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COUNTY COUNCIL OF SALOP

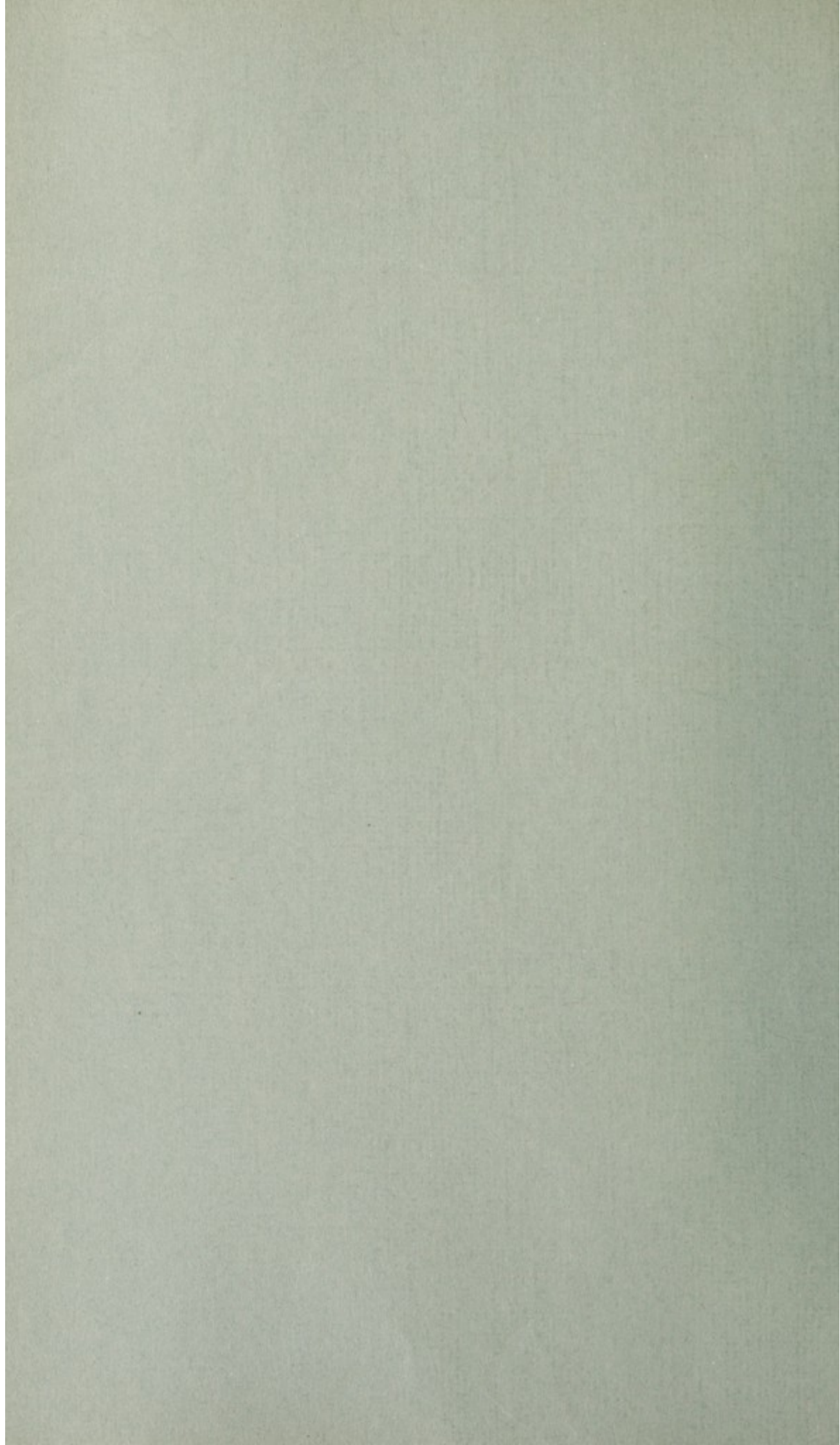
ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

1954

COUNTY HEALTH OFFICE . COLLEGE HILL . SHREWSBURY
SEPTEMBER 1955



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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 1954.

Annual Reports admittedly make difficult reading and are not easy to make attractive. It is conventional in the introduction to indicate the trend of certain important key figures in Vital Statistics, though these by themselves do not, of course, tell the whole story and much more can be learned by readers who have time to study the details in later pages.

The Birth Rate in the County of 15.07 per 1,000 population compares with the National figure for 1954 of 15.2 and the County rate of 15.5 for 1953.

The Infant Mortality Rate of the County for 1954 was 24.51 per 1,000 live births, compared with the National figure for 1954 of 25.5, and the County rate of 24.36 for 1953, the lowest ever recorded.

Of the 110 deaths of infants under one year, 73 occurred within the first week of life and included many infants prematurely born or suffering from congenital malformations.

Of the 331 premature births 280 (or 84.6 per cent) survived the first four critical weeks and had good expectation of attaining maturity.

The County Death Rate for 1954 at 11.51 per 1,000 of population, compares with the National figure of 11.3 for 1954, and the County rate of 10.84 for 1953.

The Death Rate for Respiratory Tuberculosis at 0.154 per 1,000 population is the highest since 1951 but compares with the National figure of 0.16.

The figure for new cases notified was about the same as for a couple of decades. This must cause concern. It is a National phenomenon and Chest Physicians feel that it is ascribable to "better case finding" by mass miniature radiography, better follow up of contacts, tracing of the source from which the newly discovered patient acquired the infection and scrutiny of those to whom he may have passed it on.

Staffing difficulties at the Chest Clinics in 1953 and 1954 have become fewer at the time of writing: allusion is made on page 41 to the provision by the County of a Health Visitor experienced in preventive Chest work, a constructive measure which may warrant extension.

At the time of writing this introduction, consideration is being given to further ways in which the Council's statutory duties in respect of Care and After-Care and the prevention of disease can best be applied to Tuberculosis. Many Health Authorities favour Voluntary Care Committees—broadly on a County basis and with representative volunteer "agents" or "cells" in each small community or parish; and some interesting possibilities are being reviewed for a report requested by the Nursing Sub-Committee.

The Ambulance Service made 29,298 journeys carrying 56,177 patients in 1954, as compared with 16,952 journeys carrying 21,926 patients in 1949. The figure of "miles per patient" fell from 28.4 to 16.2 during the same period and the service has been most economically run.

Recruitment and retention of good medical and nursing staff continued to cause some concern; but on the whole the situation is a little easier, and seems to warrant some optimism although there is no finality in our work.

Environmental Health Services, largely the concern of District Councils, are dealt with in the latter pages of this report, for the County Council have both moral and statutory duties in respect of all matters affecting the County's health.

Good relationships exist between County and District Councils, and between their Officers.

The principles regarding schemes for Mixed Appointments, alluded to on page 72, seem to be generally better appreciated; and such appointments to work well in practice, although no new ones were made in 1954.

The reports of the River Board on sewage effluents must cause concern, and improvements will depend on the River Board, the District Councils and the County Council working together towards better conservancy. The sharing of Medical Officers envisaged by a Mixed Appointments scheme should eventually contribute to such work.

The year 1954 was the first full year throughout which I was your Medical Officer; and after over two years in your service it may be appropriate to take stock of what one considers the function of a County Health Department ought to be. The statutory functions of a Local Health Authority are set out seriatim throughout the report; they are many and various, and details are given of how the Department attempts to fulfil them, and the statistics resulting. Such records

are necessary and of value for comparison and for reference; but even to professional minds present some difficulties in interpretation. They represent the routine and statutory work of the Department, but the Council may be assured that neither our field workers in contact with local families nor our clerical workers handling statistics, administration, staff, and questions of principle and policy, regard their work as routine. The excellent departmental staff which I was fortunate to find in the County Health Department show imagination and a human personal interest in trying to help the individual family, and we have continued to try to encourage and stimulate each other in the belief that it is our function to help the individual family, and their family doctor and the hospitals which serve them with us. Progress scarcely stems directly from legislation *per se*: good work is done within the framework, within the limitations, and even outside the limitations of legislation and regulation, and depends very much on individual goodwill.

Twenty years ago a visiting speaker at a medical meeting I attended referred to the County Health Services as the "enemy's camp," though since no local state of war existed, the audience was unmoved. There is less cause than ever for isolationism. Though the whole fabric of medical administration has undergone a revolution in the last ten years, the vast majority of doctors are, by goodwill and commonsense, making of such revolution, which was not of their volition, a working proposition.

In June, 1954, was published the Cohen Report on General Practice, of importance and interest, reaching broadly the above conclusions, and unwittingly plagiarising from page 15 of my Annual Report for 1953 the phrase and sentiment "far more important is the *will* to co-operate."

In the National Health Service Act, 1946, Part I refers to the comprehensive nature of the Health Services, Part II deals with Hospital and Specialist Services, Part III deals with Local Authority Services (see pages 18 to 50 of this Report) and Part IV with General Practitioner Services.

The Ministry of Health are the Central Government Department for ALL Health Services and it is clear from repeated Ministerial pronouncements that the Minister intends Local Health Authorities administering their Part III Services, to be his principal agents in initiating integration of the three main Parts of the Health Services set out in the Act. Special attention is given to this subject on page 17 of this report, and it is hoped that time will be found to read these pages. At officer level, such co-operation does not present difficulty. In the corresponding section of my 1953 report I paid tribute to the generous and willing help of the Chairmen and Secretaries and members of the local Branch of the British Medical Association, the Local Medical Committee (representing Practitioners) and the Group Medical Committee (representing Hospital and Specialist Services), and their continued co-operation, though so consistent and "physiological" as to be almost taken for granted, is again gratefully and sincerely acknowledged.

In reviewing any health problem I am sure the Council will wish to co-operate no less with the representative bodies of the other parts of the Health Service, remembering that the Central Government look to the Local Health Authorities to take the initiative in planning and implementing schemes for the integration of the Health Services.

Voluntary organisations who have often shown Central and Local Government Authorities the way, have continued to help and stimulate and co-operate with the Council's Health Services in 1954. The Order of St. John Ambulance Association and Brigade and the British Red Cross Society and their Divisions and Ancillaries, the National Society for the Prevention of Cruelty to Children, the Women's Voluntary Services, the Diocesan Moral Welfare Associations, representatives of the former Federations of District Nursing Associations, the Women's Institutes, the Salop Old People's Welfare Committee and the newer associations for special classes of Handicapped Persons have all kept in touch with and helped the work of the Health Department, and their co-operation is acknowledged with appreciation.

The work of the Health Department staff has been referred to above, 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, 1955.

HEALTH COMMITTEE

(As at 31st December, 1954)

CHAIRMAN:

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

VICE-CHAIRMAN:

ALDERMAN THE RT. HON. THE LORD FORESTER, J.P., D.L.

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.

MORGAN, J. C., M.B.E.

STEVENTON, T. O.

WAKEMAN, CAPTAIN SIR OFFLEY, Baronet, J.P., D.L.
(Chairman of Council)

WARD, T.C., O.B.E.
(Vice-Chairman of Council)

COUNCILLORS:

BOWEN, R. A., J.P.

CAMBRIDGE, R. O., J.P.

CROFT, E. H.

EDWARDS, F. G., J.P.

HAMAR, DR. L. A.

JONES, A. H., J.P.

LANE, CAPTAIN W. G., T.D.

MORRIS, MRS. E. L., J.P.

RHAIAADR-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, W. R. H., M.A., M.B., B.Ch., L.M.S.S.A.

} 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:

THOMAS S. HALL, *M.B.E., T.D., M.D., B.Sc., B.Ch., D.Obst.R.C.O.G., D.P.H.*

Deputy County Medical Officer and Deputy Principal School Medical Officer:

WILLIAM HALL, *M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.*

Assistant County, School and District Medical Officers:

CATHERINE B. McARTHUR, *M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.*

JAMES McGOVERN, *M.B., B.Ch., D.P.H.* (from 28th January, 1954)

PETER G. ROADS, *M.D. (Lond.), B.S., M.R.C.S., L.R.C.P., D.P.H.*

MARGARET H. TURNBULL, *M.B., B.Ch., D.P.H.*

Assistant County and School Medical Officers:

KATHLEEN M. BALL, *M.B., B.Ch., B.A.O. (Dub.), D.P.H.*

AGNES D. BARKER, *M.B., B.Ch.*

ELIZABETH M. BUCKLEY, *M.B., B.Ch.* (from 1st October, 1954)

ELIZABETH CAPPER, *M.B., B.Ch., D.P.H.*

MARGARET E. HALL, *M.B., B.Ch., D.Obst.R.C.O.G.* (resigned 30th September, 1954)

MABEL N. JUDD, *M.B., B.Ch.* (Part-time)

FLORA MacDONALD, *M.B., B.S., D.P.H.*

AUDREY ROSS, *M.B., B.Ch.* (resigned 12th June, 1954)

Principal Dental Officer:

GERALD R. CATCHPOLE, *L.D.S., R.C.S. (Eng.).*

Assistant Dental Officers:

CHARLES D. CLARKE, *L.D.S.*

JOHN B. CLARKE, *L.D.S.*

NOEL GLEAVE, *L.D.S.* (from 1st July, 1954)

REGINALD H. N. OSMOND, *L.D.S., R.C.S.* (Part-time: from 19th October, 1954)

GEOFFREY H. STOUT, *L.D.S.* (resigned 30th June, 1954)

GEORGE B. WESTWATER, *L.D.S., R.C.S.*

Superintendent Nursing Officer, Superintendent Health Visitor 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.*

Assistant Superintendent Nursing Officers:

RITA M. HUGHES, *S.R.N., S.C.M., Q.N., H.V.*

DORIS E. PADDON, *S.R.N., S.C.M., Q.N., H.V.* (from 1st December, 1954)

MILDRED C. TATE, *S.R.N., S.C.M., H.V.* (South Africa) (resigned 31st July, 1954)

Lay Administrative Officer:

THOMAS R. BLYTHE

Chief Sanitary Officer:

HAROLD MALLINSON, *Cert. R.S.I.*

Assistant Sanitary Officer:

DAVID COUPS, *Cert. R.S.I.* (from 1st July, 1954)

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.*

Tuberculosis Health Visitor:

MARY JACKSON, *S.R.N., H.V.* (commenced 9th April, 1954: reverted to Health Visiting duties 27th September, 1954)

MARY DEMPSEY, *S.R.N., H.V.* (from 1st November, 1954)

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.

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.

Consultant Orthodontist:

BRIAN T. BROADBENT, F.D.S.

Medical Officers of Health of Sanitary Districts:

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1954
<i>Mixed Appointments</i>				
P. G. ROADS, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	Shrewsbury Borough ..	8,118	44,919	47,020
C. B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Oswestry Borough ..	2,173	10,712	10,970
	Oswestry Rural ..	61,524	20,746	20,750
J. McGOVERN, M.B., Ch.B., D.P.H.	Ellesmere Urban ..	1,220	2,163	2,280
	Wem Urban ..	903	2,409	2,370
	Whitchurch Urban ..	6,053	6,856	6,890
	Ellesmere Rural ..	48,253	8,601	9,490
	Wem Rural ..	60,343	12,043	12,370
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	6,250	6,270
	Bridgnorth Rural ..	100,897	16,168	16,180
<i>Whole-Time</i>				
J. L. GREGORY, M.B., Ch.B., F.R.F.P.S., D.P.H., D.T.M. & Hy.	Bishop's Castle Borough	1,867	1,290	1,280
	Ludlow Borough ..	1,068	6,456	6,500
	Wenlock Borough ..	22,657	15,095	15,120
	Church Stretton Urban ..	6,198	2,580	2,760
	Atcham Rural ..	134,490	21,265	21,180
	Clun Rural ..	132,512	9,766	9,340
	Ludlow Rural ..	112,823	13,949	13,820
W. A. M. STEWART, M.B., Ch.B., L.R.C.P., L.R.F.P.S., D.P.H., Barrister-at-Law	Dawley Urban ..	3,259	8,380	8,430
	Market Drayton Urban ..	1,216	5,644	5,700
	Newport Urban ..	768	3,744	3,860
	Oakengates Urban ..	2,396	11,656	11,150
	Wellington Urban ..	2,281	11,416	13,000
	Drayton Rural ..	54,058	10,625	12,320
	Shifnal Rural ..	39,562	13,548	14,330
	Wellington Rural ..	54,516	23,521	24,520
TOTAL ..		861,800	289,802*	297,900

*Population according to the Census 1951, County Report, published 1954. Preliminary Census 1951 gave a population of 289,844.

ANNUAL REPORT FOR 1954

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; and to advise the Health Committee as to the administration of the mental health services.

HEALTH (NURSING) SUB-COMMITTEE:

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

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

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, 1954)		£1,536,167
Estimated product of 1d. rate (as at 1st April, 1954)		£6,064

Population.—The Registrar-General's estimate of the population of the County at mid-1954 (inclusive of members of the Armed Forces) was 297,900, 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 I on page (73), from which it will be seen that 143,600 persons were resident in urban areas and 154,300 in rural areas. The decrease in population in the County as a whole was 1,400, compared with an increase of 3,800 in the previous year.

In the County as a whole, the density of population was 0.35 persons per acre, with 2.29 per acre in urban areas and 0.19 in rural areas. Districts showing the lowest densities were, in the urban areas, Church Stretton (0.45) and, in the rural areas, Clun (0.07).

The table below shows the population of Shropshire in the census years 1931 and 1951, with the Registrar-General's estimate for mid-1954, and the distribution of population between urban and rural districts:—

	1931		1951		1954	
	No.	%	No.	%	No.	%
Urban Districts	121,665	49.8	139,570	48.2	143,600	48.2
Rural Districts ..	122,491	50.2	150,232	51.8	154,300	51.8
County	244,156	100	289,802	100	297,900	100

Marriages.—The number of marriages in 1954 was 2,079—an increase of 88 as compared with the previous year. The number of persons married represents a rate of 13.9 per 1,000 of population as against a rate of 15.4 for England and Wales.

Births.—The live births registered in and appertaining to this County during 1954 numbered 4,488, a decrease of 150 compared with the previous year. Male and female births were 2,298 and 2,190 respectively.

The crude birth-rates for the year were 15.40 in urban districts, 14.75 in rural districts and 15.07 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 15.40 in urban districts, 16.96 in rural districts and 16.12 for the County, compared with the provisional rate of 15.2 for England and Wales.

Of the 4,488 live births, 4,289 were legitimate and 199 illegitimate. This latter figure represents 4.43 per cent. of the live births, as compared with 4.46 per cent. for the previous year, and 4.6 per cent. for England and Wales.

The births and birth-rates applicable to each Sanitary District in the County are set out in Table II on page (74).

Still-births.—During 1954, there were 118 still-births, representing a rate of 25.62 per thousand live and still-births, as against a rate of 27.88 for 1953. The comparable rate for England and Wales for 1954 was 24.0.

The rate for still-births per 1,000 of population was 0.39.

Deaths.—The number of deaths registered in and appertaining to Shropshire during 1954 was 3,430, an increase of 186 over the previous year. Male and female deaths were 1,815 and 1,615 respectively.

The crude death-rates for the year were 12.98 per 1,000 of population in urban areas, 10.15 in rural areas and 11.51 in the County as a whole. Standardised death-rates were 12.07, 10.86 and 11.51 respectively, compared with a rate of 11.3 for England and Wales.

The table below shows the standardised death-rates for Shropshire during 1952, 1953, and 1954, with comparable rates for England and Wales:

	1952	1953	1954
Urban Districts ..	11.44	11.97	12.07
Rural Districts ..	9.51	9.79	10.86
Whole County ..	10.49	10.84	11.51
England and Wales ..	11.3	11.4	11.3

Full information with regard to deaths in this County during 1954, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages (75) and (76).

In the following table are given particulars of the principal causes of death, in order of importance, for the year 1954, with comparative figures for 1953 and 1952.

Cause of Death	1954			1953			1952		
	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	1,242	4.17	36.21	1,111	3.71	34.26	1,057	3.58	34.10
Vascular lesions of nervous system	536	1.80	15.63	497	1.66	15.32	503	1.70	16.23
Cancer	532	1.79	15.51	529	1.76	16.30	498	1.68	16.06
Bronchitis	153	0.51	4.46	167	0.56	5.15	121	0.41	3.90
Diseases of circulatory system (other than heart disease) ..	144	0.48	4.20	148	0.49	4.56	128	0.43	4.13
Pneumonia	94	0.32	2.74	84	0.28	2.59	99	0.33	3.19
Accidents (other than motor vehicle)	68	0.23	1.98	59	0.20	1.82	61	0.21	1.97
Tuberculosis (all forms)	51	0.17	1.49	40	0.13	1.23	46	0.16	1.48
Motor vehicle accidents	46	0.15	1.34	50	0.17	1.54	35	0.12	1.13
Nephritis and nephrosis	43	0.14	1.25	48	0.16	1.48	35	0.12	1.13
Suicide	34	0.11	0.99	32	0.11	0.98	21	0.07	0.68
TOTAL ..	2,943	9.87	85.80	2,765	9.23	85.23	2,604	8.81	84.00

NOTE.—Cancer deaths include those from Hodgkin's disease, leukaemia and aleukaemia.

Of the 3,430 deaths in 1954, no less than 44.28 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 four 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
1954	3.21	0.47	0.67	1.37	4.26	20.32	25.42	44.28
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, 46 deaths were registered from Respiratory Tuberculosis—fourteen more than in the previous year—giving a death rate of 0.154 per 1,000 of population.

There were in addition 5 deaths from Non-respiratory Tuberculosis—three less than in 1953—giving a death-rate of 0.017.

For both forms of this disease, the death-rate for 1954 was 0.171 per 1,000 of population, compared with a rate of 0.179 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
1954	144	46	297,900	0.48	0.154

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
1954	27	5	297,900	0.09	0.017

Further information concerning Tuberculosis is given in the section of this report dealing with "Prevention of Illness, Care and After-Care" on page (41).

Cancer.—Deaths from cancer during 1954 numbered 532—an increase of 3 over the previous year. The death-rate per 1,000 of population was 1.79—an increase of 0.03 over the rate for 1953.

