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Contributors

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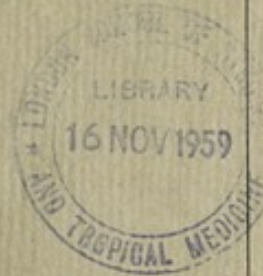


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COUNTY COUNCIL OF SALOP



ANNUAL REPORT

OF THE

**COUNTY MEDICAL OFFICER
OF HEALTH**

1956

COUNTY HEALTH OFFICE . COLLEGE HILL . SHREWSBURY
September, 1957



Drivers G. W. Ratcliffe and D. S. Sinclair from the Oswestry Depot won the trophy for the Midland Regional Ambulance Teams Competition at Stoke-on-Trent in October, 1956. A Salop Team from the Shrewsbury Depot won the Regional Competition in 1954 and 1955. The competition is open to Ambulance Teams from any Local Health Authority in the Midland Region and about eight teams usually compete in the final.

16.12.57



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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 1956.

It is difficult to know how much to write in an introduction such as this. So much of the body of the report, while necessary, is statistical, tabular and factual, and its value more for record and reference than for romantic reading, that one feels a debt to the employing public to try to indicate what seems of special or topical interest.

This I have tried to do below, and in the index at the end, in the hope that all who receive this report will read at least this introduction; and that many will, in the report itself, read the pages they find of special interest to themselves as well as those to which I invite attention here.

The report begins on page 8 with some fundamental or "key" vital statistics.

The Birth Rate in the County of 14.85 per 1,000 population compares with the national figure for 1956 of 15.7 and the County rate of 14.78 for 1955.

In the introduction to my report for 1955 I drew attention to the problem of "perinatal" deaths, meaning the total of stillbirths and deaths of infants during the first week.

What causes concern is that, while the infantile mortality rate has fallen nationally from 59 to 24 in the last twenty years, and from 43 to 24 in the last ten years, the perinatal deaths are not showing a corresponding decline.

The table on page 9 of stillbirths in Shropshire over the last twenty years shows that there has been no significant reduction in the stillbirth rate since 1944; and in fact the rate in 1956 is higher than in that year.

Some feel, because a large number of the deaths of infants within the first month (neonatal death rate) and within the first week (included in the perinatal death rate) are due to congenital malformations and to other less defined diseases, including prematurity, that these rates are unlikely to be further reduced. Exactly the same was being said in 1931 about the Infantile Mortality rate, which has since then been more than halved.

In the Ministry of Health Report No. 97 on Maternal Deaths during 1952-54, published in July, 1957, the investigators say that of the 246 deaths due to toxæmia, avoidable factors were believed to be present in 128 cases or 52%; and we know that the toxæmia which causes illness and death in mothers is equally a principal factor in producing stillbirths and neonatal deaths in infants.

These facts make vigilance regarding toxæmia, and the blood testing for Haemoglobin and Rhesus factor in the mother, and Coombs' testing in infants for haemolytic disease of the newborn, an essential duty for Local Health Authorities such as your Council, who are devoted to preventive medicine and who control the practice of all midwives who attend all births.

Before reverting to these problems of maternity and child welfare, the vital statistics continue with figures and tables concerned with causes of death (pages 9 and 10) and Tuberculosis (page 10). The most striking feature of the former table is the relegation of Tuberculosis to last place—demotion indeed for the one-time "captain of the men of death."

The table on Tuberculosis shows 14 deaths from Respiratory disease in Shropshire in 1956—by far the lowest figures ever recorded, and less than one quarter of what they were ten years ago in 1946, which itself showed low figures for that period. Even the figure of 109 new cases notified in 1956 shows a fall which may now perhaps be sustained.

The Non-respiratory notifications seem too high for a County otherwise so healthy and so largely agricultural, but they need further study and assessment.

The Government statement indicting smoking as a major factor in lung cancer is alluded to on page 13 and the position in Shropshire is compared with that for England and Wales.

Reverting now to Infantile Mortality as a sub-division of death rate figures, we find (page 14) that the rate for the County for 1956 was 27.12 per 1,000 live births, compared with the national figure for 1956 of 23.8, and the County rate of 25.23 for 1955. Of the 120 deaths of infants under one year, 72 occurred within the first week of life.

This means that the deaths of infants under one year (always traditionally the most important single index of a community's health service efficiency) were in Shropshire in 1956 up by 7.5 per cent on 1955, higher than in Shropshire since 1951, and about 14 per cent higher than the national rate. Our neonatal death rate (page 14) is 12 per cent higher than the national figure, and the highest for the seven years shown. In the first of the two summary tables on page 15, our last two figures on the right spoil the picture for Shropshire.

Maternal mortality is alluded to on page 15. The Governmental Committee reporting in 1957 on Maternal Deaths believe that more than half of the 246 maternal deaths ascribed to eclampsia and the toxæmia which precedes it involved an avoidable factor—generally faulty ante-natal care. Since your Council are legally responsible for all the midwives who attend all the confinements in Shropshire, one cannot but continue to try to avert toxæmia, as we have been doing for the last three years with the support of the other two branches of the Health Services—Hospital and Specialist, and General Medical Services respectively.

Next follows the section on Infectious Diseases on page 16. This subject was long the realm of Medical Officers of Health, who in most cases used to be the acknowledged clinical consultants and in charge of Fever Hospital beds. By their efforts, and with substantial aid from other medical experts, these beds were relatively empty by 1948, when the new Act made them the responsibility of Part II Services. In Shropshire, the Health Department enjoys the greatest co-operation from the Hospital and Specialist side—one could not ask for better. The Health Department still makes a good clearing house for information, and the Medical Officer of Health can still be useful in epidemiology. Telling him of anomalous happenings, as is generally done, is expedient as well as courteous and may save unnecessary confusion. Indeed, interest in Infectious Diseases is largely transferable nowadays to "Immunology," which subject is dealt with below and on pages 35 and 46 of the report.

The Care of Mothers and Young Children (page 18) brings us to Welfare Centres (on pages 20 and 21) about which a good deal was said in my report for 1955 regarding policy. Perhaps it may suffice in this year's report to say that while medical administrators are often criticised for being over-cautious, they can never produce quick results like the surgeon or the practitioner and must necessarily take a longer view both into the past and the future. Local Authority Welfare Centres are not particularly well attended (page 21) and may be less necessary than they were in the 1930s. They were needed then, the public still seem to want them, and it is not difficult to foresee circumstances when they might be badly needed again. Therefore, to provide them within reason during conditions of relative prosperity is probably wise; it might be impossible to conjure them up if they were needed in an emergency or a recession.

The Report of the Principal Dental Officer on page 22 is the last we shall have from Mr. Catchpole who served Shropshire so well for 31 years and is remembered with affection. It records an agreeable expansion of the very worth-while work of providing priority dental services for mothers and babies. With this limited extension came an 85 per cent increase in the provision of dentures and orthodontic appliances, and the Health and Education Committees have already agreed to the provision of their own laboratory and technician, which had long seemed desirable on grounds alike of convenience and economy.

Nursing staff and Services are dealt with on page 25 and Midwifery Services on page 26. The table on page 25 suggests that our numbers of nurses are falling, but so far providence seems to come to the aid of the Superintendent Nursing Officer and crises have been averted.

The Midwifery Services remain of the greatest current interest—the findings of the Government's "Cranbrook" Committee are still awaited—and those interested might make time to read pages 27 to 30 in full; they deal with confinements, blood examinations of mother and child, analgesics, prematurity, toxæmia, and other quasi-professional subjects which we have to do with.

On page 27 allusion is made to new records which we introduced from 1st January, 1956, for domiciliary confinements. From these, new information can easily be extracted and new tables made, which may help to suggest causes and remedies; one or two examples of such new tables are printed on page 29, but study will be needed to interpret what they may portend.

Vaccination and Immunisation are always of interest and relevance and perhaps especially so at the time of writing.

The Ministry of Health in 1955 urged primary vaccination against Smallpox, and re-vaccination in later years, with particular reference to the re-vaccination of children within two or three years of entering school, not only to maintain or revive their individual protection but also to facilitate substantially the control of local outbreaks. I hope that elected representatives, Practitioners, Consultants, and our own Medical and Nursing Staff will encourage the public to seek such protection.

Some who should know better argue that outbreaks of Smallpox are usually controlled by vaccinating contacts when the outbreak occurs. *But deaths of the unprotected usually ensue in greater or lesser numbers before such control is effected—a totally unwarranted catastrophe.* Anyone who has seen—as I have—major Smallpox killing 1 in 3 healthy but unprotected young adults who catch it, must impress on others the horror of such a tragedy. It is an unnecessary tragedy because routine vaccination in infancy, repeated later, gives complete protection. Medical and Nursing staff of all kinds, and Ambulance personnel should keep their own vaccination state maintained—and that of their families, for this is a disease that is easily carried.

The initial case may often be hard to diagnose with certainty for some days. Every time I see a suspect case—as I did in this County while writing this report—I am concerned afresh at the risks run by the many unprotected contacts. In plain language, if the disease *should* be major Smallpox, a substantial proportion of unprotected contacts are likely to die—unnecessarily, because prior routine vaccination gives complete protection.

Against Diphtheria, the numbers initially protected in 1956 show a slight reduction compared with 1955, nor is the percentage of children shown on page 37 as protected high enough. It is hoped that all concerned will try to ensure that the use of antigens separately rather than together—referred to on page 39—does not result in fewer children being protected against Whooping Cough and Diphtheria.

The section on the Ambulance Service has been clearly set out by the County Ambulance Officer; and we record with satisfaction that his Salop team for the third year in succession proved the best in the Midland Region.

The cost of the Service nationally and locally causes concern, and some simple graphs on page 44 illustrate the problem in Shropshire. Most assessors feel that "miles per patient" may be the best criterion of the efficiency of an Ambulance Authority, and here we seem to compare well with other Local Health Authorities of our type.

That there were no staff changes in 1956 bears witness to happy relationships and good leadership within the Ambulance Section. An age limit or ceiling for staff who undertake the heavy and strenuous work of lifting and carrying under difficulties may be desirable for ambulance, as it obtains for police, personnel; and the question deserves consideration with due regard to the interests of patients, staff, and the Employing Authority.

Tuberculosis reappears in further detail on pages 45 to 48. The fall in figures is exciting, as is the provision of B.C.G. vaccination for school children on page 46. In the latter connection, I record grateful satisfaction, alike in our staff who planned and executed well, and in the help and support given by the Local Medical Committee, the B.M.A. and the Regional Hospital Board's Mass Radiography services, in this Local Health Authority effort.

Liaison with the N.A.P.T., and the formation of the Shropshire Central Tuberculosis Care Committee were important features of the year's work, and are dealt with on page 48. These two voluntary bodies, central and local, invite and deserve the fullest support for their forthcoming combined Christmas Seal Sale in Salop in 1957, aimed to benefit equally the central and the local organisation. The latter have in the first six months of their existence already spent £130 on deserving cases, for help which the sufferers and their families could not obtain from statutory sources.

The above are some of the more important points for our thought; much in the later pages of the report remains uncommented on in this introduction.

Good work goes on which is of less conspicuous interest; that of the County Sanitary and Sampling Officers in connection with milk is unobtrusive but important. Two paragraphs relate to Special Designations of milk on pages 62 and 63; the fact that 23 undesignated samples—over 6 per cent of those taken—were tuberculous (page 61) underlines the importance of Pasteurisation, of Tuberculin Tested milks, and of the unceasing vigilance which we try to maintain.

This introduction would be incomplete without reference to the sterling work which continues to be performed by the many voluntary organisations who contribute so much to supplementing the statutory services of the County Council. All play a valuable part and their co-operation with the Health Department is acknowledged with appreciation.

Recognition is also necessary of the good work performed by the Health Department staff who have handled with ability and good humour many additional duties arising from new schemes, and also of the assistance and co-operation rendered so readily by the Council's other Departments.

Finally, the Department's appreciation is extended to the Council for their interest and support; and to Members of the Health Committee and Sub-Committees I express my gratitude for their continued kindness and encouragement.

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.
August, 1957.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at 31st December, 1956)

HEALTH COMMITTEE

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.

STEVENTON, T. O.

BOYNE, DOWAGER THE VISCOUNTESS, C.B.E., J.P., LL.D.

WAKEMAN, CAPTAIN SIR OFFLEY, Baronet, J.P., D.L.

JONES, T., J.P. (Deceased 17th November, 1956)

(Chairman of Council)

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

COUNCILLORS:

ATTLEE, DR. W. O., J.P.

MORRIS, T. E.

BEALE, REV. W. G., M.A.

PHILLIPS, MRS. L., J.P.

CROFT, E. H.

RHAIAADR-JONES, J. R.

FELL, W. M. W., M.Sc.

SHAW, DR. C. W.

(Vice-Chairman of Council)

SMITH, C.

HAMAR, DR. L. A.

STEPHENS, MRS. I. E.

JONES, A. H., J.P.

THOMAS, E. B., J.P.

JONES, T. H.

WOOD, A. J.

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

WORRALL, J. N.

CO-OPTED MEMBERS:

COCK, MRS. E. M., J.P.

} Nominated by Shrewsbury Town Council

EDWARDS, R. H. J.

RYLE, DR. J. C.

} Nominated by Shrewsbury Local Medical Committee
(representing General Medical Practitioners)

POOLER, DR. W. R. H.

CHOLMONDLEY, MRS. V. M., J.P.

Co-opted member of Health (Nursing) Sub-Committee

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

JONES, A. H.

VICE-CHAIRMAN OF COUNCIL

MORRIS, MRS. E. L.

BEALE, REV. W. G.

POOLER, DR. W. R. H.

BLACK, CAPTAIN R. A.

RHAIAADR-JONES, J. R.

BOYNE, DOWAGER THE VISCOUNTESS

STEPHENS, MRS. I. E.

FORESTER, THE LORD

STEVENTON, T. O.

GILES, REV. R. A. (Chairman)

THOMAS, E. B.

HAMAR, DR. L. A.

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

Appointed by Shropshire Nursing Association:

ATTLEE, DR. W. O.

BEATTON, MRS. P.

BOYNE, DOWAGER THE VISCOUNTESS

CHOLMONDLEY, MRS. V. M.

FORESTER, THE LORD

LEIGHTON, MRS. M. E.

GILES, REV. R. A.

OSMOND, MRS. D.

HAMAR, DR. L. A.

SOUTHWELL, HON. MRS. A.

MORRIS, MRS. E. L. (Chairman)

STEPHENS, MRS. I. E.

PHILLIPS, MRS. L.

WOOD, MISS N.

POOLER, DR. W. R. H.

SHAW, DR. C. W.

STEVENTON, T. O.

THOMAS, E. B.

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

JONES, A. H.

VICE-CHAIRMAN OF COUNCIL

JONES, T. H.

BLACK, CAPTAIN R. A.

RHAIAADR-JONES, J. R. (Chairman).

CROFT, E. H.

STEVENTON, T. O.

FORESTER, THE LORD

THOMAS, E. B.

GILES, REV. R. A.

WOOD, A. J.

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

Assistant County, School and District Medical Officers:

ARTHUR C. HOWARD, *M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.*

ALASTAIR C. MACKENZIE, *M.D., Ch.B., D.P.H.*

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

MARGARET H. F. TURNBULL, *M.B., Ch.B., 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., Ch.B.*

MARGARET E. BUCKLEY, *M.B., B.Ch.*

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

NORA V. CROWLEY, *M.B., B.Ch., B.A.O., D.C.H., L.M. (from 16th February, 1956)*

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

ALICE N. O'BRIEN, *M.B., Ch.B.*

AUDREY ROSS, *M.B., B.Ch. (Part-time)*

JEAN E. WEST, *M.B., B.Ch. (Part-time)*

Principal Dental Officer:

GERALD R. CATCHPOLE, *L.D.S.*

Assistant Dental Officers:

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

JOHN B. CLARKE, *L.D.S. (resigned 4th August, 1956)*

NOEL GLEAVE, *L.D.S.*

ANTHONY HOLLINGS, *B.Ch.D., L.D.S. (Part-time) (from 31st August, 1956)*

REGINALD H. N. OSMOND, *L.D.S. (Part-time)*

DANUTA M. ROUSSEAU, *B.D.S., D.D.S. (Part-time) (from 19th October, 1956)*

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

CECIL WILLIAMS, *L.D.S. (appointed 4th June, 1956; resigned 27th September, 1956)*

Oral Hygienist:

PATRICIA M. E. WILLIAMS (resigned 26th May, 1956)

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. (resigned 23rd January, 1956)*

FRANCES M. ROGERS, *S.R.N., S.C.M., Q.N., H.V. (promoted from Deputy Superintendent 24th January, 1956)*

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.*

MARGARET STEWART, *S.R.N., S.C.M., Q.N., H.V.*

Lay Administrative Officer:

THOMAS R. BLYTHE

County Sanitary Officer:

HAROLD MALLINSON, *Cert. R.S.I. (retired 3rd October, 1956)*

DAVID COUPS, *Cert. R.S.I. (promoted from Assistant Sanitary Officer 4th October, 1956)*

Assistant County Sanitary Officer:

GEORGE R. HALL, *Cert. R.S.I. (from 1st November, 1956)*

County Ambulance Officer:

WALTER WALKER

Consultant Psychiatrist:

JEANNIE STIRRAT, *M.B., Ch.B., D.P.M. (Part-time) (from 9th April, 1956)*

Psychiatric Social Worker:

KATHLEEN CARPENTER

Speech Therapists:

EDWARD PAULETT, *L.C.S.T.*

SHIRLEY A. BARNARD, *L.C.S.T.*

MARGARET E. FRANKLIN, *L.C.S.T. (from 1st February, 1956)*

Tuberculosis Health Visitor:

MARY DEMPSEY, *S.R.N., H.V.*

Principal Duly Authorised Officer:

ERNEST A. R. WARD

Duly Authorised Officer:

CHARLES T. FRANCIS

DENNIS WILLIAMS (Part-time)

Occupation Centre Supervisor:

ROSEMARY L. BOCKING, *Dip. N.A.M.H.*

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. PERCIVAL, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Consultant Orthodontist:

BRIAN T. BROADBENT, F.D.S.

Medical Officers of Health of Sanitary Districts:

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1956
<i>Mixed Appointments:</i>				
A. C. MACKENZIE, M.D., B.Ch., D.P.H.	Shrewsbury Borough ..	8,118	44,919	46,850
C. B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Oswestry Borough ..	2,173	10,712	10,960
	Oswestry Rural ..	61,524	20,746	21,300
A. C. HOWARD, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	Ellesmere Urban ..	1,220	2,163	2,270
	Wem Urban ..	903	2,409	2,380
	Whitchurch Urban ..	6,053	6,856	6,940
	Ellesmere Rural ..	48,253	8,601	8,990
	Wem Rural ..	60,343	12,043	12,560
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	6,250	6,330
	Bridgnorth Rural ..	100,897	16,168	17,010
<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	1,260
	Ludlow Borough ..	1,068	6,456	6,490
	Wenlock Borough ..	22,657	15,095	15,080
	Church Stretton Urban	6,198	2,580	2,780
	Atcham Rural ..	134,490	21,265	21,830
	Clun Rural ..	132,512	9,766	9,280
	Ludlow Rural ..	112,823	13,949	13,740
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	8,450
	Market Drayton Urban	1,216	5,644	5,730
	Newport Urban ..	768	3,744	3,890
	Oakengates Urban ..	2,396	11,656	11,170
	Wellington Urban ..	2,281	11,416	13,120
	Drayton Rural ..	54,058	10,625	11,830
	Shifnal Rural ..	39,562	13,548	12,900
	Wellington Rural ..	54,516	23,521	24,860
TOTAL ..		861,800	289,802	298,000

ANNUAL REPORT FOR 1956

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 which are as indicated below:

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Chairmen of the Nursing and Water Sub-Committees	
Ten members of the Health Committee	

To meet monthly to deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including such matters connected with the Ambulance Service as are not delegated to the Local Ambulance Sub-Committees; to advise the Health Committee as to the administration of the Mental Health Service; and to exercise the Council's powers under the Milk (Special Designation) (Pasteurized and Sterilised Milk) Regulations, 1949—1953, and Sections 37—38 of the Food and Drugs Act, 1955 (Sale of designated milk by retail in specified areas).

HEALTH (NURSING) SUB-COMMITTEE:

Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Ten members of the Health Committee	
Seven members nominated by the Shropshire Nursing Association	

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

(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	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Nine members of the Health Committee	

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Public Health Act, 1936, and the Rural Water Supplies and Sewerage Acts, 1944 and 1951, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945 and 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, 1956)	..	..	..	..	..	..	£3,136,352
Estimated product of 1d. rate (as at 1st April, 1956)	..	..	..	..	..	..	£12,363

Population.—The Registrar-General's estimate of the population of the County at mid-1956 (inclusive of members of the Armed Forces) was 298,000, 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 77, from which it will be seen that 143,700 persons were resident in urban areas and 154,300 in rural areas. The increase in population in the County as a whole was 500, compared with a decrease of 400 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-1956, as distributed between urban and rural districts:

		1931		1951		1956	
		Persons	%	Persons	%	Persons	%
Urban Districts	..	121,665	49.8	139,570	48.2	143,700	48.2
Rural Districts	..	122,491	50.2	150,232	51.8	154,300	51.8
County	..	244,156	100	289,802	100	298,000	100

Marriages.—The number of marriages in 1956 was 2,051—a decrease of 157 as compared with the previous year. The number of persons married represents a rate of 13.7 per 1,000 of population as against a rate of 15.8 for England and Wales.

