish	11	10	—	1	—
Sandwich Spread	11	7	—	4	—
Preserves	11	9	—	2	—
Fish and Meat Paste	10	2	—	8	—
Medicines	9	8	—	1	—
Cream	8	8	—	—	—
Soup	8	5	—	3	—
Dried Milk	7	1	—	—	6
Tinned Fruit	7	7	—	—	—
Fruit Juice and Cordials	6	6	—	—	—
Sauces	4	4	—	—	—
Fats	4	4	—	—	—
Crystals	3	1	—	1	1
Malt Vinegar	3	2	—	1	—
Welsh Rarebit	3	1	—	2	—
Wines and Spirits	3	3	—	—	—
Custard Powder	3	—	—	3	—
Cheese	3	3	—	—	—
Biscuits	2	2	—	—	—
Chocolate	2	1	—	1	—
Tinned Vegetables	1	1	—	—	—
Sweets (Dolly Mixtures)	1	—	—	—	1
Synthetic Cream Powder	1	1	—	—	—
Symington's Pea Flour	1	—	—	—	1
Flour	1	—	—	—	1
Cottage Pie	1	1	—	—	—
Crisp Bread	1	1	—	—	—
High Protein Food	1	1	—	—	—
Frozen Confection	1	1	—	—	—
Fruit Pudding	1	1	—	—	—
Rye Vita Chocolate	1	—	1	—	—
Farinoca	1	—	1	—	—
Christmas Pudding	1	1	—	—	—
Minced Turkey	1	—	—	1	—
Honeycomb Mould	1	—	—	1	—
Cream of Tartar	1	—	—	1	—
Lemon Flavoured Pie Filling	1	1	—	—	—
Yeast	1	1	—	—	—
Fried Fish Fillets	1	1	—	—	—
TOTAL	1,503	980	247	236	40

*This figure includes 46 "Appeal-to-Cow" Samples.

Milk.—It will be observed from the preceding table that, of the formal samples of milk submitted for analysis, 244 were below standard.

Of these 244 samples :—

207 were only slightly deficient in fat or solids-not-fat and the vendors concerned were warned or notified as necessary ; and

37 were the subject of further sampling or investigation and as a result legal proceedings were instituted in 13 cases, particulars of which are as follows :—

Magistrates' Court	Analysis of Sample or Charge Proferred	Court Findings	
		Fine	Costs
Ellesmere	Milk contained 8 parts of sediment per 100,000 of milk	£ s. d. 1 0 0	£ s. d. 2 0 0
Ellesmere	(1) 6% Added water	5 0 0	7 7 0
	(2) 9% Added water	5 0 0	
Ludlow	7% Added water	2 0 0	2 6 0
Market Drayton ..	9% Added water	5 0 0	3 3 0
Oswestry	6% Added water	10 0 0	6 6 0
Pontesbury ..	5% Added water	3 0 0	2 2 0
Pontesbury ..	6% Added water	3 0 0	5 5 0
Pontesbury ..	18% Added water	2 2 0	10 10 0
Pontesbury ..	Deficient of 10% Fat	Found not guilty—case dismissed	—
Wellington ..	20% Added water	3 0 0	5 5 0
Wem	Deficient of 22% Fat	Found not guilty—case dismissed	—
Wem	(1) Knowingly making a mis-statement	5 0 0	3 3 0
	(2) 9% Added water	40 0 0	
Whitchurch ..	(1) 5% Added water	3 0 0	—
	(2) 6% Added water		

Other Foods.—The following particulars indicate the action taken in respect of the 3 formal samples of foods other than milk, referred to in the table on page 43, which were found on analysis to be non-genuine :—

Sample	Analyst's Report	Action taken
Ground Rice ..	Contained live grub which resembled the larva of a moth	The vendor concerned voluntarily surrendered the remainder of his stock, which amounted to 5 lb. (The wholesalers concerned in this case returned their stock of 230 packets of this commodity to the manufacturers, when it was found that 27 packets were similarly infested. A caution was issued to the manufacturers who stated that they intended adopting a process which they hoped would prolong the keeping quality of their product).
Rye Vita Chocolate	Contained the larva of a beetle	Matter taken up with manufacturers concerned and a warning issued.
Farinoca	Description inappropriate	The Firm responsible was cautioned.

Ice Cream.—On 1st March, 1951, by the issue of the Food Standards (Ice Cream) Order, 1951, the Ministry of Food prescribed a legal standard for *ordinary ice cream* of at least 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids other than fat ; and for *ice cream containing fruit*, a minimum content of 7½ per cent. fat, 10 per cent. sugar and 2 per cent milk solids-not-fat, but having a total content of these constituents, including the fruit, fruit pulp or fruit puree, as the case may be, of not less than 25 per cent.

By the issue of the Food Standards (Ice Cream) (Amendment) Order, 1952, which came into force on 7th July, 1952, this standard was reduced but on 1st June, 1953, the Food Standards (Ice Cream) Order, 1953, restored the original standard indicated above.

During 1953, a total of 38 samples of ice-cream was taken by Sampling Officers of the County Council and submitted for chemical analysis ; one informal sample was deficient in sugar as sucrose but a follow-up formal sample proved to be genuine.

Tuberculous Milk.—The County Council are responsible (other than in Shrewsbury) for the enforcement of Section 8 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, which prohibits the sale for human consumption of milk known to have been obtained from cows suffering from tuberculosis. The herds from which positive samples are obtained are examined by the Veterinary Staff of the Ministry of Agriculture and Fisheries, and the diseased animals are dealt with under the Tuberculosis Order.

Notifications from other Authorities.—When notification is received from the Medical Officer of Health of a neighbouring County that, as a result of biological sampling, the presence of living tubercle bacilli has been ascertained in milk produced in this County, the herd involved is similarly investigated.

Notifications received from other Authorities during 1953

Designation of Milk	Herds involved	Cows dealt with under Tuberculosis Order
Tuberculin Tested ..	—	—
Accredited	—	—
Undesignated ..	7	9
TOTAL ..	7	9

Public Supplies.—For biological examination for tubercle bacilli, samples of milk, designated and undesignated, retailed directly to the public or supplied in bulk to creameries, are obtained as occasion permits by sampling officers of the County Council.

Examination of Milk (Public Supplies)—1953

Designation of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested ..	5	—	5	—
Accredited	42	3	39	3
Undesignated	339	16	323	17
TOTAL ..	386	19	367	20

School Supplies.—Samples of milk supplied to schools are also obtained twice yearly for examination for tubercle bacilli.

Examination of Milk (School Supplies)—1953

Designation of of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested ..	87	—	87	—
Accredited	5	—	5	—
Undesignated	9	—	9	—
TOTAL ..	101	—	101	—

Milk in Schools Scheme.—Wherever possible. approval of milk supplied to schools is restricted to that designated either as "Tuberculin Tested" or "Pasteurised" and should one of these grades not be obtainable, approval is given to an "Accredited" milk. Before approval is given, however, these matters are fully investigated by the County Sanitary Officer.

The following are particulars of the numbers of School Departments in the County receiving liquid milk and of the grades of milk supplied at the end of 1953 :—

Grade of Milk	*Departments*
Pasteurised	268
Tuberculin Tested	57
Accredited	2
TOTAL ..	327

During 1953, two schools were without a supply of liquid milk but they have since been provided with pasteurised milk.