Deaths from Cancer—1953 and 1954

Age Groups		1953			1954		
		Males	Females	Total	Males	Females	Total
Under 15 years	..	1	4	5	4	2	6
15 to 45	..	19	18	37	9	18	27
45 to 65	..	101	93	194	98	91	189
Over 65	..	145	148	293	162	148	310
TOTAL	..	266	263	529	273	259	532

The table below lists the deaths from cancer during the years 1950 to 1954, according to the location of the disease:—

			1950			1951			1952			1953			1954		
			M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Malignant neoplasm	..	Stomach	45	49	94	42	44	86	58	33	91	47	41	88	40	36	76
"	"	Lung	38	7	45	43	8	51	37	4	41	62	11	73	58	6	64
"	"	Bronchus															
"	"	Breast	—	42	42	1	45	46	—	39	39	1	56	57	—	42	42
"	"	Uterus	—	24	24	—	22	22	—	24	24	—	19	19	—	25	25
"	"	Other	147	129	276	166	131	297	152	133	285	146	126	272	166	146	312
Leukaemia, aleukaemia	..		10	3	13	8	5	13	13	5	18	10	10	20	9	4	13
TOTAL	..		240	254	494	260	255	515	260	238	498	266	263	529	273	259	532

The percentages of total cancer deaths due to cancer of the lung are shown below:—

	% of total cancer deaths	% of lung cancer deaths—males
1950	9.1	84.4
1951	9.9	84.3
1952	8.2	90.2
1953	13.8	84.9
1954	12.0	81.6

Infantile Mortality.—In 1954, the number of infants who died before reaching the age of twelve months was 110—a decrease of three compared with the previous year.

The infant mortality rate, expressed as a rate per 1,000 live births, was 24.51—an increase of 0.15 compared with the previous year. The rate for 1953 was 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 1954 was 25.5 per 1,000 live births.

Below, in tabular form, are particulars of the causes of death of infants who died in 1954 before attaining the age of one year, with comparative figures for 1953.

Infant Deaths during 1953 and 1954—Causes

Cause	1953			1954			Increase or Decrease
	Males	Females	Total	Males	Females	Total	
Congenital malformations	10	3	13	11	13	24	+ 11
Accidents (other than motor vehicles) ..	—	2	2	2	1	3	+ 1
Leukaemia	—	—	—	1	—	1	+ 1
Other infectious and parasitic diseases ..	—	—	—	1	—	1	+ 1
Other respiratory diseases	—	1	1	—	—	—	— 1
Cancer	—	1	1	—	—	—	— 1
Syphilitic disease	1	—	1	—	—	—	— 1
Gastritis, enteritis and diarrhoea	—	1	1	—	—	—	— 1
Influenza	—	1	1	—	—	—	— 1
Nephritis and nephrosis	1	—	1	—	—	—	— 1
Whooping Cough	1	—	1	—	—	—	— 1
Other defined and ill-defined diseases (including prematurity)	34	35	69	34	33	67	— 2
Pneumonia	7	9	16	7	5	12	— 4
Bronchitis	4	2	6	2	—	2	— 4
TOTAL ..	58	55	113	58	52	110	— 3

Of the 110 infants who died in 1954, no less than 57 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 (18) 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, 84 of the total infant deaths during 1954 (or 76.4 per cent) occurred in the first month of life:—

Age Group	1953		1954	
	Deaths	Percentage	Deaths	Percentage
Under 1 day	38	33.6	33	30.0
1 day—1 week	30	26.6	40	36.4
1 week—1 month	12	10.6	11	10.0
1 month—3 months	13	11.5	6	5.5
3 months—6 months	14	12.4	10	9.1
6 months—9 months	2	1.8	5	4.5
9 months—12 months	4	3.5	5	4.5
	113	100	110	100

Neo-natal deaths.—Although much progress has been made in reducing the infant mortality rate in this County—it has been practically halved in the past nineteen years—the mortality of infants during the first month of life continues to be the main obstacle to further progress.

Year	Infant Mortality		Neo-Natal Mortality		
	Deaths	Rate per 1,000 Live Births	Deaths	% of Infant Deaths	Rate per 1,000 Live Births
1950	114	24.39	74	64.9	15.85
1951	140	30.41	82	58.6	17.81
1952	115	24.63	73	63.5	15.63
1953	113	24.36	80	70.8	17.25
1954	110	24.51	84	76.4	18.72

Maternal Mortality.—Deaths due directly or indirectly to pregnancy numbered three in 1954. 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.	21 years	Uraemia Renal cortical necrosis Premature labour and haemorrhage Pituitary necrosis
2.	31 years	General peritonitis Perforation of gangrenous caecum Caesarean section for foetal distress
3.	32 years	Eclampsia Accidental haemorrhage Caesarean section

The table below compares the maternal mortality rates for the County with those for England and Wales over the past seven 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
1954	3	0.65	0.69

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, 1954

	Birth rate per 1,000 population		Death rate per 1,000 population						Rate per 1,000 live births	
	Live Births	Still Births	All Forms	Tuberculosis		Cancer			Infants	
				Res- piratory	Non- Res- piratory	Lung and Bronchus	Other Forms	All Forms	Under 4 weeks	Under 1 year
England and Wales	15.2	—	11.3	0.16	0.019	0.369	1.666	2.035	17.7	25.5
Shropshire	(a)15.07 (b)16.12	0.39	(a)11.51 (b)11.51	0.154	0.017	0.22	1.57	1.79	18.72	24.51

(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	1.71
1951	4,603	15.68	3,719	12.67	884	30.41	1.75
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.68
1953	4,638	15.5	3,244	10.84	1,394	24.36	1.68
1954	4,488	15.07	3,430	11.51	1,058	24.51	1.79

NOTE.—Cancer deaths from 1950 include those due to Hodgkin's disease, leukaemia and aleukaemia.

CENSUS REPORT FOR 1951

Appropriate extracts in respect of Shropshire are given below from the 1951 Census County Report of the General Register Office:—

Population.—The total population enumerated in Shropshire as at midnight, 8th/9th April, 1951, was 289,802. This represents a nett gain since the previous census in 1931 of 45,646 persons—an increase of 18.7 per cent.

In *rural districts*, the greatest gains in population were Shifnal (+78.7 per cent) and Wellington (+45.9 per cent), while losses were shown in Clun (—8.5 per cent) and Ludlow (—3.9 per cent).

In the *boroughs and urban districts*, highest increases were recorded at Wellington (+33.5 per cent) and Shrewsbury (+22.3 per cent), while the only decrease was at Bishop's Castle (—4.6 per cent).

The general increase in population was attributable in equal proportions to natural increases, i.e. excess of births over deaths (+9.3 per cent) and migration (+9.4 per cent). Districts mainly affected by migration were Clun Rural (—14.1 per cent), Ludlow Rural (—9.6 per cent) and Bishop's Castle Borough (—6.2 per cent). In Shifnal Rural, migration was responsible for 61.5 per cent of the increase in population, due to the presence of a military establishment.

In the Urban District of Church Stretton, deaths exceeded births by 2 per cent over the intercensal period.

Dwellings, rooms and private households.—The dwellings occupied by private households or vacant at the time of the census numbered 76,964, representing an increase of 16,472 (or 26.8 per cent) over the 1931 figure.

There were 77,823 private households—an increase of 27.8 per cent since 1931. Of this number 73,525 households were in sole occupation, while 4,298 households shared 1,997 dwellings, a further 4,222 dwellings being vacant.

With the number of dwellings increasing by 26.8 per cent since 1931, against a population increase of 18.7 per cent, there has been a slight decrease in the overall density of occupation of dwellings, the figure of persons per room in 1951 being 0.73 as against 0.79 in 1931. This is now comparable with the average of 0.73 persons per room in England and Wales as a whole.

Of the total population in private households the percentage of persons living at more than 2 per room decreased from 6.18 per cent in 1931 to 2.82 in 1951.

Household arrangements.—Of all private households, 31,717 (or 41 per cent) had the exclusive use of a piped water supply, cooking stove, kitchen sink, water closet and fixed bath; and another 9,014 (or 12 per cent) had all except a fixed bath.

In dwellings with one family in exclusive occupation, 42 per cent of households had all five facilities; and 12 per cent had all except a fixed bath. In shared dwellings, the respective proportions were 15 and 4 per cent.

Heads of private households.—The heads of private households who were married numbered 59,072 (or 75 per cent); 12,475 (or 16 per cent) were widowed or divorced; while 7,276 (or 9 per cent) were single.

Of the 77,823 private households, 7,094 (or 9 per cent) were comprised of one person, and of these persons 4,689 were over 60 years of age.

Non-private households and institutions.—Of the total enumerated population of 289,802 persons, the number living in hotels, boarding houses, schools and institutions was 2,563 (or 1.1 per cent); 4,237 (or 1.5 per cent) were in civilian hospitals or nursing homes; and 18,119 (or 6.3 per cent) in defence establishments.

Birthplace and nationality.—Of the total population of Shropshire, only 7,718 (or 2.6 per cent) were born outside the United Kingdom and the Republic of Ireland; 179,127 persons (or 61.8 per cent) were born in the County; 77,107 (or 26.7 per cent) were born elsewhere in England; and 25,850 (or 8.9 per cent) in Wales, Scotland, Northern Ireland, Eire, Isle of Man or the Channel Islands.

Of the 7,718 persons born in Commonwealth countries, Colonies and foreign countries, 71 were visitors, the remaining 7,647 persons being permanent residents in the County.

Sex, age and marital condition.—Of the total population of the County, 31,279 persons were aged 65 or over, representing 10.8 per cent, which is practically the same as the percentage of 10.9 for England and Wales.

Persons of 70 years or more numbered 19,956 (or 6.8 per cent) and 4,610 (or 1.5 per cent) were 80 years or over.

The ratio of females per 1,000 males was 938. This is a much lower proportion than that of 1931 when the ratio was 1,047 females per 1,000 males and the reduction is mainly due to the relatively large number of men now in Defence Establishments.

At age 20—24, there were 179 males married per 1,000 in that age group as compared with 107 in 1931; and 470 females per 1,000 as against 251 in 1931.

Education.—Of the children in the County aged 15 years, the percentage in full-time attendance at an educational establishment was 36 per cent; and 18 per cent of those aged 16 years.

Social Class.—The distribution of males aged 15 years or over classified according to their occupations (including those retired) shows a preponderance of skilled workers above all other classes, as follows:—

Class	Per 1,000 males
I. Professional, etc.	29
II. Intermediate occupations	158
III. Skilled occupations	515
IV. Partly skilled	198
V. Unskilled	100

Districts with the largest proportions per 1,000 in Class I were Church Stretton Urban (106) and Market Drayton Urban (50); those with the largest proportions in Class V were Ludlow Borough (183) and Wellington Urban (164).

INFECTIOUS DISEASES

Table V on page (77) of this Report summarises the notifications of infectious diseases which were received during 1954.

Tuberculosis.—During the year, 144 new cases of Respiratory Tuberculosis were notified. This figure excludes hospital and service cases not ordinarily resident in the County and represents an increase of 8 over the previous year.

Deaths from Respiratory Tuberculosis numbered 46—an increase of 14 over the previous year.

New cases of Non-Respiratory Tuberculosis numbered 27, again excluding cases not ordinarily resident in the County, and were the same as for 1953. There were 5 deaths from this form of the disease—3 less than the previous year.

Particulars of the notifications of and deaths from both forms of Tuberculosis, classified in age groups, are given below. Cases which were not notified until after death are shown in brackets and it will be seen that there were 15 such cases, representing 8.8 per cent of the new notifications during the year, compared with 8.6 per cent in the previous year.

New Cases of, and Deaths from, Tuberculosis (Respiratory and Non-Respiratory) during 1954

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	1	—	—	—	—
1—5	6	1	1	—	—	—	—	—
5—15	3	6	6	7	—	—	—	—
15—25	10	17	2	2	—	—	—	1
25—45	34 (1)	23 (1)	2	5	5	7	—	—
45—65	27 (5)	6 (1)	1 (1)	—	21	5	2	—
65 and over ..	8 (5)	3 (1)	—	—	8	—	1	1
TOTAL ..	88 (11)	56 (3)	12 (1)	15	34	12	3	2
	144 (14)		27 (1)		46		5	

Poliomyelitis.—The number of cases of Poliomyelitis (infantile paralysis) occurring in this County during 1954 was 13, a decrease of 13 compared with the previous year. Two cases, both paralytic, terminated fatally and were the first deaths in this County from this disease for three years.

These 13 cases, 9 of which were paralytic and 4 non-paralytic, were notified as follows:—

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1	—	—	—	—	2	—	7	1	1	—	1	13

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 ..	—	—	—	—	—	—
3 to 4 " ..	1	—	—	—	1	—
5 to 9 " ..	4	—	—	—	4	—
10 to 14 " ..	—	1	1	—	1	1
15 to 24 " ..	—	—	—	2	—	2
25 and over ..	1	1	1	—	2	1
TOTAL ..	6	3	2	2	8	5

The table below shows the yearly incidence of, and deaths from, this disease during the 17 years up to and inclusive of 1954:—

Notifications of, and Deaths from, Poliomyelitis from 1938 to 1954

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Notifications	8	15	4	4	1	5	10	13	5	32	13	10	62	13	27	26	13
Deaths	1	2	2	2	—	—	1	1	—	2	2	1	11	1	—	—	2

Dysentery.—The number of cases of Dysentery notified during 1954 was 107—an increase of 62 compared with the previous year; this was largely due to an outbreak in a Service establishment near Shifnal.

Measles.—Notifications received in respect of Measles numbered 170—a decrease of 4,031 over the corresponding figure for 1953, and there were no deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 950, or 16 more than in the previous year, and there were no deaths from this disease. (See also under Immunisation Service on page (36)).

Food Poisoning.—During 1954, the number of cases of Food Poisoning notified was 223, compared with 39 in the previous year, and none is known to have proved fatal. Of these cases, 134 occurred at and were confined to a Royal Air Force establishment.

Typhoid and Paratyphoid.—No cases of Typhoid or Paratyphoid were notified during the year.

Diphtheria.—There were no notified cases of Diphtheria in this County during 1954, although one death was assigned to this disease by the Registrar-General. (See also under Immunisation Service on page 34).

Smallpox.—There were no notified cases of Smallpox in this County during 1954.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year under review was 211—a decrease of 29 compared with the previous year.

VENEREAL DISEASES

Facilities for the treatment of venereal diseases are provided by the Shrewsbury Group Hospital Management Committee at a special treatment clinic in Shrewsbury as part of the hospital and specialist services.

The particulars given in the table below of the attendance of Shropshire cases at the Shrewsbury Clinic have been supplied through the courtesy of Dr. J. P. G. Rogerson, Medical Officer in charge.

Information is also given below concerning the numbers of Shropshire cases who were treated during 1954 as new cases at clinics outside this County.

Shropshire Cases treated at Shrewsbury Clinic

Conditions	New Cases						All Cases						Attendances					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954
Syphilis	8	4	15	7	23	11	85	77	83	89	168	166	687	564	631	700	1318	1264
Gonorrhoea	11	5	3	—	14	5	20	12	6	2	26	14	83	44	32	2	115	46
Non-Venereal	84	75	29	25	113	100	110	112	51	58	161	170	293	280	88	88	381	368
TOTAL	103	84	47	32	150	116	215	201	140	149	355	350	1063	888	751	790	1814	1678
Increase or Decrease ..	—19	—15	—34	—14	—48	—11	—14	—14	+9	—5	—5	—5	—175	+39	—136	—136	—136	—136

New Cases from Shropshire treated at Out-County Clinics

Clinic	Syphilis		Gonorrhoea		Other Conditions		Total	
	1953	1954	1953	1954	1953	1954	1953	1954
Doncaster ..	—	—	1	—	—	—	1	—
Liverpool ..	—	—	1	—	3	—	4	—
Oxford ..	—	—	—	—	1	—	1	—
Stafford ..	—	1	—	—	—	—	—	1
Stoke-on-Trent ..	—	—	—	—	1	4	1	4
Wolverhampton ..	2	1	3	5	12	15	17	21
Wrexham ..	—	—	1	—	1	—	2	—
TOTAL ..	2	2	6	5	18	19	26	26

INTEGRATION OF LOCAL HEALTH, HOSPITAL AND MEDICAL SERVICES

The Minister of Health in his Circular 28/54 of 15th December, 1954, indicated the lines which Annual Reports of Medical Officers of Health for 1954 should follow; these are mainly as set out in his Circular 1/54, relating to Reports for 1953, and which requested, *inter alia*, information concerning "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."

General Practitioner Services: Maternity and Child Welfare.—The Annual Report for 1953 noted the favourable local conditions which make mutual co-operation easy. During 1954, these facilities continued and representatives and officers generally used them to advantage, and showed that "will to co-operate" stressed in the Cohen Report on General Practice within the National Health Service, published in June, 1954.

The latter report was reviewed with interest in September, 1954, by the Health Committee, who felt that the County Health Department could and would continue to offer all possible help to practitioners.

An interesting innovation was the appointment of a practitioner to take charge of one of the Council's Child Welfare Centres newly opened in a village hall rented on a sessional basis and serving a village and surrounding area. Though such an arrangement is, for a variety of reasons, rarely easy to effect, it seems in this case to have had happy results and be welcomed by all concerned.

A system whereby the Council's medical and Superintendent nursing staff receive reports from their midwives in cases of Toxaemia arising in pregnant women began during the year. Though it was felt necessary to introduce this at very short notice, careful consideration was given, and such expert opinion as time allowed was sought, before instructions were issued to midwives. A few practitioners may have been puzzled, but the scheme seems to be generally accepted by them in a generous spirit, and is felt to have proved its value. A retrospective offer was made to discuss the matter with the Local Medical Committee, but no-one seemed to find it necessary to pursue this.

The Council provide the midwives service statutorily and are their statutory supervising authority under the Midwives Acts. Responsibility for domiciliary obstetric work is therefore shared with the practitioner. Between the latter and the midwives good relations usually obtain, and practitioners may be assured that the Health Department's aim is to provide additional safeguards for patients and share responsibility with family doctors and midwives; there is no other ulterior motive.

Hospital Services: Obstetrics.—In connection with the Hospital side of obstetric practice, a reduction in the large numbers of obstetric cases admitted to the Royal Salop Infirmary would be welcomed. The very large numbers dealt with as in-patients must tend to result in overcrowding with its attendant disadvantages and even risks, and this was evidenced during the year despite many efforts to effect improvement. It does not seem right to attempt to accommodate 300 to 400 patients annually in the twelve obstetric beds there, when this necessitates many puerperal patients being discharged from hospital in 48 hours or even less.

The Minister of Health set out in his Circular 5/53 of 5th March, 1953, his advice regarding the 'Care of Mothers and Babies: the Lying-in Period' and the relevant portions have been quoted *in extenso* on page (29) of this Report. The Minister felt it 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. Besides being contrary to the principle recommended by the Minister that the patient should remain in hospital for ten days at least, these very early discharges make it almost impossible for the hospital to give the family doctor and the Medical Officer of Health (for the domiciliary midwife) adequate warning when the patient is being sent home. The Minister asks Hospital Management Committees to ensure this; in the circumstances obtaining, it is not being done.

Since more than 700 obstetric cases annually were satisfactorily dealt with in Cross Houses Hospital before the appointed day, it would seem that a spreading and sharing of beds and staff as between the two hospitals might be more energetically pursued, as is understood to be the wish of the Regional Hospital Board and Hospital Management Committee and regarded by them as a safer and preferable measure while awaiting the provision of an entirely new Maternity Unit which is likely to take some years to provide. Sympathy is felt with the desire for ample and up-to-date accommodation; but since the Minister invited the Local Health Authority to initiate discussions, this was done, and the opinion reiterated that the present accommodation in the Group might meanwhile be used to better advantage if beds and staff were shared more evenly between the two Hospitals.

Liaison with representative Committees.—The Local Medical Committee, principally representing practitioners, and the Group Medical Committee, principally representing consultants, have continued to help and advise the County Medical Officer on questions of policy affecting health services; subjects under recent mutual review being geriatrics, speech therapy and the use—either present or proposed—of County Council clinic accommodation for hospital out-patient and ancillary services.

The respective Chairmen of these two Committees always make themselves available readily and on short notice to advise me on any lesser or more urgent question; and it is a pleasure to record again my grateful thanks for their continued help.

Meetings have taken place, as the occasions arose, with the Secretaries of the Nos. 15, 16 and 27 Group Hospital Management Committees; and such contacts have always proved happy occasions and of benefit to the County Health Department and, it is hoped, no less so to the Hospitals concerned.

Clinic Accommodation: Liaison with Hospitals.—Allusion is made on page (20) to the Council's policy regarding the provision of Welfare Centre and clinic accommodation. When a Welfare Centre is only required for a session weekly or fortnightly, accommodation should be rented if available; intermediate cases requiring more sessions and accommodation for dental services should be assessed on their merits; and where there seems good *prima facie* evidence that accommodation in a County Council owned building could be fully, or nearly fully, utilised throughout the week, then it seems well to consider its use by other branches of the Health Services, and particularly if the erection of new premises is involved.

It is bad economics to build for limited use, but to offer sessions to Hospital Services at an economic rental may, for several reasons, be sound policy and good economics.

The Hospital Services often have urgent need of extra out-patient accommodation, which the Regional Hospital Board's financial "ceiling" cannot afford, and so the hospital work is embarrassed unless they can rent suitable premises.

If the County Council can offer facilities in their clinics, the hospital side of the Health Services, who co-operate with and help the Local Health Authority Services well, are inconvenienced. There should be no need, if suitable financial arrangements can be made, for the Council's ratepayers to suffer. The latter and the public generally may well benefit practically by the Hospital and Local Health Authority Services sharing accommodation; and benefit financially by integration instead of duplication.

Such arrangements have for many years operated to mutual advantage as between the Council and the No. 27 (Orthopaedic) Hospital Management Committee at the Bridgnorth, Dawley, Ellesmere, Ironbridge, Oakengates, Oswestry, Wellington and Wem Centres. The arrangement continues and the Health Committee have, in planning new centres, made provision, in consultation with the Orthopaedic Hospital, for the special requirements of orthopaedic work. At Bridgnorth, the No. 16 (Wolverhampton) Hospital Management Committee have utilised the centre for out-patient purposes since July, 1950, and as many as eight different clinics are now operating there. Six Welfare Centres are used by the No. 15 (Shrewsbury) Hospital Management Committee for Chest and Psychiatric outpatient clinics.

The public have always shown much interest in the conception of 'Health Centres' envisaged in Section 21 of the National Health Service Act, 1946. Most Authorities now feel that much of that original conception needs reviewing in the light of experience since the appointed day. Health Centres so far established have proved expensive, nor have General Practitioners been asked to pay economic rentals for the use of such premises. The new 'Diagnostic Centre' at Corby, Northamptonshire, recently opened at the time of writing, is being studied by the Council's officers with great interest, because the Birmingham Regional Hospital Board would welcome something analogous at Wellington in this County.