Births.—The live births registered in and appertaining to this County during 1956 numbered 4,424, an increase of 26 compared with the previous year. Male and female births were 2,219 and 2,205 respectively.

The crude birth-rates for the year were 15.21 in urban districts, 14.51 in rural districts and 14.85 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 15.21 in urban districts, 16.69 in rural districts and 15.88 for the County, compared with the provisional rate of 15.7 for England and Wales.

Of the 4,424 live births, 4,248 were legitimate and 176 illegitimate. This latter figure represents 3.9 per cent. of the live births, as compared with 4.0 per cent. for the previous year.

The births and birth-rates applicable to each Sanitary District in the County are set out in Table II on page 78.

Still-births.—During 1956, there were 114 still-births, representing a rate of 25.21 per thousand live and still-births, as against a rate of 23.75 for 1955. The comparable rate for England and Wales for 1956 was 23.0.

The rate for still-births per 1,000 of population was 0.38.

The table below shows the still-birth rates for Shropshire over the past two decades:

Year	Still-births	Live Births	Total	Rate per 1,000 Live and Still-births
1935	170	3,610	3,780	44.97
1936	166	3,648	3,814	43.52
1937	164	3,779	3,943	41.59
1938	151	3,690	3,841	39.31
1939	165	3,800	3,965	41.61
1940	141	4,102	4,243	33.23
1941	160	4,489	4,649	34.42
1942	164	4,840	5,004	32.77
1943	170	4,915	5,085	33.43
1944	121	5,203	5,323	22.73
1945	121	4,621	4,741	25.52
1946	116	5,090	5,206	22.28
1947	138	5,538	5,676	24.14
1948	123	5,156	5,279	23.29
1949	107	4,945	5,052	21.17
1950	118	4,669	4,787	24.65
1951	121	4,603	4,724	25.61
1952	110	4,670	4,780	23.01
1953	133	4,638	4,771	27.88
1954	118	4,488	4,606	25.62
1955	107	4,398	4,505	23.75
1956	114	4,424	4,538	25.21

Deaths.—The number of deaths registered in and appertaining to Shropshire during 1956 was 3,279, a decrease of 37 compared with the previous year. Male and female deaths were 1,717 and 1,562 respectively.

The crude death-rates for the year were 12.49 per 1,000 of population in urban areas, 9.62 in rural areas and 11.0 in the County as a whole. Standardised death-rates were 11.0, 10.29 and 10.67 respectively, compared with a rate of 11.7 for England and Wales.

The table below shows the standardised death-rates for Shropshire during 1954, 1955 and 1956, with comparable rates for England and Wales:

	1954	1955	1956
Urban Districts ..	12.07	11.85	11.0
Rural Districts ..	10.86	10.33	10.29
Whole County ..	11.51	11.14	10.67
England and Wales ..	11.3	11.7	11.7

Full information with regard to deaths registered during 1956, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages 79 and 80.

In the following table are given particulars of the principal causes of death, in order of importance, for 1956, with comparative figures for 1955 and 1954.

Cause of Death	1956			1955			1954		
	Deaths	Rate per 1,000 population	% of total deaths from all causes	Deaths	Rate per 1,000 population	% of total deaths from all causes	Deaths	Rate per 1,000 population	% of total deaths from all causes
Heart disease	1,129	3.79	34.42	1,163	3.91	35.07	1,242	4.17	36.21
Cancer	526	1.77	16.03	550	1.85	16.59	532	1.79	15.51
Vascular lesions of nervous system ..	513	1.72	15.64	487	1.64	14.69	536	1.80	15.63
Bronchitis	157	0.53	4.79	135	0.45	4.07	153	0.51	4.46
Diseases of circulatory system (other than heart disease) ..	116	0.39	3.54	142	0.48	4.28	144	0.48	4.20
Pneumonia	96	0.32	2.93	98	0.33	2.94	94	0.32	2.74
Accidents (other than motor vehicle) ..	61	0.20	1.86	62	0.21	1.87	68	0.23	1.98
Nephritis and nephrosis	49	0.16	1.49	34	0.11	1.03	43	0.14	1.25
Accidents—motor vehicle	41	0.14	1.25	56	0.19	1.69	46	0.15	1.34
Ulcer of stomach and duodenum ..	34	0.11	1.04	37	0.12	1.12	28	0.09	0.82
Congenital malformations	33	0.11	1.01	27	0.09	0.82	34	0.11	0.99
Influenza	32	0.11	0.98	39	0.13	1.18	28	0.09	0.82
Hyperplasia of prostate	30	0.10	0.91	20	0.07	0.60	21	0.07	0.61
Diabetes	29	0.10	0.88	19	0.06	0.58	23	0.08	0.67
Suicide	26	0.09	0.79	30	0.10	0.90	34	0.11	0.99
Tuberculosis	17	0.06	0.52	30	0.10	0.90	51	0.17	1.49
TOTAL ..	2,889	9.70	88.08	2,929	9.84	88.33	3,077	10.31	89.71

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

Of the 3,279 deaths in 1956, no less than 44.93 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 five 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	Percentage 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
1956	3.66	0.40	0.76	1.31	3.63	19.94	25.37	44.93
1955	3.35	0.45	0.57	1.09	3.98	21.08	25.36	44.12
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
1931	6.56	2.62	1.78	3.01	9.21	23.08	22.98	30.76

Tuberculosis.—During the year 14 deaths were registered from Respiratory Tuberculosis—11 less than in the previous year—giving a death rate of 0.047 per 1,000 of population.

There were in addition 3 deaths from Non-respiratory Tuberculosis—2 less than in 1955—giving a death-rate of 0.010.

For both forms of this disease, the death-rate for 1956 was 0.057 per 1,000 of population, compared with a rate of 0.121 for England and Wales.

The table on page 11 shows the notification and death-rates per 1,000 of population attributable to this County from 1916 onwards for both forms of Tuberculosis; and the graph on page 12 indicates the extent to which mortality from this disease has declined in the past fifty years.

Tuberculosis—Respiratory and Non-Respiratory
Notification and Death Rates from 1916

Year	RESPIRATORY				NON-RESPIRATORY			
	New Cases	Deaths	Rate per 1,000 population		New Cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1916	364	206	1.61	0.91	64	59	0.28	0.26
1917	406	199	1.77	0.87	73	75	0.32	0.33
1918	425	222	1.98	1.03	118	60	0.55	0.28
1919	341	171	1.47	0.74	102	44	0.44	0.19
1920	325	143	1.36	0.59	127	56	0.53	0.23
1921	318	150	1.31	0.62	112	47	0.46	0.19
1922	274	182	1.12	0.74	118	58	0.48	0.24
1923	273	157	1.11	0.64	133	56	0.54	0.23
1924	287	144	1.16	0.58	121	42	0.49	0.17
1925	243	138	0.99	0.56	111	36	0.45	0.15
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	162	129	0.66	0.53	131	44	0.54	0.18
1928	214	126	0.87	0.52	129	41	0.53	0.17
1929	194	147	0.79	0.60	138	33	0.57	0.14
1930	184	106	0.76	0.44	119	34	0.49	0.14
1931	216	155	0.87	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.51	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	0.08
1939	156	91	0.62	0.36	101	30	0.40	0.12
1940	133	76	0.52	0.29	102	27	0.40	0.11
1941	197	93	0.72	0.34	139	31	0.50	0.11
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.39	0.12
1946	106	65	0.40	0.25	64	21	0.24	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	116	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.027
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 16 and "Prevention of Illness, Care and After-Care" on page 45.

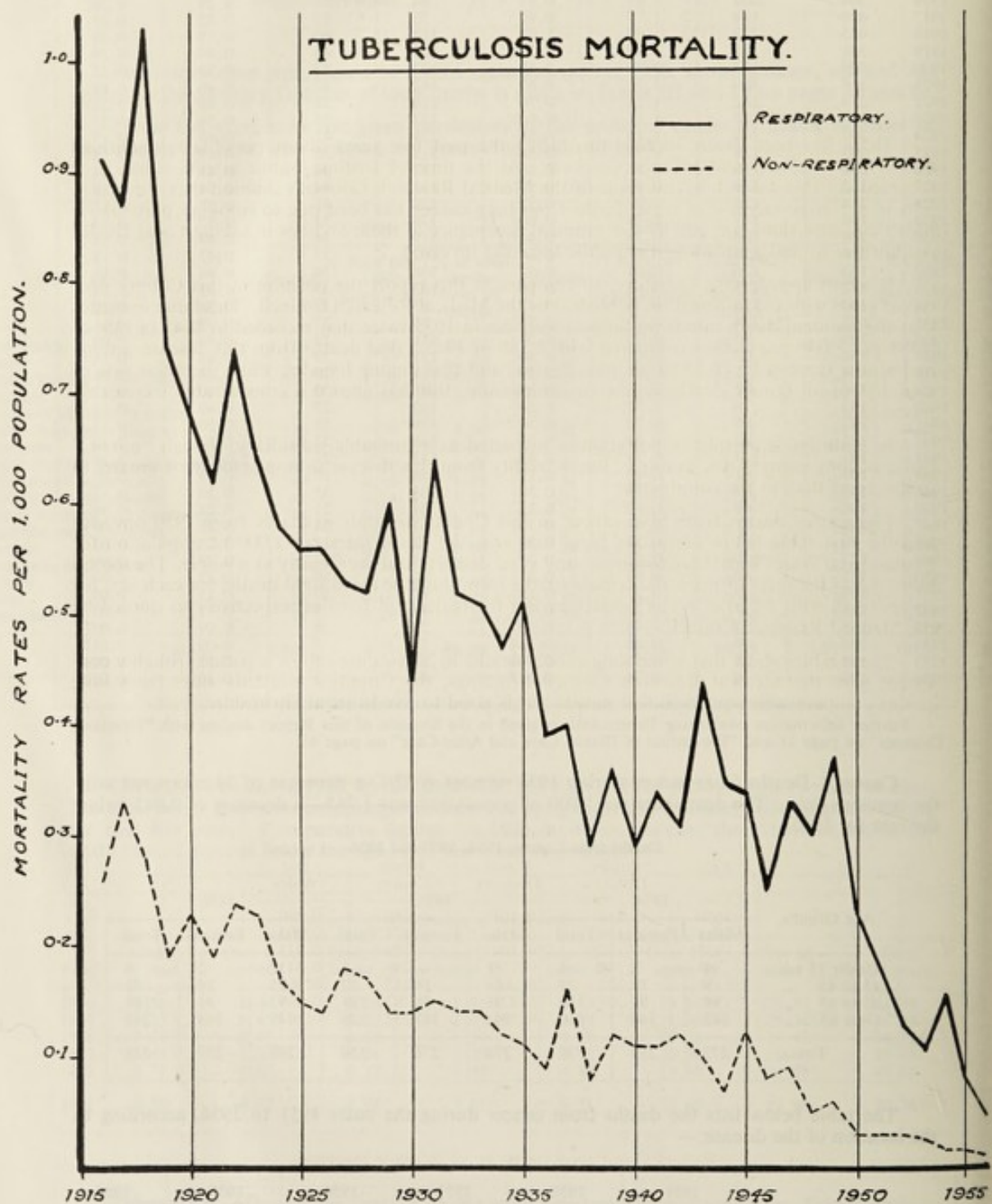
Cancer.—Deaths from cancer during 1956 numbered 526—a decrease of 24 compared with the previous year. The death-rate per 1,000 of population was 1.765—a decrease of 0.083 below the rate for 1955.

Deaths from Cancer, 1954, 1955 and 1956

Age Groups	1954			1955			1956		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 15 years	4	2	6	1	—	1	2	2	4
15 to 45 ..	9	18	27	14	18	32	25	16	41
45 to 65 ..	98	91	189	96	95	191	93	91	184
Over 65 ..	162	148	310	163	163	326	149	148	297
TOTAL	273	259	532	274	276	550	269	257	526

The table below lists the deaths from cancer during the years 1951 to 1956, according to the location of the disease:—

	1951			1952			1953			1954			1955			1956		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Malignant neoplasm:																		
Stomach ..	42	44	86	58	33	91	47	41	88	40	36	76	43	37	80	38	29	67
Lung, Bronchus ..	43	8	51	37	4	41	62	11	73	58	6	64	69	9	78	64	11	75
Breast ..	1	45	46	—	39	39	1	56	57	—	42	42	—	51	51	—	48	48
Uterus ..	—	22	22	—	24	24	—	19	19	—	25	25	—	17	17	—	26	26
Other ..	166	131	297	152	133	285	146	126	272	166	146	312	157	158	315	159	135	294
Leukaemia, aleukaemia	8	5	13	13	5	18	10	10	20	9	4	13	5	4	9	8	8	16
TOTAL ..	260	255	515	260	238	498	266	263	529	273	259	532	274	276	550	269	257	526



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

Year	% of all cancer deaths due to lung cancer	% of lung cancer cases occurring in 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
1955	14.2	88.5
1956	14.3	85.3

There has been much speculation during the past few years about possible relationships between lung cancer and tobacco smoking. At the time of writing, public attention has been focussed on this subject by the issue of the Medical Research Council's opinion that the major part of the large increase in male deaths from lung cancer has been due to smoking, particularly heavy cigarette smoking; and by Government acceptance of these findings in asking Local Health Authorities to make known to the public the risks involved.

It seems appropriate, therefore, to compare in this report the position in this County over recent years with the information published by the Medical Research Council. This latter indicates that the national death rate from lung cancer was in 1955 twice that recorded in 1945 (a rate of 0.388 per 1,000 population compared with 0.188 in 1945); that deaths from this disease among males now represent 1 in 18 of all male deaths; and that among females, while the latest rate of 1 in 103 of all female deaths is low in comparison, this has shown a considerable increase in recent years.

In addition, atmospheric pollution is suspected as a probable subsidiary, though "minor," cause of lung cancer—for example, the mortality from this disease in non-smokers is greater in urban areas than in the countryside.

Figures for deaths from lung cancer in this County are only available from 1950 onwards and the first table below compares from that year the death rates per 1,000 of population for England and Wales with those for urban and rural districts and the County as a whole. The second table shows the ratio of male and female deaths from this disease to total deaths for each sex, for comparison with those of 1 in 18 and 1 in 103 for males and females respectively as quoted by the Medical Research Council.

These tables show that while lung cancer deaths in Shropshire follow a pattern roughly consistent with the Medical Research Council's findings, the County's mortality rates from lung cancer compare well with National figures: it is good to live in rural Shropshire.

Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
1950	0.214	0.101	0.156	0.280
1951	0.199	0.150	0.174	0.303
1952	0.177	0.104	0.139	0.323
1953	0.344	0.153	0.244	0.343
1954	0.223	0.207	0.215	0.369
1955	0.307	0.221	0.262	0.389
1956	0.327	0.181	0.252	0.407

Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
1950	1 : 34	1 : 177	1 : 63	1 : 338	1 : 44	1 : 223
1951	1 : 45	1 : 186	1 : 47	1 : 270	1 : 46	1 : 217
1952	1 : 35	— : —	1 : 62	1 : 162	1 : 44	1 : 369
1953	1 : 22	1 : 110	1 : 35	1 : 237	1 : 27	1 : 145
1954	1 : 32	1 : 873	1 : 31	1 : 148	1 : 31	1 : 269
1955	1 : 25	1 : 147	1 : 26	1 : 227	1 : 25	1 : 174
1956	1 : 23	1 : 142	1 : 34	1 : 142	1 : 27	1 : 142

Infantile Mortality.—In 1956, the number of infants who died before reaching the age of twelve months was 120—an increase of 9 compared with the previous year.

The infant mortality rate, expressed as a rate per 1,000 live births, was 27.12—an increase of 1.89 compared with the previous year.

The corresponding rate for England and Wales in 1956 was 23.8 per 1,000 live births.

Below, in tabular form, are particulars of the causes of death of infants who died in 1956 before attaining the age of one year, with comparative figures for 1955.

Infant Deaths during 1955 and 1956—Causes

Cause of Death	1955			1956			Increase or decrease
	Males	Females	Total	Males	Females	Total	
Congenital malformations	12	8	20	13	15	28	+ 8
Other defined and ill-defined diseases (including prematurity)	32	25	57	37	27	64	+ 7
Whooping cough	—	—	—	1	—	1	+ 1
Meningococcal infection	—	—	—	1	—	1	+ 1
Other infectious and parasitic diseases	—	—	—	1	—	1	+ 1
Other malignant and lymphatic neoplasms	—	—	—	1	—	1	+ 1
Nephritis and nephrosis	—	—	—	—	1	1	+ 1
Bronchitis	1	—	1	1	—	1	—
Gastritis, enteritis and diarrhoea	2	—	2	1	—	1	— 1
Heart disease	—	1	1	—	—	—	— 1
Influenza	1	—	1	—	—	—	— 1
Pneumonia	10	12	22	15	5	20	— 2
Other diseases of respiratory system	1	1	2	—	—	—	— 2
Accidents—other than motor vehicle	5	—	5	1	—	1	— 4
TOTAL ..	64	47	111	72	48	120	+ 9

Of the 120 infants who died in 1956, no less than 49 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 1956 (or 70 per cent.) occurred in the first month of life:—

Age Group	1954		1955		1956	
	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage
Under 1 day	33	30.0	32	28.83	36	30.0
1 day—1 week	40	36.4	33	29.73	36	30.0
1 week—1 month	11	10.0	12	10.81	12	10.0
1 month—3 months	6	5.5	10	9.01	20	16.7
3 months—6 months	10	9.1	11	9.91	10	8.3
6 months—9 months	5	4.5	10	9.01	4	3.3
9 months—12 months	5	4.5	3	2.70	2	1.7
TOTAL ..	110	100	111	100	120	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 twenty years—the mortality of infants during the first month of life continues to be the main obstacle to further progress.

The neo-natal mortality rate for 1956 of 18.99 per 1,000 related live births compares with that of 16.9 for England and Wales.

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
1955	111	25.23	77	69.4	17.51
1956	120	27.12	84	70.0	18.99

Maternal Mortality.—Deaths due directly or indirectly to pregnancy numbered three in 1956. All these cases died in hospital and brief information concerning them is given below:—

	Age	Cause
1.	18 years	Fulminating intrapartum eclampsia (P.M.)
2.	25 years	Pontine haemorrhage. Eclampsia. Oesophageal rupture (P.M.).
3.	28 years	Puerperal thrombophlebitis. Massive pulmonary embolism.

All maternal deaths have for a generation or more been the subject of the closest investigation by the Specialists, Health Departments and Practitioners concerned.

Although such investigations are strictly confidential and no names are ever recorded in the final report required by the Ministry of Health, the circumstances of each case are most closely scrutinised by all concerned so that the lessons to be learned can be impressed on practitioners and students and guide professional treatment and government policy. Indeed, it is fairly clear that the latter is affected by the contents of the reports, the circumstances and the Departmental professional advice thereon.

The table below compares the maternal mortality rates for the County with those for England and Wales over the past eight 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	5	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
1955	4	0.88	0.64
1956	3	0.66	0.56

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, 1956

	Birth Rate per 1,000 population		Death rate per 1,000 population						Infant death rate per 1,000 live births	
	Live births	Still-births	All Causes	Tuberculosis		Cancer			Under 4 weeks	Under 1 year
				Respiratory	Non-Respiratory	Lung and Bronchus	Other forms	All forms		
England and Wales	15.7	—	11.7	0.109	0.012	0.407	1.668	2.075	16.9	23.8
Shropshire ..	(a)14.85 (b)15.88	0.38	(a)11.0 (b)10.67	0.047	0.010	0.252	1.513	1.765	18.99	27.12

(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
1955	4,398	14.78	3,316	11.14	1,082	25.23	1.848
1956	4,424	14.85	3,279	11.0	1,145	27.12	1.765

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

INFECTIOUS DISEASES

Table V on page 81 of this Report summarises the notifications of infectious diseases which were received during 1956.

Tuberculosis.—During the year, 109 new cases of Respiratory Tuberculosis were added to the Register. This figure excludes Hospital and Service cases not ordinarily resident in the County who were already on the Register in their home area, and represents a decrease in new cases of 44 compared with the previous year.

Deaths from Respiratory Tuberculosis numbered 14, a decrease of 11 compared with the previous year.

New cases of Non-respiratory Tuberculosis numbered 47, again excluding those not ordinarily resident in the County. There were 3 deaths from this form of the disease—2 less than in the previous year.