In October, 1953, a census was taken which showed that, at that time, 78 per cent. of the pupils in attendance at maintained schools in the County received liquid milk under the Milk in Schools Scheme.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined for cleanliness and keeping quality, as far as possible not less frequently than four times a year, irrespective of whether they are obtained from designated or undesignated milk producers ; and the following table summarises the results of the examination of samples taken during 1953 :—

Examination of School Milk for Cleanliness and Keeping Quality as evidenced by Methylene Blue Tests

Designation	Total Samples	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Tuberculin Tested ..	135	116	86	19	14
Pasteurised	191	184	96	7	4
Accredited	6	6	100	—	—
Undesignated	9	5	56	4	44
TOTAL ..	341	311	91	30	9

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—1953.—With the coming into operation on 1st October, 1949, of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury, which is an independent authority for the purposes of the Food and Drugs Act), became responsible for the licensing of premises used for the pasteurisation and sterilisation of milk, a function which, in so far as it relates to pasteurising establishments, had before that date been exercised by the District Councils.

On 20th December, 1953, the Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1953, came into operation. These regulations appointed 1st October, 1954, as the date from which it would be compulsory for milk distributors to use overlapping caps or covers on containers of pasteurised milk.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1953, licences in respect of twelve pasteurising establishments were renewed by the County Council.

All such establishments are visited fortnightly by the County Sanitary Officer or other Officers of the Council, when the equipment and methods of production are checked, and samples of milk are obtained for routine examination. Such samples are submitted to a methylene blue colour test in order to determine the keeping quality of the milk, and to a phosphatase test in order to determine whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been "contaminated" by the addition of raw milk.

In the case of those establishments at which the milk is bottled, tests for sterility are carried out each quarter, bottles being obtained direct from the bottle-washing machines and sent to the Public Health Laboratory for examination.

Particulars are given in the table below of the results of examination of milk samples obtained during 1953 from pasteurising establishments licensed by the County Council, together with corresponding figures for 1952 :—

Year	Licensed Establishments at 31st December	Samples	Methylene Blue Test		Phosphatase Test	
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1952	12	325	325	—	314	11
1953	12	336	332	4	317	19

HOUSING

The administration of the various Housing Acts is the responsibility of the District Councils, the County Council's functions being mainly supervisory.

Housing Act, 1936.—Under Section 88 of this Act, it is a special duty of the County Council to have constant regard to the housing conditions within the Rural Districts, and to obtain, at intervals of not less than one year, information regarding conditions of, and progress in, housing in these Districts, through the medium of returns to be supplied by the District Councils.

Under Section 115 of this Act, it was, *prior to the 1st January* 1939, the duty of the County Council to contribute to *Rural District Councils* £1 per house for a period of 40 years in respect of each new house built to provide accommodation for the agricultural population ; but *since that date*, the payments which the County Council are required to make have been modified, as indicated below, by the Housing (Financial Provisions) Act, 1938, the Housing (Financial and Miscellaneous Provisions) Act, 1946, and the Housing Act, 1952.

Housing (Financial Provisions) Act, 1938.—This Act amends the provisions contained in earlier legislation relating to the payments of exchequer contributions to all housing authorities, and extends the liability of County Councils to pay contributions to all such authorities in the circumstances referred to below.

Under Section 1 of this Act, the Minister is required to pay, in respect of each house completed by *any* Council of a County District *after 31st December*, 1938, *and before 18th April*, 1946, and approved by him for the purposes of the Act, an annual contribution for 40 years of £5 10s. 0d.; but in Districts *where the rents are substantially less than the average* and where the provision of such accommodation is likely to place an undue financial burden on the District, the Minister, may, at his discretion, increase the exchequer contribution to £6 10s. 0d. per house.

Under Section 2 of this Act, the Minister is required to make, in respect of each house provided as accommodation *for the agricultural population*, an annual contribution of £10 per house for 40 years.

Under Section 7 of this Act, the County Council are required to make a contribution of £1 per house for 40 years in respect of each house for which the housing authority receives an exchequer contribution of either £6 10s. 0d. under Section 1, or £10 under Section 2.

Houses *completed after the 18th April*, 1946, however, now rank for payment of increased contributions in accordance with the provisions of the Housing (Financial and Miscellaneous Provisions) Act, 1946 ; and in special circumstances certain houses, *completed before that date but not earlier than 31st December*, 1939, may also rank for these increased payments.

Note : The Minister may, when the cost of providing such accommodation is high, increase his contributions of £10 per house under Section 2, to a maximum of £12 per annum, in which case the annual payment by the County Council is increased by an equal amount.

Housing (Financial and Miscellaneous Provisions) Act, 1946.—Under Section 1 of this Act, the Minister of Housing and Local Government is required to make, in respect of each new house completed *after the 18th April*, 1946, by a housing authority in discharge of their functions, an annual grant of £16 10s. 0d. for 60 years.

Under Section 3 of the Act, in respect of each house provided by way of accommodation *for the agricultural population*, an annual exchequer contribution of £25 10s. 0d. per house is payable at the discretion of the Minister to the Housing Authority for a like period ; and, upon application by the Housing Authority, the Minister may, again at his discretion, pay a similar contribution in respect of *other houses* provided by the Authority, where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District.

Under Section 8 of this Act, where exchequer contributions are paid at the higher rate under Section 3, the County Council are required to contribute £1 10s. 0d. per house per annum to the Authority for 60 years.

Section 10 of this Act also enables the Minister, in respect of houses completed *during the war years*, to increase any Exchequer contributions payable by him under the Act of 1938, to the equivalent of contributions payable under Sections 2 and 3 of the Act of 1946. In such cases, the contributions payable by the County Council are then increased from £1 for 40 years to £1 10s. 0d. for 60 years.

Housing Act, 1952.—Under Section 1 of this Act, the annual contribution which the Minister of Housing and Local Government is required to make under Section 3 of the Housing (Financial and Miscellaneous Provisions) Act, 1946, is increased from £25 10s. 0d. to £35 14s. 0d. per house, in respect of each house completed after 28th February, 1952.

In such cases the annual contribution which the County Council are obliged to make under Section 8 of the 1946 Act is also increased from £1 10s. 0d. to £2 10s. 0d. per house per annum for 60 years.

Grants paid by the County Council up to 31st December, 1953, under the Housing Acts, 1936—52

District	Houses eligible for Grants	Grants	
		Paid in 1953	Total
		£	£
Atcham Rural	158	230	1,333
Bridgnorth Rural ..	73	278	579
Clun Rural	94	126	1,028
Dawley Urban	162	271	876
Drayton Rural	79	98	901
Ellesmere Rural ..	127	170	1,347
Ludlow Rural	36	58	310
Oswestry Rural ..	52	73	574
Shifnal Rural	20	30	168
Wellington Rural ..	82	112	961
Wem Rural	45	76	217
Wenlock Borough ..	10	12	141
TOTAL ..	938	1,534	8,435

SANITARY CIRCUMSTANCES IN THE COUNTY

In accordance with the decision of the Public Health and Housing Committee in December, 1943, that fuller information regarding the sanitary circumstances in the various County Districts, and in the County as a whole, should be made available to them, the District Medical Officers of Health are requested annually to complete questionnaires relating to Water Supplies, Sewerage and Housing. The information supplied by the District Medical Officers of Health relative to the year 1953 has been summarised, in respect of Water and Sewerage, in tabular form below and, in respect of Housing, on page 49.