Whatever may be the future of this particular suggestion, integration of the Local Health Authority's clinic facilities with those of the Hospital Services seems to offer better opportunity for success and value to the public, than trying to incorporate into Local Health Authority centres general practitioner accommodation alone. The good liaison with Hospital Services and the opportunity to help them have interested and given satisfaction to the Health Committee and Council hitherto; and it is hoped that they will continue to review with an open mind the reports in preparation regarding the possibilities at Wellington.

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 notifications of births, in the County as a whole, which were received during 1954, with corresponding figures for the preceding four years:—

Notifications of Births for the years 1950 to 1954

Year	Live Births	Stillbirths	Total
1950	4,734	102	4,846
1951	4,602	122	4,724
1952	4,715	114	4,829
1953	4,679	126	4,805
1954	4,555	114	4,669

Premature Live Births and Stillbirths, 1954

Weight at Birth	PREMATURE LIVE BIRTHS														PREMATURE STILLBIRTHS		
	Born in Hospital				Born at Home				Born in Nursing Home						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		Died within 24 hours of birth				
	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	Total	Survived 28 days	Died within 24 hours of birth	Survived 28 days	Total	Survived 28 days	Died within 24 hours of birth	Survived 28 days	
3 lb. 4 ozs. or less ..	24	11	6	1	1	—	10	5	3	1	1	—	1	—	7	3	—
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. ..	28	4	19	4	—	3	14	1	12	1	—	1	1	—	9	6	—
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. ..	53	2	51	6	—	6	5	—	3	1	—	1	2	—	6	2	1
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. ..	110	1	106	57	1	56	5	—	4	7	—	6	—	—	6	5	—
TOTAL ..	215	18	182	68	2	65	34	6	22	10	1	8	4	—	28	16	1

Of 331 children who were born prematurely in 1954, a total of 280 (or 84.6 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.

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 1954, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:—

Premature Infants born during the years 1950 to 1954

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 %
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
1954	102	215	14	331	27	24	51	280	84.6

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1954 are summarised in the table on page (19).

Birth Control Clinics.—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, 1954:—

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
1954	24	108	202	94	5	71 5 11

A similar clinic was opened on 6th October, 1954, in response to local demand, at the Welfare Centre, Dinham, Ludlow, and is held on one afternoon each month. Six new patients attended the three sessions held during 1954 and the sum of £1 7s. 7d. was recovered for supplies prescribed.

Ophthalmia Neonatorum.—During 1954, notifications were received from medical practitioners of 5 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 cases recovered, apparently without injury to the eyesight.

Welfare Centres.—Particulars are given on page (21) of the Welfare Centres provided by the County Council and of the services available; and the table on page (22) gives information with regard to the attendance at these and other voluntary clinics of pre-school children and expectant mothers during 1954.

Opening of New Welfare Centres during 1954.—During the year, arrangements were made for a Welfare Centre to operate twice monthly in the Old People's Rest Room at Hadley. These premises had been provided entirely by voluntary efforts and with financial assistance from the funds of the former Hadley and Horton District Nursing Association. The provision of a Child Welfare Centre resulted very largely from the energetic interest of Mrs. V. M. Tidman, and the Trustees of the Nursing Association generously provided all the necessary equipment in addition to a wealth of voluntary assistance. The Centre was opened on 27th July by Dr. W. R. H. Pooler, another of the trustees of the Nursing Association, and a member of the County Council Health Committee, co-opted as representative of the Local Medical Committee of Practitioners.

Further Welfare Centres envisaged in the Council's proposals under the National Health Service Act, 1946, were opened in existing premises at Cleobury Mortimer and Shifnal on 4th August and 12th October, 1954, respectively.

At Cleobury Mortimer there had operated for some years by local effort and the hard work of the two District Nurses an unofficial baby weighing session, in premises generously made available without charge by the Cleobury Mortimer Parish Council. Representations were made by the latter body in 1954 for official recognition. County Councillor T. H. Pain, Chairman of the Parish Council, and Miss D. E. Tomkinson, representing the former Cleobury Mortimer District Nursing Association, gave their valued help to the County Council's officers in the negotiations which ensued. With funds generously made available by the Trustees of the Nursing Association a substantial programme of improvements to the Parish Hall, in which the Welfare Centre is conducted, is to be carried out shortly, in accordance with plans prepared at the Trustees' request by the County Architect.

At Shifnal, an unofficial baby weighing session had provided for some years a useful service to the community through the generosity of the Shifnal Women's Institute, who made accommodation available free, and through the untiring efforts and even the financial help of the District Nurses. Ultimately, this arrangement was replaced by an official Centre, held weekly in St. Andrew's Hall, the Trustees of which were very helpful in the negotiations for the rental of the alternative premises for the necessary sessions.

A fourth Centre was opened on 15th November, 1954, at Donnington and functions twice monthly in premises which form part of a local R.A.O.C. Depot. This clinic was inaugurated after representations had been received from local residents and the Service Authorities.

At the end of the year, arrangements were in hand for the establishment of child welfare centres in existing premises at Alveley and Pontesbury.

The second of the new Welfare Centres to be erected under the Council's post-war building programme was completed at Dawley in the latter part of the year and taken into use on 4th November. At the end of the year, a new Centre at Ellesmere was nearing completion; and proposals were in hand for new premises at Madeley and Whitchurch. It is hoped that the last named will be built on land adjoining the Deermoss and Cottage Hospitals at Whitchurch, belonging to the Shrewsbury Group Hospital Management Committee. Through the interest of their Vice-Chairman and Chairman of their Planning Committee, Councillor A. H. Jones, the offer of this land was first mooted at a time when much difficulty was being experienced in finding a suitable site on which to build a clinic to replace the present unsatisfactory building.

After inspection by the representatives of the Whitchurch Urban District Council and others interested, the site was unanimously approved; the Health Committee in particular welcoming this evidence of goodwill on the part of the Hospital Management Committee and the opportunities afforded of further co-operation between the Local Health Authority and Hospital sides of the Health Services.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority:

- a. Ante-natal
- b. Birth Control
- c. Child Guidance
- d. Dental
- e. Diphtheria Immunisation
- f. Domestic Help
- g. Child Welfare
- h. Mental Health Occupation Class
- i. Minor Ailments
- j. Mothers Club
- k. Refraction
- l. Speech Therapy
- m. Welfare Foods

Hospital and Specialist Services, etc.:

- n. Ante-natal exercise
- o. Chest
- p. Gynaecological
- q. Medical
- r. Ministry of Health examination sessions
- s. Ophthalmic
- t. Orthopaedic
- u. Paediatric
- v. Physiotherapy
- w. Psychiatric
- x. Skin
- y. Surgical
- z. Welsh Board examination sessions

(C)—Premises owned by County Council

(R)—Rented on sessional basis

Centre	Address	Clinics	Frequency of Child Welfare Clinic
BISHOP'S CASTLE	Church Street	(R) a, d, e, g, l, m	1st and 3rd Fridays
BRIDGNORTH	Northgate	(C) a, d, e, f, g, i, l, m Gp. 15 H.M.C.: o, w Gp. 16 H.M.C.: p, q, s, t, u, v, x, y Gp. 27 H.M.C.: t	Mondays
BROSELEY	Victoria Institute	(R) e, g, m	1st, 3rd and 5th Thursdays
CHURCH STRETTON	Silvester Horne Institute	(R) a, e, g	1st and 3rd Thursdays
CLEOBURY MORTIMER	Parish Hall	(R) e, g, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, d, e, g, l, m Gp. 27 H.M.C.: t	Tuesdays
DONNINGTON	(1) Turreff Hall (2) Army Dental Centre	(C) a, e, g, m (R) e, g	1st and 3rd Wednesdays 2nd and 4th Fridays

ELLESMERE	Brownlow Road	(C) a, d, e, g, m Gp. 27 H.M.C.: t	Tuesdays
HADLEY	Old People's Rest Room	(R) a, e, g, m	2nd and 4th Tuesdays
HIGHLEY	Miners' Welfare Annexe	(R) a, e, g, m	Tuesdays
IRONBRIDGE	Severn Bank, House, The Wharfage	(C) a, d, e, g, i, l, m Gp. 27 H.M.C.: t	Fridays
LUDLOW	Cliftonville, Dinham	(C) a, b, d, e, f, g, l, m Gp. 15 H.M.C.: o	Mondays
MARKET DRAYTON	Longslow Road	(C) a, d, e, f, g, i, k, l, m Gp. 15 H.M.C.: w	Wednesdays
MUCH WENLOCK	British Legion Hall	(R) a, e, g, m	2nd and 4th Tuesdays
NEWPORT	Boyne House, Beaumaris Road	(C) a, d, e, f, g, l, m	Fridays
OAKENGATES	Stafford Road	(C) a, d, e, g, k, m Gp. 27 H.M.C.: t	Wednesdays and Fridays
OSWESTRY	Upper Brook Street	(C) a, c, d, e, f, g, i, l, m Gp. 15 H.M.C.: n, o, s, w Gp. 27 H.M.C.: t Others: r, z	Wednesdays
SHAWBURY	Parish Hall	(R) e, g, m	Tuesdays
SHIFNAL	St. Andrew's Hall	(R) e, g	Mondays
SHREWSBURY	(1) Murivance (2) White House	(R) a, b, e, g, h, i, j, l, m (C) a, e, g, i, m	Tuesdays and Fridays Thursdays and Fridays
ST. MARTIN'S	Ifton Miners' Institute	(R) e, g, d	1st, 3rd and 5th Tuesdays
WELLINGTON	Haygate Road	(C) a, c, d, e, g, i, l, m Gp. 15 H.M.C.: w Gp. 27 H.M.C.: t Others: r	Thursdays
WEM	The Shrubbery	(C) a, d, e, g, l, m Gp. 27 H.M.C.: t	Thursdays
WHITCHURCH	27 St. Mary's Street	(C) a, d, e, f, g, l, m Gp. 15 H.M.C.: o, w	Thursdays

Attendances at Welfare Centres during 1954

Welfare Centre	CHILDREN 0 TO 4 YEARS									EXPECTANT MOTHERS	
	CASES					ATTENDANCES				New cases	Total Attendance
	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		
1954		1953	1952—1949	Total							
Bishop's Castle ..	41	27	41	62	130	265	157	327	749	—	—
Bridgnorth	121	99	82	136	317	1,043	556	764	2,363	17	34
Broseley	61	54	46	63	163	479	473	414	1,366	*	*
Church Stretton ..	50	43	40	69	152	372	250	347	969	2	2
†Cleobury Mortimer ..	—	—	—	—	—	—	—	—	—	—	—
Dawley	86	65	54	71	190	742	249	287	1,278	—	—
Donnington:											
Turrell Hall ..	121	117	111	118	346	1,140	999	427	2,566	1	1
‡Ordnance Depot ..	11	24	8	23	55	68	18	47	133	*	*
Ellesmere	36	31	28	42	101	268	112	180	560	1	1
§Hadley	45	40	19	22	81	227	37	68	332	*	*
Highley	54	37	21	64	122	585	30	368	983	6	14
Ironbridge	91	79	61	98	238	949	669	634	2,252	34	61
Ludlow	95	83	68	79	230	503	296	241	1,040	—	—
Market Drayton ..	121	89	87	94	270	1,006	482	427	1,915	22	132
Much Wenlock ..	29	27	27	70	124	234	223	378	835	1	1
Newport	145	80	78	120	278	746	55	725	1,526	1	1
Oakengates	141	85	74	79	238	960	36	199	1,195	1	1
Oswestry	216	118	111	101	330	1,670	48	364	2,082	—	—
St. Martins	50	19	36	29	84	314	12	133	459	*	*
Shawbury	87	37	56	58	151	669	17	284	970	*	*
θShifnal	35	34	15	7	56	96	21	8	125	*	*
Shrewsbury:											
Murivance	287	233	215	231	679	2,102	1,095	769	3,966	25	90
White House ..	216	216	156	215	587	1,534	1,127	773	3,434	42	149
Wellington	175	167	141	196	504	1,441	1,053	655	3,149	—	—
Wem	38	33	22	31	86	239	163	98	500	1	3
Whitchurch	59	42	39	38	119	489	166	84	739	—	—
TOTAL ..	2,411	1,879	1,636	2,116	5,631	18,141	8,344	9,001	35,486	154	490

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

Buntingsdale	74	35	53	17	105	415	46	55	516	*	*
Cosford	36	26	31	39	96	328	182	195	705	*	*
Stanmore	44	35	37	50	122	510	430	422	1,362	*	*
Ternhill	27	14	14	10	38	234	3	56	293	*	*
TOTAL ..	181	110	135	116	361	1,487	661	728	2,876	*	*

*No Ante-Natal Clinic

†Opened on 4th August, 1954. No figures available

‡Opened on 12th October, 1954

§Opened on 27th July, 1954

¶Opened on 15th November, 1954

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 1954 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 1954 in connection with the general supervision of unmarried mothers and illegitimate children. With regard to the latter, it will be seen that 127 children came under supervision during the year and this represents 63.8 per cent of the illegitimate births registered in this County.

Supervisory Work undertaken during 1954

Association	Moral Welfare Workers	Visits made to Mothers and Children	Unmarried Expectant Mothers Visited
Lichfield	1	1,313	63
Hereford	2	798	28
TOTAL ..	3	2,111	91

Children Supervised during 1954

	Total	Lichfield	Hereford
On Register on 1st January ..	454	328	126
Added to Register	127	83	44
Removed from Register	162	113	49
On Register on 31st December ..	419	298	121

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 by the County Council in 1952 to Chaddeslode and Myford House respectively and that for Myford was repeated in 1953 and 1954. In July, 1953, however, the Council decided to increase their contribution to Chaddeslode for that year to £450 and also to make a contribution of £100 towards the cost of redecorating and improving the hostel. In July, 1954, it was decided to renew the grant of £350 for that year and to make a special contribution of £100 towards the cost of installing central heating equipment.

Chaddeslode and Myford House provide a total of 27 beds (16 at Chaddeslode and 11 at Myford) and 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 is a member of the Executive Committees of Myford House and the Hereford Diocesan Association, and the Deputy County Medical Officer is a member of the Executive Committee of Chaddeslode.

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, 1954:—

St. Martin's Home, Hereford	..	..	..	..	13
Chaddeslode, Shrewsbury	..	..	..	..	9
Myford House, Horsehay	..	..	..	..	5
Mrs. Legge Memorial Home, Wolverhampton	..	..	..	..	5
Mrs. Hay Memorial Home, Wolverhampton	..	..	..	..	3
					35

Principal Dental Officer's Report

The dental service provided for expectant and nursing mothers and pre-school children was expanded during the year. The increase in the number of patients treated was made possible by the improvement in the staffing situation which took place in the latter part of 1953. This improvement was maintained in 1954 and the staff was still further augmented by the addition of a part-time officer towards the end of the year.

It is satisfactory to report that with this more favourable staffing position it became possible to reverse the policy reluctantly adopted in 1950 of not encouraging the medical officers and nursing services to refer mothers and children to the Dental Service for examination and treatment. The response to this change of policy has not been so great as might have been expected since the pressure for dental treatment on the part of the public in this area has eased, with the result that mothers are not finding the difficulty they had formerly in getting treatment from the general dental practitioners of their choice. The demand made on the Council's Dental Service is, however, steadily growing and can be expected to increase with the dental education of those mothers still unaware of the importance of a sound dentition for themselves and for their children.

The authorised establishment of full-time officers for 1954 was 11. On 1st January the staff numbered 5 full-timers but by the end of the year it had risen slightly by the recruitment of a part-timer. The total service rendered by the staff during the year was 5.12 in terms of full-time officers, an increase of 1.52 over the previous year. Of the total service rendered the proportion devoted to mothers and pre-school children was 0.38 of a full-time officer, an increase of 0.18 over 1953. As the demand for treatment for these particular classes develops, the time required will be allocated to cope with it.

Review of the work done during the year.—The statistical tables at the end of this report show the numbers of mothers and children dealt with and give details of the work carried out. By comparison with last year the numbers dealt with are up by 88% in the case of mothers and 70% for children. There is of course a corresponding increase in the amount of treatment carried out. An encouraging aspect of the work done is the rise in the amount of conservative treatment carried out per patient, which for mothers was more than doubled and for children rose by 10% over that for the previous year.

The number of dentures made for mothers was one less than last year. Three partial dentures were successfully fitted for pre-school children.

The irresponsible way some patients regard appointments for dental examinations and treatment is disappointing. Of the number of mothers who during the year were referred by the nursing staff and promised to attend a dental clinic for examination, 15% failed to do so. Over 3% who were examined failed to keep any of the appointments made for them for treatment and 18% who began treatment abandoned it before it could be completed. A proportion of valuable time is unfortunately bound to be lost when dealing with people who regard dental appointments in such a casual way.

Evening Sessions.—To enable and encourage those mothers who for various reasons found it inconvenient or impossible to attend for dental treatment during the morning or afternoon, evening sessions were introduced. Beginning in November, one session between the hours of 6 p.m. and 8.30 p.m. was held each week at the Dental Clinic in Shrewsbury. This scheme is experimental and if after reasonable trial it is found to meet a real need it will be extended and adopted in other parts of the County as the demand arises.

Supply of Artificial Dentures.—No change in the original arrangements made for the supply of artificial dentures as required has been made. The setting up of a dental laboratory on the premises of 5 Belmont, Shrewsbury, and the employment of a dental technician are postponed until the quantity of mechanical work to be done justifies them.

Facilities for X-ray Examinations.—Four of the dental base clinics are provided with X-ray facilities. Provision has been made for a machine to be installed at Madeley when the dental base at the Child Welfare Centre there, now building, is equipped and one each will be forthcoming for Wellington and Bridgnorth when the proposed reconstruction of the dental base clinics at both places is completed.

Provision of Dental Clinics.—Much has still to be done before the need for dental clinic accommodation in the County is met but it is very satisfactory to record two further steps in the fulfilment of the programme.

Dawley.—In November, 1954, the newly built, furnished and equipped dental clinic forming part of the Child Welfare Centre became available for use. This well-planned, bright and adequate dental clinic gives Dawley and district the facilities which were badly needed. It is greatly appreciated by parents and patients and no less by the dental staff who work there.

Mobile Dental Clinic.—At the end of June, 1954, delivery was taken of a "Gloster" Mobile Dental Clinic. This vehicle is the next best thing to a static clinic and is required for use in the remoter parts of the County where the provision of a permanent subsidiary clinic is not justified. It was well received from the beginning and has been in great demand since.

Ellesmere.—The subsidiary dental clinic at the new Child Welfare Centre at Ellesmere was nearing completion in 1954 and ready for use in early 1955.

Madeley.—Work on the new Child Welfare Centre at Madeley which includes a dental base clinic has begun. The completion of this clinic will satisfy the pressing need for dental accommodation in that district and is eagerly awaited.

Bridgnorth, Whitchurch and Market Drayton.—Plans for the provision of dental clinic accommodation which is urgently required at these places are in being and it is expected that a beginning on the proposed adaptations to the Child Welfare Centres at Bridgnorth and Market Drayton will be made during 1955.

G. R. CATCHPOLE,
Principal Dental Officer.

Expectant and Nursing Mothers and Pre-School Children dealt with during 1954

	Mothers			Pre-School Children
	Expectant	Nursing	Total	
Examined	63	95	158	208
Found to require treatment	63	95	158	199
Brought forward for treatment from previous year	24	26	50	20
Total requiring treatment	87	121	208	219
Treatment completed	23	51	74	170
Treatment commenced but abandoned by patient	11	13	24	16
Treatment still in progress on 31st December, 1954	38	48	86	14
Total treated during the year	72	112	184	200
Failed to keep appointments	10	5	15	13
Transferred for treatment by other services	—	—	—	3
Awaiting treatment on 31st December, 1954	5	4	9	3
	15	9	24	19

Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1954

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	158	158	184	74
Children under Five	208	199	200	170

Forms of Dental Treatment Provided during 1954

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	54	301	—	1	467	30	30	27	28
Children under Five	—	101	102	—	218	111	—	3	8

Distribution of Welfare Foods

When the local offices of the Ministry of Food were closed in July, 1954, responsibility for arranging for the distribution of Welfare Foods was transferred to Local Health Authorities. The foods concerned are National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin A. & D. tablets.

The service is now provided as part of the Council's arrangements for the Care of Mothers and Young Children under Section 22 of the National Health Service Act, 1946, and the Council's proposals have, with the approval of the Minister of Health, been amended as follows:—

"The Council propose, as part of their arrangements under Section 22, to distribute Welfare Foods supplied by the Ministry of Food, which are included in the National Welfare Foods Scheme; and to purchase and distribute other welfare foods where the welfare of expectant and nursing mothers or young children so requires."

In order that the facilities provided for the public by the County Council for distribution of Welfare Foods might not be inferior to those previously provided by the Ministry of Food, it was necessary to establish and staff nine main distribution and storage centres in the more populous parts of the County. Only in two cases, however, was it necessary to rent premises especially for this purpose, use being made in the other instances of premises—mostly Child Welfare Centres—owned by the County Council. Paid part-time staff are employed at five of the centres but through the kind offices of Mrs. I. M. Wilson, M.B.E., County Organiser of the Women's Voluntary Services, the remaining four centres are staffed by voluntary workers.

When the main Food Offices closed down there were also in operation in the County some eighty selling points, staffed by voluntary workers, and these have all continued to function since the County Council assumed responsibility for the Welfare Foods scheme. The points include shops, post offices and private houses.

Welfare Foods are supplied free of charge by the Ministry and are delivered without charge to the main storage depot at the County Health Office, Shrewsbury, and to eight other centres where adequate storage facilities are available. It has, however, been necessary to make arrangements for transporting stocks of foods from the main storage depot and some of the larger centres to the numerous smaller distribution points. To this end use has been made as and when necessary of the driver and vehicle already utilised part-time for the purpose of transporting the mobile dental caravan. One full-time driver, formerly employed by the Ministry of Food in the Wellington area, has also been engaged by the Council and the van previously used by this driver purchased from the Ministry. Members of the Women's Voluntary Services have also kindly undertaken to convey foods to a number of selling points in certain districts, as they had previously done for the Ministry of Food.

It has been necessary to engage a Clerk-Storekeeper and a junior clerk to maintain in the central office at Shrewsbury records of all stock received, to order supplies as and when necessary, and to organise the distribution of the stock. Furthermore, as the public have to surrender tokens of entitlement and also, unless eligible for free supplies of foods, to pay either in cash or stamps for foods received, records have to be maintained to enable returns to be compiled accounting to the Ministry for all stock received.