Particulars of the notified cases and deaths from both forms of Tuberculosis, classified in age groups, are given below:—

New cases of, and deaths from, Tuberculosis during 1956

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	1	—	—	—	—	—	—	—
1—5	4	4	3	1	—	—	—	—
5—15	9	3	3	10	—	—	—	1
15—25	14	14	6	9	—	1	—	—
25—45	8	18	3	6	4	1	—	2
45—65	19	4	—	5	4	1	—	—
65 and over ..	6	5	1	—	1	2	—	—
TOTAL ..	61	48	16	31	9	5	—	3
	109		47		14		3	

New cases of respiratory disease predominate in the younger and middle-aged women and in the younger and older men. In comparison with the preceding four years, new male cases in the younger group (15—25 years) show an increase, whilst those among the older and middle-aged group (25—45 years) have decreased.

Non-notified Fatal Cases.—Of the deaths from Tuberculosis, 5 occurred of persons who had not been notified during life as suffering from this disease, 3 of these being ascertained from the local death returns submitted by Registrars and the transferable death returns from the Registrar-General, and 2 being notified after death.

All were Respiratory cases and represented 36 per cent. of the total deaths from this form of the disease. The fact that, during 1956, one in every three fatalities from Respiratory Tuberculosis was of a case not notified during life gives cause for concern when it is realised that little if any action can have been taken during life to reduce the risk of the spread of infection.

This is exactly what one fears and what is the current problem of the campaign against Tuberculosis—the unknown reservoir of infection. When Mass Miniature Radiography facilities are made available, perhaps only 20 per cent. of the eligible public attend. Two to four fresh active cases per 1,000 examined may be detected, but those unexamined may include a higher proportion who are infected themselves and dangerously infective to others.

Poliomyelitis.—The number of cases of Poliomyelitis (infantile paralysis) notified in this County during 1956 was 10, a decrease of 9 compared with the previous year, and of these none terminated fatally.

These 10 cases, 4 of which were paralytic* and 6 non-paralytic, were notified as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1	—	—	—	—	1	1	1	4	1	1	—	10

*NOTE.—A paralytic case is defined as one in which there has been “signs of weakness or paralysis of muscles, either permanent or transient.”

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

Age Groups	Paralytic		Non-Paralytic		Total	
	Males	Females	Males	Females	Males	Females
Under 1	—	—	—	—	—	—
1—2	—	—	—	—	—	—
3—4	1	—	1	1	2	1
5—9	—	—	1	1	1	1
10—14	—	—	—	1	—	1
15—24	—	1	—	—	—	1
25 and over ..	1	1	1	—	2	1
TOTAL	2	2	3	3	5	5

The table below shows the yearly incidence of, and deaths from, this disease during the 19 years up to and including 1956:—

Notifications of, and Deaths from, Poliomyelitis, from 1938 to 1956

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Notifications ..	8	15	4	4	1	5	10	13	5	32	13	10	62	13	27	26	13	19	10
Deaths ..	1	2	2	2	—	—	1	1	—	2	2	1	11	1	—	—	2	1*	—

*Death occurring in but not assignable to this County.

(For vaccination against poliomyelitis, see under Immunisation Service on page 39).

Dysentery.—The number of cases of Dysentery notified during 1956 was 240—an increase of 185 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 1,046—a decrease of 3,845 over the corresponding figure for 1955; there were no deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 332, or 539 less than in the previous year. There was one death from this disease, that of a male infant aged one month. (See also under Immunisation Service on page 38).

Food Poisoning.—During 1956, the number of cases of Food Poisoning notified was 145, compared with 102 in the previous year, and none is known to have proved fatal.

Typhoid and Paratyphoid.—One single Service case of Typhoid and one uneventful case of Paratyphoid were notified during the year.

Diphtheria.—There was no notified case of Diphtheria in this County during 1956. (See also under Immunisation Service on page 37).

Smallpox.—There was no notified case of Smallpox in this County during 1956.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 207—an increase of 97 over the previous year.

VENEREAL DISEASES

A clinic for the treatment of venereal diseases is provided by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury, with sessions as follows:—

<i>Females</i> ..	Mondays,	3.30 to 5.30 p.m.
	Thursdays,	5.00 to 7.00 p.m.
<i>Males</i> ..	Tuesdays	6.00 to 8.00 p.m.
	Fridays	

Particulars in the table below concerning the attendance of Shropshire cases at the Shrewsbury Clinic during 1956 have been supplied through the courtesy of Dr. J. P. G. Rogerson; and the second table shows the attendance of new Shropshire cases at clinics outside this County.

Attendances of Shropshire Cases at Shrewsbury Clinic

Conditions	New Cases						All Cases						Attendances					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956
Syphilis	4	4	3	9	7	13	62	53	90	86	152	139	530	517	429	451	959	968
Gonorrhoea ..	2	7	—	—	2	7	14	9	—	1	14	10	33	45	—	1	33	46
Other Conditions ..	61	78	34	22	95	100	109	93	65	49	174	142	303	278	95	59	398	337
TOTAL ..	67	89	37	31	104	120	185	155	155	136	340	291	866	840	524	511	1390	1351
Increase or Decrease ..	+22		—6		+16		—30		—19		—49		—26		—13		—39	

New Cases from Shropshire treated at other Clinics

Clinic	Syphilis		Gonorrhoea		Other Conditions		Total	
	1955	1956	1955	1956	1955	1956	1955	1956
South Shields	—	—	—	—	—	1	—	1
Stafford ..	—	—	1	1	2	—	3	1
Wolverhampton	—	—	3	7	35	31	38	38
Wrexham	—	—	—	—	1	1	1	1
TOTAL ..	—	—	4	8	38	33	42	41

CARE OF MOTHERS AND YOUNG CHILDREN

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 1956, with corresponding figures for the preceding four years:—

Notifications of Births			
Year	Live Births	Stillbirths	Total
1952	4,715	114	4,829
1953	4,679	126	4,805
1954	4,555	114	4,669
1955	4,471	112	4,583
1956	4,533	122	4,655

The births in 1956 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows:—

	Live Births	Stillbirths
Domiciliary	1,954	28
In Hospitals and Institutions	2,327	92
In Private Nursing Homes	252	2
TOTAL ..	4,533	122

Allowing for "transfers out" (infants born in Shropshire but normally resident elsewhere) and "transfers in" (Shropshire infants born outside the County), the adjusted figures are as follows:—

	Live Births	Stillbirths
Actual	4,533	122
Transfers—Out	215	6
In	149	5
Adjusted	4,467	121

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 1956, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:—

Premature Infants born during the years 1952 to 1956

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 %
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
1955	104	221	6	331	28	22	50	281	84.9
1956	95	230	6	331	33	16	49	282	85.2

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1956 are summarised in the table on page 19.

Birth Control Clinics.—Birth Control Clinics are held as follows:—

<i>Welfare Centre, Murivance, Shrewsbury</i> (Commenced 13th June, 1951)		
2nd and 4th Wednesdays each month		2 to 4 p.m.
<i>Welfare Centre, Dinham, Ludlow</i> (Commenced 6th October, 1954)		
1st Wednesday in February, April, June, September and November ..	..	2 to 4 p.m.
<i>Welfare Centre, Haygate Road, Wellington</i> (Commenced 15th February, 1956)		
3rd Wednesday in February, April, June, September and November ..	..	2 to 4 p.m.

Each clinic is attended by a medical practitioner with specialist experience and 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 these clinics from their commencement and up to 31st December, 1956:—

Year	Sessions	Patients		Medical Supplies Prescribed		
		New	Total Attendances	Patients	Free Issues	Cost Recovered £ s. d.
<i>Shrewsbury</i>						
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
1955	24	98	173	78	4	71 4 8
1956	23	67	144	59	1	71 18 2
<i>Ludlow</i>						
1954	3	6	6	6	—	1 7 7
1955	10	32	42	32	—	10 12 3
1956	5	12	32	12	—	7 5 6
<i>Wellington</i>						
1956	5	21	27	20	4	7 6 10

Premature Live Births and Stillbirths, 1956

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS			
	Born in Hospital			Born at Home						Born in Nursing Home						
				Nursed entirely at Home			Transferred to Hospital on or before 28th day			Nursed entirely in Nursing Home			Transferred to Hospital on or before 28th day			Born in Hospital
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	
3 lb. 4 ozs. or less ..	26	16	6	4	4	—	9	4	5	—	—	—	—	24	2	—
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. ..	43	3	37	4	2	2	13	—	10	—	—	—	—	15	2	—
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. ..	57	1	55	5	—	5	8	1	6	2	—	2	1	7	1	—
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. ..	104	1	102	49	1	46	3	—	2	3	—	3	—	6	3	—
TOTAL ..	230	21	200	62	7	53	33	5	23	5	—	5	1	52	8	—

Of 331 children who were born prematurely in 1956, a total of 282 (or 85.2 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.

Ophthalmia Neonatorum.—During 1956, notifications were received from medical practitioners of 6 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 below of the Welfare Centres provided by the County Council and of the services available; and the table on page 21 gives information with regard to the attendance at these and other voluntary clinics of pre-school children and expectant mothers during 1956.

Opening of new Welfare Centres.—Since 3rd April, 1956, accommodation has been rented in existing premises at the Polish Resettlement Camp at Higher Heath for two child welfare sessions a month.

The fourth of the new purpose-built Welfare Centres erected under the Council's post-war capital building programme was completed at Madeley and taken into use on 17th April, 1956. This centre, which provides all the normal facilities, also includes a Base Dental Clinic and joint user accommodation suitable for the Orthopaedic After-Care Clinic operated by staff of the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

Extensions to the existing Welfare Centres at Bridgnorth and Market Drayton to provide new dental clinic facilities, to which reference was made in the report for 1955, were completed and taken into use during the year.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority:

- a. Ante-natal (a/m — Midwives; a/g — G.Ps)
- b. Birth Control
- c. Child Guidance
- d. Dental
- e. Diphtheria Immunisation
- f. Domestic Help Office
- 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
ALVELEY	Old School House, Church Green	(R) e, g	2nd and 4th Tuesdays (Closed January, 1957)
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	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, a/g, 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, 3rd and 5th Wednesdays 2nd and 4th Fridays
ELLESMERE	Brownlow Road	(C) a, d, e, g, l, m	Tuesdays
HADLEY	Old People's Rest Room	(R) e, g, m	2nd and 4th Tuesdays
HIGHLEY	Miners' Welfare Annexe	(R) a, e, g, m	1st and 3rd Tuesdays
IRONBRIDGE	Severn Bank House, The Wharfage	(C) a, e, g, l, m	Fridays
LUDLOW	Cliftonville, Dinham	(C) a, a/m, b, d, e, f, g, l, m Gp. 15 H.M.C.: o	Mondays
MADELEY	Church Street	(C) a, a/g, e, g, m Gp. 27 H.M.C.: t	Wednesdays
MARKET DRAYTON	Longslow Road	(C) a, d, e, f, g, i, k, l, m Gp. 15 H.M.C.: w Gp. 27 H.M.C.: t	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, j, l, m	Fridays

Centre	Address	Clinics	Frequency of Child Welfare Clinic
OAKENGATES	Stafford Road	(C) a, d, e, g, k, m Gp. 27 H.M.C.: t	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
PONTESBURY	Public Hall	(R) e, g	2nd and 4th Tuesdays
PREES	Polish Camp, Higher Heath	(R) g	1st and 3rd Tuesdays
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, 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	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, m	Thursdays
WHITCHURCH	27 St. Mary's Street	(C) a, a/m, d, e, f, g, l, m Gp. 15 H.M.C.: o, w	Thursdays

Attendances at Welfare Centres during 1956

Welfare Centre	CHILDREN 0 TO 4 YEARS								EXPECTANT MOTHERS	
	Made first attendance when under 1 year	CASES				ATTENDANCES				New Cases (Post-natal in brackets)
		All Cases—Born in				Under 1 year	1 year but under 2	2 years but under 5	Total	
		1956	1955	1954—1951	Total					
Alveley ..	5	5	10	6	21	131	36	15	182	—
Bishop's Castle ..	34	20	29	48	97	225	187	201	613	—
Bridgnorth ..	114	84	99	143	326	1,520	587	471	2,578	38
Broseley ..	44	41	30	23	94	557	91	59	707	—
Church Stretton ..	46	35	34	29	98	442	147	124	713	—
Cleobury Mortimer ..	33	28	17	15	60	293	77	124	494	—
Dawley ..	102	92	73	100	265	981	352	288	1,621	—
Donnington:										
Turrell Hall ..	100	78	77	79	234	1,306	309	237	1,852	—
Depot ..	30	21	32	30	83	327	102	94	523	—
Ellesmere ..	77	51	56	55	162	814	164	246	1,224	—
Hadley ..	66	54	47	42	143	638	293	125	1,056	—
Highley ..	33	31	26	45	102	277	136	102	515	9
Ironbridge ..	53	46	59	24	129	779	214	46	1,039	22(5)
Ludlow ..	93	75	59	86	220	901	166	158	1,225	—
†Madeley ..	51	36	19	34	89	465	203	108	776	—
Market Drayton ..	106	91	69	92	252	1,379	254	265	1,898	14
Much Wenlock ..	19	19	21	39	79	368	97	164	629	—
Newport ..	104	90	88	197	375	1,605	913	909	3,427	2
Oakengates ..	101	82	65	46	193	1,006	267	110	1,383	—
Oswestry ..	183	126	109	75	310	1,358	268	134	1,760	—
Pontesbury ..	37	29	32	28	89	335	140	117	592	*
††Prees ..	15	6	17	17	40	116	72	44	232	*
St. Martins ..	37	31	42	44	117	337	121	99	557	*
Shawbury ..	50	38	41	110	189	420	239	403	1,062	*
Shifnal ..	49	38	38	34	110	805	237	238	1,280	*
Shrewsbury:										
Murivance ..	328	278	226	239	743	3,132	704	437	4,273	33(11)
White House ..	174	155	128	187	470	2,076	460	426	2,962	27(7)
Wellington ..	168	145	122	198	465	2,036	546	459	3,041	3
Wem ..	43	35	40	42	117	676	182	135	993	—
Whitchurch ..	87	72	55	32	159	907	168	116	1,191	—
TOTAL ..	2,382	1,932	1,760	2,139	5,831	26,212	7,732	6,454	40,398	148(23)

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

Bridgnorth ..	33	23	40	49	112	454	172	205	831	*	*
Buntingsdale ..	44	40	32	26	98	799	112	55	966	*	*
Cosford ..	38	33	31	62	126	479	136	198	813	*	*
Tern Hill ..	17	15	10	2	27	108	28	2	138	*	*
TOTAL ..	132	111	113	139	363	1,840	448	460	2,748	—	—

†Opened on 1st April, 1956.

††Opened on 17th April, 1956.

*No Ante-Natal Clinic.

Care of Illegitimate Children and Unmarried Mothers

To deal with the various problems associated with the care of unmarried mothers and illegitimate children, the County Council have, since October, 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations, to whom annual grants are paid by the Council amounting to £445 and £400 respectively.

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

Confinements, actual and impending, of unmarried mothers are notified to the County Health Department by Health Visitors, District Midwives and Nurses, Hospitals and Institutions. The appropriate Moral Welfare Worker is then informed and she pays an initial visit as soon as practicable, and continues to visit each case as necessary.

Particulars are given in the following tables of the work undertaken during 1956 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 108 children came under supervision during the year, representing 61 per cent. of the illegitimate births assigned to the County.

Supervisory Work undertaken during 1956

Association	Moral Welfare Workers	Visits to Mothers and Children	Unmarried Expectant Mothers Visited
Lichfield	1	986	58
Hereford	2	482	16
TOTAL ..	3	1,468	74

Children Supervised during 1956

	Total	Lichfield	Hereford
On Register on 1st January ..	356	262	94
Added during year	108	84	24
Removed during year	150	115	35
On Register on 31st December ..	314	231	83

Accommodation for Unmarried Expectant Mothers.—In order to meet the accommodation requirements of unmarried mothers, both prior and subsequent to confinement, 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 cases from this County.

Myford House and Chaddeslode receive annual grants from the Council and during the past few years these have been varied to help meet additional expense incurred by the Homes in maintenance and improvements. During 1956, these grants amounted to £300 and £450 respectively.

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

Chaddeslode and Myford House provide a total of 31 beds (20 at Chaddeslode and 11 at Myford House) and this accommodation is also open to cases from neighbouring counties.

The Council have two representatives on the Chaddeslode Executive Committee, of which the Deputy County Medical Officer is also a member; and the County Medical Officer is a member of the Executive Committees of Myford House and the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1956:—

St. Martin's Home, Hereford	13
Chaddeslode, Shrewsbury	9
Myford House, Horsehay	7
Mrs. Legge Memorial Home, Wolverhampton ..	5
	—
	34
	—

Report of the Principal Dental Officer

The dental service provided in 1956 for expectant and nursing mothers and pre-school children followed the same pattern as for previous years. Each dental officer devoted a proportion of his time to the work according to the demand in the area which he served.

All through the year constant efforts were made to build up the dental staff to the approved establishment of 11 full-time officers. Some new officers were appointed and some left, but the net result of the changes was a staff for the year equivalent to 5.6 in terms of full-time officers, a figure almost identical with that for 1955. The time devoted to the examination and treatment of mothers and pre-school children was equivalent to 0.7 of a full-time officer, an increase of 0.2 over that of last year. In addition to the foregoing time spent during the day, one officer carried out 66 evening sessions of 2½ hours duration in the Shrewsbury dental clinic.

To ensure that the attention of expectant mothers is directed to the importance of maintaining a sound and healthy dentition during pregnancy and subsequently, a suitably worded clause, which also contains an offer of free treatment by the Council's Dental Service, was added to the report form submitted by the domiciliary midwife on each of her cases. This resulted in an increase in the demand for examination and treatment.

The extra time spent by the dental officers both during the day and in the evening is reflected in the number of patients dealt with and in the work done for them. For the third year in succession a considerable all round expansion has taken place, as reference to the following table shows:—

<i>Patients dealt with:</i>				1953	1954	1955	1956
Expectant and Nursing Mothers:							
Examined	..	..	..	87	158	308	382
Treated	..	..	..	98	184	363	482
Pre-school Children:							
Examined	..	..	..	148	208	364	392
Treated	..	..	..	118	200	344	379
<i>Treatment carried out:</i>							
Expectant and Nursing Mothers:							
Fillings inserted	..	..	..	68	301	654	817
Extractions	..	..	..	353	467	1,287	1,958
Dentures supplied	..	..	..	59	57	115	235
Pre-school Children:							
Fillings inserted	..	..	..	47	101	177	323
Extractions	..	..	..	145	218	405	458

Whilst it is gratifying to see the service for mothers and pre-school children grow, the time given to this work needs to be constantly reviewed to see that its relationship to the staffing position remains in balance and does not absorb more than an appropriate proportion of the dental officers' time. Future expansion will be linked with recruitment to the staff.

Oral Hygienist.—The oral hygienist, who devoted 20% of her time to treatment for mothers, completed 19 weeks service in 1956 and left on 12th May.

The greater part of her work was done in the dental clinic in Shrewsbury, where a surgery was available for her use. On her regular visits to Oswestry, Wellington and Newport, portable equipment was set up for her in the recovery rooms of these clinics. The following are details of her work:—

Patients treated	..	..	..	..	..	..	56
Attendances made for treatment	..	..	..	..	..	..	81
Scalings and polishings completed	..	..	..	..	..	..	59
Clinics visited	..	..	..	..	..	..	4

All patients treated were given individual instruction in the care of the teeth and in oral hygiene.

Evening Sessions.—Evening sessions were continued throughout 1956 by the officer working in the clinic in Shrewsbury. These sessions proved to meet a need on the part of mothers who found it impossible or inconvenient to attend for treatment during the day. Evening sessions have the advantage of enabling a larger number of patients to be treated without encroaching further on day-time work.

The number of evening sessions held in 1956 was 57 per cent. more than in the previous year. It is hoped to increase further the number in 1957 and start them elsewhere in the County.

Dental Health Education.—In addition to the work done by the Oral Hygienist, already mentioned, Health Visitors and Midwives were supplied with suitable pamphlets on the care of the teeth and the means to promote a healthy and sound dentition. Posters and display sets were exhibited at all child welfare centres and pamphlets and leaflets were distributed.

The officer who in 1955 began monthly visits to one of the smaller child welfare centres to talk to the mothers, examine and give advice to them about their own and their children's teeth, found that the afternoon rapidly developed into a full treatment session. The special interest and active co-operation on the part of the Health Visitor in attendance at the centre contributed much to the success of this innovation.

Construction of artificial dentures and other appliances.—The number of artificial dentures and orthodontic appliances made for patients increased by 85 per cent. over that of last year. The time is rapidly approaching when it will be more economical and convenient to set up a laboratory and employ a technician to do the work instead of having it done, as at present, by a firm of dental mechanics.

Provision of Dental Clinics.—As forecast in the report for last year, the new dental base clinics at Madeley and Bridgnorth, fully equipped with X-ray facilities, and the subsidiary clinic at Market Drayton, were completed and taken into use during 1956.

G. R. CATCHPOLE,

Principal Dental Officer.