Water and Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	Public Water supplies—Piped and Stand Pipe supplies	Sewage disposal—Connected to Public Sewers
*Dr. Evans (retired 30th September, 1953)			
Oswestry Borough	3,392	3,300	3,174
Ellesmere Urban	770	770	751
Wem Urban	777	773	740
Whitchurch Urban	2,125	2,060	2,040†
Ellesmere Rural	2,014	827	245
Oswestry Rural	4,987	2,757	1,541
Wem Rural	3,233	481	Nil
Dr. Gregory			
Bishop's Castle Borough	418	388	403
Bridgnorth Borough	2,076	2,074	1,991
Ludlow Borough	1,826	1,823	1,786
Wenlock Borough	4,637	—	—
Church Stretton Urban	889	759	671
Atcham Rural	5,931	3,129	610†
Bridgnorth Rural	3,754	1,217	610
Clun Rural	3,035	1,530	—
Ludlow Rural	4,205	1,810†	510†
Dr. Stewart			
Dawley Urban	2,588	—	1,130
Market Drayton Urban	1,642	1,638	1,509
Newport Urban	1,181	1,153	1,161
Oakengates Urban	3,479	3,479	2,965
Wellington Urban	3,487	3,472	3,454
Drayton Rural	2,546	1,081	339
Shifnal Rural	3,115	2,396	1,831
Wellington Rural	6,362	4,684	3,639
Dr. Roads			
Shrewsbury Borough	13,120	13,071†	12,731

* Dr. C. B. McArthur appointed temporarily on 1st October, 1953.

† Approximate figures.

—Figures not available.

Housing—Summary of Answers to Questionnaires

Medical Officer and District	Population (Mid 1953 Est.)	Houses in District	Fit for habitation	In need of minor repairs	In need of reconditioning	Requiring demolition	To replace those requiring demolition and relieve overcrowding	Erected during year
***Dr. Evans** (retired 30/9/53)								
Oswestry Borough	10,860	3,392	—	—	—	—	—	74
Ellesmere Urban	2,237	770	—	—	—	—	—	15
Wem Urban	2,360	777	—	—	—	—	—	7
Whitchurch Urban	6,856	2,125	—	—	—	—	—	56
Ellesmere Rural	9,477	2,014	880	440	484	210	220	68
Oswestry Rural	21,390	4,987	2,394	942	1,207	444	470	40
Wem Rural	12,550	3,233	—	—	—	—	—	40
Dr. Gregory								
Bishop's Castle Borough	1,287	418	—	—	—	—	—	Nil
Bridgnorth Borough	6,133	2,076	1,750	—	54	272	310	91
Ludlow Borough	6,452	1,826	1,317	152	91	266	356†	44
Wenlock Borough	15,020	4,637	—	—	—	—	—	99
Church Stretton Urban	2,701	889	843	19	27	Nil	4	17
Atcham Rural	21,230	5,931	—	—	—	—	—	163
Bridgnorth Rural	16,540	3,754	1,862	952	673	267	298	44
Clun Rural	9,503	3,035	—	—	—	—	—	21
Ludlow Rural	13,770	4,205	733	568	2,784	120	130	81
Dr. Stewart								
Dawley Urban	8,390	2,588	1,569	—	—	—	900†	97
Market Drayton Urban	5,643	1,641	1,108	356	102	75	200	18
Newport Urban	3,791	1,154	942	60†	72†	80†	84	65
Oakengates Urban	11,700	3,479	2,129	146	549	655	905	106
Wellington Urban	12,940	3,487	2,486	372	456	173	273	185
Drayton Rural	12,340	2,546	579	974	792	201	201	24
Shifnal Rural	14,690	3,115	1,515	701	695	204	209	—
Wellington Rural	25,210	6,362	3,925	888	880	669	700†	128
Dr. Roads								
Shrewsbury Borough	46,230	13,120	—	—	—	850†	—	554

*Dr. C. B. McArthur appointed temporarily on 1st October, 1953.

†Estimated figure.

—No figures available.

WATER SUPPLIES

Public Health Act, 1936.—The table on page 52 gives particulars of the grants which have been *paid or promised* by the County Council under Section 307 of the Public Health Act, 1936.

It will be noted that, up to the end of 1953, the actual or estimated cost of these schemes, amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

In July, 1953, however the County Council adopted a report which recommended that only in very exceptional circumstances would there be need for County Council aid towards the cost of urban water supply schemes.

The following table gives particulars of the only water supply scheme submitted for grant purposes under the Public Health Act by District Councils up to the end of 1953, and upon which the County Council by the end of that year, *had made no decision* in the matter of grant :—

District	Description of Scheme	Estimated Cost
Newport U. ..	For the augmentation of existing water supply and reservoir facilities ..	£ 29,400

Rural Water Supplies and Sewerage Acts, 1944 and 1951.—Under these Acts, a sum of £45,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council, by Section 2 of the Act of 1944, are also required to contribute.

Particulars of grants in respect of water supply schemes, which were *paid or promised* by the County Council under these Acts up to the end of 1953, are given in the table on page 53.

Note : Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1953, but upon which the County Council *had made no decision*, are given in the tables on pages 54 to 56, and it will be seen that the capital cost of these various schemes amounted to a total of £1,067,923.

SEWERAGE AND SEWAGE DISPOSAL

Public Health Act, 1936.—Under Section 307 of the Public Health Act, 1936, the County Council have a discretionary power to make grants towards the cost of urban water and sewerage schemes.

In July, 1953, the County Council adopted a general principle of assisting urban authorities by way of a lump sum grant towards the capital cost of urban sewerage and sewage disposal schemes (other than housing estate sewerage) of substantial size in relation to the size of the authority concerned.

The County Council had given grants of varying amounts in some cases in the past but it was felt that the amount of the grants in the future should be fixed according to definite principles as follows :—

(i) Subject to reconsideration when the general revaluation of rating has taken place or any material change in Government grant policy is known, grants varying up to 20% of the capital cost of sewerage and sewage disposal schemes be made to urban authorities.

(ii) The percentage of grant given would be largely dependent on the application of the following two tests :—

(*a*) resources and

(*b*) existing burdens.

The "resources" test (*a*) is based on the rateable value per head of population and varies from nil to 20%. The "existing burdens" test (*b*) also varies from nil to 20% and is based on allowing a maximum of 20% for the district with a high rate poundage for sewerage and sewage disposal but with a low rateable value per head of population, and allowing nil per cent. for the district with a low rate poundage for these services but with a high rateable value. In arriving at the percentage of grant to be given, the two tests would have equal influence by taking an average of the findings shown.

(iii) The percentage of grant indicated by the preceding tests may be varied by reason of other circumstances such as :—

(*a*) the extent to which the authority concerned has previously carried out its obligation in respect of sewerage, and

(*b*) any special engineering or other difficulties in the area.

(v) Without prejudice to grants already approved by the County Council, no grants in accordance with the above principles be made retrospectively towards the cost of post-war urban sewerage schemes which have been completed or are in progress.

Particulars of grants which have already been paid or promised by the County Council to District Councils under Section 307 of the Public Health Act, 1936, are given in the table on page 56.