Statistical Report.—Particulars of the issues of foods which have been made during the last twenty-seven weeks of 1954, namely, for that part of the year during which the County Council have been responsible for distribution, are given below:—

Items of Food	Total Issues during 27 week period	Average Weekly Issues
National Dried Milk ..	92,548 tins	3,428 tins
Orange Juice	69,281 bottles	2,566 bottles
Cod Liver Oil	15,474 bottles	573 bottles
A. & D. Vitamin Tablets	4,430 packets	164 packets
TOTAL ..	181,733	6,731

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, 1954, with corresponding figures for the two preceding years:—

Nursing Staff	Authorised	On 31st December		
		1952	1953	1954
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer ..	1	—	1	1
Assistant Nursing Officers	3	1	2	3
Tuberculosis Health Visitor	—	—	—	1
Health Visitors	41*	24	27	28
School Nurses	—	3	3	3
Home Nurse Midwives	88	77	75	75
Home Nurses—whole-time	8	8	7	7
part-time	—	—	2	2
Midwives	6	5	6	5
Relief Nurses—whole-time	6	3	3	3
part-time	—	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.

District Training.—The Council's scheme for assisting District Nurse-Midwives to take a course of district training under the Queen's Institute of District Nursing was originally adopted in November, 1950, and is open to State Registered Nurses who are also State Certified Midwives.

Training is given at an approved Queen's Training Home, normally for a period of six months, but if the trainee has been employed previously in district work for eighteen months or more, or holds the State Certified Midwife's Certificate, the period is reduced to four months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, following which she becomes eligible for a permanent appointment, as and when a vacancy occurs.

Only one candidate was recruited for training prior to 1954, but in that year nine candidates were appointed. Five were successful in passing their examination on the conclusion of their course, and four were still in training at the end of the year.

Courses.—The Council's Superintendent Nursing Officer, Miss M. M. Foster, was invited under an arrangement sponsored by the National Council of Nurses of Great Britain and Northern Ireland to attend a study course for one year at Rochester University, North America, and was also awarded a Fulbright Travel Scholarship. Leave of absence granted by the Council for the purpose of the Course expires in July, 1955.

Under an exchange scheme with the Department of Health, New Zealand, sponsored in this country by the Women Public Health Officers' Association, Miss A. A. Davies, Health Visitor for Wem, was given fifteen months leave of absence to work in New Zealand. Miss D. F. Gaze, a member of the Public Health Nursing Staff of the New Zealand Department of Health, commenced work under this scheme as a Health Visitor in Shrewsbury for a period of one year, and has proved a very worthy and pleasant worker with the mothers, babies, schoolchildren and her colleagues.

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, 1954, was as follows:—

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (78)	71	4	3
Midwives (5) ..	—	4	1
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 1954, three houses were completed at Hodnet, St. Martin's and Westbury, while at the end of the year others were in course of erection at Ellesmere and Newport. Further houses are scheduled for Hinstock, Roden, West Felton and Wrockwardine.

During the year, five District Council houses were made available for members of the nursing and health visiting staffs and the County Council are indebted to the following Housing Authorities for their assistance in this respect: Atcham Rural District Council for a bungalow at Cross Houses; Bridgnorth Town Council for a house in the Borough; Wem Rural District Council for a house at Whixall; Wellington Rural District Council for a house at Donnington; and Ludlow Rural District Council for a house at Munslow and for the promise of a garage. The Shifnal Rural District Council have also had erected two garages for housing District Nurse-Midwives' cars.

Particulars of the accommodation occupied by Nurses and Midwives in the Council's employment on 31st December, 1954, are as follows:—

Houses	..	owned by the County Council	..	..	..	13
..	..	rented by the County Council	..	..	..	30
..	..	owned by nursing staff or their relatives	..	..	..	5
..	..	rented by nursing staff or their relatives	..	..	..	21
Flats	..	rented by nursing staff or their relatives	..	..	..	1
Rooms	..	rented by nursing staff or their relatives	..	..	..	5
						75

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 December, 1954.—

	Cases	Visits
Maternity and Midwifery ..	7*	263
Surgical and Medical ..	38	563
TOTAL ..	45	826

*Gas/air analgesia was administered in 5 of these cases.

This is the equivalent of £6 13s. 4d. per case, or of 7/3d. per visit.

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 1954:—

Employed by the Local Health Authority	..	103
Employed by other Local Health Authorities	..	5
In private practice (Domiciliary)	..	7
In private practice (Nursing Homes)	..	13
In hospitals	..	86
		214

Domiciliary Work performed by County Council Midwives.—Set out in the table below are particulars of the domiciliary midwifery work carried out during 1954 by County Council midwives, with corresponding figures for the preceding two years:—

Work performed by County Council Midwives during 1952—1954

Midwives	Confinements Attended			Visits			
	As Midwives	As Maternity Nurses	Total	Ante-Natal	Midwifery	Maternity	Total
Home Nurse Midwives	1,320	359	1,679	16,424	25,507	7,057	48,988
Midwives	290	24	314	1,459	4,813	372	6,644
TOTAL for 1954	1,610	383	1,993	17,883	30,320	7,429	55,632
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

In addition to the work indicated above, County Council midwives attended 930 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 31 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:—

- 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.
- visiting of mother and child by the appropriate officer of the local health authority as soon as possible after discharge.
- 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.
- 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

- 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
- 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 service 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 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, but the family doctor generally is in charge at present; 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 it has already become relevant to consider provision for their possible confinements, not least by recruiting sufficient student-midwives for training to attend them.

With this in mind, the Council have made financial provision during 1955-56 for expenditure in respect of the establishment of a Part II training school for midwives and negotiations are in progress with the Birmingham Regional Hospital Board to that end.

During 1954, there were 83 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 table on page 29 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 County during 1954 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
1954	157	3,568	1,052	4,610	574	78	20	219	92	19

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 1954, the number of cases of Puerperal Pyrexia notified was 22 (none of which proved fatal) compared with 14 in the previous year.

Pemphigus.—There were no cases of Pemphigus during 1954.

Analgesia.—(a) *Gas/Air.* Of the midwives directly 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 1954, with comparative figures for the preceding two years:—

Year	Midwives employed by County Council	Minnitt Apparatus provided	Cases in which used			Cases attended		
			Midwifery	Maternity	Total	Midwifery	Maternity	Total
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
1954	83	80	1,179	205	1,384	1,610	383	1,993

(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 1954, pethidine was administered by midwives employed by the County Council in 856 confinements—of which 674 were midwifery cases and 182 maternity cases. This is an increase of 56 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 1954, a total of 2,145 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.

During 1954, applications were received from 910 maternity patients for admission to hospital for confinement on "social grounds" and the following is a summary of the results of these applications:—

Recommended for hospital confinement and accepted by hospital concerned ..	739
Recommended but refused by hospital on account of non-availability of beds ..	4
Not recommended	167
(Of these, 156 patients were subsequently accepted for hospital confinement as beds were available).	<u>910</u>

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%
1954	4,610	2,034	2,617	44%

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 seven years 1948 to 1954 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
1954	19	56

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, 1957.

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

	<i>Authorised Whole-time Establishment</i>	<i>On 31st December</i>		
		1952	1953	1954
Health Visitors and School Nurses	41	27	30	31
District Nurse-Midwives (with Health Visitor's qualifications) }	11	{ 6	6	8
" " " (without Health Visitor's qualifications) }		{ 39	35	33
	<u>52</u>	<u>72</u>	<u>71</u>	<u>72</u>

Note.—The 41 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1954, were regarded as equivalent to 14 whole-time staff, giving a total of 45 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 provision 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
	<u>£269</u>	<u>16</u>	<u>0</u>

Since the inception of the Health Visitor Training Scheme in 1947, until 31st December, 1954, the number of students accepted for training was 23, of whom 21 were successful in obtaining their Certificates. It is disappointing to have to report, however, that no students were recruited for training during 1954.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 16,425 families in this County, the bulk of their visits being to children under 5 years of age and to expectant mothers as summarised for 1954 in the table below, with corresponding totals for 1952 and 1953:—

Visits paid by Health Visitors during 1954

Health Visiting Staff		To Children				To Expectant Mothers
		Under 1 year		1 to 5 years	Total	
		First	Subsequent			
Whole-time ..	28	3,098	18,380	31,592	53,070	783
Part-time ..	41	1,157	8,710	13,414	23,281	75
Total for:	1954	4,255	27,090	45,006	76,351	858
	1953	4,520	26,114	44,497	75,131	780
	1952	4,530	34,228	47,197	85,955	721

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 1954, 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 1954:—

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Total
Cases ..	6,336	2,931	52	150	116	2,864	12,449
Visits ..	111,771	38,549	353	6,484	1,121	8,482	166,760

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 uncomfortable 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 registered, 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 1954:—

Persons Vaccinated or Re-Vaccinated during 1954

	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 ..	494	464	24	20	5	5	—	—	523	489
	General Practitioners ..	1,886	1,830	97	84	52	51	73	70	2,108	2,035
	TOTAL ..	2,380	2,294	121	104	57	56	73	70	2,631	2,524
Re-Vaccinations ..	Medical Officers ..	—	—	1	1	—	—	6	4	7	5
	General Practitioners ..	—	—	21	17	89	81	366	338	476	336
	TOTAL ..	—	—	22	18	89	81	372	342	483	341

P = Performed S = Successful

Reference to the table above shows that 2,294 infants were successfully vaccinated before attaining one year of age, and this represents approximately 51 per cent of the 4,488 births registered in and applicable to this County during 1954. These two figures (2,294 and 4,488) are not strictly comparable, but their comparison is the only means of giving a reasonably accurate estimate of the infant vaccination state during 1954.

Particulars are given in the table below of the distribution in the areas of Local Sanitary Authorities within the County of all persons vaccinated or re-vaccinated during 1954.

Primary Vaccinations and Re-Vaccinations performed during 1954

Area	Local Sanitary Authority	Under 1 year		1—4 years		5—14 years		15 years and over	
		P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	11	10	—	—	—	—	4	3
	Ellesmere Rural ..	66	64	7	6	7	6	14	13
	Wem Urban ..	30	27	3	3	8	8	7	7
	Wem Rural ..	142	138	10	9	13	12	18	17
	Whitchurch Urban ..	44	43	2	2	5	5	8	6
North-East Combined Districts	Dawley Urban ..	76	67	1	—	3	3	6	4
	Drayton Rural ..	101	98	8	7	10	10	15	15
	Market Drayton Urban ..	48	45	2	—	3	3	8	8
	Newport Urban ..	43	43	1	1	1	1	3	3
	Oakengates Urban ..	63	62	5	5	4	4	9	9
	Shifnal Rural ..	101	97	18	17	20	17	15	14
	Wellington Urban ..	98	96	10	10	—	—	10	8
	Wellington Rural ..	165	163	8	6	5	5	10	6
South-West Combined Districts	Atcham Rural ..	233	227	14	10	8	5	21	21
	Bishop's Castle Borough ..	18	15	1	1	1	1	1	—
	Church Stretton Urban ..	36	31	1	1	5	5	6	6
	Clun Rural ..	87	81	4	4	4	4	12	9
	Ludlow Borough ..	59	53	—	—	1	1	13	8
	Ludlow Rural ..	137	131	4	2	8	7	33	32
	Wenlock Borough ..	95	92	6	3	2	2	12	11
Bridgnorth ..	Bridgnorth Borough ..	54	52	2	2	4	4	5	2
	Bridgnorth Rural ..	119	117	8	8	15	14	22	22
Oswestry ..	Oswestry Borough ..	71	70	6	6	11	11	30	29
	Oswestry Rural ..	96	95	3	3	—	—	23	23
Shrewsbury ..	Shrewsbury Borough ..	387	377	19	16	8	8	140	136
TOTAL ..		2,380	2,294	143	122	146	136	445	412

Diphtheria.—There were no notified cases of Diphtheria in this County in 1954, but in the return of deaths issued by the Registrar-General one death has been attributed to this disease. This was a woman aged 72 years whose decease was stated to be due to Syncope, Toxaemia and Throat Infection. On further investigation, the Registrar-General assigned this as due to Diphtheria on clinical grounds, although the pathological report on a throat swab was negative. In the circumstances, it is difficult to accept this as a true Diphtheria death.

The following statistics giving the incidence of Diphtheria and the numbers of deaths among persons of all ages in this County during the past twenty 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	1954
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	—	—	—	—	1*

*See introductory paragraph on page 34.

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 1954, with the corresponding figure for 1953; and the table on page (36) 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 1953 and 1954

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total			
	1953	1954	1953	1954	1953	1954	1953	1954
Medical Officers ..	895	1,057	153	234	1,048	1,291	2,067	2,895
General Practitioners	2,319	2,246	104	164	2,423	2,410	976	1,220
TOTAL ..	3,214	3,303	257	398	3,471	3,701	3,043	4,115

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 1954, only 35.57 per cent had been immunised.

In this County during 1954, a total of 1,774 children were immunised when under one year of age and 288 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 1954 would reach the age for immunisation and this figure of 288 represents 19 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 the child population in this County, of and under compulsory school age, who have been immunised against Diphtheria during the period from 1st January, 1940, to 31st December, 1954:—

Immunisation in relation to Child Population

	Age Groups and Year of Birth				Total
	Under 1 year (1954)	1 to 4 years (1953—1950)	5 to 9 years (1949—1945)	10 to 14 years (1944—1940)	
Immunised in: (a) 1950 to 1954	288	11,294	10,837	4,597	27,016
(b) 1949 or earlier	—	—	9,274	14,123	23,397
Estimated mid-year (1954) child population	4,520	18,180	47,000		69,700
Immunity index	6.4%	62.1%	82.6%		72.3%

Children Immunised in the various Sanitary Districts

Area	Local Sanitary Authority	Immunised during 1954				Child population immunised at 31st Dec., 1954
		Primary			Re-inforcing	
		Under 5 years	5—14 years	Total 0—14 years		
North-West Combined Districts	Ellesmere Urban	19	6	25	21	463
	Ellesmere Rural	87	9	96	142	1,515
	Wem Urban	24	5	29	44	509
	Wem Rural	170	39	209	247	2,282
	Whitchurch Urban	84	10	94	144	1,107
North-East Combined Districts	Dawley Urban	100	11	111	107	1,744
	Market Drayton Urban	68	10	78	141	1,089
	Drayton Rural	131	24	155	230	1,926
	Newport Urban	51	—	51	41	808
	Oakengates Urban	142	24	166	66	1,514
	Shifnal Rural	197	15	212	256	2,240
	Wellington Urban	143	10	153	118	1,704
	Wellington Rural	214	23	237	317	4,234
South-West Combined Districts	Atcham Rural	309	25	334	223	4,087
	Bishop's Castle Borough	15	—	15	12	253
	Church Stretton Urban	35	1	36	28	357
	Clun Rural	128	9	137	100	1,691
	Wenlock Borough	191	15	206	114	2,240
	Ludlow Borough	82	1	83	66	1,246
	Ludlow Rural	191	11	202	206	2,506
Bridgnorth	Bridgnorth Borough	67	20	87	69	967
	Bridgnorth Rural	138	21	159	240	2,341
Oswestry	Oswestry Borough	100	1	101	111	2,060
	Oswestry Rural	183	45	228	324	3,552
Shrewsbury	Shrewsbury Borough	434	63	497	748	7,978
	WHOLE COUNTY	3,303	398	3,701	4,115	50,413

Whooping Cough.—Notifications of cases of Whooping Cough received during 1954 numbered 950, and there were no 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 1954, with corresponding figures for 1953:—

Notifications of, and Deaths from, Whooping Cough, 1941 to 1954

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Notifications ..	986	351	705	609	483	591	465	1,068	478	465	1,308	678	934	950
Deaths ..	14	6	11	6	4	4	2	9	4	1	4	4	4	—

Children Immunised against Whooping Cough in 1953 and 1954

Immunised by	0—4 years		5—14 years		Total	
	1953	1954	1953	1954	1953	1954
Medical Officers ..	192	500	18	22	210	522
General Practitioners	1,088	1,341	80	95	1,168	1,436
TOTAL ..	1,280	1,841	98	117	1,378	1,958

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 defectiveness 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 the return journey on the patient's discharge if this occurs within three months from the date of admission.

New Central Ambulance Station (Telephone No. Shrewsbury 6331).—The year 1954 saw a culmination of five years planning when the new Ambulance Service Headquarters in Abbey Foregate, Shrewsbury, came into use in August. The building, designed to hold 24 vehicles, also provides office accommodation for the County Ambulance Officer and the Administrative and Clerical Staff of the Section as well as the Control Room and Operational personnel. In addition to comfortable day and duty room accommodation, it contains facilities for cooking, and sleeping accommodation for two men. The Service mechanic has a pleasant and sufficiently equipped workshop. The entire building is heated from a boiler house in which is installed mechanical stoking equipment serviced by the mechanic and at other times by the operational staff of the station. A large yard at the rear of the station provides accommodation for parking and washing vehicles and contains a petrol pump and tank which supplies vehicles from the station and visiting ambulances. The buildings present a pleasing appearance and are fronted by well-kept grounds maintained by the Shrewsbury Corporation Parks Department, under the supervision of the Parks Superintendent, Mr. P. J. Thrower. Vehicles enter the station by the rear gate in Sparrow Lane and leave by the main front entrance in Abbey Foregate.

Coincidentally with the opening of the new station, two Ambulance drivers took possession of two new houses of a block of six erected in Belvidere Road by the County Council, the other four houses being occupied by police officers. A further house is under construction at The Elms, off Belvidere Road, and these three houses, together with two other private houses tenanted by drivers near the station, are connected by telephone with the Control Room and ensure a stand-by service of drivers to meet any emergency which cannot be dealt with by the staff actually on duty.

The centralisation of the administration, control and operation of the Service in one building has solved many of the difficulties previously encountered.

New Subsidiary Station at Oswestry.—A new station in Morda Road, Oswestry, came into use in November, 1954, in place of the previous station which had been situated since the "appointed day" on the property of the Robert Jones and Agnes Hunt Orthopaedic Hospital at Oswestry.

The Morda Station includes three houses for ambulance drivers which have been built as part of a block of five houses, two of these being occupied by police officers. The whole forms a compactly situated unit of Ambulance Station, police office and houses, on the periphery of the grounds of "Glentworth," an Old People's Home administered by the Welfare Department of the County Council.

Other Subsidiary Stations.—In addition to the Central Station and the Oswestry Sub-Station, there are subsidiary stations in rented premises at Whitechurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle.

Central Control.—A Senior Operational Controller and five Assistant Controllers operate the Service throughout the County from Ambulance Service Headquarters in Shrewsbury (Telephone No. Shrewsbury 6331) and it is to this Control that all enquiries should be made. The five Assistant Controllers work on shifts which ensures that the Service is manned throughout the twenty-four hours and that effective action can be taken at any time.

Radio-Telephony.—To provide a more efficient and, it is hoped, economical method of control of the Ambulance Service vehicles on the road, two-way radio-telephony equipment has been installed in 12 vehicles—8 ambulances and 4 cars—to be followed in due course by further sets for 4 ambulances and 2 cars. The main transmitter, which is remotely controlled from Ambulance Service Headquarters, is temporarily situated at Lyth Hill (height 560 feet) on ground made available by agreement with the Atcham Rural District Council. Subject, however, to negotiations now in progress being successfully concluded, it is intended to transfer the main transmitter to Abdon Burf (height 1,795 feet), the highest point of the Brown Clee Hill, adjacent to the existing Police and Fire Service transmitter and in a building which will be shared with the Midlands Electricity Board.

It is yet too early to tell whether the use of radio-telephony will result, as is hoped, in economies in the operational cost of the Service. Since April, 1954, however, when the equipment was first installed in this County on trial, experience has shown that the use of radio-telephony enables far more effective control of the vehicles to be maintained at all times and thus ensures a more efficient service for the public.

Co-operation with other Services.—Direct telephone lines exist between the Police, Fire and Ambulance Service control rooms, enabling excellent liaison to be maintained.

Arrangements with other Ambulance Authorities and the National Coal Board.—The County Council have continued to serve parts of the 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.

Transport is provided for cases within the responsibility of the National Coal Board, the costs incurred being re-imbursed by the Board.

Vehicles.—The following table shows the distribution of ambulances and sitting-case cars at 31st December, 1954, with comparative figures for 1953:—

Establishment of Ambulances and Sitting-Case Cars

Ambulance Station	Ambulances			Sitting-Case Cars		
	Authorised	31st December		Authorised	31st December	
		1953	1954		1953	1954
Shrewsbury	15	15	15	6	7	8
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 Civil Defence purposes	—	5	7	—	1	—
TOTAL ..	33	38	40	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 Highway Depot, Meole Brace, Shrewsbury.

Personnel.—During the year, the following appointments were made under the revised arrangements resulting from the completion of the Central Ambulance Station and Oswestry Sub-Station: three Shift Leaders at the Central Station, one Head Driver at Oswestry, and one Shift Leader at Donnington.

During the Christmas period the staff problem, which had gradually been becoming more and more difficult, became acute due to sickness and a steadily increasing volume of work, and the Health Committee approved the appointment, within the authorised establishment, of a further three whole-time male driver/attendants and one whole-time female attendant in 1955.

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, 1953, and on 31st December, 1954.

Establishment of Ambulance Service Personnel

Ambulance Station	Authorised		31st December, 1953						31st December, 1954					
	Full-time		Full-time			Part-time			Full-time		Part-time			
	Drivers	Attendants	Driver-Attendants	Attendants	Driver-Attendants	Attendants	Attendants	Attendants	Driver-Attendants	Attendants	Driver-Attendants	Attendants	Attendants	Attendants
			M.	F.	M.	M.	F.		M.	F.	M.	M.	F.	
Shrewsbury	19	12	24	5	—	2	6	23	5	—	—	2	5	
Oswestry	4	2	—	—	7	6	9	6	—	—	1	6	9	
Whitchurch	1	1	—	—	4	2	4	1	—	—	3	2	4	
Market Drayton	1	1	—	—	3	—	—	—	—	—	3	—	1	
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	5	9	—	—	—	6	5	9	
Bishop's Castle	1	1	—	—	4	1	2	—	—	—	4	1	2	
TOTAL ..	37	25	28	5	28	17	36	34	5	21	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
1953	28	5	12	2	5	40	2	10	36	25
1954	34	5	6½	1	5½	40½	1	10½	37	25

Work Performed.—Although every effort is made to ensure that only genuine cases are conveyed by the Ambulance Service, demands continue to increase and show no signs of becoming stabilised.