Expectant and Nursing Mothers and Pre-School Children dealt with during 1956

	Mothers			Pre-School Children
	Expectant	Nursing	Total	
Examined	153	229	382	392
Found to require treatment	153	227	380	371
Brought forward for treatment from previous year ..	62	120	182	42
Total requiring treatment	215	347	562	413
Treatment completed	90	163	253	339
Treatment commenced but abandoned by patient ..	29	45	74	12
Treatment still in progress on 31st December, 1956 ..	65	90	155	28
Total treated during the year	184	298	482	379
Failed to keep appointments	24	42	66	11
Transferred for treatment by other services	—	—	—	21
Awaiting treatment on 31st December, 1956	7	7	14	2
	31	49	80	34

Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1956

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	382	380	482	253
Children under Five	392	371	379	339

Forms of Dental Treatment Provided during 1956

	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	150	817	2	—	1958	168	149	86	51
Children under Five	2	323	114	—	458	178	—	—	5

Distribution of Welfare Foods

The County Council are responsible for the distribution of welfare foods (National Dried Milk, orange juice, cod liver oil and Vitamin A & D tablets), a service which prior to July, 1954, was provided through the Ministry of Food.

There were on the 31st December, 1956, nine main distribution centres in the County, of which five were staffed by paid part-time workers; and four, through the kind offices of Mrs. I. M. Wilson, M.B.E., County Organiser of the Women's Voluntary Services, by voluntary workers.

In addition, 91 smaller selling points, established as under, were in operation on 31st December, 1956:—

County Council Welfare Centres ..	20
Services Welfare Centres	3
Chemist's Shops	2
Other Shops	16
Post Offices	18
Private Houses	19
Schools	10
Others	3
TOTAL ..	91

Thanks are due to all who voluntarily distribute the foods at these points and in many cases also for allowing their premises to be used for this purpose.

Statistical Report.—Particulars of the issues of foods which have been made during the year ended 31st December, 1956, together with comparable figures for the previous year, are given below:—

Items of Food	Average Weekly Issues		Total Issues	
	1955	1956	1955	1956
National Dried Milk—tins	3,060	3,087	159,107	160,537
Orange Juice—bottles	2,913	3,103	151,450	161,362
Cod Liver Oil—bottles	575	518	29,926	26,943
A. & D. Vitamin Tablets—packets	206	220	10,751	11,465
TOTAL ..	6,754	6,928	351,234	360,307

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, 1956, with corresponding figures for the two preceding years:—

Nursing Staff	Authorised	On 31st December		
		1954	1955	1956
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	1	1	—
Assistant Nursing Officers	3	3	3	3
Tuberculosis Health Visitor	1	1	1	1
Health Visitors	41*	28	26	25
School Nurses	3	3	3	3
Home Nurse Midwives	88	75	76	70
Home Nurses—whole-time	8	7	7	7
“ “ part-time	—	2	2	2
Midwives	6	5	5	6
Relief Nurses—whole-time	6	3	4	3
“ “ part-time	—	—	3	4

*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 since then 13 candidates have been appointed. Of the 14 trainees recruited, 13 passed their examination on the conclusion of their course, and one was still in training at the end of 1956.

Transport.—The majority of Nurses and Midwives, including full-time relief staff, are provided with motor transport for duty purposes, and the position on 31st December, 1956, was as follows:—

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (73)	63	8	2
Midwives (6) ..	3	2	1
Home Nurses (7) ..	2	2	3

Housing of Nursing Staff.—The provision of satisfactory accommodation for nurses and midwives is a practical necessity in order to recruit and retain suitable staff. About one-third of the Council's nursing staff occupy privately owned or rented accommodation which will not be available to their successors.

The Ministry of Health have accordingly approved the erection of a standard-type house or bungalow in various nursing areas of the County. During 1956 houses were completed at West Felton and Wrockwardine; at the end of the year a house at Roden and a pair of bungalows at Newport were in course of erection. Another house is scheduled for erection at Hinstock and a bungalow at Stiperstones as soon as sites become available.

During the year a house was purchased at Albrighton to replace accommodation lost through the resignation of a District Nurse-Midwife living in her own house.

At Newport, three flats were made available to the County Council by the Newport Urban District Council—two for occupation by District Nurse-Midwives until the bungalows which are being built are ready, and the third for occupation by a Health Visitor. At Market Drayton the Urban District Council also made available a house for occupation by a District Nurse-Midwife. For help in all these cases the County Council are grateful to the Housing Authorities concerned.

Particulars of the accommodation occupied by nurses and midwives in the Council's employment on 31st December, 1956, are as follows:—

Houses	..	owned by the Council	..	..	..	18
		rented by the Council	..	..	..	28
		owned by nursing staff or their relatives	..	..	..	18
		rented by nursing staff or their relatives	..	..	..	3
Flats	..	rented by the Council	..	..	..	2
		rented by nursing staff or their relatives	..	..	..	1
Rooms	..	rented by nursing staff	..	..	..	4
						74

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwater-dine, Bettws-y-Crwyn and Stow, which have a population of 753 and an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £300 is paid by the Council.

During the year an arrangement was finalised with the Montgomeryshire County Council whereby the home nursing, midwifery, health visiting and domestic help services in the parish of Brompton and Rhiston are undertaken by Montgomeryshire nurses. This parish, which has a population of 118 and an area of 2.8 square miles, is bordered by Montgomeryshire on three sides and is easily approached only from that County.

MIDWIFERY SERVICE

Except for the agency arrangements referred to above, the County Council, as Local Health Authority, provide a domiciliary midwifery service by the direct employment of midwives who, prior to 5th July, 1948, were employed by the various County District Nursing Associations.

The Council are also the Local Supervising Authority for the purposes of the Midwives Acts and supervision is carried out by a non-medical supervisor and three assistants.

Domiciliary and Institutional Confinements.—General Statistics.—The following statistics relate generally to the work of all midwives, both domiciliary (including those in private practice) and institutional, in this County during 1956.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1956:—

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Directly employed	85	83
Agency arrangement	3	3
Hospitals—National Health Service ..	44	38
Other	8	16
Nursing Homes	10	3
Private domiciliary practice	3	3
	153	143

Confinements.—The table below shows the numbers of confinements attended by midwives during 1956:—

Midwives	Domiciliary Confinements				Institutional Confinements	Total
	Doctor not booked		Doctor booked			
	Doctor present	Not present	Doctor present	Not present		
County Council	5	153	329	1,459	—	1,946
Agency	—	—	—	7	—	7
Private practice	—	—	4	2	—	6
N.H.S. hospitals	—	—	—	—	2,184	2,184
Other hospitals ..	—	—	—	—	190	190
Nursing homes ..	—	—	—	—	253	253
TOTAL ..	5	153	333	1,468	2,627	4,586

Administration of Analgesics.—Particulars of the domiciliary cases in which analgesics (gas/air, trilene and pethidine) were administered during 1956 are as follows:—

Midwives	Gas/Air		Trilene		Pethidine	
	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present
Council ..	239	990	112	257	254	861
Agency ..	—	7	—	—	—	7
Private ..	3	—	—	—	2	—
TOTAL ..	242	997	112	257	256	868

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required to send to the County Council as Local Supervising Authority and which were received during 1956, with comparative figures for the preceding two years:—

Year	Notifications received					
	Medical Aid	Still-births	Death of mother or child	Artificial Feeding	Liability to be a source of infection	Having laid out a dead body
1954	574	78	20	219	92	19
1955	559	76	17	318	90	16
1956	833	93	24	502	90	22

Work performed by County Council Midwives.—Allusion was made in the reports for 1954 and 1955 to the Health Department's concern to obviate or minimise obstetric risks to mothers and babies. Toxaemia reports continued to be sent to the Department by midwives during 1956 and are referred to later in this section; one rather hopes that this may have become a system acceptable to practitioners in general.

In the Report for 1955, still greater stress was laid on the related subject of "peri-natal" deaths. In an effort to see why these were not being reduced, a system, concurrent with a re-organisation of record keeping for the Home Nursing Service, of individual reports on domiciliary confinements was introduced from 1st January, 1956. Midwives employed by the Council, or acting under agency arrangements, submit immediately after the puerperium period of each confinement a report showing such information as the patient's age, parity, blood test results, booking under maternity medical services, administration of analgesics, visits, etc., enabling the accurate compilation by machine tabulations of all statistical information likely to be required, both for Ministry of Health returns and departmental research into particular problems.

Some tables based on such returns have been obtained as a result. What (if anything) they portend will be for discussion with the Consultant Paediatrician and Obstetricians and with the Practitioners who are interested, and it is hoped that the obtaining of factual information of this kind may presage knowledge useful to save some babies' lives. Examples are on page 29.

Deliveries.—During 1956, there were in all 1,972 domiciliary confinements, of which 33 were attended either by doctors alone, or by private midwives, or by ambulance midwives in emergency, leaving 1,939 cases in which a County Council or agency domiciliary midwife was in attendance and submitted a case report.

Table VI on page 82 shows the distribution of these 1,939 cases throughout the nursing districts of the County. Attendance on these cases involved 19,093 ante-natal, 6,694 maternity and 30,143 midwifery visits—a total of 55,930 visits. On average, each case received 10 ante-natal visits and 19 midwifery or maternity visits.

The 6 whole-time midwives in the Borough of Shrewsbury attended 309 cases or an average of 51.5 each; in the rest of the County, the district nurse-midwives averaged 20.9 cases each.

In addition, the domiciliary midwives attended 1,583 cases following discharge from hospital after confinement, involving 6,201 visits.

Maternity Medical Services.—Of the 1,939 cases, a doctor had been booked to provide maternity medical services in 1,781 cases (92 per cent.); and a doctor was present at delivery in 329 (18 per cent.) of these cases.

Of the remaining 158 cases (8 per cent.) in which no doctor had been booked, one was present at delivery in 5 cases (3 per cent.).

Blood Examinations.—The "Rhesus Factor" is a term used to describe a property originally found in the Rhesus monkey (hence its name) which is present in the red blood cells of about 85 per cent. of men and women; blood containing this property is called Rh. positive and that without is Rh. negative.

In blood transfusions, the giving of Rh. positive blood to a person who is Rh. negative can give rise to reactions which destroy the transfused red blood cells; the several such transfusions may result in serious, and in some cases fatal, illness.

Where an Rh. negative woman is married to an Rh. positive man, the husband may pass on to some or all of their children the Rh. positive factor. In pregnancy, fortunately in rare cases, some of the unborn child's blood may get into the mother's circulation, thereby resulting in the reaction which destroys the red blood cells, not only those which have passed from child to mother but also those in the child. This destruction of the child's red blood cells renders it anaemic and

the broken-down cell material will give rise to jaundice; in severe cases, the child may be stillborn. In less severe cases, the child may be born apparently healthy and develop anaemia and jaundice shortly after birth, these conditions being known as "Haemolytic disease of the newborn."

The mother's own health is not known ever to be affected by this process and unless she has had a transfusion in the past, the disease is almost completely unknown in first babies and is not very common in second children; it occurs perhaps in about one family in twenty where the mother is Rh. negative and the father Rh. positive.

It is essential, therefore, that those concerned with the birth should be forewarned of any possible trouble and be prepared particularly for the birth of an anaemic or jaundiced baby. It is also important that all pregnant women should be tested for the Rh. factor, to ensure that, should transfusion be necessary either following childbirth or subsequently, proper matching blood is given. An Rh. negative woman should only be given Rh. negative blood which is in short supply (15% of all bloods), and prior testing avoids giving it to Rh. positive patients for whom Rh. positive blood (85%) will do as well.

In April, 1956, a visit was received from Dr. Weiner, Director of the Regional Blood Transfusion Service, who suggested that the number of blood tests of expectant mothers in this County was low in relation to other authorities in the Region. This question was accordingly taken up by the County Medical Officer in discussions with the Local Medical Committee and with the Secretary of the Central Midwives Board.

Figures subsequently obtained for the first six months of the year, however, showed that rather more attention was being given to blood testing than had been thought; in that about 30 per cent. of the primigravidae had been tested.

The reports submitted for 1956 show that blood specimens were examined for the Rhesus Factor in 1,225 cases (63 per cent.), and for Wassermann and Kahn reactions (for Syphilis) in 658 cases (34 per cent.), with results as follows:—

Rhesus Factor		Wassermann and Kahn	
Positive	Negative	Positive	Negative
1,061 (86.6%)	164 (13.4%)	2	656

Both cases in which positive Wassermann and Kahn results were obtained were already known to be under treatment.

Those cases who had their blood examined for the Rhesus Factor represented 65 per cent. of those who had booked a doctor to provide maternity medical services and 47 per cent. of those who had not.

The fact that these figures were low in view of the responsibility placed upon midwives by the rules of the Central Midwives Board for obtaining blood specimens, and the interest taken at National and Government levels on this question, made it necessary to consult the Local Medical Committee and to advise them that the Health Department proposed to make midwives responsible for getting maternal blood tests done.

Consideration was accordingly given during the year to arrangements whereby blood tests could be carried out in every domiciliary case; and a scheme is at the time of writing in June, 1957, now operating by which every midwife has the necessary tubes, labels and envelopes for specimens to be taken by the general practitioners and sent by the midwife to the Regional Blood Transfusion Centre at Birmingham. Where the practitioner does not wish to take the required specimens, the midwife is expected to refer the patient to a County Council medical officer at a Welfare Centre session, and the results of the tests are subsequently notified to the practitioner concerned. Similarly, in domiciliary cases where a County Council midwife is not involved, blood testing outfits, forms, etc., are forwarded to the practitioner on request.

Arrangements were simultaneously made for the taking of cord blood specimens, to enable prompt action to be taken in the case of infants suspected of suffering from haemolytic disease of the newborn, in the following circumstances:—

- (a) Where the mother has never had her blood group determined previously;
- (b) Where the mother is known to be Rh. negative; and
- (c) In all cases where the midwife notices the baby to be pale, or jaundiced, or both.

The Local Medical Committee felt that the system, as first initiated, was incomplete and recommended that the Consultant Paediatrician and Pathologist and a Practitioner of their number should confer with the County Medical Officer to set out the system they considered best; all are now co-operating to this end.

Analgesics.—It may be of interest and help to the lay member reading what follows to be told that Pethidine, which is given by hypodermic injection, is a drug analogous to morphia. It has been in use in obstetrics since 1946 and authorised for use independently by midwives since 1953.

Trilene is analogous to chloroform and is given by inhalation in the vapourised form. In use in obstetrics since 1943, its use by midwives independently was for long postponed while search was made for an apparatus which would restrict the concentration to a low safe figure in all circumstances. This was found, and midwives have been allowed to use Trilene in special approved apparatuses since 1954.

Four sets of apparatus for the administration of Trilene were acquired in 1955 and six more in 1956, being distributed to selected midwives in areas having the greatest numbers of domiciliary cases. In actual fact, however, administrations of Trilene occurred in practically half of the nursing districts of the County. One would like to feel certain that no practitioner ever leaves his own Trilene apparatus for the midwife to use alone; the midwife alone is forbidden to use any Trilene apparatus other than that approved for midwives' use, and they have been and are specifically warned that they must not do so.

All but two of the midwives employed by the Council have been trained in the use of the Minnitt apparatus for the induction of Gas/Air Analgesia, and 78 apparatuses were in use during 1956.

Pethidine was administered without inhalation analgesics in 132 cases, and in conjunction with trilene and/or gas/air in a further 990 cases—a total of 1,122 confinements or 58 per cent.

Trilene was administered in 107 cases, and in conjunction with pethidine or gas/air in a further 262 cases—a total of 369 cases or 19 per cent. of the domiciliary confinements.

Gas/Air was induced on its own in 432 cases, and in conjunction with one or both of the analgesics already named in 804 cases—1,234 confinements in all or 63 per cent.

Analgesics, singly or combined with others, were given in 1,670 cases—86 per cent. of the 1,939 domiciliary confinements.

Births.—These domiciliary confinements resulted in the birth of 1,907 live infants, 8 pairs of twins, 22 single and one twin stillbirths and a pair of twins of which one was alive and one stillborn.

Of the 24 confinements resulting in stillbirths, the mother's blood group was Rhesus positive in 10 cases, and in the remaining 14 cases there was no evidence that it had been taken for testing. From the date of booking by the midwife until the end of the puerperium, these cases were under care for a total of 2,234 days and received 137 ante-natal visits—an average of 93 days and 5.7 visits per case, compared with an average of 113 days and 10 ante-natal visits for all cases.

Premature births.—Eighty-seven of the 1,939 confinements resulted in the birth of a live infant weighing 5½ lb. or less. The table below is published as an example of information that has not been available before; it shows the age and parity of the mothers and the relationship of these two factors with birth weights.

Birth Weight	Total	Parity										Age Groups				
		1	2	3	4	5	6	7	8	9	10	15—20	21—25	26—30	31—35	36—40
1 lb. 2 ozs.—2 lb. 3 ozs. ..	5	1	2	1	—	1	—	—	—	—	—	—	2	1	2	—
2 lb. 3 ozs.—3 lb. 4 ozs. ..	3	—	—	—	1	2	—	—	—	—	—	—	—	1	1	1
3 lb. 4 ozs.—4 lb. 6 ozs. ..	17	5	5	3	1	1	2	—	—	—	—	1	7	5	4	—
4 lb. 6 ozs.—4 lb. 15 ozs. ..	11	3	3	2	—	1	1	—	—	1	—	—	7	1	3	—
4 lb. 15 ozs.—5 lb. 8 ozs. ..	51	12	7	13	11	3	1	3	—	—	1	1	16	14	13	7
TOTAL ..	87	21	17	19	13	8	4	3	—	1	1	2	32	22	23	8

Of the 87 confinements resulting in premature births, 21 or 24 per cent occurred in primigravidae, themselves in fact only 18 per cent. of all domiciliary confinements.

Gestation Periods.—The table below shows the gestation periods of all the domiciliary cases and identifies those which resulted in stillbirth or the birth of an infant weighing 5½ lb. or less:—

Gestation period (weeks)	"Premature" (by weight)	Stillbirth	Normal	Total
22	1	—	—	1
26	1	—	—	1
27	—	—	—	—
28	4	—	—	4
29	—	—	—	—
30	4	—	—	4
31	1	—	—	1
32	7	—	—	7
33	1	1	—	2
34	6	2	—	8
35	4	—	1	5
36	14	3	19	36
37	8	2	18	28
38	11	3	45	59
39	3	—	41	44
40	22	13	1,670	1,705
41	—	—	15	15
42	—	—	18	18
43	—	—	1	1
	87	24	1,828	1,939

General.—Of the 1,939 cases, complications either during or after pregnancy arose in 320 cases. For one reason or another, removal to hospital was necessary in 83 cases, as under:—

Mother	55
Child	11
Both	17

From the date of booking by the midwife to the termination of the puerperium, these 1,939 cases involved 218,205 days under care, or an average of 113 days per case.

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, 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 1956, the number of cases of Puerperal Pyrexia notified was 24 (none of which proved fatal), compared with 31 in the previous year.

Pemphigus.—During the year, notice of "Liability to be a source of Infection" was given by midwives in respect of three cases of Pemphigus Neonatorum—a skin disease in newborn infants characterized by blisters which develop in crops in continuous succession. One was a domiciliary case, and the other two occurred at Cross Houses Hospital.

Both of the latter were evacuated with their mothers to isolation wards at another hospital, the remaining babies being isolated with precautions undertaken with the Director of the Public Health Laboratory, Shrewsbury, until the maternity ward at Cross Houses was cleared and all confinement cases discharged to the care of the Home Nursing Service. Separate staff was arranged to look after any new babies.

The causative organism was identified by the Public Health Laboratory as *Staphylococcus aureus*.

The infected babies were followed up and their condition subsequently reported to be satisfactory.

Pre-Eclamptic Toxaemia.—Reference was made in the Reports of the County Medical Officer for 1954 and 1955 to an arrangement introduced towards the end of 1954 whereby special reports are submitted by midwives in cases showing signs or symptoms of Toxaemia of Pregnancy, such as rise of blood pressure, albuminuria, oedema or abnormal weight increase. The Health Department thereby accepts some of the responsibility which the midwife shares with the practitioner, the ultimate aim being to safeguard the patient from eclampsia and other dangers.

Any expectant mother whose blood pressure is slightly above the normal limit is visited weekly or twice weekly by the midwife; and where the blood pressure is high, with or without the complications of oedema or albuminuria, the patient is referred to her family doctor, or a medical aid form issued according to the degree of urgency. The midwife continues to share responsibility for the patient and progress is recorded by the submission of regular reports to the Health Department.

Cases confined during 1956 in whom Toxaemia had been reported and who had been the subject of special ante-natal care numbered 289, of whom 194 were confined at home and 95 in hospital. Only one ended fatally, and there were six still births, representing 2 per cent. of these confinements. The stillbirth rate per 1,000 live and stillbirths for the County in 1956 was 25.12, or 2.5 per cent. In addition, 25 of the confinements resulted in a live birth of "premature" weight (5½ lb. or less).