The tabular statement below gives particulars of sewage disposal schemes submitted for grant purposes by District Councils upon which the Council Council, at the end of 1953, *had made no decision* in the matter of grant :—

District	Description of Scheme	Estimated Cost
		£
Oakengates U.	Priority portions of a comprehensive scheme for the re-sewering of the Urban District and the construction of new sewage disposal works ..	41,000
Wellington U.	Stages 1, 2 and 3 of a comprehensive scheme for the improvement and extension of the existing sewerage and sewage disposal facilities in Wellington	156,160
Wem U.	The first and second portions of a scheme to improve the sewerage and sewage disposal facilities in Wem	24,050

Rural Water Supplies and Sewerage Acts, 1944 and 1951.—By the end of 1953, grants under these Acts had been *paid or promised* by the County Council in respect of four sewage disposal schemes, particulars of which are contained in the following table :—

Rural District	Scheme	Scope of Scheme		Estimated Capital Cost	Exchequer Grant	County Council Grant		
		Properties	Inhabitants			Annual Maximum	Period (years)	Paid to 31/12/53
				£	£	£		£
Atcham ..	Cross Houses	123	580	17,590	8,750	393	30	955
Drayton ..	Hodnet ..	124	1,521	14,220	2,400	152	30	244
Ludlow ..	Cleobury Mortimer	285	1,140	32,000	14,000	288	30	924
Wellington ..	Edgmond ..	219	1,136	62,700	30,000	983	30	—

Particulars of sewage disposal schemes, submitted by District Councils for grant purposes under these Acts, but upon which the County Council, by the end of 1953, *had made no decision* in the matter of grant, are given in the table on page 57, from which it will be observed that the capital cost of these schemes amounted to a total of £454,054.

Public Health Act, 1936

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Maintenance	Basis	Maximum	Paid to 31 Dec. 53
					£	£	£		£	£		£	£
Atcham Rural ..	Pimhill	4/5/35	288	1,152	16,300	2,500	14,820 1,480	30 15	858	698	50% annual deficit	6,675	3,319
	West Atcham ..	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	,,	24,000	11,290
Bridgnorth Rural ..	Stottesdon	6/11/37	28	100	2,660	250	3,100	30	153	50	Block Grant	250	250
	Kinlet	6/11/37	27	100	1,350	150			48	30	,,	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	,,	1,245	628
	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
Drayton Rural ..	Woore	3/11/34	137	524	4,080	—	3,655 425	30 25	189	378	50% annual deficit	885	406
	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
	Norton-in-Hales ..	24/7/37	67	200	1,970	—	1,505	30	106	127	,,	1,656	497
Ludlow Rural ..	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33⅓% annual deficit	1,837	799
Oswestry Rural ..	Weston Rhyn ..	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech ..	2/11/35	93	372	8,500	1,850	—	—	—	—	,,	1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	266
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	,,	225	50
	Llynclys	7/11/36	24	96	783	—	746	30	14	5	,,	415	140
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	,,	2,032	745
Wellington Rural ..	Edgmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£23,694

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Scope of Scheme		Estimated Capital Cost	Exchequer Grant	County Council Grant		
			Properties	Inhabitants			Annual Maximum	Period payable	Total Payments
					£	£	£		£
Atcham R.	West Atcham and Pimhill (extension)	May, 47	2,209	11,444	138,402	58,000	3,047	30 years	7,050
Bridgnorth R.	Alveley	June, 50	38	Not known	4,130	600	49	30 years	147
	Broughton ..	May, 53	16	Not known	1,844	600	83	12 years	166
	Claverley ..	May, 47	243	972	14,040	1,500	187	12 years	937
	Highley and Alveley	May, 53	785	3,120	35,500	24,000	525	30 years	—
	Neen Savage ..	June, 50	84	356	8,330	2,700	181	30 years	543
	Worfield ..	May, 53	130	Not known	13,650	2,500	420	12 years	980
Clun R.	Clungunford and Aston-on-Clun	Jan., 47	110	393	16,268	3,500	177	30 years	711
East Shropshire Water Board	Aston	Mar., 52	26	103	3,700	800	38	30 years	—
	Kinnersley ..	Sept., 52	50	145	3,621	2,000	71	30 years	—
Ludlow R.	Little Isle and Studley	Sept., 50	27	81	2,641	550	40	30 years	—
	Craven Arms ..	Sept., 50	63	Not known	6,480	600	79	30 years	—
	Coreley ..	Sept., 50	19	Not known	4,260	650	58	30 years	—
	Clee Hill (Hill Top)	Dec., 50	16	Not known	2,270	1,200	60 26	20 years 10 years	—
	Little Stretton and Marshbrook	Mar., 51	23	62	4,780	1,900	121	30 years	—
					£259,916	£101,100			£10,534

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Water Supply Schemes submitted up to the end of 1953, but in respect of which no decision was made in the matter of grant

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. ..	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000		
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. ..	High Level Areas	340,000	For supplying the High Level Areas of the Bridgnorth and Ludlow Rural Districts.
	Long Common Extension ..	1,850	For the extension of the Wolverhampton Corporation's water main from Claverley to Long Common.
	The following schemes will eventually form part of a comprehensive scheme known as the Low Level Areas Scheme, which is estimated to cost £353,000.		
	Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
	Button Bridge	4,750	For the extension to Button Bridge of an existing water main which terminates at Button Oak.
Clun R.	The following schemes will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Chirbury, Marton and Bentlont	41,250	For the provision of a piped water supply for the parishes of Chirbury, Worthen, Shelve and Churchstoke.
	Edgton	9,200	For the provision of a piped supply for Edgton village from a local source.
	Lydham, More and Norbury	23,500	For the provision of piped supplies to the villages of Lydham, More and Norbury from local sources.
Drayton R. ..	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District, estimated to cost £185,000.		
	Hodnet, Ightfield and Moreton Saye	38,320	For the improvement and extension of existing piped supplies.
	Stoke Park and Langley Dale	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
	Wollerton	6,280	For the extension of an existing main at Hodnet to Wollerton.
East Shropshire Water Board	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Chetwynd	15,620	For the provision of piped water supplies for the parish of Chetwynd.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.

(*Continuation of table on Page* 54)

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
East Shropshire Water Board (*continued*)	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	6,750	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tibberton	11,600	For the extension of an existing main at Kinnersley to the village of Tibberton.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ludlow R. ..	The following two schemes will eventually form part of a larger scheme known as the South-East Parishes Scheme and estimated to cost £96,400.		
	Cleobury Mortimer .. .. (East Foreign Ward)	7,300	For supplying the East Foreign Ward with a piped water supply from the Elan Aqueduct.
	Richard's Castle	9,680	For supplying the parish of Richard's Castle with a piped water supply from the Elan Aqueduct.
	The two schemes below will form part of a proposed larger scheme known as the Western Area Water Supply Scheme and estimated to cost £347,000		
	Rushbury	14,600	For the provision of a piped water supply for the parish of Rushbury.
	Ticklerton	2,975	For the provision of a piped water supply for the village of Ticklerton.

(*Continuation of Table on Page* 55)

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
Oswestry R. ..	The following scheme will form part of a comprehensive scheme for the whole of the Oswestry Rural District which is estimated to cost £383,108.		
	Melverley and Pentre ..	21,000	For the provision of a piped water supply for the villages of Melverley and Pentre.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
Wem R.	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
Whitchurch U. ..	Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL ..	£1,067,923	

Public Health Act, 1936

Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	County Council Grant		
			Properties	Inhabitants		Basis	Amount promised	Paid
					£		£	£
Bridgnorth M.B.	Bridgnorth ..	July, 48	2,000	7,000	90,000	20% of original cost of £62,000	12,400	—
Dawley U. ..	Dawley ..	Nov., 49	1,800	6,800	76,650	30% of cost	22,995	—
Newport U. ..	Newport ..	Nov., 49	1,246	5,000	41,000	15% of cost	6,150	—
Wenlock B. ..	Broseley ..	Feb., 39	540	2,200	8,800	15% of cost	1,320	1,320
Shifnal R. ..	Albrighton ..	Nov., 44	783	2,800	13,077	25% of cost	3,269	3,269
Shrewsbury M.B.	Harlescott ..	Feb., 53	6	—	2,985	—	1,000	—
Wellington R. ..	Ketley and Lawley	May, 36	796	650	31,975	25% of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	388	1,552	18,460	20% of cost	3,692	3,692
	Donnington and Muxton (extension)	Oct., 39	—	—	*9,000	20% of cost	1,400	1,400
	Ditto	May, 43	—	—	16,850	20% of cost	3,370	3,370
					£308,797		£63,596	£21,051

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Sewerage Schemes submitted by District Councils up to the end of 1953, but in respect of which no decision was made in the matter of grant.