A large proportion of the sitting-cases conveyed are patients attending hospitals regularly for out-patient treatment, and arrangements have been made with Group 15 Hospital Management Committee for a careful check to be made to ensure that the provision of special transport for this type of patient does not continue once the patient is fit to travel by other means.

The opportunity was also used, when the new station at Shrewsbury came into operation, to circulate once again to all medical practitioners and hospitals in the County the general rules on the use of the Service which were originally issued by the Ministry of Health in 1951.

The increase in the work carried out by the Ambulance Service 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 1954

Year	Ambulances		Cars		Women's Voluntary Services		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
1954	32,566	508,720	20,820	351,637	2,791	47,254	56,177	907,611

*From 5th July

Although it had seemed in 1953 that little more could be done to reduce the average miles run per patient, the figures below show that a further reduction was, in fact, achieved in 1954. It is considered fair to assume that much of this reduction can be attributed to the use of radio telephony.

Patients Carried and Mileage Covered

Year	Patients	Mileage	Mileage per Patient
1949	21,296	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
1954	56,177	907,611	16.2

Particulars of the work undertaken each month during 1954 are given in the table on page (40), together with comparative figures for the previous year.

Patients conveyed, and distances travelled, by the Ambulance Service (including W.V.S. Car Service) during 1953 and 1954

Month	Ambulances				Sitting-Case Cars				Total					
	Journeys		Mileage		Journeys		Mileage		Journeys		Mileage		Patients	
	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954
January ..	1,275	1,464	39,236	40,070	1,020	1,139	35,165	30,957	2,295	2,603	74,401	71,027	3,972	4,601
February ..	1,240	1,424	36,720	38,474	845	963	27,787	29,960	2,085	2,387	64,507	68,434	3,636	4,518
March ..	1,335	1,602	39,146	41,703	929	1,115	29,631	35,013	2,264	2,717	68,777	76,716	3,902	4,983
April ..	1,326	1,360	39,073	41,402	885	907	29,952	28,662	2,211	2,267	69,025	70,064	3,708	4,296
May ..	1,405	1,509	41,838	43,293	952	966	31,491	31,764	2,357	2,475	73,329	75,057	3,927	4,559
June ..	1,523	1,300	41,042	39,762	883	957	28,152	32,581	2,406	2,257	69,194	72,343	3,892	4,328
July ..	1,503	1,518	40,835	46,849	1,030	986	34,967	34,508	2,533	2,504	75,802	81,357	4,226	4,847
August ..	1,307	1,247	34,128	38,801	858	1,039	29,741	32,819	2,165	2,286	63,869	71,620	3,813	4,523
September ..	1,279	1,306	35,043	42,532	895	1,149	30,984	35,899	2,174	2,455	66,027	78,431	3,918	4,793
October ..	1,459	1,336	40,053	42,532	965	1,228	33,867	40,058	2,424	2,564	73,920	82,590	4,501	4,861
November ..	1,427	1,399	38,465	44,965	987	1,006	32,564	36,226	2,414	2,405	71,029	81,191	4,533	5,065
December ..	1,484	1,575	40,061	48,337	1,056	803	34,385	30,444	2,540	2,378	74,446	78,781	4,642	4,803
TOTAL ..	16,563	17,040	465,640	508,720	11,305	12,258	378,686	398,891	27,868	29,298	844,326	907,611	48,670	56,177

The table below shows the work performed by each of the Ambulance Stations during 1954:—

Work performed by Ambulance Stations during 1954

Ambulance Depot	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1954 (in terms of whole-time personnel)
Shrewsbury	16,359	27,113	457,162	29.78
Oswestry	4,353	7,578	87,948	6.71
Whitchurch	756	1,656	29,536	2.01
Market Drayton ..	397	470	15,178	0.85
Donnington	1,890	6,646	85,932	4.04
Shifnal	584	997	20,131	1.11
Wenlock	337	488	8,503	0.28
Bridgnorth	1,325	3,412	50,129	2.81
Ludlow & Craven Arms	2,044	4,719	98,405	4.20
Bishop's Castle ..	161	307	7,433	0.49
TOTAL ..	28,206	53,386	860,357	52.28

Rail Transport.—During the year, more patients than ever before were conveyed by means of combined road and rail transport. Patients are collected by ambulance from their homes or from hospital, transferred to reserved accommodation in a suitable through-train, and are met at their destination by an ambulance of the Local Health Authority for that area.

Recumbent patients remain on the same stretcher throughout the journey and for patients travelling long distances this form of transport is found in many cases to be more suitable than travel by ambulance.

Training.—During the year, facilities were provided for training and re-examination for First Aid awards.

By permission of the Health Committee, a Competition organised by the Midland Regional Committee of the National Association of Ambulance Officers and based on the normal daily work of ambulance crews employed by Local Health Authorities, was held at Ambulance Service Headquarters in Shrewsbury. Seven teams competed, and it is pleasing to be able to record that the Shropshire team was successful in winning the trophy, generously presented by the Midland Ambulance Officers for the best all-round performance.

Civil Defence.—The opening of the new stations at Shrewsbury and Oswestry gave impetus to Civil Defence training by providing facilities which previously had been conspicuously lacking.

As a result, short courses of lectures and demonstrations were planned for the years 1954—1955 at Shrewsbury, Oswestry, Whitchurch, Ludlow and Donnington.

At the time of preparing this report a new syllabus of training for the Ambulance Section of the Civil Defence Corps is being compiled by the Home Office and Ministry of Health, and instructors will need to attend refresher courses when this is published.

County Ambulance Officer.—During the year, the County Ambulance Officer, Mr. W. Walker, was honoured by being appointed Senior Vice-President of the National Association of Ambulance Officers, Chairman of the Committee of that Association, and Hon. Secretary of the Shropshire Centre of the St. John Ambulance Brigade.

County Council owned Health Service Cars.—The Ambulance Service central administration is responsible for the motor cars used by District Nurses, Midwives and Health Visitors throughout the County. At 31st December, 1954, 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 in the main undertaken by the whole-time Health Visitors and during the year the Health Committee decided that the interests of such persons in and around the Borough of Shrewsbury would best be served by the appointment of a whole-time Tuberculosis Visitor. This appointment was made in April, 1954. The Tuberculosis Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Shrewsbury Hospital Management Committee, in addition to her visiting duties, an appropriate proportion of her salary being borne by the hospital authorities.

Report of Consultant Chest Physician :—

"In the year the total clinic attendances (including collapse treatment attendances) for all the Clinics in the County was 9,263, of which 2,103 were first attendances; 591 of these being contacts of the 130 persons notified to the Medical Officer of Health in the year as having Pulmonary Tuberculosis (excluding 1 notified after death). Of these 74 were initially diagnosed at Chest Clinics; 31 at General Hospitals (26 as in-patients and 5 as out-patients); 5 by General Practitioners or on domiciliary visits at General Practitioners' request; 1 on routine examinations of Hospital and Sanatorium Staff; 3 whilst in the Services; and 17 were referred as a result of Mass Miniature Radiography findings. Of this total at least 14 were contacts of known tuberculosis persons.

The broad aim of the preventative work of the Chest Service is as previously stated.

The appointment of a full-time radiographer to the Chest Clinic in the latter part of the year enabled there to be some "spreading of the load" at individual clinic sessions, a new "contact" clinic to be started at Shrewsbury on a Tuesday morning, and arrangements to be made for a new clinic session at the Wrekin Hospital on a Friday afternoon, primarily for "contacts," and secondarily, numbers allowing, for "old cases follow-up."

The appointment this year of a full-time Tuberculosis Health Visitor attached to the Chest Clinic, was most welcome, enabling there to be much improved personal liaison between the Chest Clinic and the Medical Officer of Health and his staff. The importance of a close relationship being maintained between the Chest Physicians and the Health Visitors throughout the County cannot be over-emphasised in the preventative and welfare work of the service, as also with such other Welfare Services as are available. In this, our recently appointed Health Visitor plays a most valuable part.

Thanks are due to all who help in this work, remembering especially the District Nurses who care for our patients on domiciliary treatment."

A. T. M. MYRES,

Consultant Chest Physician.

Mass Radiography.—During 1954, surveys were carried out at Oswestry, Ifton Colliery, St. Martins, Wem and Whitchurch, by the Stoke-on-Trent Mass Radiography Service.

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

Survey at	Persons X-rayed	Cases of possibly active P.T.B.
Oswestry ..	3,969	5
Ifton Colliery ..	829	—
St. Martins ..	294	—

Four cases of suspected active respiratory tuberculosis were discovered amongst the 849 adult males x-rayed and one case (boy) of suspected active tuberculosis was discovered among the 1,747 children x-rayed.

Survey at	Persons X-rayed	Cases of possibly active P.T.B.
Wem	931	2
Whitchurch ..	1,366	4

The results of these surveys are in keeping with the findings of previous surveys in other parts of the County, in that the six cases of probably active respiratory tuberculosis amongst the 2,297 persons x-rayed (2.6%) is below the national average of 3.3%.

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 1954, a total of 168 persons received vaccination, 144 of whom were child contacts of tuberculous relatives and 24 members of hospital staffs. These figures compare with 40 and 26 respectively for the previous year.

In accordance with Ministry of Health proposals for the extension of B.C.G. vaccination arrangements to include older school children, the Council have modified their proposals under Section 28 of the National Health Service Act, 1946, as follows:—

“The local health authority also intends to make arrangements to offer B.C.G. Vaccination subject to the necessary preliminary tests and to obtaining parental consent, to school children between their thirteenth and fourteenth birthdays. The vaccination will be carried out on the responsibility of the Medical Officer of Health who is also the School Medical Officer, by medical officers expressly designated for this purpose by the authority.”

Four Assistant County Medical Officers have received training in B.C.G. Vaccination Technique and it is hoped to make a start with this scheme shortly.

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps and during 1954 assistance was provided through the Council's Domestic Help Scheme in 23 cases.

Open-Air Shelters.—The distribution on 31st December, 1954, of the 65 shelters in the ownership of the County Council was as follows:—

At patients' homes	51
On loan to East Hamlet Hospital	1
In store	13
	65

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1954 was as indicated below:—

	Respiratory	Non-Respiratory
On Register on 31st December, 1953 ..	1,183	212
ADDED: New Cases	130	26
Transfers in	28	4
Cases notified after death	14	1
REMOVED: Cured	15	2
Deaths—from Tuberculosis	46	5
other causes	7	1
Transfers out	54	3
On Register on 31st December, 1954 ..	1,233	232

The following are particulars of the distribution of 131 cases of Respiratory Tuberculosis included in the Central Register who were in Hospitals and Sanatoria on 31st December, 1954:—

Shirlett Sanatorium	66
Cross Houses Hospital	20
Prees Heath Sanatorium	11
Wrekin Hospital	8
East Hamlet Hospital	6
Meadowslea Sanatorium, Chester	5
Shelton Hospital	15
	131

Care of the Aged in their own homes.—Evening Visitors and Night Helps.

In November, 1954, the Minister of Health approved the modification of the Council's proposals for providing services in connection with the Prevention of Illness, Care and After-care under Section 28 of the National Health Service Act, 1946, by the addition of the following paragraph:—

“The Council intend to make available the services of evening visitors or night-helps for aged people living in their own homes who are deemed by the County Medical Officer of Health to be in need of such services on account of their degree of infirmity of mind or body, illness or any other circumstances. These services will be operated as a supplement to the domestic help service and will be charged for on an assessed basis as in the case of the latter service.”

Ministerial approval was, however, only given on the understanding that efforts would be made by the Council to enlist the help of Voluntary Organisations in providing the personnel required to operate this new service. Accordingly the Shropshire branches of the British Red Cross Society and the St. John Ambulance Brigade were approached and subsequently agreed to help when possible. The County Federation of Women's Institutes have also expressed an interest in the scheme.

It is, however, anticipated that there may be occasions when help from voluntary workers will not be forthcoming, especially in the provision of Night Helps, and to meet such contingencies recruits have been enlisted from among the Home Helps to act as Evening Visitors and Night Helps on a paid basis.

Evening Visitors are being initiated with the primary object of assisting elderly persons who do not wish to enter an Old People's Home to remain in their own homes as long as possible. Such persons will probably be receiving help during the day from a Home Help and possibly from the District Nurse, but would, if there were no relatives at hand and no neighbours or friends taking an interest in the case, be left unvisited during the later part of the day.

An Evening Visitor will merely be required to pay a brief visit to the aged person's home sometime between the hours of 6 p.m. and 11 p.m. She may be required to prepare a hot drink or possibly a very light meal for the patient and to see that he or she is made comfortable for the night. No cleaning will be undertaken by the Evening Visitor but she will, where necessary, be expected to see to the fire and damp it down for the night.

In those cases where voluntary help cannot be obtained payment of 3/6d. per visit plus travelling expenses will be made to an approved visitor, and the householder receiving the visit will be expected to pay either the standard charge of 4/- per visit or an amount assessed in relation to his means in accordance with the Council's Assessment Scale for Home Help Service. A householder who in addition to evening visits is receiving the services of a Home Help and paying the maximum assessed weekly charge for that service will not be required to make any additional payment.

Night Helps.—It is only intended to provide the services of a Night Help in cases of extreme emergency such as when a patient is awaiting admission to hospital and no other arrangement can be made for his care meanwhile, or when a person is so seriously ill that removal to hospital is impracticable and there is no-one available to care for the patient at home.

A Night Help may also be provided to afford occasional relief to a neighbour or relative who normally takes charge of a sick and aged person at night but who requires a night off for sleep or recreation after a long period of service.

A Night Help will remain with a patient from 10 p.m. to 8 a.m. Her duties will include the maintenance of the heating arrangements in the sick room, keeping the patient clean and comfortable and feeding the patient if and when necessary. No other household duties or cleaning will be undertaken by a Night Help.

When a paid worker is engaged as a Night Help she will receive a payment of 15/- per night plus travelling expenses, and the householder receiving her services will pay either the standard charge of 15/6d. per night or an amount assessed in relation to his means in accordance with the Council's Assessment Scale for Home Help. No additional charge will be made if the householder concerned is already receiving help under the Home Help Scheme and is paying the maximum assessed weekly charge.

No assistance has yet been provided under this new Scheme nor is it anticipated that either service will need to be used to any considerable extent as the provision of help will only be authorised when help from relatives and friends is either not available or needs to be supplemented.

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 maintained with the Children's Officer, whose aid is 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 34 cases was assisted by the County Council and sent to the following Convalescent Homes at a total cost to the Council of £239 0s. 7d.:—

ADULTS

Lady Forester Convalescent Home, Llandudno	22
The Llandudno Convalescent Home for Women	1
The Convalescent Home, Sydney House, Pensarn, North Wales ..	1
St. Raphael's Home, Torquay	1
Boarbank Hall, Grange-over-Sands, Lancashire	1

CHILDREN

The Charnwood Forest Convalescent Home, Woodhouse Eaves, near Loughborough, Leicestershire	2
Ormerod Home for Children, St. Annes-on-Sea	1
The Convalescent Home, Sydney House, Pensarn, North Wales ..	1
Boarbank Hall, Grange-over-Sands, Lancashire	1
Craig Convalescent Home for Children, Morecambe.	1
Lear Home of Recovery, West Kirby	1
A private home at Prestatyn, North Wales	1

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Health Propaganda

Literature.—During the year leaflets and posters on a variety of health subjects were distributed to the public through Welfare Centres and the Health Visiting and Nursing Staffs. In addition, suitable posters were displayed at 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 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: Cafe and Canteen Hygiene; Accidents in the Home; Vaccination; and the Work of the Sanitary Inspector.

Films.—Film displays on a variety of health subjects were arranged at the Health Centre, Murivance, Shrewsbury, for members of the Mothers' Club; and films on food hygiene subjects were again shown at schools in the Wellington area, in conjunction with lectures given by Mr. J. K. Addison, Senior Sanitary Inspector of the Wellington Urban District Council.

Display Sets.—Display sets consisting of four attractively coloured panels printed on stiff card and entitled "Death Traps in the Home," were received from the Ministry of Health and displayed at 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 Parents' Clubs, Women's Social Clubs, British Red Cross Society and groups of student nurses.

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 households where there is present "any person who is ill, an expectant mother, mentally defective, aged or a child not over compulsory school age," and help from other sources is either not available or needs to be supplemented.

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, 1954, are given in the table below:—

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON ..	Cottage Room, Silvester Horne Institute
LUDLOW	Child Welfare Centre, Dinham
MARKET DRAYTON ..	Child Welfare Centre, Longslow Road
NEWPORT	Child Welfare Centre, Beaumaris Road
OSWESTRY	Child Welfare Centre, 30 Upper Brook Street
SHREWSBURY	County Health Department, 3 Swan Hill
WELLINGTON	Tan Bank
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, including several co-opted representatives 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, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with 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 who feel unable to pay the Council's standard charge for Domestic Help may elect to furnish particulars of their financial circumstances and are assessed to pay in accordance with their means.

The scale of assessment was revised with effect from 1st August, 1954, so as to relieve persons in the lower income groups, in particular old age pensioners living alone and small wage earners with large families.

Allowances for assessment purposes were increased to those of the National Assistance Board and it is intended to amend the scale as necessary to maintain conformity with the Board's allowances.

To offset the loss of income bound to result from the introduction of this revised scale, the standard charge for those able to pay was increased from 2/3d. to 3/3d. per hour. It was also decided that as domiciliary maternity patients and those confined in Nursing Homes receive a special Home Confinement Grant of £3 from the Ministry of National Insurance, given partly to meet the cost of domestic help, the charge in these cases should be raised by 15/- per week for two weeks from the date of confinement.

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 1954 were 2/5½d. per hour in the Borough of Shrewsbury and 2/5d. elsewhere in the County, these rates being increased by 2d. per hour for work undertaken in homes where cases of respiratory tuberculosis or certain other infectious diseases were present.

A number of whole-time 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, 1954, a total of 106 Home Helps were employed (24 full-time and 82 part-time) and the table below shows their distribution throughout the County:—

Home Helps employed on 31st December, 1954

Centre	Whole-time	Part-time	Total
Bridgnorth ..	1	2	3
Church Stretton ..	—	3	3
Ludlow ..	2	8	10
Market Drayton ..	3	1	4
Newport ..	—	4	4
Oswestry ..	2	16	18
Shrewsbury ..	13	26	39
Wellington ..	2	16	18
Whitchurch ..	1	6	7
Total for 1954 ..	24	82	106
Total for 1953 ..	25	76	101

Work Performed.—During 1954 a total of 731 cases was assisted, at an average of 256 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 129,173.

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 129,173 hours for which the Home Helps received payment, 87,695 hours (or 68 per cent) were attributable to the chronic sick and aged.

Cases attended by Home Helps during 1954

Centre	Aged	Chronic Sick	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	16	3	6	6	1	2	—	34
Church Stretton ..	12	6	8	6	2	1	—	35
Ludlow ..	11	16	6	13	4	2	—	52
Market Drayton ..	12	10	6	12	5	—	—	45
Newport ..	—	6	5	12	2	—	1	26
Oswestry ..	23	33	15	18	5	1	1	96
Shrewsbury ..	34	72	67	77	10	8	4	272
Wellington ..	40	48	16	26	2	8	—	140
Whitchurch ..	9	8	7	4	3	—	—	31
Total for 1954 ..	157	202	136	174	34	22	6	731
Total for 1953 ..	126	241	114	214	37	12	11	755

Recovery and Expenditure.—The sum recovered during 1954 from those taking advantage of the service was £3,623. 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 ..	232	17,718	13.7%
Assessed rates ..	357	77,017	59.6%
Free ..	142	34,438	26.7%
TOTAL ..	731	129,173	100%

Particulars are given below of the expenditure incurred by the County Council in the operation of the Service during 1954, with corresponding totals for the two preceding years:—

Expenditure and Income—Year ended 31st December, 1954

Centre	Wages and Insurance			Overalls, Rentals, etc.	Total Expendi- ture	Payments by House- holders	Nett cost to County Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
	£	£	£	£	£	£	£	%
Bridgnorth	60	275	435	103	873	133	740	15.2
Church Stretton ..	47	—	573	138	758	178	580	23.5
Ludlow	69	525	923	138	1,655	140	1,515	8.5
Market Drayton ..	60	789	319	44	1,212	286	926	23.6
Newport	78	—	543	16	637	233	404	36.6
Oswestry	125	549	1,986	102	2,762	391	2,371	14.2
Shrewsbury	380	3,772	3,801	227	8,180	1,425	6,755	17.4
Wellington	155	407	2,716	151	3,429	574	2,855	16.7
Whitchurch	88	266	938	61	1,353	263	1,090	19.4
Total for 1954 ..	1,062	6,583	12,234	980	20,859	3,623	17,236	17.4
Total for 1953 ..	800	7,140	9,596	880	18,416	3,670	14,760	19.9
Total for 1952 ..	439	6,911	9,095	889	17,334	3,437	13,897	19.8

It will be seen from the table above that the total cost of this Service has increased since 1952. The percentage recovery from householders decreased during the same period, due to the increased wage awards to Home Helps made by the National Joint Council for Local Authorities Services in October, 1953, and August, 1954, and to the more generous assessment scale introduced by the Council in August, 1954.

MENTAL HEALTH SERVICE

Administration.—The following duties relating to mental health were assigned to the County Council, as Local Health Authority, under the provisions of the National Health Service Act, 1946:—

- (1) The power, and to the extent that the Minister directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness.
- (2) The ascertainment and (where necessary) the removal to "hospital" of mental defectives, and the supervision, guardianship, occupation and training of those residing in the community.

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, 1954, 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:—

- 9 Assistant County Medical Officers
- 1 Principal Duly Authorised Officer
- 2 Assistant Duly Authorised Officers (one full-time, one part-time)
- 1 Superintendent Nursing Officer
- 1 Deputy Superintendent Nursing Officer
- 3 Assistant Superintendent Nursing Officers
- 28 Health Visitors
- 4 Occupation Centre Staff (2 part-time)

On entering the service of the Council all Assistant County Medical Officers who do not possess training and experience in the ascertainment of mentally sub-normal pupils and the certification of mental defectives are sent on a special post-graduate course. This, together with practical instruction received under the supervision of an approved medical officer both before and after attending the course, qualifies them for approval for the purposes of the School Health and Handicapped Pupils Regulations, 1953, and the issuing of certificates under sections 3 and 5 of the Mental Deficiency Act, 1913.