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

A supply of these outfits and 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 1956, a total of 2,118 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 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 1956, applications were received from 839 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 ..	738
Recommended but refused by hospital on account of non-availability of beds ..	2
Not recommended	99
(Of these, 41 patients were subsequently accepted for hospital confinement as beds were available)	839

With the coming into operation of the National Health Service Act there was an increase in the proportion of institutional confinements, and a fall in the proportion taking place at home; and the following figures show that in Shropshire, domiciliary confinements, expressed as a percentage of all confinements, have stabilised, at a figure above the average for the Country as a whole.

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	2,576	44%
1955	4,534	1,963	2,571	43%
1956	4,600	1,972	2,628	43%

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

Where, however, a medical practitioner has undertaken to provide maternity medical services, payment is made by the Local Executive Council, and in such cases the medical practitioner is not entitled to any payment from the Local Supervising Authority.

The position for the nine years 1948 to 1956 is set out below, and it will be seen that 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
1955	31	123
1956	36	110

HEALTH VISITING

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 been extended periodically, at present to 31st March, 1959.

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

Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1954	1955	1956
Health Visitors and School Nurses	41	31	29	28
District Nurse-Midwives (with Health Visitor's qualifications)	11	8	9	11
" " " (without Health Visitor's qualifications)	—	33	33	24
	52	72	71	63
	—	—	—	—

Note.—The 35 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1956, were regarded as equivalent to 12 whole-time staff, giving a total of 40 whole-time Health Visitors against an establishment of 52.

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.

(At the time of writing, however, the scheme has been further amended to compare more favourably with those of other Authorities, and payment of salary during training is now being made at the full three-quarters of the minimum salary).

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.

The approximate cost to the County Council of training a Health Visitor under this scheme is set out below:—

	£	s.	d.
During training (75% of minimum salary) ..	270	0	0
Tuition fee (average)	17	10	0
Examination fee	6	6	0
Travelling allowance (5/- per week)	9	15	0
	£303	11	0

Since the inception of the Scheme in 1947, until 31st December, 1956, the number of students accepted for training was 28, of whom 23 were successful in obtaining their Certificates. Three students, recruited during 1956, were in training at the end of the year.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 15,039 families in this County, compared with 14,851 families visited in 1955. Most of their visits were to children under 5 years of age, of whom 21,429 individual children were visited as against 20,961 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1954 and 1955:—

Visits paid by Health Visitors during 1956

Health Visiting Staff			Expectant Mothers		Children				T.B. House-holds	Other Cases	All Visits—
					Under 1 year		1 and under 2 years	2 and under 5 years			Total Visits
			First Visits	Total	First Visits	Total					
Whole-time .. 25	466	799	3,170	17,751	8,566	14,563	40,880	2,352	4,740	48,771	
Part-time .. 35	—	—	1,076	8,810	4,159	7,302	20,271	164	870	21,305	
Total for 1956 ..	466	799	4,246	26,561	12,725	21,865	61,151	2,516	5,610	70,076	
.. .. 1955 ..	465	1,011	4,284	29,443	16,173	27,857	73,473	3,539	5,339	83,362	
.. .. 1954 ..	329	858	4,255	31,345	16,537	28,469	76,351	3,296	5,490	85,995	

In addition, ineffective visits to all categories of cases during the year totalled 8,647, or 10 per cent. of the total visits.

The above table does not include the work of the whole-time Tuberculosis Health Visitor, who made 1,044 visits to tuberculous households.

HOME NURSING

As in the case of the domiciliary midwifery service, the Council provide home nursing by the direct employment of the nurses who were, previous to 5th July, 1948, employed by the various District Nursing Associations.

Of the 7 full-time Home Nurses in the service of the Council at the end of 1956, 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.

Reference was made in the Report for 1955 to the re-organisation of Home Nursing Service records and the introduction of individual case reports, to enable analysis of the varying aspects of home nursing and the production of data to meet Ministerial requirements.

This system came into operation on 1st January, 1956. Every case attended for home nursing purposes during the year is the subject of a case report, completed on the termination of attendance, or at the end of the year where the case is still on the books on 31st December.

Cases attended.—Previously, statistics relative to home nursing cases have been compiled from monthly reports and annual totals submitted by the nursing staff. Scrutiny of the individual reports received during 1956 has revealed many cases in which no nursing care has been required and which have entailed little more than the giving of advice—cases to be regarded more properly as health visiting cases. These have apparently in previous years been included as home nursing cases, thereby inflating the numbers. For 1956, these cases have been excluded from home nursing statistics and as a result there is a decrease in the numbers attended as compared with the previous year—7,847 cases and 155,397 visits against a total of 12,831 cases and 169,518 visits recorded for 1955.

Table VII on page 83 gives particulars by disease categories (medical, surgical, infectious diseases, tuberculosis, maternal complications and miscellaneous) of the 7,847 cases attended at home during 1956 by nurses, employed directly by the Council or under agency arrangements, in each nursing district of the County.

Of the 7,847 cases attended:—

3,072 (39.1 per cent.) were 65 years of age or over at the time of the first visit during the year and received 93,863 (60.4 per cent.) of the total visits;

712 (9.7 per cent.) were children under 5 years of age at the time of the first visit during the year and received 4,935 (3.2 per cent.) of the total visits; and

1,439 (18.3 per cent.) were patients of all categories who received more than 24 visits during the year and accounted for 111,297 (71.6 per cent.) of the total visits.

Diseases.—Table VIII on page 84 shows the distribution of all home nursing cases attended during the year by diseases or ailments and according to sex and age groups.

In order of frequency, upper and other respiratory diseases (excluding tuberculosis), diseases of the breast and female genital organs, injuries, diseases of the skin, diseases of the digestive system and diseases of the heart and arteries were the most common types of cases necessitating home nursing attendance.

Referral.—An analysis of the sources by which the services of home nurses were requested shows that the majority of cases were referred by general practitioners, as indicated below:—

Source of Referral	Cases	Percentage
General practitioners	5,440	69.3
Direct application by patient or relatives ..	1,103	14.1
Hospitals	768	9.8
Local Authority	65	0.8
Chest Clinic	20	0.3
Miscellaneous	451	5.7
	7,847	

Occupations.—Female patients formed the bulk of those attended—5,077 (65 per cent.) against 2,770 males (35 per cent.).

The table below shows the distribution of home nursing cases according to their occupations and it will be seen that housewives and retired persons provided the major part of the nurses' work:—

Occupation	Males	Females	Total	Percentage
Pre-School	439	291	730	9.3
School	351	323	674	8.6
Actively employed	999	330	1,329	16.9
Housewives	—	2,748	2,748	35.0
Retired	899	1,263	2,162	27.6
Others (independent means, etc.) ..	82	122	204	2.6
	2,770	5,077	7,847	

Treatments.—In all, 9,782 treatments were given during the year, 6,147 being single treatments for individual patients and the remaining 3,635 being multiple treatments for 1,700 patients.

General nursing care was given in 2,046 cases, dressings were applied in 2,002 cases and injections in 2,829 cases—the total of these accounting for 88 per cent. of the total treatments.

The statement below indicates the types of treatment given and the cases treated, those receiving multiple treatments being classified under the type constituting the main reason for attendance:—

Treatment						Cases	Total
Injections	..	..	..	..	..	1,971	
" with dressings	..	..	..	..	..	336	
" with general nursing care	..	..	..	..	..	291	
" with other treatments	..	..	..	..	..	231	2,829
Blanket baths	..	..	..	..	..	203	
" with general nursing care	..	..	..	..	..	211	
" with other treatments	..	..	..	..	..	101	515
Enemas	..	..	..	..	..	341	
" with other treatments	..	..	..	..	..	119	460
Dressings	..	..	..	..	..	1,394	
" with general nursing care	..	..	..	..	..	104	
" with other treatments	..	..	..	..	..	69	1,567
Changing of pessaries	..	..	..	..	..	298	
" with washouts, douches, etc.	..	..	..	..	..	106	
" with other treatments	..	..	..	..	..	9	413
Washouts, douches, etc.	..	..	..	..	..	188	
" with other treatments	..	..	..	..	..	87	275
General nursing care	..	..	..	..	..	1,106	
" with other treatments	..	..	..	..	..	23	1,129
Attendance at minor operations	..	..	..	..	..	6	6
Preparation for diagnostic investigations	..	..	..	..	..	177	177
Eye, ear, nose and throat treatments	..	..	..	..	..	76	76
Others	..	..	..	..	..	397	397
							7,847

Injections.—It will be seen that 2,829 patients received injections, and that 1,971 (70 per cent.) were attended *solely for that purpose*. The table below shows, by diseases or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates respiratory diseases, diseases of the skin, anaemia and diseases of the heart and arteries to be the main types of cases necessitating home nursing attention for injections.

Disease	Cases receiving Injections			
	Injections only	With general nursing care	With other treatments	Total
Tuberculosis	85	2	11	98
Other infectious diseases	26	3	3	32
Parasitic diseases	—	—	—	—
Malignant and lymphatic neoplasms	9	13	13	35
Asthma	19	4	1	24
Diabetes mellitus	141	9	20	170
Anaemia	317	14	21	352
Vascular lesions affecting central nervous system	3	13	10	26
Other mental and nervous diseases	14	—	1	15
Diseases of the eye	6	—	5	11
Diseases of the ear	126	4	25	155
Diseases of the heart and arteries	210	67	43	320
Diseases of the veins	4	1	13	18
Upper respiratory diseases	185	13	22	220
Other respiratory diseases	240	108	37	385
Diseases of the digestive system	79	6	17	102
Diseases of the urinary system and male genital organs	28	2	9	39
Diseases of the breast and female genital organs	51	5	35	91
Complications of pregnancy and the puerperium	24	9	9	42
Diseases of the skin and subcutaneous tissues	257	4	169	430
Diseases of the bones, joints and muscles	39	1	12	52
Injuries	39	2	72	113
Senility	3	5	7	15
Other defined and ill-defined diseases	61	6	12	79
Diseases not specified	5	—	—	5
	1,971	291	567	2,829

Nursing of Children.—No special arrangements are in force for the nursing of sick children, other than those applicable to premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottles and special feeder are held by home nurses and midwives in strategic parts of the County for use in such cases. With regard to other children, excellent liaison exists between the Department and Dr. Macaulay, Consultant Paediatrician at the Monkmoor Children's Hospital, Shrewsbury.

Figures in Table VIII on page 84 show that 712 children under 5 years of age and 656 of school age received home nursing treatment during 1956. The principal causes necessitating attendance are summarised below:—

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	175	132	307
Diseases of the skin and subcutaneous tissue	108	74	182
Upper respiratory diseases	88	77	165
Diseases of the ear	67	72	139
Other respiratory diseases	61	44	105
Diseases of the digestive system (other than constipation)	48	53	101

Completed Cases.—Of the 7,847 cases attended, 6,920 (or 88 per cent.) were removed from the books for varying reasons during the year. Table IX on page 85 gives particulars of these cases by diseases, length of time on the books, visits, etc.

The principal reasons for cessation of home nursing attendance are summarised below:—

	Cases	Percentage
Recovered, relieved or convalescent	4,833	69.84
Admitted to hospital or nursing home	712	10.29
Died	653	9.44
Out-patient, X-ray, own doctor, etc.	396	5.72
Gone away	207	3.00
Treatment undertaken by patient, relative, etc. ..	69	1.00
Discontinued	35	0.50
Others	15	0.22
	6,920	

Of the patients who died, major causes were diseases of the heart and arteries (23 per cent.), vascular lesions affecting the central nervous system (20 per cent.), cancer (16 per cent.) and senility (16 per cent.).

Each patient was attended on the average for 47 days and required 22 visits, or 3.3 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were minimal, amounting to 0.4 per cent. of the total visits.

VACCINATION AND IMMUNISATION SERVICE

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.

Vaccination is best done in infancy. Besides protecting infants from a fortnight after they have been successfully vaccinated, this makes re-vaccination later in life less prone to 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.

During 1955, the Minister of Health drew special attention to the importance of primary vaccination in infancy and of re-vaccination in later years, with particular reference to the re-vaccination of children within two or three years of entering school, not only to maintain or revive their individual protection but also to facilitate substantially the control of local outbreaks of smallpox.

The Council's proposals under the National Health Service Act have, therefore, been amended to provide for the vaccination and re-vaccination of school children and adults; and arrangements for the vaccination and re-vaccination of school children are at present under consideration.

Under the County Council's present 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 the 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 1956:—

Persons Vaccinated or Re-Vaccinated during 1956

	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 ..	471	428	64	53	14	14	5	5	554	500
	General Practitioners ..	1,857	1,791	177	167	78	76	113	113	2,225	2,147
	TOTAL ..	2,328	2,219	241	220	92	90	118	118	2,779	2,647
Re-Vaccinations ..	Medical Officers ..	2	2	—	—	—	—	28	24	30	26
	General Practitioners ..	14	14	20	19	104	93	503	461	641	587
	TOTAL ..	16	16	20	19	104	93	531	485	671	613

P = Performed

S = Successful

Reference to the table above shows that 2,219 infants were successfully vaccinated before attaining one year of age, and this represents approximately 50 per cent of the 4,424 births registered in and applicable to this County during 1956. These two figures (2,219 and 4,424) are not strictly comparable, but their comparison is the only means of giving a reasonably accurate estimate of the infant vaccination state during 1956.

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 1956.

Primary Vaccinations and Re-Vaccinations performed during 1956

Area	Local Sanitary Authority	Under 1 year		1—4 years		5—14 years		15 years and over		Total	
		P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	18	18	1	1	—	—	5	5	24	24
	Ellesmere Rural ..	61	60	4	4	4	3	12	10	81	77
	Wem Urban ..	31	29	4	4	23	23	16	16	74	72
	Wem Rural ..	107	102	20	20	31	28	18	17	176	167
	Whitchurch Urban ..	69	63	5	2	5	5	37	36	116	106
North-East Combined Districts	Dawley Urban ..	71	66	2	2	—	—	12	11	85	79
	Market Drayton Urban ..	44	40	11	11	5	5	14	13	74	69
	Drayton Rural ..	97	95	22	21	8	8	4	1	131	125
	Newport Urban ..	45	45	3	3	—	—	3	3	51	51
	Oakengates Urban ..	67	66	2	1	3	3	7	7	79	77
	Shifnal Rural ..	110	105	14	14	10	8	18	14	152	141
	Wellington Urban ..	108	99	11	7	2	2	8	8	129	116
	Wellington Rural ..	171	167	18	18	4	4	19	19	212	208
South-West Combined Districts	Atcham Rural ..	198	188	17	16	10	9	25	23	250	236
	Bishop's Castle Borough ..	16	12	3	3	—	—	1	—	20	15
	Church Stretton Urban ..	30	26	—	—	2	2	11	10	43	38
	Clun Rural ..	87	85	4	4	4	1	4	4	99	94
	Ludlow Borough ..	36	30	2	1	3	3	15	15	56	49
	Ludlow Rural ..	149	137	11	11	10	10	24	24	194	182
	Wenlock Borough ..	109	105	8	6	13	11	17	15	147	137
Bridgnorth ..	Bridgnorth Borough ..	67	66	8	4	4	4	19	19	98	93
	Bridgnorth Rural ..	91	88	18	17	8	7	16	16	133	128
Oswestry ..	Oswestry Borough ..	70	68	10	7	7	7	33	32	120	114
	Oswestry Rural ..	109	106	18	18	7	7	112	107	246	238
Shrewsbury	Shrewsbury Borough ..	383	369	45	44	33	33	199	178	660	624
	TOTAL ..	2,344	2,235	261	239	196	183	649	603	3,450	3,260

Diphtheria.—There was no notified case of Diphtheria in this County during 1956.

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-one years show the extent to which immunisation has succeeded in reducing the morbidity and mortality rates:—

Notifications of, and Deaths from, Diphtheria since 1936

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Notifications	301	206	185	133	236	237	121	53	25	7	10	17	1	5	2	—	1	—	—	—	—
Deaths	20	7	19	13	11	9	6	6	1	—	2	2	—	1	—	—	—	—	1*	—	—

*Death of woman aged 72, due to Syncope, Toxaemia and Throat Infection and assigned by Registrar-General as due to Diphtheria, swab negative.

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 1956, with the corresponding figures for 1955; and the table on page 38 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 1955 and 1956

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total			
	1955	1956	1955	1956	1955	1956	1955	1956
Medical Officers ..	927	898	274	229	1,201	1,127	2,572	3,007
General Practitioners	2,088	2,053	167	157	2,255	2,210	1,285	1,396
TOTAL ..	3,015	2,951	441	386	3,456	3,337	3,857	4,403

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 half of 1955, only 38 per cent had been immunised.

In this County during 1956, a total of 1,808 children were immunised when under one year of age and 374 of these children were born in that year. If the optimum age for immunisation against Diphtheria is 8 months, only one-third of the children born during 1956 would reach the age for immunisation and this figure of 374 represents 25.4 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 below is a statement showing the numbers and percentages of the child population in this County, of and under compulsory school age, who have been immunised against Diphtheria during the period from 1st January, 1942, to 31st December, 1956:—

Immunisation in relation to Child Population

	Age Groups and Year of Birth				Total
	Under 1 year (1956)	1 to 4 years (1955—1952)	5 to 9 years (1951—1947)	10 to 14 years (1946—1942)	
Immunised in:					
(i) 1952 to 1956	374	10,518	12,737	7,412	31,041
(ii) 1951 or earlier	—	—	7,523	12,912	20,435
Estimated mid-year (1956) child population	4,240	17,960	48,500		70,700
Immunity index	8.8%	58.6%	(a) 41.5% (b) 81.2%		(a) 43.9% (b) 72.8%

(a) Percentage of children having primary immunisation or booster dose in the past 5 years.

(b) Percentage of children immunised since 1942.

Children Immunised in the various Sanitary Districts

Area	Local Sanitary Authority	Immunised during 1956			
		Primary			Re-inforcing
		Under 5	5—14	Total 0—14	
North-West Combined Districts	Ellesmere Urban	26	1	27	13
	Ellesmere Rural	67	13	80	91
	Wem Urban	29	4	33	33
	Wem Rural	139	18	157	146
	Whitchurch Urban	79	4	83	41
North-East Combined Districts	Dawley Urban	72	20	92	132
	Market Drayton Urban	30	3	33	79
	Drayton Rural	118	18	136	171
	Newport Urban	44	—	44	48
	Oakengates Urban	125	21	146	204
	Shifnal Rural	158	26	184	260
	Wellington Urban	167	12	179	79
	Wellington Rural	255	22	277	357
South-West Combined Districts	Atcham Rural	227	14	241	384
	Bishop's Castle Borough	16	1	17	11
	Church Stretton Urban	24	—	24	20
	Clun Rural	88	6	94	138
	Ludlow Borough	81	2	83	86
	Ludlow Rural	142	11	153	155
	Wenlock Borough	185	38	223	280
Bridgnorth	Bridgnorth Borough	70	12	82	105
	Bridgnorth Rural	153	15	168	207
Oswestry	Oswestry Borough	95	34	129	223
	Oswestry Rural	142	42	184	356
Shrewsbury	Shrewsbury Borough	419	49	468	784
	WHOLE COUNTY	2,951	386	3,337	4,403

Whooping Cough.—Notifications of cases of Whooping Cough received during 1956 numbered 332, and there was one death 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.

The tables below give particulars of the notified cases of, and deaths from Whooping Cough in this County in the past sixteen years; and of the children immunised against this disease during 1956, with corresponding figures for 1955:—

Notifications of, and Deaths from, Whooping Cough, 1941 to 1956

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Notifications	986	351	705	609	483	591	465	1068	478	465	1308	678	934	950	871	332
Deaths ..	14	6	11	6	4	4	2	9	4	1	4	4	4	—	—	1

Children Immunised against Whooping Cough in 1955 and 1956

Immunised by	0—4 years		5—14 years		Total	
	1955	1956	1955	1956	1955	1956
Medical Officers	875	773	48	18	923	791
General Practitioners	1,718	1,885	170	129	1,888	2,014
TOTAL	2,593	2,658	218	147	2,811	2,805

Tetanus.—During the year, the Council's proposals under Section 26 of the National Health Service Act were amended to make provision for immunisation against Tetanus; and the following table shows the numbers of children who received immunisation against tetanus under the Council's scheme during the year:—

Primary Immunisations against Tetanus

Immunised by	Under 1	1	2	3	4	5	6	7	8	9	10—1.	Total
Medical Officers ..	228	67	29	6	7	1	3	—	1	—	—	342
General Practitioners ..	669	169	73	21	19	14	12	5	2	4	4	992
TOTAL ..	897	236	102	27	26	15	15	5	3	4	4	1,334

Use of Combined and Triple Antigens.—An antigen is something given to produce immunity by stimulating the body to produce antibodies to resist and protect against a particular organism like Diphtheria, Whooping Cough or Tetanus. The best age for starting immunisation against Whooping Cough is 2 or 3 months. The best age for starting immunisation against Diphtheria is 8 or 9 months.