District	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. ..	Bayston Hill	46,490	For the re-sewering of the village of Bayston Hill.
Bridgnorth R. ..	Claverley	13,800	For the provision of sewerage and sewage disposal facilities for part of the village of Claverley.
	Highley and Woodhill	55,100	For the replacement of existing inadequate sewerage and sewage disposal facilities in Highley and Woodhill.
Clun R.	Aston-on-Clun ..	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	18,800	For the extension and improvement of existing facilities.
Drayton R. ..	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ludlow R. ..	Ashford Carbonell ..	11,700	For the provision of sewage disposal facilities in an area as yet unsewered.
	Clee Hill	17,100	For the provision of sewerage and sewage disposal facilities in the village of Clee Hill and the hamlets of Titrail and Knowle.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Morda	13,000	For the improvement of existing facilities.
	Weston Rhyn ..	56,000	For the improvement of existing facilities and the provision of new sewage disposal works in conjunction with Ceiriog Rural District Council.
Shifnal R. ..	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
Wellington R. ..	Hadley	47,550	For the extension and modernisation of the existing sewage disposal works.
	High Ercall	10,070	For the improvement and extension of existing facilities and purchase of Air Ministry sewage disposal works.
Church Stretton U.	All Stretton	18,950	For the extension and improvement of existing facilities and the provision of new sewage disposal works.
Wem R.	Ash Magna and Ash Parva ..	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Prees	23,000	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. ..	Madeley (Aqueduct)..	19,365	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	£454,054	

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

During the year 1950, the sampling of effluents from sewage disposal works in the County was undertaken by Sanitary Officers of the County Council, and the results of the County Analyst's examination of these samples were notified to the District Councils concerned, and also to the Clerk of the Severn River Board.

At the beginning of April, 1951, the Severn River Board, within whose area of jurisdiction the major portion of the County is situated, established a laboratory of their own for the examination of samples of sewage effluents, and commenced a comprehensive survey of rivers within their area, including the sampling of all sewage and trade effluents. It is no longer necessary, therefore, for routine sewage samples to be obtained by County Council sampling officers, but the Severn River Board have agreed to supply the County Medical Officer of Health with copies of the analytical reports on all river water, trade and sewage effluents obtained by their sampling officers as and when they become available.

The findings of the Board's Analyst upon the samples of sewage effluents obtained in this County during 1953 are summarised in the following table :—

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
Atcham Rural	Cross Houses ..	15th October	Satisfactory.
	Ford	15th October	Suspended solids excessive.
	Atcham Camp ..	15th October	Unsatisfactory.
Clun Rural	Clun	29th Sept. ..	A dilute sewage.
Drayton Rural	Cheswardine ..	25th August	Unsatisfactory ; both Biochemical Oxygen Demand and suspended solids are much too high.
	Hodnet	25th August	Satisfactory.
	Child's Ercall ..	15th Dec. ..	Satisfactory.
Ellesmere Urban	Ellesmere	3rd March ..	If suspended solids were reduced the effluent would probably be satisfactory.
	Ditto	15th June ..	An improvement on previous sample.
	Oswestry Road .. (New Works)	29th Sept. ..	Unsatisfactory.
	Oswestry Road .. (Old Works)	29th Sept. ..	Unsatisfactory.
	Wharf Meadow ..	29th Sept. ..	Borderline ; suspended solids high.
	Oswestry Road .. (Old Works)	30th Dec. ..	An improvement on previous sample.
	Oswestry Road .. (New Works)	30th Dec. ..	The suspended solids are a little better than previous sample but the effluent is still unsatisfactory.
	Wharf Meadow ..	30th Dec. ..	Suspended solids are high ; sample markedly acid.
Ellesmere Rural	Nesscliffe Camp ..	17th March	Suspended solids and Biochemical Oxygen Demand both rather high.
	St. Oswald's College	10th Dec. ..	Unsatisfactory.
Market Drayton Urban	Victoria Mills ..	3rd March	Suspended solids are high.
	Ditto	25th August	Satisfactory.
	Market Drayton ..	4th Nov. ..	Borderline.
Newport Urban	Newport	18th May ..	Partially sedimented sewage.
	Ditto	29th May ..	The Biochemical Oxygen Demand is very high in view of the low available dilution ; nitrification is negligible.
	Ditto	2nd Sept. ..	Unsatisfactory.
Oakengates Urban	Trench	5th January	A strongly polluting effluent.
	Ditto	15th Dec. ..	Rather better than previous sample but result suggests that there is little biological purification.

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
Oswestry Borough	Oswestry	15th Sept. ..	The overflow discharge is polluting and dilution afforded by brook is inadequate.
	Ditto	29th Oct. ..	The Biochemical Oxygen Demand is rather high, but otherwise satisfactory.
Oswestry Rural	Morda .. .. (Septic tank serving houses in village)	6th May ..	Equivalent to a strong domestic sewage.
	Morda .. .. (Combined village and Camp Works)	6th May ..	Equivalent to an average domestic sewage.
Shrewsbury Borough	Shrewsbury ..	10th Dec. ..	Partly treated sewage.
	Ditto	10th Dec. ..	Medium strength sewage.
Wellington Urban	Shawbirch	23rd April ..	Unsatisfactory.
Wellington Rural	Donnington ..	2nd Dec. ..	Satisfactory.
	Lawley	2nd Dec. ..	Borderline.
	Tibberton	15th Dec. ..	A fairly strong untreated sewage.
Wem Urban	Wem	11th June ..	A strongly polluting discharge.
	Ditto	29th Oct. ..	Biological purification is fairly good but effluent is unsatisfactory due to suspended matter.
Wenlock Borough	Broseley	4th Nov. ..	Satisfactory.
	Broseley Wood .. (Fishhouses)	4th Nov. ..	A well purified effluent rendered unsatisfactory by excessive suspended matter.
	Ironbridge .. .. (Hill Top)	15th Dec. ..	Suspended solids and Biochemical Oxygen Demand much too high but effluent is well nitrified.

MEDICAL OFFICERS OF HEALTH OF COUNTY DISTRICTS

In June, 1951, Circular No. 27/51 was issued by the Ministry of Health, stating that, in view of the reduction which had occurred in the responsibilities of many Medical Officers of Health of County Districts as a result of the National Health Service Acts, and with a view to effecting economies in the use of medical manpower, County Councils should review the arrangements which they had originally made under the above-mentioned Act for securing that Medical Officers of Health of County Districts should be whole-time and precluded from engaging in private practice.

The existing arrangements for this County, which were made by the County Council in 1935, provided for a whole-time Medical Officer of Health for the Borough of Shrewsbury, and for the remainder of the County to be split into four groups, the Districts in each group combining in appointing a whole-time Medical Officer. These arrangements had, however, never been implemented in full.