Co-ordination with Hospital Authorities: Community Care.—Psychiatric Out-patient Clinics staffed by Consultant Psychiatrists and Psychiatric Social Workers from Shelton Hospital, Shrewsbury, are held weekly at Shrewsbury, Oswestry, Ludlow and Wellington and fortnightly at Bridgnorth, Market Drayton and Whitchurch, the latter four Clinics being held in the Council's Welfare Centre premises.

The Psychiatric Social Workers employed by the Regional Hospital Board also undertake on behalf of the County Council the after-care of patients discharged from Shelton Hospital, selected cases being later referred to the Council's staff for domiciliary supervision.

Particulars are given in the following table of the number of patients supervised respectively by the Board's Psychiatric Social Workers and the Council's staff. Between these two sets of field workers there exists a happy and co-operative relationship.

	Supervised by Social Workers from Shelton Hospital			Supervised by County Council's Duly Authorised Officers and Health Visitors		
	Male	Female	Total	Male	Female	Total
Under supervision on 1st January, 1954 ..	191	336	527	3	13	16
Brought under supervision	165	210	375	—	2	2
Ceased to be supervised	116	114	230	—	1	1
Under supervision on 31st December, 1954	240	432	672	3	14	17

In addition, a considerable amount of community work is undertaken on behalf of Regional Hospital Boards by the Local Health Authority's staff, particularly in providing reports on the home circumstances of mental defectives whose Orders of detention are due for review and who are under care in the Board's establishments. Nine defectives who are on licence from mental deficiency hospitals are also visited periodically by the Council's Duly Authorised Officers or Health Visitors, who furnish progress reports from time to time to the hospitals concerned.

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 1954, with corresponding figures for 1953:—

Cases dealt with by the Duly Authorised Officers

		Males		Females		Total	
		1953	1954	1953	1954	1953	1954
Lunacy Act, 1890	Under Summary Reception Order	33	48	75	50	108	98
	Under "Three Day" Order ..	5	3	5	5	10	8
Mental Treatment Act, 1930	As Voluntary Patients	35	32	37	30	72	62
	As Temporary Patients	4	1	7	5	11	6
TOTAL ..		77	84	124	90	201	174

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 1954, with corresponding figures for 1953, are given below:—

Mental Defectives ascertained during 1953 and 1954

	Males		Females		Total	
	1953	1954	1953	1954	1953	1954
Cases reported by Local Education Authority:—						
(i) Under Section 57(3) of the Education Act, 1944 ..	20	14	13	13	33	27
(ii) Under Section 57(5) of the Education Act, 1944:—						
on leaving special schools	14	5	4	4	18	9
on leaving ordinary schools	3	9	15	7	18	16
Other Cases	6	1	4	2	10	3
TOTAL ..	43	29	36	26	79	55

During the year 25 patients were admitted to hospitals as follows:—

Stallington Hall, Stoke-on-Trent	5
The Beeches Hospital, Ironbridge	4
Monyhull Hall, Birmingham	6
Lea Colony, Bromsgrove	2
Chelmsley Hospital, Marston Green	2
Loppington House, Wern	1
New Cross Hospital, Wolverhampton	1
Alton Street Hospital, Ross-on-Wye	1
St. Margaret's Hospital, Birmingham	1
Coleshill Hall, Warwickshire	2
	25

At the end of the year 1954 there were 65 mental defectives in this County awaiting vacancies in hospitals for such cases, particulars of whom are given in the following table:—

Mental Defectives awaiting admission to Hospitals on 31st December, 1954

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	4	3	12	1	1	2	4	8	20
Imbeciles	5	9	5	5	24	3	4	3	4	14	38
Idiots	3	—	1	1	5	1	—	1	—	2	7
TOTAL ..	9	13	10	9	41	5	5	6	8	24	65

Guardianship.—On 31st December, 1954, there were 6 Shropshire mental defectives (1 male and 5 females) under guardianship care, only one of whom was resident in this County. Of the remaining 5 (1 male and 4 females), 2 were under supervision by the Brighton Guardianship Society and 3 by other Local Health Authorities.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1954:—

Defectives under Statutory Supervision on 31st December, 1954

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 ..	—	17	86	14	117	—	6	65	22	93	210
Imbeciles	9	34	46	18	107	6	43	35	17	101	208
Idiots	4	3	2	2	11	—	2	1	3	6	17
TOTAL 1954 ..	13	54	134	34	235	6	51	101	42	200	435
TOTAL 1953 ..	13	52	130	32	227	4	53	96	43	196	423

In addition to the cases under Statutory Supervision referred to above, there were 243 cases under Voluntary Supervision.

Occupation and Training.—For many years it has been the duty of local health authorities to make arrangements for the training and occupation of mentally defective persons residing in the community who are under supervision or guardianship, and in recent years—particularly since the disappearance of many of the shortages and restrictions which characterised the post-war period—there has been a considerable expansion throughout the country of this side of the work. This has been effected mainly by the provision of occupation centres; whereas in 1947 there were only 100 such centres, by the end of 1953 the number had risen to 244.

The aims of occupation centres are to make mental defectives more socially adaptable, by improving their habits and general conduct, and to develop whatever latent abilities they may possess rather than to attempt to teach them academic subjects.

Of those who attend occupation centres very few can ever be absorbed into ordinary employment, but the combined effects of training in good habits, socialization and adaptation to environment postpone indefinitely in many cases the day when care in a mental deficiency "hospital" will become a necessity.

In the County Council's proposals under the National Health Service Act, 1946, provision was made for the establishment of two occupation centres in the more populous parts of the County and, with a view to implementing these proposals, experimental occupation classes for mentally defective children were started in 1953, one in Shrewsbury and one in Wellington.

The classes were held in the Welfare Centres on one half-day per week, and in the case of the Wellington class it soon became clear that attendances were sufficient to justify expansion. As, however, the Wellington Welfare Centre was fully occupied throughout the week with other services it was necessary to find some other centrally-situated building not in use during the daytime and which possessed a room or rooms suitable for instructional purposes, generous cloak-room and sanitary facilities, and kitchen accommodation. After many enquiries had been made and a number of properties inspected, the Morris Hall in Church Street, Wellington, was found to be the best available building for the purpose and negotiations were concluded for the hire of this building.

Shropshire's first full-time occupation centre was therefore opened on 6th September, 1954, in the Morris Hall, Wellington, with 13 "pupils" on the register.

Children are brought by their parents from as far afield as Newport, Shifnal and Iron-Bridge and in four instances the bus or railway fares incurred are re-imbursed by the Council. At the end of the year there were 16 children on the register and the average daily attendance for the four months from September to December was 11.

By arrangement with the Ministry of Food, each child receives one-third pint of milk per day under the "Milk in Schools" Scheme and, through the co-operation of the Education Committee, a mid-day meal is supplied from the Wellington Schools Central Kitchen.

The staff of the centre consists of one qualified supervisor, two part-time unqualified assistant supervisors and one junior general assistant. In addition, a number of local ladies who are interested in the project participate in the work of the centre on a rota basis, so that on most days one voluntary helper is present.

Attendances at the Shrewsbury Class have been insufficient to warrant establishing a separate centre in Shrewsbury with consequent overhead costs of premises and staff. Arrangements were initiated, with the co-operation of the Women's Voluntary Services, for a number of children from Shrewsbury to be conveyed daily to the Wellington Centre.

Royal Commission.—Nationally the year 1954 was marked by the welcome appointment of a Royal Commission to consider the question of changes in the law relating to mental illness and mental deficiency.

The Commission began its sittings on 4th May and continued at intervals throughout the year to consider evidence submitted by interested bodies and to examine witnesses representing such bodies, which included:—

The Ministry of Health and Board of Control
Mental After-Care Association
Society of Chief Administrative Mental Health Officers
Association of Municipal Corporations
National Association of Parents of Backward Children
The Justices' Clerks' Society
Society of Mental Welfare Officers
Visitors for the County of Kent
Justices for the County of Devon
Royal Medico-Psychological Association
Magistrates' Association
National Spastics Society
National Institution for the Deaf
Royal National Institute for the Blind
The Associations of Managers of Approved Schools, and Headmasters, Headmistresses and Matrons of Approved Schools
National Association of Local Government Health and Welfare Officers
National Association for Mental Health
Royal College of Physicians

Your Principal Duly Authorised Officer attended meetings of the organisations of which he is a member—the Society of Chief Administrative Mental Health Officers and the Society of Mental Welfare Officers—at which witnesses selected to represent these bodies were briefed with regard to the views of members.

The Royal Commission have undoubtedly received interesting and widely-informed evidence upon what will always be a controversial subject. It may however be anticipated that the Commission's recommendations will contain measures designed not only to simplify the law but also to close gaps in the mental health service.

Prevention of Mental Illness.—One of the greatest problems that Local Health Authorities have to face today is the prevention of mental illness.

The urgency of the problem is emphasized by the serious over-crowding of mental hospitals throughout the country, notwithstanding on the one hand a remarkable reduction in the average length of stay of patients compared with a few years ago, and on the other hand the growth of psychiatric out-patients clinics.

In addition, however, to the large numbers of patients undergoing in-patient or out-patient treatment there are in the community countless thousands of persons suffering from some form of psychiatric disorder—neurotics carrying on unhappily in shop, office and factory, some of them bringing up children who may ultimately present problems for the state; neurasthenics frequenting the surgeries of their medical practitioners who can do little to cure them; and patients undergoing investigation in general hospitals for symptoms which are primarily psychopathic.

There were 25 male and 9 female suicides in the Administrative County during 1954.

In trying to deal with these problems it would seem that an attempt should be made to inculcate the principles of mental hygiene upon people of all ages, just as the principles of physical health have been taught for the past thirty or forty years. In this way the foundations of mental health can be laid in the home even before a child is born; and built up in the child through infancy, childhood and adolescence.

Local Health Authorities have been given the power to formulate schemes for the prevention of mental illness and the care and after-care of the mentally sick.

As will be observed from the table on page 47 a certain amount of after-care is being undertaken in this County. The Child Guidance Service, largely a Local Education Authority function, does much of value; but much preventive work in other fields remains to be done.

Indeed, the preventive aspects of mental illness, both locally and nationally, are too largely unexplored. Our knowledge of the causation of mental illness is incomplete; there is a serious shortage of experts qualified to teach field workers the essentials of mental hygiene; and suitable courses of training for the field workers—Health Visitors and Duly Authorised Officers—are accordingly almost non-existent.

Until these difficulties can be overcome, in part at any rate, the steps that Local Health Authorities can take with regard to preventive action will inevitably be slow and uncertain.

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 were two additions to the register during the year, and one Home was closed.

Accommodation provided	Nursing Homes	Beds available
General cases only	6	36
Maternity cases only	1	5
Maternity and General cases ..	7	63
TOTAL ..	14	104

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; thirty-five inspections were made in 1954.

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:—

- 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
- 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 1954.

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, 1954, the numbers of blind and partially-sighted persons included in the Shropshire Registers of Blind and Partially-Sighted Persons were as follows:—

	Males	Females	Children	Total
Blind	226	300	9	535
Partially-sighted ..	15	22	10	47
	241	322	19	582

Additions to Register.—During the year 94 persons (36 males and 58 females) were certified as blind persons and included in the Register. In addition, 22 persons (10 males and 12 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 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, 78 blind persons (27 males and 51 females) and 13 partially-sighted persons (6 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 94 blind persons certified during the year indicated that in 28 (or 29.8 per cent) of these cases the primary cause of blindness was cataract; of these 28 cases, 22 were aged 70 years or more.

Other major causes were: Senile macular degeneration (11); Congenital, hereditary and development defects (8); Glaucoma (7); Myopic error (6); and Arterio-sclerosis (4).

The blind persons for whom treatment was recommended numbered 55, medical treatment being suggested in 33 cases, surgical in 16 cases, optical in 3 cases, educational in 2 cases and medical and optical in one case.

Of these cases, three persons refused surgical treatment for the extraction of cataract; and one case in which surgical treatment had been recommended was referred back to the patient's doctor for treatment and medical assessment of general health.

It would seem that, although treatment of one form or another was advised in 55 cases, it was anticipated that this would only result in the removal of 11 persons from the category of blind persons; that in 40 cases treatment would not result in the removal of the persons concerned from the Register; and that in 4 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 1954 in respect of which para. 7 (c) of Form B.D. 8 recommends:—										
(a) No treatment	9	—	2	—	—	—	28	3	39	3
(b) Treatment (medical, surgical or optical) ..	19	1	5	3	—	—	31	15	55	19
Cases at (b) above which on follow-up action have received, or will receive, treatment	14	1	5	3	—	—	30	15	49	19

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, steps have been 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.

On 31st December, 1954, the numbers of persons in this County suffering from epilepsy or spastic paralysis known to the County Welfare Department were as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Epilepsy	6	9	15

(of these, 11 were accommodated on behalf of the Council by voluntary organisations and 4 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Spastic paralysis	5	5	10

(of this total, 9 persons were accommodated in their own homes; 2 of this group are in employment; one has been referred to the Ministry of Labour and National Service and is awaiting admission to an Industrial Rehabilitation Unit; one has since been admitted to the National Spastics Society Home, Prested Hall; and 2 are also epileptics, one of whom is awaiting a vacancy at an Epileptic Colony. One person who also suffers from epilepsy is in hospital accommodation).

INSPECTION AND SUPERVISION OF FOODS

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 1954 their Sampling Officers obtained 1,515 samples (1,072 of milk and 443 of other foods), compared with 1,503 samples (1,150 of milk and 353 of other foods) during the previous year.

The results of the examination of these 1,515 samples which represent a rate of 6 samples per 1,000 of population (again excluding the Borough of Shrewsbury), are given in the following table:—

Analysis of Food and Drug Samples taken in 1954

Description of Samples	Samples Procured				
	Total	Formal		Informal	
		Genuine	Adulterated or below Standard	Genuine	Adulterated or below Standard
Milk	1,072	*632	206	188	46
Almonds	4	3	—	1	—
Medicines and Drugs	22	9	—	13	—
Tinned Meat and Fish	22	19	—	3	—
Fruit Juice and Cordial	11	2	—	9	—
Wines, Spirits, Liqueurs, Beer	20	11	—	9	—
Dripping and Cooking Fats	11	8	—	3	—
Butter and Margarine	18	15	1	2	—
Beverages	19	12	—	7	—
Spices, Pickles, Sauces	40	9	—	29	2
Cereals	14	8	—	6	—
Sponge, Cake and Pudding Mixtures	27	2	—	24	1
Dried Fruit	7	4	1	2	—
Tinned Fruit	3	3	—	—	—
Tinned Vegetables	4	4	—	—	—
Blancmange, Custard Powders and Table Creams	15	—	—	15	—
Cheese and Cheese Spread	5	3	—	2	—
Preserves	20	8	—	12	—
Dried Milk	5	—	—	2	3
Ice Cream	8	6	—	2	—
Cream	10	5	—	5	—
Sugar	2	1	—	1	—
Tinned Beans	3	3	—	—	—
Fish and Meat Pastes	39	—	—	38	1
Table Jelly	10	5	—	5	—
Jelly	2	1	1	—	—
Baking and Raising Powder	8	—	—	6	2
Sweets and Chocolate	14	2	—	12	—
Sausages	24	19	1	3	1
Soup, Soup Powder and Broth	14	5	—	9	—
Cooked Meats	6	6	—	—	—
Bacon	2	—	—	2	—
Biscuits and Pastry	4	2	—	2	—
Bread	3	1	—	1	1
Christmas Pudding	1	—	—	1	—
Cod Liver Oil	1	—	—	1	—
Gelatine	1	1	—	—	—
Glucose Powder	1	—	—	1	—
Iced Squares Milk	1	1	—	—	—
Iced Topsy	1	—	—	1	—
Lemonade Powder and Crystals	3	1	—	2	—
Malt Extract	1	—	—	1	—
Malt Extract (with Cod Liver Oil)	1	1	—	—	—
Malt Vinegar	5	2	—	3	—
Marzipan	2	1	—	1	—
Mint (with Vinegar)	1	1	—	—	—
Olive Oil	1	—	—	1	—
Parrish's Food	1	—	—	1	—
Parsley	1	1	—	—	—
Pie Filling	1	—	—	1	—
Potted Salmon	1	1	—	—	—
Cream of Tartar	1	—	—	1	—
Tartaric Acid	1	1	—	—	—
Yeast	1	1	—	—	—
TOTAL ..	1,515	820	210	428	57

*This figure includes 36 "Appeal-to-Cow" Samples

Milk.—It will be observed from the preceding table that, of the 1,072 samples of milk submitted for analysis, 252 were below standard.

Of these 252 samples :—

176 were deficient in solids-not-fat content but satisfied the freezing point test;
40 were deficient in fat content and the vendors were notified or warned as necessary; and
36 were the subject of further sampling or investigation and as a result legal proceedings were successfully concluded in all the 14 cases, involving 17 charges, brought before the Courts, particulars of which are as follows:—

Magistrates' Court	Analysis of Sample or Charge Proffered	Court Findings	
		Fine	Costs
		£ s. d.	£ s. d.
Ludlow	6% added water ..	2 0 0	2 2 0
Ludlow	Obstruction	2 0 0	4 0
Market Drayton ..	(1) 15% added water ..	2 10 0	5 5 0
	(2) 11% added water ..	2 10 0	
Market Drayton ..	Deficient 17% fat ..	2 0 0	2 2 0
Oswestry	11% added water ..	10 0 0	5 5 0
Oswestry	4% added water ..	2 0 0	3 3 0
Oswestry	Deficient 7% fat ..	2 0 0	2 2 0
Oswestry	Deficient 10% fat ..	2 0 0	3 3 0
Oswestry	(1) 26% added water ..	20 0 0	5 5 0
	(2) 24% added water ..	20 0 0	
Pontesbury	Deficient 7% fat ..	2 0 0	5 5 0
Pontesbury	(1) 15% added water ..	3 0 0	—
	(2) 8% added water ..	3 0 0	
Shifnal	4% added water ..	5 0 0	3 3 0
Whitchurch	Deficient 17% fat ..	2 0 0	2 2 0
Whitchurch	11% added water ..	2 0 0	3 3 0

Average Composition of Milk.—The Sale of Milk Regulations, 1939, prescribe a standard for milk of 3 per cent for Fat content and 8.5 per cent for Solids-not-Fat content and milk which, on examination, does not come up to this standard is presumed to be "non-genuine" until the contrary is proved. The following table gives particulars of the average fat and solids-not-fat content of the 1,072 samples of milk submitted for analysis during 1954, including adulterated and "appeal-to-cow" samples:—

Month	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage
January ..	99	3.69	8.58
February ..	62	3.54	8.54
March ..	73	3.59	8.54
April ..	103	3.53	8.59
May ..	100	3.42	8.7
June ..	52	3.49	8.67
July ..	111	3.6	8.64
August ..	112	3.58	8.63
September ..	76	3.73	8.66
October ..	102	3.89	8.75
November ..	101	3.97	8.53
December ..	81	3.74	8.45
Over whole year	1,072	3.65	8.61

Other Foods.—The following particulars indicate the action taken in respect of the 15 samples of foods other than milk, referred to in the table on page 53, which were found, on analysis, to be non-genuine:—

BAKING POWDER .. (2 Informal)	Two samples were found to be in an unsatisfactory condition as a result of contact with moisture. The vendor concerned on being informed of the result of the analysis voluntarily destroyed his remaining stock.
BEEF SAUSAGE .. (Formal)	Contained preservative although no notice was displayed; the vendor concerned was cautioned.
BREAD .. (Miscellaneous)	Found to contain a piece of medicated gauze which had been treated with antiseptic yellow dye, resembling acriflavine. The confectioner concerned was prosecuted and fined £2 0s. 0d., with £3 3s. 0d. costs.
BUTTER .. (Formal)	Contained 2% excess water. Legal proceedings were instituted against the dairy firm concerned, who were fined £5 0s. 0d. with £4 4s. 0d. costs.
DRIED MILK .. (3 Informal)	Two samples were found to have a high acid content, whilst a third had been overheated in manufacture. Remaining stocks were therefore returned to the wholesalers for replacement.
FISH PASTE .. (Informal)	Contained a small amount of excess water. The matter was taken up with the manufacturers concerned, who gave a satisfactory explanation.
GROUND MACE .. (Informal)	Contained excess insoluble ash. A letter of caution was sent to the manufacturers.

JELLY (Formal)	Reported to be in a semi-liquid state and had not set at room temperature. The manufacturers concerned, on being informed of the Analyst's remarks, investigated the matter and stated that the sample in question was of old stock and must have deteriorated. The manufacturers withdrew all remaining stocks and stated that they had instructed their factories to ensure that their product did not break down during long periods of storage.
MUSTARD (Informal)	Reported to be mouldy and to contain excessive moisture; no stock was left and the vendor was cautioned.
PORK SAUSAGE (Informal)	Deficient in meat content. A follow-up formal sample proved genuine, but the vendor was cautioned.
SPONGE MIXTURE (Informal)	Contained a live beetle grub and the vendor, on being informed, voluntarily surrendered the remaining stock.
SULTANAS (Formal)	Found to contain a piece of wood and on Analyst's advice the vendor 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 $7\frac{1}{2}$ per cent milk solids other than fat; and for *ice cream containing fruit*, a minimum content of $7\frac{1}{2}$ 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 1954, a total of 8 samples of ice cream was taken by Sampling Officers of the County Council and submitted for chemical analysis; all the samples proved to be genuine.

Tuberculous Milk.—The County Council are responsible (other than in the Borough of 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. The District Medical Officers of Health concerned are also informed of all positive samples to enable action to be taken under the Milk and Dairies Regulations and conditions placed on the sale of such milk for human consumption.

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 1954

Designation of Milk	Herds involved	Cows dealt with under Tuberculosis Order
Tuberculin Tested	—	—
Accredited	—	—
Undesignated	5	7
TOTAL	5	7

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)—1954

Designation of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested	2	—	2	—
Accredited	3	—	3	—
Undesignated	253	6	247	6
TOTAL	258	6	252	6

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

Examination of Milk (School Supplies)—1954

Designation of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested	46	—	46	—
Accredited	4	—	4	—
Undesignated	1	—	1	—
TOTAL	51	—	51	—

Milk in Schools Scheme.—Wherever possible, approval of milk supplied to schools is restricted to that designated either as "Tuberculin Tested," or "Pasteurised," although two school Departments received milk designated as "Accredited" until 1st October, 1954, when this designation was abolished and in consequence the two supplies became undesignated until the end of the year. Since then, Pasteurised milk has been supplied to the two schools concerned.