The use of combined ("triple" including tetanus as well) antigens, although impossible to correlate with the optimum ages of the preceding sentences, has always been attractive as subjecting the baby to fewer injections and was agreed as a reasonably satisfactory compromise in 1956. At the end of the year, however, a Medical Research Council report suggested that combining two or more antigens in one dose appeared to carry more risk of provoking paralytic Poliomyelitis than if doses of one antigen at a time had been given. After considerable heart-searching and debate at different levels this view was accepted and passed on by the Central Health Services Council to the Ministry of Health, and by the Ministry to Local Health Authorities; and I have circulated the advice that we should revert to using antigens one at a time. Representatives of the Local Medical Committee felt, with me, that although the additional risks of using combined antigens might be small, we could scarcely ignore the warning given.

Vaccination against Poliomyelitis.—Proposals for the use of a vaccine against Poliomyelitis as part of the National Health Service were introduced in Ministry of Health Circular 2/56, very early in the year.

It was explained in the Circular that until supplies of the vaccine became available in substantial quantities, which was expected at the end of the year, the Minister was anxious that Local Health Authorities should have an opportunity of using the limited quantities which would become available during May and June for the benefit of children in the age groups in which the disease was most prevalent, namely, children between the ages of two and nine (children born during the years 1947 to 1954 inclusive). Vaccination would be made by two injections before the commencement of the poliomyelitis season—July to November—during which season no vaccination would be made. Vaccination would be entirely voluntary and no children would be vaccinated without the written consent of their parents or guardians.

In view of the limited quantity of vaccine available and the short time available to organise the first stage of the scheme, the Minister laid down that the vaccine would only be administered on behalf of the local health authority but that general medical practitioners would be given an opportunity to participate at a later stage when larger supplies became available.

The Council accordingly modified their proposals under Section 26 of the National Health Service Act, 1946, in order to provide such vaccination.

The scheme for the vaccination against Poliomyelitis of children born during the years 1947 to 1954 inclusive was publicised in all the local newspapers and by the time registration closed at the end of March, 1956, a total of 2,678 children (1,329 girls and 1,349 boys) had been registered for vaccination. It was estimated that in the age groups selected by the Minister for registration there were approximately 40,000 Shropshire children.

In May, 1956, Local Health Authorities were notified that the following months of birth had been selected by the Minister for children to be vaccinated with first injections from the first issue of the vaccine:—

Selected months: November in each of the years 1947 to 1954 and, in addition, March in each of the years 1951 to 1954.

Reserve month: August, 1947 to 1954.

The number of Shropshire children in the selected months above was 291.

Vaccine for these children was received on the 4th May, 1956, and a further supply—primarily for second injections for the children concerned—was received on the 29th May.

Vaccination was suspended after the 30th June, by which date 240 children (120 boys and 120 girls) had received two injections and a further 80 children (46 boys and 34 girls) had received one injection.

In November, 1956, Local Health Authorities were authorised to resume vaccinations in the following month when sufficient vaccine was made available (90 c.cs were allocated to Shropshire) to vaccinate those children who received only one injection prior to June. In point of fact 65 of these 80 children received second injections, the remaining 15 being unable to keep their appointments. From the vaccine left over after the completion of these second injections a further 16 children were given first injections.

During the year therefore a total of 305 children received two injections and a further 31 only one injection.

Ministry of Health Circular 22/56 to Local Health Authorities contained further information about the arrangements to be made for vaccination against poliomyelitis which was to be recommenced from the middle of January, 1957, onwards, when larger supplies of the vaccine were expected to become available. At this state of the scheme general medical practitioners were to be given an opportunity to take part, although concern for the keeping qualities of the vaccine modified this considerably in the event.

For some time, however, vaccination against poliomyelitis will be confined to the remaining children born between 1947 and 1954 who were registered with local health authorities for this purpose early in 1956.

AMBULANCE SERVICE

Report of the County Ambulance Officer

By this time most people are aware of the terms of the legislation establishing the County Ambulance Service, and it seems hardly necessary to repeat them annually in these pages.

It is unlikely that a day passes without the familiar sight of a cream-and-stone painted ambulance on most of the roads in the County, and those who know them recognise them regularly much farther afield. The problem for the staff who operate these ambulances and our less easily recognised sitting-case cars is to make sure that when on the road they are carrying as full a complement of patients as possible and not running empty, nor carrying people who can reasonably be expected to make their own way to or from hospital or clinic.

Staff.—The staff employed by the Ambulance Service is made up of both whole and part-time employees but, save for the valued help of the Women's Voluntary Services Hospital Car Service who receive a mileage allowance only, all are paid or reimbursed for their services. The whole-time employees include the Headquarters Administrative and Control staff, Drivers and Attendants, a Midwife and a Mechanic. The part-time employees who serve so well and faithfully, not merely in their "spare time" but all round the clock, include Local Ambulance Officers, Drivers, Attendants and Midwives.

That there was no change of whole-time staff during 1956 illustrates the interest of all concerned in the work and puts into correct perspective the minor disciplinary troubles which inevitably occur from time to time.

In view of the almost non-existent margin of whole-time staff over need, it is fortunate that the health of the members has been reasonably good, although injuries, particularly strained backs, have increased the absence figures, and this question of injury and the fitness of the men for their work is one which must inevitably give cause for increasing concern as the average age of the staff becomes higher. A training course in lifting and handling attended by junior officers proved helpful, but the staff are often unable to apply scientific techniques in the confined spaces in which they sometimes work.

It should be noted that only at Headquarters in Shrewsbury are whole-time members of the staff on duty throughout the twenty-four hours, and that even here the few men on night duty are reinforced when necessary by men called from nearby homes by telephone; whilst at Bridgnorth, Donnington and Oswestry this "on-call" system provides the whole of the night cover. At the remaining stations, part-time employees are, of course, called by telephone day and night and seldom do what might be termed "stand-to"—they are either at home, their place of business, or on the road. The advantages of having drivers housed near to Ambulance Stations are manifold, and the Council are indebted to those District Councils—particularly the Wellington Rural District Council—which help in this way. The rota system of duty at the Central Ambulance Station provides for the bulk of the staff to be on duty when most needed, which is, of course, during normal industrial working hours.

Vehicles.—One of the problems of the Service today is to strike the correct balance between different types of vehicles—large ambulances, so-called dual-purpose ambulances (which are primarily sitting-case vehicles) and sitting-case cars. The majority of patients carried are sitting cases and the use of large ambulances is not always economic; on the other hand, to make full use of radio-telephony it is desirable to have vehicles which can carry two stretchers when required. Subject to the development of the small "dual-purpose" vehicles to enable them to carry two stretcher cases, instead of one as at present, this type of ambulance seems likely to play an increasing part in the Service as an alternative to the sitting-case car.

Vehicles and equipment are constantly under review and modifications suggested by experience are made as opportunity offers. Experiments made elsewhere are examined carefully, but whilst, in general, equipment is stereotyped, the advantages of one type in one area do not often apply in another.

Ambulances do not become obsolete and seldom become mechanically unsound even after several years of use, but bodywork and equipment deteriorate and vibration, noise and fumes distress patients. There has never been a ready sale for old ambulances, which have a limited use as load carriers, travelling shops and the like.

Communications.—The work of the Service has neither the danger nor the glamour of the Fire Brigade, rather is it hard and monotonously routine, giving little time for leisure or, more particularly, staff training in duty hours; nevertheless it does have its lighter side. The addition of radio-telephony to the equipment of the Service was invaluable and communication by this means is predominantly good. An unusual refinement was when a Shift Leader heard *on his own television set* an inquiry about him from myself to Ambulance Control, and came out of his house nearby to answer it in person;—but such magical "effects" are unusual.

Despite the use of radio-telephony many telephones have to be maintained, the one of main interest to the public being that of Ambulance Central Control, Shrewsbury 6331, to which all enquiries should be made, and which is manned throughout the twenty-four hours so that effective action can be taken at any time.

Major Disasters.—A scheme which includes Police, Fire, Ambulance and Hospital Services exists for dealing with major disasters, and is co-ordinated by the Chief Constable.

What might have been such a catastrophe was the collision between a goods and a passenger train at Ludlow at about 3.30 a.m. on 6th September, 1956. The County's scheme went into operation within minutes and seemed to be working well and according to plan when a stand-down was ordered three-quarters of an hour later, on it being established that the driver of one train was the only person injured from the many who might have suffered. The accident occurred some 30 miles from Ambulance Headquarters in Shrewsbury, and the following time-table of the operation speaks for itself:—

- 3.30 a.m. Message received at Central Control, warning of crash and requesting as many ambulances as possible.
- 3.31 a.m. Three ambulances despatched from Ambulance Headquarters.
- 3.32 a.m. Ludlow Depot instructed to send ambulances and warn local hospitals of possible casualties.
- 3.38 a.m. Ludlow ambulances arrived at scene of accident.
- 3.41 a.m. Donnington Depot instructed to send ambulances.
- 3.43 a.m. Morda Depot instructed to send ambulances.
- 3.48 a.m. Hereford Ambulance Service advised and asked to stand by.
- 3.57 a.m. Advised by Fire Service that accident was not serious as far as casualties were concerned.
- 4.00 a.m. Chester Railway Control confirmed that accident was not serious and that local ambulances could cope.
- 4.01 a.m. Donnington and Morda ambulances recalled by radio.
- 4.05 a.m. Hereford Ambulance Service notified to stand down.
- 4.10 a.m. Ambulances from Central Depot arrived at scene of accident.
- 4.15 a.m. Informed by Fire Service that there was only one casualty.
- 4.16 a.m. Ambulances instructed to return to Depots leaving one vehicle standing by.

Training.—Training can generally only be given outside duty hours and it is all the more to the credit of the staff who took part in preliminary rounds that the County once again had a team representing the Midland Region in the National Competition for Ambulance Services organised on behalf of Local Health Authorities by the National Association of Ambulance Officers. Our team from the Oswestry Depot made us thoughtful when they defeated, in a local test, our Shrewsbury Depot team who had won the Regional Competition in 1954 and 1955. By proceeding, however, to win the 1956 Midland Regional Competition at Stoke, our Oswestry boys made everyone happy and added to the Salop Ambulance Service tradition of being the first in the Midlands.

Consequently, for the last three years the Shropshire Ambulance Service has represented the Midland Region in every annual national competition for ambulance crews; but so far, although never disgraced, the national award for the best team in England and Wales has eluded us.

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 these 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, by whom the costs incurred are re-imbursed.

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.

Rail Transport.—Rail transport is being used on an increasing scale for the conveyance of patients and, as has been said before, is found to be more suitable in many cases than travel by ambulance. Recumbent patients remain on the same stretcher throughout the journey, the journeys from bed to station on entrainment and from train to final destination being undertaken by the Ambulance Service of the Local Health Authority for the area concerned. Every effort is made to use this means of transport whenever possible.

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, 1956, such nursing service cars numbered 97.

Statistics.—Statistical tables showing the establishments of vehicles and personnel and the work carried out by the Ambulance Service during 1956, compared with the previous year or years, are set out in the following pages.

W. WALKER,
County Ambulance Officer.

Establishment of Ambulances and Sitting-case Cars

Ambulance Station	At 31st December									
	Total Authorised Estab- lishment		Actual Establishment							
			Ambulances		Dual-Purpose Vehicles		Sitting-Case Cars		Total Vehicles	
	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956
Shrewsbury	21	22	14	14	1	1	7	8	22	23
Oswestry	6	6	3	3	—	1	3	2	6	6
Whitchurch	2	2	2	2	—	—	—	—	2	2
Market Drayton	1	1	1	1	—	—	—	—	1	1
Donnington and Shifnal	7	7	5	5	—	1	2	1	7	7
Wenlock	1	1	1	1	—	—	—	—	1	1
Bridgnorth	3	3	2	2	—	—	1	1	3	3
Ludlow and Craven Arms	4	4	2	2	1	1	1	1	4	4
Bishop's Castle	1	1	1	1	—	—	—	—	1	1
TOTAL ..	46	47	31	31	2	4	14	13	47	48

(NOTE.—The vehicle held over authorised establishment was an old one which has since been sold; in addition, at the end of 1956 there were 6 ambulances retained additional to establishment for Civil Defence training purposes, as compared with 7 at the end of 1955.

Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Personnel Employed				Authorised Full-time Establishment		
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants		Total	Drivers	Attendants	Total
	M.	F.	M.	M.	F.	M.	M.	F.				
1955	38	6	6	1½	6	44	1½	12	57½	37	25	62
1956	38	6	6½	1½	5½	44½	1½	11½	57½	37	25	62

Deployment of Ambulance Service Personnel

Ambulance Station	Authorised Full-time Establishment		31st December, 1955					31st December, 1956				
			Full-time		Part-time			Full-time		Part-time		
	Drivers	Attendants	Driver- Attendants	Atten- dants	Driver- Attendants	Attendants		Driver- Attendants	Atten- dants	Driver- Attendants	Atten- dants	
			M.	F.	M.	M.	F.	M.	F.	M.	M.	F.
Shrewsbury	19	12	25	6	—	2	5	25	6	—	—	2
Oswestry	4	2	6	—	1	6	9	6	—	1	—	6
Whitchurch	1	1	1	—	3	2	4	1	—	3	—	1
Market Drayton	1	1	—	—	3	—	1	—	—	3	—	—
Donnington and Shifnal	5	4	4	—	1	—	3	4	—	1	—	—
Wenlock	1	1	—	—	1	—	—	—	—	1	—	—
Bridgnorth	2	1	2	—	—	1	3	2	—	—	—	1
Ludlow and Craven Arms	3	2	—	—	6	5	9	—	—	6	5	—
Bishop's Castle	1	1	—	—	4	1	2	—	—	4	—	1
TOTAL ..	37	25	38	6	19	17	36	38	6	19	16	—

Work performed by Ambulances and Sitting-case Cars

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
1955	41,140	584,714	20,306	352,672	2,212	33,617	63,658	971,003
1956	49,293	645,406	18,382	323,616	1,690	39,571	69,365	1,008,593

*From 5th July

(NOTE.—The reduction in patients carried and mileage travelled by sitting-case cars is partly attributable to the fact that four dual-purpose vehicles now on the establishment undertake some of the work previously carried out by sitting-case cars. For statistical purposes these dual-purpose vehicles have been counted as ambulances).

Patients Carried and Mileage Covered

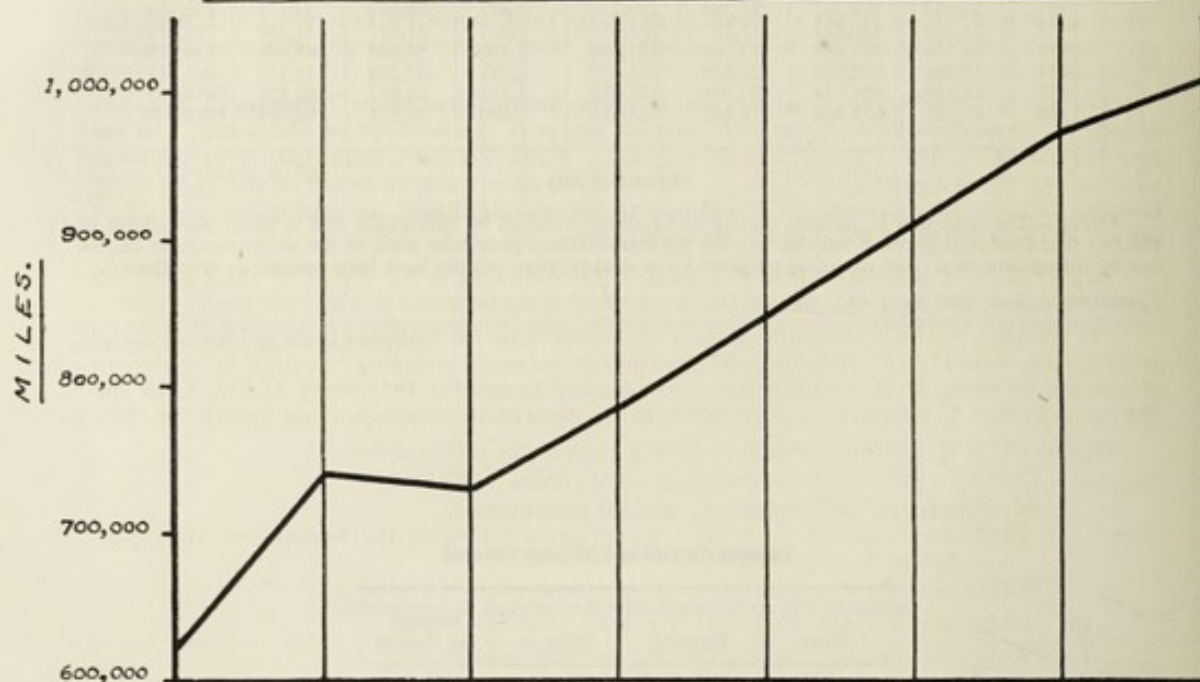
Year	Patients	Mileage	Mileage per Patient
1949	21,926	622,045	28.4
1950	30,434	740,559	24.3
1951	34,476	730,124	21.2
1952	41,250	783,717	19.0
1953	48,670	844,326	17.4
1954	56,177	907,611	16.2
1955	63,658	971,003	15.2
1956	69,365	1,008,593	14.5

(NOTE.—Five more vehicles were equipped with radio-telephones during the year, making a total of 23 vehicles so equipped out of a total of 48. The increased co-ordination of journeys thus made possible no doubt accounts to a large measure for the reduction in mileage per patient achieved during the year).

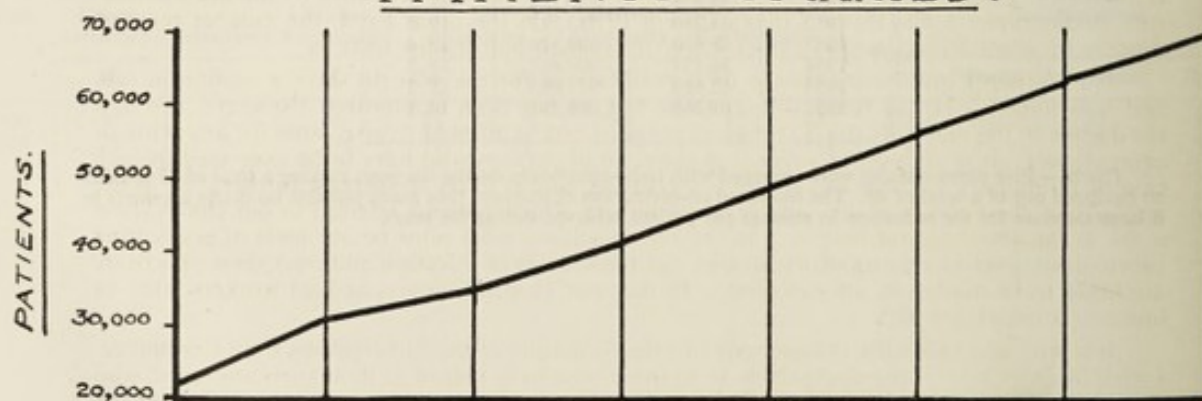
Work performed by Ambulance Stations during 1956

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1956 (in terms of whole-time personnel)
Shrewsbury	16,575	29,995	449,220	32.36
Oswestry	2,595	12,535	128,454	6.86
Whitchurch	931	2,364	36,203	1.96
Market Drayton ..	382	584	16,761	0.98
Donnington	2,511	10,656	114,135	5.52
Shifnal	619	1,571	23,890	1.17
Wenlock	407	759	13,879	0.44
Bridgnorth	1,432	3,112	50,236	2.54
Ludlow and Craven Arms	2,655	5,618	126,245	5.01
Bishop's Castle ..	175	481	9,999	0.53
TOTAL	28,282	67,675	969,022	57.37

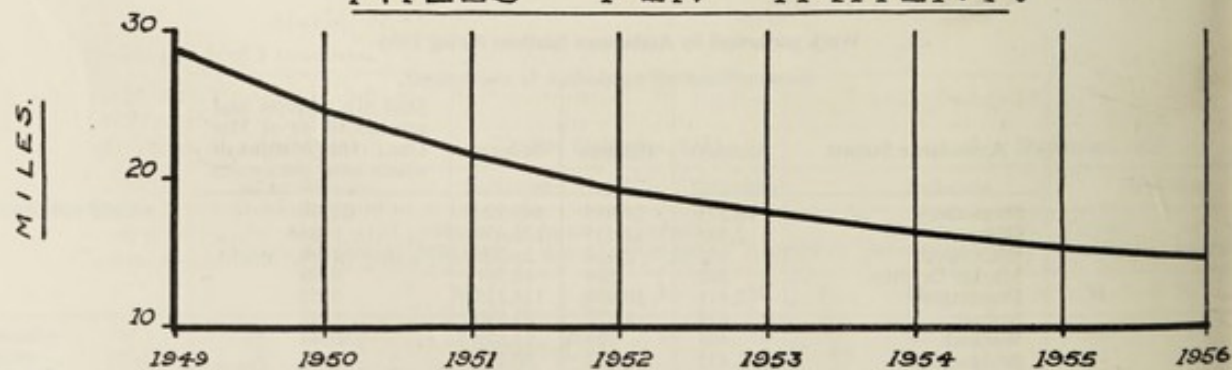
AMBULANCE SERVICE : MILEAGE.



PATIENTS CARRIED.