Proposals for a new scheme involving the principle of "mixed appointments"—whereby the same Medical Officer would carry out, on behalf of the County Council, their "personal" health services under the National Health Service and Education Acts in a given area and, at the same time and for the same area, would perform on behalf of the District Council or Councils concerned, "environmental" (or sanitary) services under the Public Health Acts—were submitted to a conference of representatives of the County Health Committee and the Councils of County Districts in May, 1952.

The conference ultimately decided that these draft proposals should be considered by the Councils of County Districts, and that a further conference should be held before final proposals were submitted to the Ministry of Health for approval.

After considerable subsidiary discussions between the Councils of Districts in various parts of the County, the Health Committee in September, 1952, considered a report in which the views expressed by the District Councils were summarised.

The Health Committee, because of the illness of the Chairman of the Health Committee and in view of the impending retirement of the County Medical Officer, decided not to convene a further conference at that time, but to postpone consideration of the matter until the summer of 1953.

Owing to the decision of the Medical Officer of the North-West Salop Combined District to retire on 30th September, 1953, meetings between representatives of the County Council and the constituent districts were held in mid-summer, when five of these districts accepted the principle of "mixed appointments" and a vacancy was advertised. All seven districts accepted a temporary appointment to cover the interim period. The permanent appointment to the first five districts was made in November, 1953.

The further general conference was held the same month, when the principles of "mixed appointments" were explained in detail to the representatives of the Councils of County Districts. Those Councils who had previously been opposed to the system of "mixed appointments" were asked to reconsider their views in the light of the conference proceedings.

Arrangements then had to be made for the Bridgnorth Borough and Rural District as a matter of urgency, and the two Authorities having accepted the principle of "mixed appointments" a temporary appointment was arranged to operate with effect from 1st January, 1954.

Following the general conference in November, 1953, there have been indications that the principle of having the same Medical Officer to carry out both "personal" and "environmental" services is likely to be accepted by the majority of County Districts in the County ; and in anticipation of the future needs of certain Districts the following District Councils invited the attendance of the County Medical Officer for further discussions and subsequently indicated their approval of the principle of "mixed appointments"—Dawley Urban, Shifnal Rural, Ludlow Rural and Clun Rural. Wenlock Borough also indicated their agreement in principle.

At the end of 1953, the following District Councils had entered into arrangements with the County Council for the employment of "mixed appointment" Medical Officers :—

1. Shrewsbury Borough.
2. Ellesmere Urban.
   Ellesmere Rural.
   Wem Urban.
   Wem Rural.
   Whitchurch Urban.
3. Bridgnorth Borough.
   Bridgnorth Rural.
4. Oswestry Borough.
   Oswestry Rural.

TABLE I

Population, Acreage and Density of Population in the various Districts of Shropshire in 1953 (mid-year).

Districts	Population (estimated mid-1953)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,287	1,867	0.69
Bridgnorth Borough	6,133	2,645	2.32
Church Stretton Urban	2,701	6,198	0.44
Dawley Urban	8,390	3,259	2.57
Ellesmere Urban	2,237	1,220	1.83
Ludlow Borough	6,452	1,068	6.00
Market Drayton Urban	5,643	1,216	4.64
Newport Urban	3,791	768	4.94
Oakengates Urban	11,700	2,396	4.88
Oswestry Borough	10,860	2,173	4.99
Shrewsbury Borough	46,230	8,118	5.69
Wellington Urban	12,940	2,281	5.67
Wem Urban	2,360	903	2.61
Wenlock Borough	15,020	22,657	0.66
Whitchurch Urban	6,856	6,053	1.13
TOTAL—Urban Districts	142,600	62,822	2.27
RURAL			
Atcham	21,230	134,490	0.16
Bridgnorth	16,540	100,897	0.16
Clun	9,503	132,512	0.07
Drayton	12,340	54,058	0.23
Ellesmere	9,477	48,253	0.19
Ludlow	13,770	112,823	0.12
Oswestry	21,390	61,524	0.35
Shifnal	14,690	39,562	0.37
Wellington	25,210	54,516	0.46
Wem	12,550	60,343	0.21
TOTAL—Rural Districts	156,700	798,978	0.19
ADMINISTRATIVE COUNTY	299,300	861,800	0.35

TABLE II

Deaths, Births and Infantile Mortality in Shropshire in the year 1953

Districts	Deaths			Births						Infantile Mortality			
	Deaths at all ages	Deaths per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Births per 1,000 of Population	Comparable Birth-rate	Stillbirths	Legitimate	Illegitimate	Total	Deaths of Infants under 1 year, per 1,000 live births
URBAN													
Bishop's Castle Borough ..	49	38.07	23.60	14	—	14	10.87	13.37	1	—	—	—	—
Bridgnorth Borough ..	76	12.39	10.41	98	7	105	17.12	17.80	—	3	—	3	28.55
Church Stretton Urban ..	39	14.44	9.38	45	3	48	17.76	20.43	—	—	—	—	—
Dawley Urban	71	8.46	8.54	111	9	120	14.30	14.59	8	1	—	1	8.33
Ellesmere Urban	20	8.93	6.79	43	1	44	19.67	24.19	—	1	—	1	22.73
Ludlow Borough	124	19.22	15.38	126	2	128	19.84	21.42	1	5	—	5	39.06
Market Drayton Urban ..	88	15.60	14.51	96	1	97	17.19	16.33	1	—	—	—	—
Newport Urban	49	12.90	11.76	63	4	67	17.68	18.74	1	—	—	—	—
Oakengates Urban	116	9.91	9.51	164	8	172	14.70	14.41	6	3	1	4	23.26
Oswestry Borough	115	10.59	10.27	168	7	175	16.11	16.59	6	5	—	5	28.58
Shrewsbury Borough ..	512	11.08	11.30	679	31	710	15.36	15.52	21	20	1	21	29.57
Wellington Urban	116	8.96	9.68	196	8	204	15.76	17.65	3	4	—	4	19.61
Wem Urban	24	10.17	8.44	23	1	24	10.17	11.09	1	—	—	—	—
Wenlock Borough	266	17.71	16.47	258	10	268	17.84	19.27	13	5	—	5	18.66
Whitchurch Urban	131	19.11	17.00	90	6	96	14.02	14.85	3	—	1	1	10.42
Aggregate ..	1,796	12.60	11.97	2,174	98	2,272	15.93	16.57	65	47	3	50	22.01
RURAL													
Atcham	214	10.08	9.37	352	19	371	17.48	18.35	11	8	—	8	21.56
Bridgnorth	130	7.85	9.27	224	10	234	14.15	19.80	4	6	—	6	25.64
Clun	93	9.78	7.92	147	7	154	16.21	19.77	3	—	—	—	—
Drayton	75	6.07	8.14	194	9	203	16.45	23.36	3	4	—	4	19.71
Ellesmere	73	7.70	9.55	128	1	129	13.61	21.37	2	3	—	3	23.26
Ludlow	147	10.68	8.96	215	8	223	16.19	19.27	10	7	—	7	31.39
Oswestry	294	13.74	14.98	290	13	303	14.17	17.00	15	7	—	7	23.11
Shifnal	104	7.07	9.41	200	11	211	14.36	17.24	6	5	—	5	23.70
Wellington	202	8.00	9.29	312	22	334	13.24	13.91	9	17	1	18	53.89
Wem	116	9.24	8.87	195	9	204	16.26	17.88	5	5	—	5	24.51
Aggregate ..	1,448	9.24	9.79	2,257	109	2,366	15.10	18.11	68	62	1	63	26.63
ADMINISTRATIVE COUNTY ..	3,244	10.83	10.84	4,431	207	4,638	15.50	17.20	133	109	4	113	24.36