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 1954:—

Grade of Milk				Departments
Pasteurised	..	..	..	286
Tuberculin Tested	..	..	..	42
Undesignated	..	..	..	2
TOTAL				330

In October, 1954, a census was taken which showed that, at that time, 74.8 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 1954:—

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

Designation		Total Samples	Satisfactory		Unsatisfactory	
			No.	%	No.	%
Tuberculin Tested	..	113	100	88.5	13	11.5
Pasteurised	..	271	248	91.5	23	8.5
Accredited	..	6	6	100	—	—
Undesignated	..	2	2	100	—	—
TOTAL		392	356	91	36	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.

Also on 1st October, 1954, in accordance with paragraph 7 of Part I of the Second Schedule of the 1949 Regulations, pasteurisers were required to put milk into the container in which it was to be delivered to the customer at the premises at which the milk was pasteurised, and as soon as possible after pasteurisation.

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, 1954, licences in respect of twelve pasteurising establishments were renewed by the County Council.

All such establishments are inspected regularly by the County Sanitary Officers, and the equipment and methods of production checked.

Samples of milk are also obtained and submitted for the statutory methylene blue colour and phosphatase tests which determine respectively the keeping quality of the milk and 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 1954 from pasteurising establishments licensed by the County Council, together with corresponding figures for 1953:—

Year	Licensed Establishments at 31st December	Samples	Methylene Blue Test		Phosphatase Test	
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1953	12	336	332	4	317	19
1954	12	293	292	1	284	9

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.

District	Houses eligible for Grants	Grants	
		Paid in 1954	Total
		£	£
Atcham Rural	163	243	1,576
Bridgnorth Rural	78	154	733
Clun Rural	106	157	1,185
Dawley Urban	256	502	1,378
Drayton Rural	83	108	1,009
Ellesmere Rural	135	190	1,536
Ludlow Rural	36	58	368
Oswestry Rural	52	73	647
Shifnal Rural	20	30	198
Wellington Rural	82	112	1,073
Wem Rural	48	83	300
Wenlock Borough	10	12	141
TOTAL	1,069	1,722	10,144

COUNTY DISTRICTS—SANITARY CIRCUMSTANCES

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 1954 has been summarised, in respect of Water and Sewerage, in tabular form below and, in respect of Housing, on pages 59 and 60.

Water and Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES		SEWAGE DISPOSAL		
		Public Mains—Piped and Stand Pipe Supplies	Private Systems—Piped and Stand Pipe Supplies	Connected to Public Sewers	Other satisfactory facilities	Without satisfactory means of disposal
Dr. McGovern						
Ellesmere Urban ..	739	739	Nil	720†	19	Nil
Ellesmere Rural ..	2,025	840	180	245	1,255	525
Wem Urban	811	811	Nil	775	30	6
Wem Rural	3,045	430	1,007	—	—	—
Whitchurch Urban ..	2,294	2,114	—	—	—	—
Dr. McArthur						
Oswestry Borough ..	3,480	3,451	13	3,430	38	12
Oswestry Rural ..	5,252	3,038	77	1,744	—	—
Dr. Gregory						
Atcham Rural	5,997	3,308	—	645†	—	—
Bishop's Castle Borough ..	431	412	4	400	5	26
Church Stretton Urban ..	898	889	7	677	200	21
Clun Rural	3,080	1,576	—	—	—	—
Ludlow Borough	1,856	1,856	Nil	1,816	34	6
Ludlow Rural	4,221	1,710	—	530*	540*	—
Wenlock Borough ..	4,692	—	—	—	—	—
Dr. Turnbull						
Bridgnorth Borough ..	2,130	2,081	1	2,045	45	40
Bridgnorth Rural ..	3,795	1,651	125	611	383	2,801
Dr. Stewart						
Dawley Urban	2,647	—	—	1,210	—	—
Drayton Rural	2,537	1,081	181	360	680	1,497
Market Drayton Urban ..	1,799	1,776	3	1,674	Nil	125
Newport Urban	1,225	1,224	Nil	1,205	Nil	20
Oakengates Urban	3,637	3,637	Nil	3,143	6	488
Shifnal Rural	3,187	2,469	270	1,898	470	819
Wellington Urban	3,677	3,415	Nil	3,630	7	40
Wellington Rural	6,541	4,913	176	3,811	63	—
Dr. Roads						
Shrewsbury Borough ..	13,901	13,859	Nil	13,511	390	Nil

*Estimated Figures

†Approximate Figures

—Figures not available

Housing—Summary of Answers to Questionnaires

Medical Officer and District	Population (Mid 1954 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	De-molished during year	Converted into flats	For which improvement grants made		Houses erected during year		Houses under construction at end of year	
Dr. McGovern															
Ellesmere Urban ..	2,280	739	736	Nil	—	3	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	1
Ellesmere Rural ..	9,490	2,025	897	455	463	210	300	Nil	1	10	Nil	13	13	10	5
Wem Urban ..	2,370	811	511	200*	50	50	50	Nil	Nil	Nil	34†	4	4	1	1
Wem Rural ..	12,370	3,045	—	—	—	—	—	1	Nil	7	42	25	25	Nil	—
Whitchurch Urban ..	6,890	2,294	—	—	—	—	—	1	—	5	43	12	12	64	8
Dr. McArthur															
Oswestry Borough ..	10,970	3,480	—	—	—	—	150—200	Nil	Nil	—	26	13	13	76	7
Oswestry Rural ..	20,750	5,252	2,659	942	1,207	444	470	Nil	1	7	228	37	37	321	71
Dr. Gregory															
Aicham Rural ..	21,180	5,997	—	—	—	—	—	3	Nil	62	49	50	50	66	60
Bishop's Castle Borough ..	1,280	431	232	100	79	20	—	Nil	Nil	1	12	1	1	Nil	1
Church Stretton Urban ..	2,760	898	739*	90*	57*	12*	30	Nil	Nil	2	Nil	9	9	Nil	6
Clun Rural ..	9,340	3,080	—	—	—	—	—	Nil	1	19	32	7	7	2	6
Ludlow Borough ..	6,500	1,856	1,347	157	96	256	350*	Nil	Nil	4	24	12	12	Nil	2
Ludlow Rural ..	13,820	4,221	820	600	2,701	100	110	Nil	Nil	37	19	40	40	30	—
Wenlock Borough ..	15,120	4,692	—	—	—	—	—	Nil	Nil	4	111	6	6	Nil	4
Dr. Turnbull															
Bridgnorth Borough ..	6,270	2,130	1,811	—	49	270	278	2	1	4	51	10	10	22	13
Bridgnorth Rural ..	16,180	3,795	1,926	952	650	267	298	Nil	Nil	23	18	23	23	23	13
Dr. Stewart															
Dawley Urban ..	8,430	2,647	1,569	—	—	660*	800*	2	Nil	Nil	54	5	5	74	5
Drayton Rural ..	12,320	2,537	609	990	781	157	132	3	Nil	12	14	8	8	6	4
Market Drayton Urban ..	5,700	1,799	1,259	368	98	74	200	3	3	6	17	5	5	10	13
Newport Urban ..	3,860	1,225	1,009*	54*	90*	72*	80*	2	Nil	Nil	40	7	7	Nil	4
Oakenhates Urban ..	11,150	3,637	2,347	125	520	645	837	10	Nil	Nil	161	7	7	40	7
Shifnal Rural ..	14,330	3,187	1,597	715	680	195	195	7	Nil	20	28	44	44	—	23
Wellington Urban ..	13,000	3,677	3,088	138	308	143	193	17	Nil	4	146	61	61	161	55
Wellington Rural ..	24,520	6,541	4,267	800	990	484	500	11	Nil	43	157	36	36	226	14
Dr. Roads															
Shrewsbury Borough ..	47,020	13,901	—	—	—	850	—	18	2	16	254	134	134	205	82

*Estimated figures

— Figures not available

†Includes 2 houses erected by County Council

Housing—Summary of Answers to Questionnaires—continued

Unfit Houses

ACTION TAKEN	Atcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Cun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakenfates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Whitchurch U.
<i>Demolition and Closing Orders:</i>																									
Houses demolished as a result of formal or informal action under the Housing Act, 1936	3	—	2	—	—	—	—	3	—	—	—	—	—	2	10	—	3	7	5	14	9	—	1	4	1
Houses closed in pursuance of an undertaking given by owner	2	—	3	—	—	—	1	1	—	—	—	14	1	—	—	—	—	1	2	—	—	—	2	1	—
Closing Orders made under Housing Act, 1949	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Demolition Orders determined and Closing Orders substituted under Housing Act, 1949	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	—	—	—	—	—	—	—	—	—
Closing Orders made under Local Government Act, 1953	—	—	9	—	—	—	1	—	—	—	—	2	—	—	—	1	—	1	1	—	3	—	—	1	7
<i>Repairs:</i>																									
Number of unfit or defective houses rendered fit by informal action under the Public Health or Housing Acts	89	—	23	9	1	14	27	83	61	25	10	14	14	5	92	93	37	14	96	13	115	7	4	21	25
Number of houses where defects were remedied after service of formal notices under public Health Acts:																									
(a) by owners	2	—	—	1	—	—	6	—	—	—	—	3	—	—	8	7	1	—	51	—	1	—	—	2	4
(b) by local authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of houses made fit after service of formal notices under the Housing Act, 1936:																									
(a) by owners	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
(b) by local authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

WATER SUPPLIES

Public Health Act, 1936.—The table on page 63 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 1954, 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 1954, 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 1954, are given in the table on page 64.

Note : Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1954, but upon which the County Council *had made no decision*, are given in the tables on pages 65 to 66.

Wolverhampton Corporation—Stableford Well.—On 5th November, 1954, the Wolverhampton Water (Stableford Pumping Station) Order, 1954, came into operation. The Order empowered the Wolverhampton Corporation to construct and maintain a new well at Stableford, in the parish of Worfield in the Bridgnorth Rural District, and contained provisions for limiting the amount of water to be extracted in any one day to a maximum of 3½ million gallons. Satisfactory protection was secured in the Order for neighbouring existing water supplies, including those of the East Shropshire Water Board at Beckbury and the Bridgnorth Borough Council at Rindleford.

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, and 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.

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 67.

The tabular statement below gives particulars of sewage disposal schemes submitted for grant purposes by District Councils upon which the County Council, at the end of 1954, *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.	Stage 3 of a comprehensive scheme for the improvement and extension of the existing sewerage and sewage disposal facilities in Wellington . .	81,002
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 1954, grants under these Acts had been *paid or promised* by the County Council in respect of six 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 31/12/54
Atcham ..	Cross Houses	123	580	£ 17,590	£ 8,750	£ 393	30	£ 1,348
Drayton ..	Hodnet ..	124	1,521	14,220	2,400	152	30	488
Ludlow ..	Cleobury Mortimer	285	1,140	32,000	14,000	288	30	1,155
Oswestry ..	Morda ..	138	680	16,763	3,500	220	30	—
Wellington ..	Edmond ..	219	1,136	62,700	30,000	983	30	—
	High Ercall ..	78	Not known	10,623	6,500	242	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 1954, *had made no decision* in the matter of grant, are given in the table on page 68, from which it will be observed that the capital cost of these schemes amounted to a total of £434,089.

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	Paid to 31 Dec. 54
Atcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ { 14,820 1,480	30 } 15 }	£ 858	£ 698	50% annual deficit	£ 3,571
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	"	12,090
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250	3,100	30	{ 153 48 }	50	Block Grant	250
	Kinlet	6/11/37	27	100	1,350	150	—	—	—	30	"	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	"	669
Drayton Rural	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300
	Woore	3/11/34	137	524	4,080	—	{ 3,655 425 }	30 } 25 }	189	378	50% annual deficit	465
Ludlow Rural	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	1,015
Oswestry Rural	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	541
	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33½% annual deficit	799
Wellington Rural	Weston Rhyn	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150
	Llanymynech	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	292
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	51
	Lynelys	7/11/36	24	96	783	—	746	30	14	5	"	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	880
	Edmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850
					£146,014							£48,123
												£25,075

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 Maximum	Paid to 31st Dec. 1954
Atcham R.	West Atcham and Pimhill (extension)	May, 47	2,209	11,444	£ 138,402	£ 58,000	£ 3,047	30 years	£ 91,410	£ 9,997
Bridgnorth R.	Broughton ..	May, 53	16	Not known	1,844	600	83	12 years	996	249
	Claverley ..	May, 47	243	972	14,040	1,500	187	12 years	2,250	1,125
	Low Level Areas*	Mar., 54	2,340	8,000	353,000	140,000	10,525	30 years	315,750	1,370
	Long Common	Mar., 54	11	Not known	1,850	300	49	12 years	588	—
	Worfield ..	May, 53	130	Not known	13,650	2,500	420	12 years	5,040	1,400
Clun R.	Clungunford and Aston-on-Clun	Jan., 47 Nov., 54	127	Not known	21,168	4,000	205	30 years	6,150	889
Drayton R.	Hodnet, Ightfield and Moreton Saye	Nov., 54	369	Not known	38,320	9,500	679	30 years	20,370	—
East Shropshire Water Board	Aston ..	Mar., 52	26	103	3,700	800	38	30 years	1,140	—
	Kinnersley ..	Sept., 52	50	145	3,621	2,000	71	30 years	2,130	—
	Tibberton ..	Nov., 54	118	Not known	12,530	5,000	164	30 years	4,920	—
Ludlow R.	Little Isle and Studley	Sept., 50	27	81	2,641	550	40	30 years	1,200	—
	Craven Arms ..	Sept., 50	63	Not known	6,480	600	79	30 years	2,370	—
	Coreley ..	Sept., 50	19	Not known	4,260	650	58	30 years	1,740	—
	Clee Hill (Hill Top)	Dec., 50	16	Not known	2,270	1,200	60 26	20 years 10 years	1,200 260	—
	Little Stretton and Marshbrook	Mar., 51	23	62	4,780	1,900	121	30 years	3,630	—
Oswestry R.	Comprehensive Scheme (priority portion)	Nov., 54	2,174	Not known	133,248	40,000	2,499	30 years	74,970	—
					£755,804	£269,100				
									£536,114	£15,030

*This Scheme incorporates the Alveley, Button Bridge, Highley and Alveley and Neen Savage Water Supply Schemes, in respect of which the County Council had promised grants totalling £839 for 30 years.

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Water Supply Schemes submitted up to the end of 1954, 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.
	Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
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.		
	South-Eastern Parishes ..	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	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.
	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	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	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.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750 (ii)13,030	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley. 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.
Ellesmere R. ..	Ellesmere Rural District	357,600	For the provision of piped water supplies throughout the whole of the Rural District.
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.
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 Meverley 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 ..	£1,509,318	

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	.. Jul, 48	2,000	7,000	£ 90,000	20% of original cost of £62,000	£ 12,400	£ 6,200
Dawley U.	.. Dawley	.. Nov., 49	1,800	6,800	76,650	30% of cost	22,995	9,045
Newport U.	.. Newport	.. Nov., 49	1,246	5,000	62,220	15% of original cost of £41,000	6,150	—
Shifnal R.	.. Albrighton	.. Nov., 44	783	2,800	13,077	25% of cost	3,269	3,269
Shrewsbury M.B.	Bicton Heath	.. Nov., 54	52	—	6,800	7% of net cost of £5,800	406	—
	Harlescott	.. Feb., 53	6	—	2,985	—	1,000	—
Wellington U.	.. Wellington (Stages 1 & 2)	Nov., 54	4,335	12,900	91,400	7% of cost	6,400	—
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
Wenlock B.	.. Broseley	.. Feb., 39	540	2,200	8,800	15% of cost	1,320	1,320
	Madeley (Hill Top)	Nov., 54	213	4,938	3,330	15% of cost	500	—
					£431,547		£70,902	£36,296

*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 1954, 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.
	Eardington	8,035	For providing sewerage and sewage disposal facilities in an area as yet unsewered.
	Highley and Woodhill	55,100	For the replacement of existing inadequate sewerage and sewage disposal facilities in Highley and Woodhill.
Church Stretton U.	All Stretton	18,950	For the extension and improvement of existing facilities and the provision of new sewage disposal works.
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	19,500	For the provision of sewerage and sewage disposal facilities in the village of Clee Hill and the hamlets of Titrail and Knowle.
	Craven Arms	19,820	For the replacement of existing inadequate sewage disposal works.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	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	20,400	For the extension and modernisation of the existing 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 ..	£434,089	

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

During 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 1954 are summarised in the following table:—

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
ATCHAM RURAL	Cruckton	22nd July ..	Unsatisfactory. Reduction of suspended matter would improve effluent.
	Atcham Camp ..	22nd July ..	Satisfactory.
	Cross Houses ..	22nd July ..	Satisfactory.
	Pontesbury ..	8th Sept. ..	Unsatisfactory—a partly purified sewage.
	Ditto	13th Dec. ..	Satisfactory if there is adequate dilution.
	Grafton	7th Dec. ..	Satisfactory.
BRIDGNORTH RURAL	Highley (New England)	9th April ..	A dilute sewage.
	Highley (Wren's Nest)	9th April ..	A bad effluent, very heavy suspended solids.
	Claverley	24th April ..	Virtually untreated sewage.
CLUN RURAL	Clun	18th March	The discharge is evidently highly polluting.
	Bucknell (Old Works)	18th March	Unsatisfactory—treatment inadequate.
DAWLEY URBAN	Dawley	20th May ..	A well oxidised effluent which is unsatisfactory largely because of failure to remove suspended matter.
DRAYTON RURAL	Woore	13th July ..	Unsatisfactory—as strong as crude sewage.
	Hodnet	7th October	Almost a crude sewage.
	Ditto	24th Nov. ..	Nil.
	Stoke Heath ..	24th Nov. ..	Satisfactory.
ELLESMERE URBAN	Wharf Meadow ..	18th March	Borderline.
	Oswestry Road .. (Old Works)	13th July ..	Unsatisfactory.
ELLESMERE RURAL	Nesscliffe Camp ..	27th October	Unsatisfactory—the suspended matter is too high.
	St. Oswald's College	7th Dec. ..	Satisfactory.
LUDLOW RURAL	Clee Hill	5th January	Apparently untreated sewage.
	Cleobury Mortimer	5th January	Satisfactory.
	Burford	13th July ..	Unsatisfactory—almost crude sewage.
MARKET DRAYTON URBAN	Victoria Mills ..	23rd March (two samples)	Unsatisfactory.
	Ditto	16th June ..	The suspended solids are better than in previous samples, but the Biochemical Oxygen Demand is too high.
	Market Drayton ..	7th October	Unsatisfactory.

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
NEWPORT URBAN	Newport	17th January	Unsatisfactory—the suspended solids are low but the apparent purification of the liquor appears to be dilution rather than a biological effect.
	Ditto	23rd Sept. ..	Unsatisfactory—there is no evidence of cyanide other than that in gas liquor.
OSWESTRY BOROUGH	Oswestry	5th March ..	Unsatisfactory.
	Ditto	25th June ..	Excessive suspended solids.
	Ditto	7th Dec. ..	Satisfactory—appears to be derived from a weak sewage.
OSWESTRY RURAL	Park Hall	5th March ..	Unsatisfactory.
	Ditto	8th Sept. ..	A very good effluent.
SHIFNAL RURAL	Shifnal	24th April ..	Unsatisfactory.
	Albrighton ..	24th April ..	Unsatisfactory.
	Ryton	4th Nov. ..	A crude medium strength domestic sewage.
SHREWSBURY BOROUGH	Shrewsbury ..	25th Feb. .. (two samples)	Nil.
	Ditto	29th June ..	Has the characteristics of a moderate strength untreated sewage containing gas liquor.
	Ditto	29th June ..	A thoroughly unsatisfactory effluent—appears to be diluted rather than purified sewage.
	Ditto	31st August	Equivalent to an untreated medium strength sewage.
	Ditto	31st August	A diluted sewage.
WELLINGTON RURAL	Donnington ..	5th April ..	Satisfactory.
	High Ercall ..	24th Nov. ..	Nil.
WEM URBAN	Wem	13th January	Unsatisfactory.
	Ditto	23rd March	Unsatisfactory.
	Ditto	7th May ..	This effluent has a strength equal to that of most crude sewages, and its polluting effect on the River Roden is quite marked.
WEM RURAL	Prees Village Drain	4th Nov. ..	The top water of the sample is clean but the solids are indicative of previous pollution.
WENLOCK BOROUGH	Much Wenlock ..	20th May ..	Unsatisfactory—biochemical oxygen demand and suspended solids much too high.
	Ironbridge (Hill Top)	22nd July ..	The suspended solids are high but the liquor is well purified.
	Broseley	22nd July ..	Satisfactory.
	Madeley	22nd July ..	Satisfactory.

CULVERTED WATER COURSES

Within recent years, there have been several instances of serious flooding in industrial areas in the eastern portion of the County, occasioned by the collapse or blocking of culverts carrying streams under pitmounds or spoilbanks.

The problem of surface water drainage in East Shropshire first became apparent in 1931 in relation to the Madeley culvert, the history of which is as follows:—

All surface and subsoil waters from the agricultural land in the southern portion of the Dawley Urban District and the whole of the parish of Madeley in the Borough of Wenlock, together with the final effluents of the Dawley and Madeley sewage disposal works, are conveyed by means of an unnamed stream, which also receives the overflow water from an adjacent disused portion of the Shropshire Union Canal. This stream flows for a distance of over one and a half miles to a culvert, some two-thirds of a mile in length, through which it passes before discharging into the River Severn. Over practically the whole length of its course the culvert is covered by an immense amount of waste material, deposited in successive layers from local mineworkings, and varying in depth from 40 to 80 feet.

In 1931 this culvert collapsed, due to the weight of the overlaying spoil material, and this resulted in very serious flooding in the Madeley area, the flood water covering some 20 to 30 acres of agricultural land, including the site of the present Madeley sewage disposal works. In order to facilitate repair work to the culvert, and to deal with the flow of the stream and flood water, the Wenlock Borough Council were compelled to pump the flood water into the adjacent disused portion of the Shropshire Union Canal.

Part of this repair work was undertaken by the owners of the culvert, a local firm of tile manufacturers, who later requested the Wenlock Borough Council to meet the cost of the work which they had carried out. The Borough Council refused to accept responsibility, and as a result were sued in the Chancery Court, where it was ruled that the culvert was a sewer and was therefore vested in the Local Authority. As a result of this decision the Wenlock Borough Council lodged an appeal in the Appeal Court, who decided that the culvert was not a sewer, thus reversing the decision of the Chancery Court. This decision was later upheld by the House of Lords, and the then owners of the culvert, being unable to meet their liabilities, went into liquidation, with the result that it reverted to the Crown, who, under a provision of the Companies Act, 1947, succeeded in disclaiming responsibility for the culvert. There is, therefore, at the present time the anomalous position that no one appears to be legally responsible for the culvert.