MILES PER PATIENT.



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The powers of the Local Health Authority to make arrangements for the prevention of illness and the care and after-care of sick persons are permissive, except where otherwise directed by the Minister of Health; and in respect of persons suffering from Tuberculosis, the Minister has directed that such arrangements shall be obligatory.

Tuberculosis

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

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by the whole-time Health Visitors, except in the Borough of Shrewsbury and the surrounding area where a whole-time Tuberculosis Health Visitor is employed. This 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 portion of her salary being borne by the hospital authorities.

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

"In the year, the total clinic attendances, including those for 'collapse therapy,' for all clinics in the County were 12,571. Of these, 2,087 were first attendances, including 592 initial examinations of contacts of tuberculous persons; the corresponding figures for 1955 being 11,839, 1,819 and 524 respectively. The figures given in brackets are likewise the corresponding figures for 1955.

Of the 109 (153) persons notified as having pulmonary tuberculosis:—

(a) 87 (110) were initially diagnosed at chest clinics. Of these:—

66 (59) were referred directly by general practitioners.

2 (25) were referred by general practitioners following the findings on Mass Miniature Radiography.

19 (26) were diagnosed as the result of examination of 'contacts.'

(b) 16 (38) were initially diagnosed at general hospitals.

(c) 6 (5) were initially diagnosed by the Services or other sources.

The marked fall in the numbers 'picked up' by Mass Miniature Radiography compared with those for 1955 is related to the fact that considerably fewer surveys were done by the Mass Miniature Radiography Units in the County during 1956. On the other hand, the number referred directly by general practitioners shows a relatively small but definite increase.

It is certainly gratifying that the total notifications for the year do show a significant fall, and it is hoped that this trend will continue but, as has been emphasized elsewhere, this and the decline in the mortality due to tuberculosis must not be allowed to give cause for any sense of complacency. It is undoubtedly true that the ratio of persons who have to be examined to each case of Pulmonary Tuberculosis found is increasing, and is likely to increase further. As in the majority of chest clinics in the country, the numbers of new patients referred to our clinics show a rise as the above figures indicate. In the aim to achieve what must be our ideal of eradicating tuberculosis, ever-increasing efforts to seek out the sources of infection and treat these effectively are likely to be needed by all concerned. In this, our Health Visitors, as field workers, play an immensely important part.

It is with great pleasure that we welcome the formation of the Tuberculosis Care Committee. I wish to express here, my sincere thanks to those who have helped in its inauguration and who are, and will be, doing so much to make it a success. A special tribute for this is due to the enthusiasm of our Chairman, Councillor Mrs. E. M. Cock, T.D., J.P."

A. T. M. MYRES,

Consultant Chest Physician.

Mass Miniature Radiography.—Both the Wolverhampton and the Stoke-on-Trent Mass Radiography Units found it impossible to arrange visits to the County for public sessions in 1956, having planned to concentrate on industrial areas in Staffordshire and the Midlands where the case-finding rates were above the national average.

The ascertainment of a case of respiratory tuberculosis at a public school in the County resulted in arrangements for a visit from the Wolverhampton Unit in June, 1956, when the opportunity was also taken to include in the survey employees of two firms in the Wellington area, with results as follows:—

Persons X-rayed			Tuberculosis				Other Conditions	
			Active		Inactive			
	M.	F.	M.	F.	M.	F.	M.	F.
Students	342	—	—	—	—	—	—	—
Staff	32	79	—	—	—	—	1	1
Industrial workers	281	38	1	—	3	—	1	—
TOTAL ..	655	117	1	—	3	—	2	1

The one case of active post primary tuberculosis discovered amongst the 722 persons X-rayed gives a rate of 1.29 per 1,000 investigated.

The other conditions found included congenital abnormality of the ribs, inflammatory lesion and pleural thickening.

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 1956, a total of 225 persons received vaccination, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 182 for the previous year.

Vaccination of School Children.—Ministry of Health Circular 22/53 outlined arrangements under which Local Health Authorities might offer B.C.G. vaccination to children during the year preceding their fourteenth birthday.

No immediate decision was made to implement this scheme in Shropshire in 1953 and in fact it was postponed for three years. Following publication early in 1956 of the First Report of the Medical Research Council by their Tuberculosis Vaccines Clinical Trials Committee—a report which confirmed the value of the vaccination to children between their thirteenth and fourteenth birthdays—it was decided to embark on the scheme as soon as possible, especially as the Health Department had been fortunate in recruiting to their staff Dr. N. V. Crowley from the Northamptonshire Authority. There she had won, by her organisation of B.C.G. vaccination for that County, golden opinions, since enhanced by her sterling work in performing the same service for Shropshire with tact and zeal and organising ability, enlisting the co-operation of all with whom she has worked.

To prepare a scheme, and to secure the advice and support of the family practitioners in carrying it out, occupied the early summer, and it was not until October that the first school was visited. In fact, only four schools were dealt with from October to December.

So far as can be seen, the scheme has worked smoothly and well, and thanks are due to the consultants and practitioners who gave generously of their time and advice at one or two ad hoc meetings, which were followed by explanations successively to meetings of the Local Medical Committee and local Branch of the British Medical Association; and by the issue from the Health Department, to practitioners and to parents, of circular letters agreed by these medical authorities.

Under the B.C.G. Scheme, a Medical Officer of the School Medical Service visits each school to talk to the children concerned. A letter and consent form, together with an explanatory leaflet, are handed to all children in the age group to take to their parents. Completed consents and refusals are collected by the Head of the school and sent to the Health Department by a given date.

Parents who refuse the opportunity of B.C.G. vaccination for their children are visited by a Health Visitor, who is often able to persuade them to change their minds.

Generally speaking, schools are visited on Tuesdays for Mantoux testing and on Fridays for the B.C.G. vaccination of negative reactors.

Post vaccination tests are carried out between 6 and 13 weeks afterwards and negative Mantoux reactors who have "converted" following B.C.G. vaccination are given a certificate to that effect.

In all cases—either of positive reactors or of negative reactors who have "converted"—the family doctor is notified and provided with a small adhesive slip containing the appropriate information for affixing to the child's medical record card (E.C.5 or 6).

The documentation required for this work is formidable but the National Health Service Section of the Health Department have handled it with good humour and success, despite circumstances of considerable discomfort, overcrowding and overwork.

Parents of positive reactors are also informed and arrangements are made for these children and their home contacts to have a chest X-ray on the occasion of a visit from the Mass Radiography Unit to the County. Arrangements have been made for a Unit to visit selected areas of the County, periodically as necessary, for the sole purpose of X-raying Mantoux positive reactors and their contacts, and the whole-hearted support of the Units is gratefully acknowledged.

It will be seen from the table below that of the 13 years old children who were Mantoux tested in 1956, the percentage of positive reactors was 31%. This would not have been so great had there not been a particularly large number of positive reactors at Newport C.E. School.

In the case of this school—and it is intended that such a procedure will be adopted elsewhere in the County where there is a high percentage of positive reactors—it was decided to Mantoux test, with parental consent, every pupil in the school, together with the staff, and to arrange for all the positive reactors and their home contacts to have a chest X-ray by the Wolverhampton Mass Radiography Unit which was due to visit Newport, under the arrangements mentioned above, early in 1957.

Preliminary results now received of the survey at Newport indicate that of 582 persons investigated, 17 were referred for further examination (5 of these for technical reasons) and one case of active respiratory tuberculosis (an adult female) has so far been discovered.

The following are particulars of the schools visited for B.C.G. vaccination purposes during 1956:—

School	Children tested	Positive reactors	Negative reactors	Not read	Children vaccinated
Priory Girls', Shrewsbury ..	77	25 (32%)	52 (68%)	—	52
Bridgnorth St. Mary's ..	71	18 (25%)	51 (75%)	2	51
Shrewsbury Technical ..	172	44 (25%)	124 (75%)	4	124
Newport C.E. ..	67	35 (52%)	27 (48%)	5	27
TOTAL ..	387	122 (31%)	254 (69%)	11	254

At the end of 1956, plans were in hand to step up the B.C.G. vaccination of school children—not only at maintained schools but also at private schools in the County where it was desired—with a view to dealing with every school in the County by the end of the Summer term of 1957, and providing a complete annual service for 13 year olds thereafter. In fact, at the time of writing, this mid-summer goal has happily been achieved.

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps and during 1956 assistance was provided through the Council's Domestic Help Scheme in 13 cases.

Open-air Shelters.—The distribution on 31st December, 1956, of the 64 shelters owned by the County Council was as follows:—

At patients' homes ..	47
In store ..	17
	64

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1956 was as indicated below:—

	Respiratory	Non-Respiratory
On register on 31st December, 1955 ..	1,318	247
ADDED: New cases	109	47
Transfers in	41	2
Restored to register	7	—
REMOVED: Cured	21	16
Non-tuberculous	3	1
Lost sight of	5	1
Died	16	4
Transfers out	53	4
Registered twice	3	—
On register on 31st December, 1956 ..	1,374	270

On 31st December, 1956, the 1,374 persons on the Register of Respiratory cases were distributed as follows:—

Under domiciliary supervision by Health Visitors ..	909
Not requiring supervision	346
In hospitals and sanatoria, as listed below ..	119
	1,374

Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	6
Cross Houses Hospital	12
East Hamlet Hospital	2
Himley Hall	2
Kinver	1
Kyre Park Sanatorium	3
Llangwyfan Hospital	18
Monkmoor Hospital	4
Morda House (Part III)	1
Mundesley	1
Prees Heath Sanatorium	7
Shelton Hospital	2
Shirlett Sanatorium	44
St. Wulstan's Hospital, Malvern	1
Wrekin Hospital	15
	119

Library Service.—Persons suffering from Tuberculosis are not permitted to borrow books from public or circulating libraries. To meet the literary needs of home-bound cases, the Health Committee have an arrangement with the British Red Cross Society to provide a Library Service, whereby books supplied by the Society are made available to patients through the medium of the Health Visitors. This service, fairly recently inaugurated, deserves more publicity and greater use.

Extra Nourishment.—Two pints of milk per day are supplied on the recommendation of the Chest Physicians to patients suffering from Respiratory or Non-Respiratory Tuberculosis, where financially necessary and irrespective of the fact that the patient may be in receipt of National Assistance. During 1956, assistance was given in this way to 62 tuberculous cases.

N.A.P.T. Course.—A suggestion made by the National Association for the Prevention of Tuberculosis that they should organize a course on the "Social Aspects of Tuberculosis in Shropshire" for the benefit of the members of the medical, nursing and health visiting staff was welcomed, and in June two successive two-day courses were held in Shrewsbury, to which were invited representatives from those County Councils and County Borough Councils situated within reasonable travelling distance.

About 65 persons attended each course, half of whom came from neighbouring Authorities.

The chair was taken on each day by a distinguished member of the Council of N.A.P.T. Dr. G. Lissant Cox, C.B.E., of Church Stretton, who was Principal Tuberculosis Officer to Lancashire County Council from 1913 to 1946, officiated on the first day of each course and Dr. Peter W. Edwards, Medical Superintendent of the Cheshire Joint Sanatorium, was Chairman on the second day.

N.A.P.T. provided many of the excellent speakers, including Dr. K. Neville Irving, Adviser in B.C.G. Vaccination, Oxford Regional Hospital Board, and other Consultants, Social Welfare Officers and Lecturers.

The local health and welfare services were represented on the Speaker's panel by the Consultant Chest Physician, County Medical Officer, Area Officer of the National Assistance Board and a representative of the Ministry of Labour and National Service.

These courses proved to be very interesting and instructive and were fully appreciated by the Council's staff.

Tuberculosis Care Committee.—In the 1955 Annual Report it was stated that consideration was being given to the formation of a Tuberculosis Voluntary Care Committee to serve Shrewsbury and the surrounding area. The opportunity of having advisers on the course above from the National Association for the Prevention of Tuberculosis was taken to discuss formation of such a Committee.

This Committee, now named the Shropshire Central Tuberculosis Care Committee, was formed on 1st November, 1956, following a public meeting held at The Castle, Shrewsbury, under the chairmanship of Her Worship The Mayor of Shrewsbury, Councillor Mrs. E. M. Cock, T.D., J.P. Mrs. Cock was elected, and consented to become, Chairman of the new Care Committee.

The County Medical Officer of Health, Consultant Chest Physician, Superintendent Nursing Officer and Tuberculosis Health Visitor all advise this Committee, which is composed mainly of voluntary workers, and the Administrative Officer of the Health Department is the Honorary Secretary.

The Committee is affiliated to the National Association for the Prevention of Tuberculosis and at the time of writing in July, 1957, has assisted many suitable cases in a variety of ways.

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

In November, 1954, approval was obtained from the Minister of Health to provide under Section 28 of the National Health Service Act, the services of Evening Visitors and Night Helps for aged people who, on account of illness or infirmity, are deemed by the County Medical Officer of Health to be in need of such services.

When the scheme was approved, it was felt that whenever possible help would be supplied by voluntary workers. In order, however, to be able to provide help whether or not voluntary assistance is forthcoming, the Council agreed that, when necessary paid personnel could be engaged.

As it is intended that help under this scheme shall only be provided when no relatives, friends or neighbours are available, except in the case of Night Helps, when assistance might occasionally be provided to afford relief for a relative who, after a prolonged period of service, needs a night off for sleep, it was not expected that many calls for help under this scheme would need to be met. This has so far proved to be the case.

To date, no assistance under the Evening Visitors' scheme has been officially provided; it is recognised, however, with deep appreciation, that several Voluntary Organisations are in fact providing help of this kind for a number of old people.

During 1956, paid Night Helps attended three cases, performing a total of eleven night sessions, compared with one case for one session in the previous year. Apart from the recovery of two shillings in one case, all assistance provided by the Council under this scheme was free of charge to the patient.

Health of Children: Prevention of Break-up of Families

In Circular 27/54, of 30th November, 1954, the Minister of Health expressed concern at the bad effects on the health, particularly the mental health, of children which follow the break-up of families; and drew the attention of Local Health Authorities to the importance of developing and using their domiciliary services to help to keep families together.

Amongst various suggestions as to the use of the Domestic Help Service, night "sitters-in" and the Health Visiting Service, in helping to keep families together, the Minister referred to the possibility that some authorities might find it necessary to employ a trained Social Worker to enable the particular needs of families with special problems to be studied and met in appropriate ways.

Following receipt of this Circular, conferences were arranged by the Clerk of the Council with the Chief Officers of the Children's, Welfare and Health Departments to discuss liaison and how best to give effect to the Minister's proposals.

All were agreed that it is in the Council's interests, as well as that of the families concerned, that every possible help should be given to *prevent* family crises, which often lead to the maintenance of adults and children in Welfare accommodation and Children's Homes at considerable public expense.

On the question of using the services of a trained Social Worker, it was decided to ask the National Association for the Prevention of Cruelty to Children to second one of their specially trained women visitors to this County. The cost to the Society of providing such a visitor would be about £600 per annum (£450 salary and £150 for travelling expenses) and as she would be working almost entirely on the Council's behalf it would be necessary and only equitable for the Society to receive substantial financial assistance from the Council towards the cost of employing her in this County.

The County Council, therefore, agreed this proposal and the Society undertook to consider making available to this Authority one of their women visitors then under training.

The arrangements were completed in October, 1956, with the appointment on 22nd October of Miss D. Lomas, who was reported by the Society to have had considerable experience with children and to have done extremely well during training.

The Ministry of Health and the Home Office signified their approval to the contribution of £300 per annum by the County Council (£200 from the Health Committee and £100 from the Children's Committee), leaving £300 to be found by the Society—to which they agreed.

The Council's proposals under the National Health Service Act have been amended by the addition of the following paragraph under Section 28:—

"Prevention of Break-up of Families:

An arrangement will be made with the N.S.P.C.C. for the services of a specially trained woman social worker to be available in the County for the purpose of preventing the break-up of families."

Other Aspects of Care and After-Care

Other Types of Illness.—Any necessary nursing care and attention for patients discharged from hospital 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.

The help of the Children's Officer and Department, their counsel, information, visiting service and the provision of accommodation when necessary are greatly valued in domestic emergency, such as illness or confinement of the mother.

Provision of Nursing Equipment.—All Home Nurses and Midwives hold a small supply of minor articles such as hot water bottles, air rings, bed pans and feeding cups, for loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in store at the County Health Department, and issued as required. 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 charge is made for the hire of larger items of equipment only.

During the year, 1,696 issues of equipment were made to 1,074 patients, items being loaned direct from the Health Department in 418 cases and by nurses and midwives in 656 cases, as summarised below:—

Item	Issued by		Total
	Health Dept.	Nurses	
Air beds	3	2	5
Air rings	15	149	164
Back rests	78	180	258
Bed pans	110	241	351
Bed cradles	16	16	32
Bed tables	5	—	5
Blankets	14	—	14
Bedsteads	12	5	17
Commode chairs	9	7	16
Crutches	5	—	5
Dunlopillo rings	68	15	83
Feeding cups	—	12	12
Mattresses—Dunlopillo	36	32	68
others	6	2	8
Pillows	4	2	6
Pillow slips	8	—	8
Rubber sheets	62	295	357
Sheets	15	—	15
Spinal carriages	—	6	6
Sputum mugs	—	1	1
Tricycle invalid chairs	2	1	3
Urinals	30	112	142
Wheel chairs	53	5	58
Miscellaneous	5	57	62
	556	1,140	1,696

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 1956, the following convalescent homes received 43 cases, at a total gross cost of £517 3s. 8d., of which £45 7s. 10d. was recovered from patients or their relatives:—

	Adults	Children
Lady Forester Convalescent Home, Llandudno	27	—
Broomhayes Convalescent Home, Devon	2	2
St. Raphael's Home, Torquay	1	—
"Hillside," Mark Sherbourne, Hants	1	—
Seabright Convalescent Home, St. Annes-on-Sea	1	—
Boarbank Hall, Grange-over-Sands	1	1
Shoreston Hall, Seahouses, Northumberland	1	—
Omerod Home, St. Annes-on-Sea	—	3
Charnwood Forest Home, Woodhouse Eaves, Loughborough	—	3
TOTALS	34	9

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 copies were also distributed at 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.

Films.—Film displays on various health subjects were arranged at Welfare Centres, and Schools for Parent-Teacher Associations, and films on food hygiene were again shown at schools in the Wellington area in conjunction with lectures given by Mr. J. K. Addison, Senior Public Health Inspector of the Wellington Urban District Council. In addition, films illustrating care of the teeth and other health and hygiene subjects were shown to pupils at many of the Secondary and Modern Schools in the County.

Display Sets.—Display sets consisting of four attractively coloured panels, printed on stiff card and entitled "Your Children's Feet," which were supplied by the Ministry of Health were again displayed at the Child Welfare Centres.

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.

June Dairy Festival.—Under the auspices of the National Milk Publicity Council, the June Dairy Festival was organised by the Wellington and District Branches of the National Dairymen's Association and the National Farmers Union and held in Wellington from 27th to 30th June, 1956.

Dr. W. A. M. Stewart, Medical Officer of Health for the North-East Combined Districts and the Public Health Inspectors of Wellington, Dawley and Oakengates Urban and Wellington Rural Districts combined with the County Medical Officer of Health, Chief Administrative Officer and County Sanitary Officer and assisted in the arrangements for the Festival, which took the form of window and outdoor exhibitions, essay and poster competitions, film shows and an indoor exhibit in the Wrekin Hall.

The chief contribution of the County and District authorities comprised an exhibition stand in Wrekin Hall, illustrating the part played by County Council and Local Authorities to ensure the sale to the public of clean and wholesome milk and explaining the value of milk to expectant mothers and school children.

Dr. A. C. Jones, Director of the Public Health Laboratory Service, Shrewsbury, and his staff contributed an interesting display illustrating some of the bacteriological tests employed to safeguard and ensure the purity of milk supplies.

DOMESTIC HELP SERVICE

Since 5th July, 1948, the County Council have provided a Domestic Help Service, which was initiated and operated on the Council's behalf by the Women's Voluntary Services in the first instance. Since 1st April, 1952, however, the Service has been operated directly by the Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1956, 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, whose members include 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—3/3d. per hour in 1956—may elect to furnish particulars of their financial circumstances so that they may be assessed to pay in accordance with their means. The assessed weekly charge for help provided in connection with a domiciliary confinement case is raised by 15/- per week for a period of two weeks when a Home Confinement Grant is payable by the Ministry of National Insurance.

The scale of assessment was amended with effect from 23rd January, 1956, the allowances for assessment purposes being increased to correspond with new scales of allowances adopted by the National Assistance Board on that date.

Home Helps.—Payment to Home Helps is made in accordance with the wages scales of the West Midlands Joint Industrial Council, Local Authority Non-Trading Services (Manual Workers). The rates in operation at the end of 1956 were 2/10½d. per hour in the Borough of Shrewsbury and 2/9½d. 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 are 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, 1956, a total of 123 Home Helps were employed (16 full-time and 107 part-time) and the table below shows their distribution throughout the County:—

Home Helps employed on 31st December, 1956

Centre	Whole-time	Part-time	Total
Bridgnorth ..	1	4	5
Church Stretton ..	—	4	4
Ludlow ..	—	15	15
Market Drayton ..	3	3	6
Newport ..	—	4	4
Oswestry ..	2	18	20
Shrewsbury ..	10	32	42
Wellington ..	—	19	19
Whitchurch ..	—	8	8
Total for 1956 ..	16	107	123
Total for 1955 ..	19	93	112

Work Performed.—During 1956 a total of 639 cases was assisted, at an average of 286 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 130,596.