TABLE III

Registrar General's Statistics

Causes of Death in Shropshire during 1953

Districts	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping Cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm: Stomach	Malignant Neoplasm: Lung, bronchus	Malignant Neoplasm: Breast	Malignant Neoplasm: Uterus	Malignant Neoplasm: Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All Causes
URBAN :																																				
Bishop's Castle Borough ..	—	—	—	—	—	—	—	—	—	1	1	1	—	4	—	1	8	8	—	20	—	2	1	1	—	—	—	1	—	—	—	—	—	—	—	49
Bridgnorth Borough	—	—	—	—	—	—	—	—	1	—	2	1	1	7	—	1	11	7	—	15	1	4	2	5	1	—	—	—	1	—	1	11	1	3	—	—	76
Church Stretton Urban	—	—	—	—	—	—	—	—	—	2	1	1	—	1	2	—	10	5	—	10	2	—	—	2	—	—	—	—	1	—	—	2	—	—	—	—	39
Dawley Urban	2	—	—	—	—	—	—	—	—	1	3	1	—	4	—	—	10	6	—	12	8	2	1	7	1	2	—	2	—	—	—	8	1	—	—	—	71
Ellesmere Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	4	3	2	3	2	1	1	2	—	—	—	—	—	—	—	1	—	—	—	—	20
Ludlow Borough	1	—	—	—	—	—	—	—	1	3	3	1	1	13	1	—	28	8	1	40	1	2	5	2	—	1	—	2	1	—	—	4	—	5	1	—	124
Market Drayton Urban	2	—	—	—	—	—	—	—	2	3	2	2	1	7	—	—	13	13	1	23	4	2	—	8	1	—	—	—	—	1	—	1	1	1	—	—	88
Newport Urban	—	—	—	—	—	—	—	—	—	—	3	4	—	4	—	—	9	4	1	9	2	2	1	2	—	—	—	—	2	—	—	3	2	1	—	—	49
Oakengates Urban	—	1	—	—	1	—	—	—	—	1	—	1	—	9	1	3	15	18	1	12	17	1	3	10	1	1	—	—	4	—	—	9	1	2	4	—	116
Oswestry Borough	1	—	—	—	—	—	—	1	—	1	3	3	—	14	—	—	14	14	3	28	6	2	2	3	1	2	—	3	1	—	4	7	1	1	—	—	115
Shrewsbury Borough	8	1	1	—	1	—	—	1	1	15	12	5	5	46	2	3	90	81	13	82	15	2	24	30	2	—	—	3	2	—	4	47	4	6	6	—	512
Wellington Urban	1	1	—	—	1	—	—	—	—	4	6	1	—	13	—	—	20	10	3	18	9	2	1	9	2	1	—	—	—	—	1	9	2	1	1	—	116
Wem Urban	—	—	—	—	—	—	—	—	—	2	1	—	1	2	—	—	3	2	—	5	1	2	1	2	—	—	—	1	—	—	—	1	—	—	—	—	24
Wenlock Borough	5	1	1	—	—	—	—	—	—	4	10	4	2	20	1	2	51	18	6	53	20	2	6	16	1	2	1	1	1	—	2	27	3	5	1	—	266
Whitchurch Urban	1	—	1	—	—	—	—	—	—	3	2	3	—	5	2	1	22	10	4	40	3	6	2	5	1	1	1	2	1	—	—	11	1	2	1	—	131
TOTAL—Urban Districts ..	21	4	3	—	3	—	—	2	4	40	49	28	11	150	9	11	308	207	35	370	91	32	50	104	11	10	2	15	14	1	12	141	17	27	14	—	1796
RURAL :																																				
Atcham	2	—	2	—	—	—	—	—	—	9	5	1	4	13	3	3	38	23	1	42	8	2	5	10	1	1	—	2	1	—	3	22	5	5	3	—	214
Bridgnorth	2	—	—	—	1	—	—	—	1	4	1	3	—	15	—	1	16	9	1	30	3	2	4	4	1	1	—	2	5	1	1	14	3	4	1	—	130
Clun	1	1	1	—	—	—	—	—	—	5	1	5	1	8	3	—	15	10	2	17	2	—	1	2	—	3	—	6	—	—	—	4	2	2	1	—	93
Drayton	—	—	—	—	—	—	—	—	—	2	2	5	—	3	—	—	6	13	2	18	4	1	2	5	1	—	1	—	1	—	1	4	1	2	1	—	75
Ellesmere	1	—	—	—	—	—	—	—	—	5	—	2	—	9	—	—	6	6	2	14	4	2	1	2	—	1	—	—	2	—	—	1	9	1	2	2	1	73
Ludlow	—	1	—	—	—	—	—	—	—	2	4	2	—	15	—	1	24	17	3	29	4	3	6	5	2	1	—	1	—	—	3	12	5	6	1	—	147
Oswestry	4	—	1	—	—	—	—	—	—	10	4	4	1	19	2	3	34	33	6	97	12	4	2	10	2	2	1	5	1	—	3	21	4	3	6	—	294
Shifnal	—	—	—	—	—	—	—	—	—	3	4	2	—	11	—	1	9	7	5	17	6	1	4	5	—	—	—	11	1	—	—	8	3	6	—	—	104
Wellington	1	2	1	—	—	—	—	—	1	3	3	3	—	21	2	—	28	21	6	25	12	3	5	17	2	2	2	1	1	—	2	28	6	2	2	—	202
Wem	—	—	—	—	—	—	—	—	1	5	—	2	2	8	1	2	13	11	2	30	2	1	4	3	1	—	1	5	2	—	2	14	3	—	1	—	116
TOTAL—Rural Districts ..	11	4	5	—	1	—	—	—	3	48	24	29	8	122	11	11	189	150	30	319	57	19	34	63	10	11	5	33	14	1	16	136	33	32	18	1	1448