With a view to considering the formulation of remedial measures, and in order to assist the County Council in assessing the magnitude of the problem in East Shropshire, the County Surveyor, in April, 1950, compiled a comprehensive report describing twenty-one culverted areas, in thirteen of which a major emergency would result in the event of the culvert collapsing or being obstructed with debris. In May, 1950, the County Council therefore decided:—

- (a) that the whole question be submitted to the County Councils Association with a view to representations being made to the Central Government for the matter to be dealt with by legislation providing for adequate Exchequer aid;
- (b) that the attention of District Councils be drawn to the need for water courses to be examined by their staff with a view to requiring the landowners concerned to carry out such remedial measures as might be necessary;
- (c) that District Councils be urged to formulate, in conjunction with technical officers of the County Council, measures for dealing with any emergency which might arise in this connection;
- (d) that a special Sub-Committee of the County Council be formed to confer with the various District Councils concerned in East Shropshire; and
- (e) that the District Councils be urged to raise the matter with the Association of Municipal Corporations, the Urban District Councils Association and the Rural District Councils Association, upon the same lines as the representations submitted by the County Council to the County Councils Association.

In July, 1950, the Sub-Committee of the County Council, referred to in (d) above, conferred with representatives of the various Local Authorities in East Shropshire, and a policy based upon the decisions of the County Council was agreed.

Representations were subsequently made by the County Council to the County Councils Association, who decided that consideration of the matter be deferred pending an approach by the other Associations of Local Authorities with regard to this problem; and a Sub-Committee of the Public Health Committee of the County Councils Association was formed to discuss the matter with the other Associations concerned.

As a result of these discussions, the Associations of Local Authorities recommended that the cost of putting culverted water courses into good condition should be borne by the Central Government, and that responsibility for their subsequent maintenance should rest with the appropriate River Boards in cases where the undermentioned circumstances prevail:—

- (i) the owner of the land is unknown or cannot be found, or
- (ii) the trustee in bankruptcy has disclaimed, or
- (iii) ownership is disclaimed by the Crown.

At the same time, the Associations also considered a report of the Land Drainage Legislation Sub-Committee of the Central Advisory Water Committee, which recommended that water courses should become the responsibility of the River Boards, subject, it was suggested, to such water courses being in a reasonably good condition when taken over.

Representations were therefore made by the Associations of Local Authorities to the Minister of Housing and Local Government early in 1952, recommending that any legislation which might be promoted to give effect to the recommendations of the Land Drainage Legislation Sub-Committee should include provisions on the lines mentioned above.

In May, 1952, however, the Minister stated that detailed proposals for a Bill to amend the existing legislation relating to land drainage were still some way off but that he would be prepared, at a later date, to consider this question in connection with any legislation which might be prepared.

All the Local Authorities Associations were dissatisfied with the Minister's reply and renewed representations were made, as a result of which a meeting was held in November, 1953, with officers of the Ministry of Housing and Local Government and the Ministry of Agriculture and Fisheries. It was decided that arrangements should be made for officers of both Ministries to inspect some of the culverts in Shropshire which best illustrated the problem.

Accordingly, in February, 1954, representatives from both Ministries visited the County and were shown some of the culverts about which concern was felt.

Consequent upon this visit and the reports of the inspecting officers, the Minister of Housing and Local Government in October, 1954, stated that, whilst admitting the existence of possible dangers in several of the cases and agreeing that there were no adequate powers in existing legislation for undertaking preventive works, he did not hold out any hope of legislation in the near future to remedy the position, and suggested that the alternative appeared to be the promotion of private legislation by the local authorities concerned.

The County Council expressed disappointment at the Minister's reply and their observations were sent to the County Councils Association, who decided to invite the other Associations of Local Authorities who had participated in considering the matter originally, to discuss it further with a view to making renewed representations to the Minister.

LOCAL GOVERNMENT ACT, 1933, SECTION 111

Medical Officers of Health of County Districts

The situation regarding these was set out at some length in the Report for 1953.

Most County Districts seem now to approve in principle the idea of "mixed appointments," whereby one Medical Officer serves an area of limited size and population, both for the "personal" services administered by the County Council under the National Health Service Acts and for the "environmental" services administered by the several District Councils of the area. The table on page — shows where the systems of "combined districts" and "mixed appointments" respectively are now operating.

No changes took place during 1954, though further tentative arrangements were discussed with representatives of some of the District Councils in anticipation of any changes which might make them necessary.

It has been made clear to all District Councils and their Officers that the County Health Department are glad to help and provide medical advice where for any reason the services of the District Medical Officer of Health are not available.

The position therefore remained in 1954 as shown in the table on page 7, and as it did at the end of 1953.

TABLE I

Population, Acreage and Density of Population in the
various Districts of Shropshire in 1954 (mid-year).

Districts	Population (estimated mid-1954)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,280	1,867	0.69
Bridgnorth Borough	6,270	2,645	2.37
Church Stretton Urban	2,760	6,198	0.45
Dawley Urban	8,430	3,259	2.59
Ellesmere Urban	2,280	1,220	1.87
Ludlow Borough	6,500	1,068	6.09
Market Drayton Urban	5,700	1,216	4.69
Newport Urban	3,860	768	5.03
Oakengates Urban	11,150	2,396	4.65
Oswestry Borough	10,970	2,173	5.05
Shrewsbury Borough	47,020	8,118	5.79
Wellington Urban	13,000	2,281	5.70
Wem Urban	2,370	903	2.62
Wenlock Borough	15,120	22,657	0.67
Whitchurch Urban	6,890	6,053	1.14
TOTAL—Urban Districts	143,600	62,822	2.29
RURAL			
Atcham	21,180	134,490	0.16
Bridgnorth	16,180	100,897	0.16
Clun	9,340	132,512	0.07
Drayton	12,320	54,058	0.23
Ellesmere	9,490	48,253	0.20
Ludlow	13,820	112,823	0.12
Oswestry	20,750	61,524	0.34
Shifnal	14,330	39,562	0.36
Wellington	24,520	54,516	0.45
Wem	12,370	60,343	0.20
TOTAL—Rural Districts	154,300	798,978	0.19
ADMINISTRATIVE COUNTY	297,900	861,800	0.35

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in the year 1954

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	65	50.78	27.42	19	1	20	15.63	17.81	1	1	—	1	50.00
Bridgnorth Borough	67	10.69	8.87	120	8	128	20.41	20.41	6	3	—	3	23.44
Church Stretton Urban	36	13.04	8.22	38	—	38	13.77	16.11	—	—	—	—	—
Dawley Urban	104	12.34	13.32	129	3	132	15.66	15.81	6	4	—	4	30.30
Ellesmere Urban	37	16.23	12.98	29	—	29	12.72	12.84	—	3	—	3	103.45
Ludlow Borough	92	14.15	11.04	103	3	106	16.31	16.31	4	5	1	6	56.60
Market Drayton Urban	67	11.75	9.87	100	5	105	18.42	19.15	2	2	—	2	19.05
Newport Urban	42	10.88	10.01	46	2	48	12.44	12.80	2	—	—	—	—
Oakengates Urban	133	11.93	11.93	154	9	163	14.62	14.76	1	3	—	3	18.40
Oswestry Borough	112	10.21	9.39	156	7	163	14.86	14.71	6	7	—	7	42.94
Shrewsbury Borough	572	12.16	11.92	647	48	695	14.78	14.34	20	16	4	20	28.77
Wellington Urban	101	7.77	7.92	201	8	209	16.08	15.92	5	2	—	2	9.57
Wem Urban	18	7.59	6.15	35	1	36	15.19	16.25	1	1	—	1	27.77
Wenlock Borough	265	17.52	16.82	243	9	252	16.66	16.83	5	7	1	7	27.77
Whitchurch Urban	153	22.21	18.43	87	1	88	12.77	13.54	3	1	—	1	11.36
Aggregate	1,864	12.98	12.07	2,107	105	2,212	15.40	15.40	62	54	6	60	27.12
RURAL													
Atcham	214	10.10	9.79	359	20	379	17.89	19.68	6	8	—	8	21.11
Bridgnorth	121	7.48	8.82	223	6	229	14.15	17.55	4	3	—	3	13.10
Clun	110	11.78	10.24	137	7	144	15.42	17.88	3	4	—	4	27.77
Drayton	84	6.82	8.38	169	5	174	14.12	17.37	4	6	—	6	34.48
Ellesmere	67	7.06	8.40	110	1	111	11.69	15.20	4	2	—	2	18.02
Ludlow	143	10.35	9.00	201	9	210	15.19	17.62	8	6	—	6	28.57
Oswestry	345	16.63	17.78	260	10	270	13.01	15.35	7	5	—	5	18.52
Shifnal	135	9.42	12.43	188	12	200	13.96	15.77	5	2	1	3	15.00
Wellington	228	9.29	10.97	337	20	357	14.56	15.43	7	8	1	9	25.21
Wem	119	9.62	9.62	198	4	202	16.33	17.64	8	4	—	4	19.80
Aggregate	1,566	10.15	10.86	2,182	94	2,276	14.75	16.96	56	48	2	50	21.97
ADMINISTRATIVE COUNTY	3,430	11.51	11.51	4,289	199	4,488	15.07	16.12	118	102	8	110	24.51

TABLE III
Registrar General's Statistics
Causes of Death in Shropshire during 1954

Districts	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping Cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					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			
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																										
URBAN:																																								
Bishop's Castle Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	8	..	15	5	1	26	1	1	1	2	2	2	..	2	1	..	..	..	..	..	..	..	..	..	..	..	65
Bridgnorth Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	9	12	1	10	7	4	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	67	
Church Stretton Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	11	3	2	16	6	2	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	
Dawley Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	21	6	1	16	7	2	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	104		
Ellesmere Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	2	6	2	22	3	2	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	37		
Ludlow Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	21	10	3	22	3	3	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	92		
Market Drayton Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	9	6	5	18	3	1	2	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	66		
Newport Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	7	8	5	8	14	1	2	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	42		
Oakengates Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	19	19	2	19	2	4	2	3	13	1	..	..	..	..	..	..	..	..	..	..	..	..	133		
Oswestry Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	13	..	16	22	2	13	4	2	2	4	4	2	..	..	..	..	..	..	..	..	..	..	..	..	112		
Shrewsbury Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	47	1	5	94	10	116	19	4	4	17	28	4	..	..	..	..	..	..	..	..	..	..	..	..	572		
Wellington Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	13	2	14	14	3	21	4	1	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	101		
Wem Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	41	4	3	2	2	17	2	7	9	3	..	..	..	..	..	..	..	..	..	..	..	..	18		
Wenlock Borough	..	..	..	..	..	..	..	..	..	..	..	..	..	30	2	31	21	6	47	3	2	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	265		
Whitchurch Urban	..	..	..	..	..	..	..	..	..	..	..	..	..	23	..	..	10	55	5	3	3	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	153		
TOTAL—Urban Districts	32	3	3	—	—	—	1	—	5	35	32	25	13	182	9	295	250	42	386	81	18	49	85	13	14	10	20	10	—	19	164	14	28	14	1	1864				
Rural:																																								
Atcham	..	..	..	1*	..	..	..	..	..	..	6	5	2	21	2	26	28	3	37	10	—	8	17	4	1	1	1	2	2	2	19	8	5	2	4	2	1	214		
Bridgnorth	..	..	..	..	..	..	..	..	..	..	4	2	2	8	..	25	11	—	24	3	2	7	5	1	1	2	2	1	1	1	10	10	2	1	2	—	121			
Clun	..	..	..	..	..	..	..	..	..	..	6	2	2	15	..	12	11	2	33	2	2	2	4	1	2	—	—	—	—	—	—	—	—	—	—	—	—	110		
Drayton	..	..	..	..	..	..	..	..	..	..	1	—	—	7	..	10	12	1	19	3	—	4	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	84		
Ellesmere	..	..	..	..	..	..	..	..	..	..	2	1	—	5	..	13	9	1	10	4	—	2	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	67		
Ludlow	..	..	..	..	..	..	..	..	..	..	1	3	1	12	..	27	21	5	32	3	—	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	143		
Oswestry	..	..	..	..	..	..	..	..	..	..	7	3	1	23	1	4	35	4	101	17	6	6	11	3	6	1	1	1	1	1	31	12	6	3	7	2	345			
Shifnal	..	..	..	..	..	..	..	..	..	..	1	2	1	12	1	1	22	18	23	6	2	2	4	1	2	1	10	1	—	—	2	16	4	4	1	2	135			
Wellington	..	..	..	..	..	..	..	..	..	..	3	2	1	22	..	2	33	3	35	10	2	5	11	1	1	3	3	1	—	—	5	12	3	4	6	5	228			
Wem	..	..	..	..	..	..	..	..	..	..	2	1	4	5	..	11	12	5	34	5	—	5	6	1	1	1	1	1	—	2	10	4	2	3	2	119				
TOTAL—Rural Districts	14	2	1	1	—	1	1	—	2	41	32	17	12	130	4	12	190	28	346	63	10	45	68	12	14	3	23	11	3	15	131	32	40	20	1	1566				
TOTAL—County	46	5	4	1	—	1	2	—	7	76	64	42	25	312	13	23	536	440	70	732	144	28	94	153	25	28	13	43	21	3	34	295	46	68	34	2	3430			

*See note on page 34

TABLE IV
Causes of death by sex and age periods in Shropshire during 1954

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					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																																																																																																																																										
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																																																																																																																																																																
URBAN DISTRICTS:	Under 1 year ..	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																						
	1 year and under 5 years ..	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																				
	5 years and under 15 years ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																				
	15 years and under 25 years ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																				
	25 years and under 45 years ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																					
	45 years and under 65 years ..	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																					
	65 years and under 75 years ..	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																					
	75 years and over ..	245	16	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																				
	TOTAL—All ages ..	991	25	3	1	—	—	—	—	—	—	4	20	31	—	—	101	6	5	136	168	21	177	46	10	27	51	5	11	4	7	10	—	—	10	71	10	18	12	1	—	—																																																																																																																																						
RURAL DISTRICTS:	Under 1 year ..	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																		
	1 year and under 5 years ..	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																	
	5 years and under 15 years ..	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																	
	15 years and under 25 years ..	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																	
	25 years and under 45 years ..	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																		
	45 years and under 65 years ..	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																	
	65 years and under 75 years ..	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																	
	75 years and over ..	31	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																	
	TOTAL—All ages ..	390	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																												
ADMINISTRATIVE COUNTY	..	824	9	2	—	—	—	—	—	—	—	1	20	27	—	—	65	3	4	100	125	15	158	32	5	31	55	7	9	1	12	11	—	—	8	59	25	26	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE V
Return of Cases of Notifiable Diseases during 1954

Sanitary District	Scarlet Fever	Whooping Cough	Dysentery	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Paratyphoid	Typhoid	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	†Tuberculosis (C.N.S. and Meninges)	†Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Malaria
URBAN AND BOROUGH:																				
Bishop's Castle	8	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Bridgnorth	1	7	—	—	2	—	—	—	—	—	—	—	1	1	8	—	—	—	—	1
Church Stretton	5	104	5	—	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dawley	2	5	—	2	14	—	—	—	—	1	—	—	—	—	5	1	—	—	—	—
Ellesmere	3	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—
Ludlow	—	—	—	—	—	—	—	—	—	1	—	—	2	—	6	—	1	—	—	—
Market Drayton	1	4	—	3	—	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Newport	15	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oakengates	9	5	—	6	1	—	1	—	—	1	—	—	1	12	7	—	—	—	—	—
Oswestry	6	16	—	5	21	1	—	—	—	1	—	—	1	1	9	—	—	—	—	—
Shrewsbury	33	138	11	9	15	2	2	1	1	8	—	—	8	—	25	—	1	2	—	—
Wellington	20	7	—	2	11	1	—	—	—	—	—	—	3	1	7	—	1	—	—	—
Wem	4	—	1	—	28	—	—	—	—	—	—	—	—	4	—	1	—	—	—	—
Wenlock	3	64	—	—	7	—	—	—	2	2	—	—	—	10	8	—	4	—	—	—
Whitchurch	3	15	—	4	—	—	—	—	—	1	—	—	1	32	2	—	1	1	—	—
TOTAL	113	365	17	33	125	6	3	1	3	16	—	—	19	57	83	1	10	3	1	1
RURAL:																				
Atcham	17	193	4	5	29	—	5	—	1	—	—	—	—	—	13	—	5	—	—	—
Bridgnorth	13	41	—	2	32	—	1	1	—	—	—	—	4	—	7	—	1	—	—	1
Clun	6	56	—	1	1	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Drayton	—	36	—	26	10	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Ellesmere	8	—	—	20	4	—	—	—	—	1	—	—	—	—	5	—	—	—	—	—
Ludlow	9	63	6	1	5	—	—	—	—	2	—	—	1	1	4	—	4	—	—	—
Oswestry	4	20	—	1	13	—	—	—	—	—	—	—	—	5	—	1	—	—	—	—
Shifnal	13	123	70	41	39	—	—	—	1	1	—	—	—	134	2	—	1	—	—	—
Wellington	16	39	—	24	22	4	—	1	—	1	—	—	2	28	14	1	3	—	—	—
Wem	12	14	10	16	15	—	—	—	—	2	—	—	—	3	7	2	4	—	—	—
TOTAL	98	585	90	137	170	4	6	3	2	7	—	—	7	166	60	3	20	—	—	1
ADMINISTRATIVE COUNTY:																				
Total for 1954	211	950	107	170	295	10	9	4	5	23	—	—	26	223	143	4	30	3	1	2
Total for 1953	240	934	45	4,201	246	4	26	—	5	13	7	2	25	39	*	*	*	*	*	*
Increase (+) or Decrease (—)	—29	+16	+62	—4,031	+49	+6	—13	—	—	+10	—7	—2	+1	+184	*	*	*	*	*	*

* Figures not available.

— No notifications.

† Notifications include Hospital and Service cases not ordinarily resident in the County and do not therefore compare with the numbers of new cases of Tuberculosis reported on page 15.

The following table shows the results of the analysis of the samples collected during the field work. The data are presented in the form of a table, with the first column showing the sample number, the second column showing the date of collection, and the third column showing the location of collection. The fourth column shows the results of the analysis, and the fifth column shows the name of the person who collected the sample.

TABLE I

Results of the analysis of the samples collected during the field work

Sample No.	Date	Location	Results of the analysis	Name of collector
1	10/10/1950	...	...	...
2	11/10/1950	...	...	...
3	12/10/1950	...	...	...
4	13/10/1950	...	...	...
5	14/10/1950	...	...	...
6	15/10/1950	...	...	...
7	16/10/1950	...	...	...
8	17/10/1950	...	...	...
9	18/10/1950	...	...	...
10	19/10/1950	...	...	...
11	20/10/1950	...	...	...
12	21/10/1950	...	...	...
13	22/10/1950	...	...	...
14	23/10/1950	...	...	...
15	24/10/1950	...	...	...
16	25/10/1950	...	...	...
17	26/10/1950	...	...	...
18	27/10/1950	...	...	...
19	28/10/1950	...	...	...
20	29/10/1950	...	...	...
21	30/10/1950	...	...	...
22	31/10/1950	...	...	...
23	1/11/1950	...	...	...
24	2/11/1950	...	...	...
25	3/11/1950	...	...	...
26	4/11/1950	...	...	...
27	5/11/1950	...	...	...
28	6/11/1950	...	...	...
29	7/11/1950	...	...	...
30	8/11/1950	...	...	...
31	9/11/1950	...	...	...
32	10/11/1950	...	...	...
33	11/11/1950	...	...	...
34	12/11/1950	...	...	...
35	13/11/1950	...	...	...
36	14/11/1950	...	...	...
37	15/11/1950	...	...	...
38	16/11/1950	...	...	...
39	17/11/1950	...	...	...
40	18/11/1950	...	...	...
41	19/11/1950	...	...	...
42	20/11/1950	...	...	...
43	21/11/1950	...	...	...
44	22/11/1950	...	...	...
45	23/11/1950	...	...	...
46	24/11/1950	...	...	...
47	25/11/1950	...	...	...
48	26/11/1950	...	...	...
49	27/11/1950	...	...	...
50	28/11/1950	...	...	...
51	29/11/1950	...	...	...
52	30/11/1950	...	...	...
53	1/12/1950	...	...	...
54	2/12/1950	...	...	...
55	3/12/1950	...	...	...
56	4/12/1950	...	...	...
57	5/12/1950	...	...	...
58	6/12/1950	...	...	...
59	7/12/1950	...	...	...
60	8/12/1950	...	...	...
61	9/12/1950	...	...	...
62	10/12/1950	...	...	...
63	11/12/1950	...	...	...
64	12/12/1950	...	...	...
65	13/12/1950	...	...	...
66	14/12/1950	...	...	...
67	15/12/1950	...	...	...
68	16/12/1950	...	...	...
69	17/12/1950	...	...	...
70	18/12/1950	...	...	...
71	19/12/1950	...	...	...
72	20/12/1950	...	...	...
73	21/12/1950	...	...	...
74	22/12/1950	...	...	...
75	23/12/1950	...	...	...
76	24/12/1950	...	...	...
77	25/12/1950	...	...	...
78	26/12/1950	...	...	...
79	27/12/1950	...	...	...
80	28/12/1950	...	...	...
81	29/12/1950	...	...	...
82	30/12/1950	...	...	...
83	31/12/1950	...	...	...
84	1/1/1951	...	...	...
85	2/1/1951	...	...	...
86	3/1/1951	...	...	...
87	4/1/1951	...	...	...
88	5/1/1951	...	...	...
89	6/1/1951	...	...	...
90	7/1/1951	...	...	...
91	8/1/1951	...	...	...
92	9/1/1951	...	...	...
93	10/1/1951	...	...	...
94	11/1/1951	...	...	...
95	12/1/1951	...	...	...
96	13/1/1951	...	...	...
97	14/1/1951	...	...	...
98	15/1/1951	...	...	...
99	16/1/1951	...	...	...
100	17/1/1951	...	...	...

The results of the analysis of the samples collected during the field work are presented in the form of a table. The data are presented in the form of a table, with the first column showing the sample number, the second column showing the date of collection, and the third column showing the location of collection. The fourth column shows the results of the analysis, and the fifth column shows the name of the person who collected the sample.