TABLE IV

Causes of death by sex and age periods in Shropshire during 1953

Age Groups	Sex	All Causes	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping Cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm: Stomach	Malignant Neoplasm: Lung, bronchus	Malignant Neoplasm: Breast	Malignant Neoplasm: Uterus	Malignant Neoplasm: Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
Urban Districts :																																					
Under 1 year	M	23	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	—	—	—	—	—	3	13	—	—	—	—
	F	27	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	6	1	1	—	—	—	—	—	1	15	—	1	—	—
1 year and under 5 years ..	M	9	2	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	1	—	—	—
	F	8	—	—	—	—	—	—	—	2	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—
5 years and under 15 years ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
15 years and under 25 years ..	M	12	1	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	1	—	—
	F	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—
25 years and under 45 years ..	M	43	3	—	—	—	—	—	—	—	—	—	3	—	—	5	—	—	4	4	—	3	1	—	2	2	—	—	—	1	—	1	4	5	4	1	—
	F	31	3	—	—	—	—	—	—	—	1	3	—	2	—	3	—	—	1	—	—	4	1	1	3	—	—	—	—	—	—	—	5	1	2	—	—
45 years and under 65 years ..	M	219	8	2	—	—	—	—	—	—	—	7	22	—	—	28	2	—	29	43	6	17	11	3	3	11	2	3	—	—	—	—	1	10	2	2	7	—
	F	159	1	1	—	—	—	—	—	—	1	3	5	13	4	16	1	—	31	16	6	15	6	3	5	7	2	1	2	1	—	—	2	16	—	—	1	—
65 years and under 75 years ..	M	273	1	—	2	—	—	—	—	—	—	9	15	—	—	30	1	—	62	48	4	40	8	5	3	22	—	2	—	3	5	—	1	7	—	1	4	—
	F	194	—	—	—	—	—	—	—	—	—	7	2	5	3	22	1	4	43	28	4	38	7	5	4	6	—	1	—	—	—	—	—	10	—	3	1	—
75 years and over	M	335	1	—	—	—	—	—	—	—	—	1	1	—	—	23	2	—	54	36	6	98	31	5	6	26	3	2	—	5	9	—	1	19	2	4	—	—
	F	455	—	—	—	—	—	—	—	—	—	10	1	8	4	19	1	7	84	32	9	155	26	9	14	28	—	1	—	2	—	—	—	37	—	8	—	—
Total—All ages	M	915	16	3	3	—	3	—	—	—	—	17	41	—	—	89	5	—	149	131	16	158	51	13	17	62	8	7	—	9	14	—	8	56	15	12	12	—
	F	881	5	1	—	—	—	—	—	2	4	23	8	28	11	61	4	11	159	76	19	212	40	19	33	42	3	3	2	6	—	1	4	85	2	15	2	—
Rural Districts :																																					
Under 1 year	M	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	1	—	—	7	21	—	—	—	—
	F	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	1	—	—	—	2	20	—	1	—	—
1 year and under 5 years ..	M	9	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	1	1	1	—	—
	F	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	1	1	1	—	—
5 years and under 15 years ..	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—
15 years and under 25 years ..	M	20	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	2	—	—	1	7	5	1	—
	F	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—
25 years and under 45 years ..	M	37	2	—	—	—	—	—	—	—	—	1	—	—	—	5	1	—	1	2	—	2	—	2	—	2	—	1	—	—	—	1	—	4	8	2	4	—
	F	29	2	1	—	—	—	—	—	—	—	—	—	5	—	2	2	1	1	1	—	3	—	—	—	—	—	—	1	2	—	—	—	5	2	2	—	—
45 years and under 65 years ..	M	171	5	1	—	—	—	—	—	—	1	8	15	—	—	17	2	—	10	40	3	11	5	3	2	13	1	1	1	2	—	—	1	9	8	5	7	—
	F	131	—	—	1	—	—	—	—	—	—	6	3	12	5	25	—	—	17	12	3	11	5	1	2	4	1	1	1	3	—	—	—	15	1	1	—	1
65 years and under 75 years ..	M	191	2	—	1	—	—	—	—	—	—	10	6	1	—	16	1	4	27	32	4	33	8	1	2	10	4	4	—	5	1	—	—	11	3	1	4	—
	F	168	—	—	1	—	—	—	—	—	1	5	—	5	2	21	2	2	29	20	5	34	8	4	3	2	—	1	1	3	—	—	1	16	—	2	—	—
75 years and over	M	271	—	—	1	—	—	—	—	—	—	11	—	—	—	18	—	1	41	19	5	100	12	1	5	15	2	2	1	5	13	—	—	14	1	3	1	—
	F	339	—	—	1	—	—	—	—	—	—	7	—	6	1	16	—	2	63	24	10	124	19	7	9	13	1	1	—	10	—	—	—	18	—	6	1	—
Total—All ages	M	738	9	2	2	—	1	—	—	—	2	30	21	1	—	57	5	5	79	93	12	147	25	7	15	43	7	8	2	15	14	—	12	60	28	19	17	—
	F	710	2	2	3	—	—	—	—	—	1	18	3	28	8	65	6	6	110	57	18	172	32	12	19	20	3	3	3	18	—	1	4	76	5	13	1	1
Administrative County ..	M	1653	25	5	5	—	4	—	—	—	2	47	62	1	—	146	10	5	228	224	28	305	76	20	32	105	15	15	2	24	28	—	20	116	43	31	29	—
	F	1591	7	3	3	—	—	—	—	2	5	41	11	56	19	126	10	17	269	133	37	384	72	31	52	62	6	6	5	24	—	2	8	161	7	28	3	1
	T	3244	32	8	8	—	4	—	—	2	7	88	73	57	19	272	20	22	497	357	65	689	148	51	84	167	21	21	7	48	28	2	28	277	50	59	32	1

TABLE V

Return of Cases of Notifiable Diseases during 1953

Sanitary District	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Paratyphoid	Typhoid	Erysipelas	Food Poisoning	Undulant Fever	Infective Hepatitis	Malaria
URBAN AND BOROUGH :																	
Bishop's Castle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgnorth	—	80	—	14	3	—	1	—	—	—	—	—	—	—	—	—	—
Church Stretton	4	4	—	38	21	—	—	12	—	—	—	—	1	4	—	—	—
Dawley	6	136	—	37	15	—	—	—	—	2	—	—	2	1	—	—	—
Ellesmere	1	2	—	27	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow	—	3	—	124	—	—	—	—	—	—	—	—	—	—	—	—	—
Market Drayton	—	—	—	46	—	—	—	—	—	1	—	—	—	—	—	—	—
Newport	3	—	—	90	2	—	—	—	—	—	—	—	1	—	—	—	—
Oakengates	4	35	—	188	1	—	1	—	—	—	—	—	—	2	—	—	—
Oswestry	15	36	—	318	14	—	2	7	—	1	—	—	1	2	—	—	—
Shrewsbury	17	95	—	576	15	—	1	14	2	—	3	1	5	1	—	—	—
Wellington	18	70	—	55	11	1	—	1	1	—	1	—	—	—	—	—	—
Wem	2	—	—	3	7	—	—	—	—	—	—	1	—	2	—	—	—
Wenlock	2	143	—	379	15	—	2	—	1	2	—	—	2	—	—	—	—
Whitchurch	17	42	—	113	2	—	6	—	—	1	1	—	2	1	—	—	—
TOTAL	89	646	—	2008	106	1	13	34	4	7	5	2	14	13	—	—	—
RURAL :																	
Atcham	24	39	—	560	21	—	3	2	1	—	1	—	3	6	—	—	—
Bridgnorth	25	58	—	131	36	2	2	—	—	—	—	—	1	1	—	—	—
Clun	9	8	—	152	4	—	—	—	—	1	—	—	1	—	—	—	—
Drayton	18	15	—	75	9	—	2	2	—	2	—	—	—	—	—	2	—
Ellesmere	6	7	—	167	5	—	—	—	—	1	—	—	—	—	—	—	—
Ludlow	2	6	—	256	6	—	1	1	—	—	—	—	2	18	—	—	—
Oswestry	11	15	—	282	15	—	2	6	—	1	—	—	1	—	—	—	—
Shifnal	13	15	—	171	10	—	1	—	—	—	—	—	1	—	—	2	—
Wellington	29	96	—	278	17	1	1	—	—	1	1	—	1	—	—	—	—
Wem	14	29	—	121	17	—	1	—	—	—	—	—	1	1	—	—	—
TOTAL	151	288	—	2193	140	3	13	11	1	6	2	—	11	26	—	4	—
ADMINISTRATIVE COUNTY :																	
Total for 1953	240	934	—	4201	246	4	26	45	5	13	7	2	25	39	—	4	—
Total for 1952	237	678	1	2077	176	15	27	116	6	24	2	—	17	20	1	3	1
Increase (+) or Decrease (—)	+3	+256	—1	+2124	+70	—11	—1	—71	—1	—11	+5	+2	+8	+19	—1	+1	—1