Particulars of the individual categories of cases are given in the first table below. That this is a very important service for the elderly and chronic sick is emphasized by the fact that they represent 62 per cent of the cases and that 106,381 (or 81 per cent) of the hours worked by the Home Helps were devoted to their help; and this work is a big factor in helping elderly and chronic sick cases to avoid having to leave their homes to enter hospital accommodation.

Cases attended by Home Helps during 1956

Centre	Aged	Chronic Sick	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	5	18	3	1	1	2	—	30
Church Stretton ..	2	8	4	3	3	—	—	20
Ludlow ..	8	32	3	8	2	2	1	56
Market Drayton ..	9	15	1	15	—	—	—	40
Newport ..	6	7	1	2	—	—	—	16
Oswestry ..	9	45	11	15	5	3	1	89
Shrewsbury ..	21	105	29	63	6	4	9	237
Wellington ..	23	62	8	15	4	1	1	114
Whitchurch ..	9	14	3	9	—	1	1	37
Total for 1956 ..	92	306	63	131	21	13	13	639
Total for 1955 ..	147	236	84	134	27	15	5	648

Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total— all categories	Elderly and Chronic Sick		Total— all categories	Elderly and Chronic Sick	
		Number	%		Number	%
1952	831	370	45	134,778	95,690	71
1953	755	367	49	120,886	87,580	71
1954	731	359	49	129,173	87,695	68
1955	648	383	59	130,239	102,358	78
1956	639	398	62	130,596	106,381	81

Recovery and Expenditure.—The sum recovered during 1956 from those taking advantage of the Service was £2,629, compared with £2,687 during 1955 and £3,623 during the previous year. The statement below indicates the numbers of hours for which payment to the Home Helps has been made which are attributable to cases paying for the help at the standard rate, those paying an assessed weekly charge and those receiving free help. Comparable figures for the years ended 31st December, 1954, and 31st December, 1955, are also given.

	Hours worked and travelled by Home Helps		
	1954	1955	1956
Standard Rate ..	17,718 = 13.7%	7,082 = 5.4%	7,629 = 5.9%
Assessed Rate ..	77,017 = 59.6%	67,795 = 52.1%	68,739 = 52.6%
Free ..	34,438 = 26.7%	55,362 = 42.5%	54,228 = 41.5%
TOTAL ..	129,173 = 100%	130,239 = 100%	130,596 = 100%

It will be seen from the above table that there was in 1955 a marked decrease in the number of hours attributable to persons paying at the standard rate and a considerable increase in the hours relating to free cases. This resulted from raising the standard charge from 2/3d. to 3/3d. per hour in August, 1954, and the consequent falling off in the number of householders agreeing to pay this charge, thus increasing the numbers dealt with under the Council's assessment scale. This scale was modified in February, 1955, and again in January, 1956, to the advantage of householders, following changes in the National Assistance Board's allowances, upon which the scale is based, thus increasing the number of persons qualifying for free help.

Particulars are given below of the expenditure incurred by the Council in the operation of the Service during 1956, with corresponding totals for the two preceding years:—

Year	Wages and Insurance			Overalls, Rentals etc.	Total Expenditure	Payments by House- holders	Nett Cost to County Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
1956	£ 1,234	£ 5,119	£ 16,512	£ 927	£ 23,792	£ 2,629	£ 21,163	% 11.1
1955	1,128	5,772	14,106	938	21,944	2,687	19,257	14.0
1954	1,062	6,583	12,234	980	20,859	3,623	17,236	17.4

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in August, 1954, May, 1955, and March, 1956, have caused the cost of the Service to rise from year to year. As stated above, however, the increased standard charge introduced in August, 1954, failed to bring about any increase in revenue from householders which, in fact, decreased considerably in 1955, when the full effects of the modified assessment scale were manifested. These factors acting conjointly have resulted in the nett cost of the Service to the Council rising each year.

MENTAL HEALTH SERVICE

Report of Principal Duly Authorised Officer

Administration.—The following duties relating to mental health are 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 pages 5 and 8.

Staff.—On 31st December, 1956, 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:—

- 11 Assistant County Medical Officers
- 1 Principal Duly Authorised Officer
- 2 Assistant Duly Authorised Officers (one full-time, one part-time)
- 1 Superintendent Nursing Officer
- 3 Assistant Superintendent Nursing Officers
- 25 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 for adults, staffed by Consultant Psychiatrists and Psychiatric Social Workers from Shelton Hospital, Shrewsbury, are held twice weekly at Shrewsbury, weekly at Oswestry, Ludlow, Bridgnorth and Wellington and fortnightly at Market Drayton and Whitchurch, the latter four Clinics being held in the Council's Welfare Centre premises. Out-patient clinics for children are also held at Shrewsbury, Oswestry, Bridgnorth and Wellington.

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		
	Males	Females	Total	Males	Females	Total
Under supervision on 1st January, 1956	286	503	789	5	16	21
Brought under supervision	123	179	302	2	4	6
Ceased to be supervised	101	130	231	1	5	6
Under supervision on 31st December, 1956	308	552	860	6	15	21

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. During the year, 103 such reports were furnished. Six 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 1956, with corresponding figures for 1955:—

Cases dealt with by Duly Authorised Officers

		Males		Females		Total	
		1955	1956	1955	1956	1955	1956
Lunacy Act, 1890	Under Summary Reception Order	32	40	49	45	81	85
	Under "Three Day" Order ..	9	4	1	2	10	6
Mental Treatment Act, 1930	As Voluntary Patients	24	23	18	15	42	38
	As Temporary Patients	2	4	4	2	6	6
	TOTAL ..	67	71	72	64	139	135

In addition to the patients shown in the table above, investigations were carried out by the Duly Authorised Officers in the case of 50 persons in whom unsoundness of mind had been alleged but could not be confirmed. Some of these persons required no special provision and were therefore allowed to remain in the care of relatives or friends; others proved suitable for admission to hospitals for the chronic sick and were dealt with accordingly; while some few others were referred to the County Welfare Officer with a view to admission to the Council's Residential Home.

Mental Deficiency Acts.—

Ascertainment.—Particulars of the mental defectives ascertained during the year 1956, with corresponding figures for 1955, are given below:—

Mental Defectives ascertained during 1955 and 1956

	Males		Females		Total	
	1955	1956	1955	1956	1955	1956
Cases reported by Local Education Authority:—						
(i) Under Section 57(3) of the Education Act, 1944 ..	8	9	6	5	14	14
(ii) Under Section 57(5) of the Education Act, 1944:—						
on leaving special schools	6	6	6	7	12	13
on leaving ordinary schools	11	15	8	5	19	20
Other Cases	2	2	3	3	5	5
TOTAL ..	27	32	23	20	50	52

During the year 14 patients were admitted to hospitals as follows:—

Stallington Hall, Stoke-c-n-Trent	2
Monyhull Hall, Birmingham	4
Coleshill Hall Hospital, Coleshill	2
The Beeches Hospital, Ironbridge	1
St. Margaret's Hospital, Birmingham	5
TOTAL ..	14

At the end of 1956 there were 56 mental defectives in this County awaiting permanent accommodation in hospitals for such cases, particulars of whom are given in the following table:—

Mental Defectives awaiting admission to Hospitals on 31st December, 1956

DEFECT	MALES					FEMALES					Total
	Under 7	7—16	16—30	30—60	Total	Under 7	7—16	16—30	30—60	Total	
Feeble-minded ..	2	3	3	2	10	1	3	5	3	12	22
Imbeciles ..	1	7	8	2	18	3	4	—	4	11	29
Idiots ..	1	1	1	1	4	1	—	—	—	1	5
TOTAL ..	4	11	12	5	32	5	7	5	7	24	56

Guardianship.—On 31st December, 1956, there were 8 Shropshire mental defectives (2 males and 6 females) under guardianship care, only two of whom were resident in this County. Of the remaining 6 (2 males and 4 females), 2 were under supervision by the Brighton Guardianship Society and 4 by other Local Health Authorities.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1956:—

Defectives under Statutory Supervision on 31st December, 1956

DEFECT	MALES					FEMALES					Total
	Under 7	7—16	16—30	Over 30	Total	Under 7	7—16	16—30	Over 30	Total	
Feeble-minded ..	—	17	95	20	132	—	6	61	19	86	218
Imbeciles ..	4	38	61	20	123	1	43	63	19	126	249
Idiots ..	—	3	1	2	6	—	—	—	4	4	10
TOTAL 1956 ..	4	58	157	42	261	1	49	124	42	216	477
TOTAL 1955 ..	6	54	153	38	251	3	50	117	42	212	463

In addition to the cases under Statutory Supervision referred to above, there were 206 cases under Voluntary Supervision.

Short-term Care.—Ministry of Health Circular 5/52 referring to temporary accommodation for mental defectives drew attention to the critical situation which may arise when, in families where there is a mental defective, it becomes urgently necessary because of some emergency that the defective should, for the time being, be cared for elsewhere than at home, and the family, for financial or other reasons, is unable to cope with the situation.

To enable the Local Health Authority to deal with such situations when the Regional Hospital Board are for various reasons unable to help, the Council's Care and After-Care Scheme has, with the Minister's approval, been amended as follows:—

"The Council may arrange in urgent cases where it is necessary for a defective to be cared for elsewhere than at home for the time being, for other suitable accommodation to be found for the defective for the period of special need, which should not normally exceed two months. The Council may pay in appropriate cases for all or part of any proper and reasonable expenses in respect of a defective placed in such temporary accommodation where the family are unable to meet the expenses themselves for financial or other reasons."

Through the co-operation of the Birmingham Regional Hospital Board short-term care as envisaged by the Minister was provided in the nine cases for whom it was requested during 1956; consequently it was unnecessary for the Council to make use in that year of the powers obtained through the amendment to their After-Care Scheme, but it is considered that these may prove very useful on some future occasion when for one reason or another the Regional Hospital Board may be unable to help.

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 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 1955 the number provided by local health authorities had risen to 272, in which nearly 12,372 defectives were receiving training.

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.

Shropshire's one occupation centre was opened in September, 1954, in hired premises in Wellington. At the commencement there were 13 "pupils" on the register and by the end of 1956 the number had increased to 32.

Some of these "pupils" are brought by their parents by 'bus or rail from places as far afield as Newport, Shifnal, Madeley and Ironbridge, while others are conveyed from the Shrewsbury area by the W.V.S. Car Service.

There remains the problem of perhaps 60 potential "pupils" in the 6 to 16 years age-group who are so widely dispersed throughout the County that they cannot reasonably be included in any scheme of transportation to the occupation centre. For such children the best that could be provided would be individual training, or training in small groups where geographically practicable. This unfortunately would not afford the parents much relief, as only a few hours' tuition in a week would be possible for each child, while the benefits to the children would naturally fall short of those obtainable at an orthodox occupation centre. As probably three Home Teachers would be required to operate a scheme covering the county the cost would be considerable.

Employment.—Of the 365 adult defectives under statutory supervision, 163 are in paid employment, 136 are usefully occupied in varying degrees at home and 66 have no employment or occupation. Many of the patients who are employable have difficulty in holding a job owing to their poor ability or the vagaries of character and conduct which are symptomatic of their condition; consequently the Mental Health staff receive numerous requests from parents to assist in finding fresh employment when patients lose their posts and prodigious efforts are sometimes necessary before success is achieved.

E. A. R. WARD,

Principal Duty Authorised Officer.

NURSING HOMES

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

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

Accommodation provided	Nursing Homes	Beds available
General cases only	5	44
Maternity cases only	1	5
Maternity and General cases ..	6	61
TOTAL	12	110

Inspection.—Registered Nursing Homes are visited regularly by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each Home once in each quarter; twenty-one inspections were made in 1956.

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 to register and supervise

- (a) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for the day, or for a longer period not exceeding six days; and
- (b) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for the day, or for a longer period not exceeding six days,

within the provisos implicit in the next two paragraphs.

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.

During 1956, one application for registration as a daily minder was received and the person concerned was duly registered to receive into her home up to nine children under the age of 5 years.

National Assistance Act, 1948

WELFARE OF THE BLIND

Welfare of the Blind is the responsibility of the Welfare Committee of the County Council and the information which follows has been made available for inclusion in this Report through the courtesy of the County Welfare Officer, F. G. Fawcett, Esq., T.D.

Registers of Blind Persons.—On 31st December, 1956, 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	223	308	11	542
Partially-sighted ..	15	27	14	56
TOTAL ..	238	335	25	598

Additions to the Registers.—During the year, 78 persons (30 males and 48 females) were certified as blind persons and included in the Register. In addition, 13 persons (9 males and 4 females) were certified as partially-sighted.

Of the total numbers of cases added to the Registers during the year, 66 blind persons (24 males and 42 females) and 3 partially-sighted persons (1 male and 2 females) were 60 years of age or more.

Causes of Blindness.—A perusal of Forms B.D.8 completed in respect of the 78 persons certified during the year indicated that in 24 (or 32 per cent) of these cases the primary cause of blindness was cataract; 20 of these cases were all aged 70 years or more.

Other major causes of blindness were: Senile macular degeneration, 13; Glaucoma, 12; Diabetes, 6.

The blind persons for whom treatment was recommended numbered 60, medical treatment being suggested in 14 cases, surgical in 12 cases, and optical in 4 cases. Hospital supervision was recommended in 30 cases.

Of the above, one person refused surgical treatment for the extraction of cataract; three persons for whom surgical treatment had been recommended were found to be physically unfit for such treatment; and one person for whom surgical treatment had been recommended left the County.

It would seem that, although treatment of one form or another or Hospital supervision was advised in 60 cases, it was anticipated that this would only result in the removal of one person from the category of blind persons.

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 1956 in respect of which the relevant paragraphs of Form B.D.8 recommend:—										
(a) No treatment	6	1	4	—	—	—	8	—	18	1
(b) Treatment (medical, surgical or optical)	16	1	2	—	—	—	11	3	29	4
(c) Hospital supervision	5	1	6	1	—	—	20	6	31	8
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	16	2	8	1	—	—	31	9	55	12

EPILEPSY AND SPASTIC PARALYSIS

Responsibility under Section 29 of the National Assistance Act, 1948, for the Welfare of Handicapped Persons (those substantially and permanently handicapped by illness, injury or congenital deformity) is that of the Welfare Committee.

Such persons include those suffering from Epilepsy and Spastic Paralysis and in respect of these categories of handicapped persons, close liaison between the County Health and Welfare Departments ensures that the names of persons over school leaving age who can be described as permanently and substantially handicapped are placed on a register so that they may receive such assistance as the County Welfare Committee can provide.

In addition, arrangements have been made with the approval of 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, 1956, the numbers of persons in this County suffering from epilepsy or spastic paralysis, and known to the County Welfare Department, were as follows:—

	Males	Females	Total
Epilepsy	7	12	19

(Of these, 3 were accommodated in their own homes; 11 were accommodated on behalf of the Council by voluntary organisations; and 5 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis	8	10	18

(Of this total, 14 were accommodated in their own homes, and 4 of these were in employment; one was accommodated in the National Spastics Society Home, Prested Hall, Essex; one was under training as a dressmaker; and 2 were in Hospital).

In addition to the above, there were known to the School Health Service the following cases of epilepsy and spastic paralysis amongst children up to 16 years of age:—

	Males	Females	Total
Epilepsy	25	36	61
Spastic Paralysis	35	35	70
TOTAL	60	71	131

INSPECTION AND SUPERVISION OF FOODS

Qualitative Sampling of Milk and Other Foods.—Under Section 2 of the Food and Drugs Act, 1955, 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 91 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 2 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 1956 their Sampling Officers obtained 1,670 samples (1,231 of milk and 439 of other foods), compared with 1,675 samples (1,239 of milk and 436 of other foods) during the previous year.

The results of the examination of the 1,670 samples taken during 1956, which represent a rate of 6.6 samples per 1,000 of population (again excluding the Borough of Shrewsbury) are given in the following table:—

Analysis of Food and Drugs Samples taken in 1956

Description of Samples	Formal			Informal	
	Total	Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Milk	1,206	982*	51	164	9
Milk (Private)	25	—	—	24	1
Almonds	5	—	—	5	—
Anchovies	1	—	—	1	—
Arrowroot	1	—	—	1	—
Bacon	2	—	—	2	—
Baking Powder	4	—	—	4	—
Barley Crystals	1	—	—	1	—
Beverages	11	—	—	11	—
Blancmange, Custard Powder	10	—	—	10	—
Bread	3	—	—	2	1
Butter, Whey Butter	9	1	—	8	—
Cocoa	2	—	—	2	—
Cake and Pudding Mixture	18	—	—	17	1
Cereals	8	—	—	8	—
Cheese	1	—	—	1	—
Coconut (Desiccated)	4	—	—	4	—
Coffee and Coffee Products	7	—	—	7	—
Condiments	28	—	—	28	—
Condensed, Evaporated and Dried Milk	12	—	—	6	6
Cooking Fat, Lard	8	—	—	8	—
Cream	8	2	—	5	1
Creamola	1	—	—	1	—
Christmas Pudding	4	—	—	4	—
Fish Cakes and Paste	7	—	—	6	1
Flavouring	1	—	—	1	—
Flour	4	—	—	4	—
Fruit, Tinned and Fresh	5	—	—	5	—
Fruit, Dried	10	—	—	10	—
Fruit and Nut	1	—	—	1	—
Ginger	3	—	—	3	—
Gravy Browning	3	—	—	3	—
Honey	2	—	—	2	—
Ice Cream	14	—	—	14	—
Iced Lollipops	9	—	—	9	—
Icing Sugar	2	—	—	2	—
Jam	4	—	—	4	—
Jelly and Gelatine	8	—	—	8	—
Lentils, Split	2	—	—	1	1
Malt Extract	1	—	—	1	—
Margarine	3	—	—	3	—
Marmite	3	—	—	3	—
Marzipan	1	—	—	1	—
Meat and Meat Products	28	—	—	27	1
Medicines and Drugs	33	—	—	33	—
Mustard	5	—	—	5	—
Nuts	2	—	—	2	—
Nibb-it	1	—	—	1	—
Olive Oil	3	—	—	3	—
Pate of Smoked Kipper	1	—	—	1	—
Pickles and Pickling Spice	6	—	—	6	—
Peanut Butter	1	—	—	1	—
Patum Peperium	1	—	—	1	—
Pearl Barley	1	—	—	—	1
Prawns	1	—	—	1	—
Pies	2	—	—	2	—
Pilchards in Tomato Sauce	1	—	—	1	—
Rice and Creamed Rice	3	—	—	3	—
Rice Creamola	1	—	—	—	1
Sardines	4	—	—	4	—
Sausage	4	1	1	2	—
Soups	8	—	—	7	1
Spreads, various	15	—	—	15	—
Spirits, Wines, Ales and Beer	28	20	—	8	—
Soft Drinks	20	—	—	20	—
Stuffing	3	—	—	3	—
Sugar	5	—	—	5	—
Suet	2	—	—	2	—
Sweets, Chocolate and Chewing Gum	17	—	1	16	—
Syrup	1	—	—	1	—
Treacle	1	—	—	1	—
Vegetables, Fresh and Tinned	4	—	—	3	1
Vinegar	6	—	—	6	—
TOTAL ..	1,670	1,006	53	585	26

*This figure includes 26 "Appeal-to-Cow" Samples

It will be observed from the above table that out of 1,670 food and drug samples obtained, 79 (61 of milk and 18 other foods) were reported to be adulterated or below standard; this represents 4.7 per cent of those obtained.

Milk.—Out of 1,231 samples of milk submitted for analysis during the year, and referred to in the table above, 61 were reported to be adulterated or below standard, representing 4.9 per cent of the milk samples analysed. The following particulars indicate the action taken in respect of these 61 samples:—

- 18 were slightly deficient in fat content and the vendors were notified or warned, as necessary; follow-up samples proved satisfactory;
- 23 were appreciably deficient in fat content and as a result "appeal-to-cow" samples were taken; as these were also below standard, a letter of caution was sent to the producers concerned and the Milk Advisory Service of the Ministry of Agriculture, Fisheries and Food informed in each case;
- 3 samples of Channel Island milk were slightly deficient in fat and the Ministry of Agriculture, Fisheries and Food were informed;
- 4 contained small amounts of extraneous water and the vendors were warned; and
- 13 were the subject of further sampling or investigation, as a result of which legal proceedings were successfully concluded in the Courts in all the 4 cases brought, involving 12 charges, particulars of which are as follows:—

Magistrates' Court	Analysis of Sample or Charge Proffered	Court Findings	
		Fine	Costs
Church Stretton ..	(1) 7% deficient in fat .. 12% deficient in fat ..	£ s. d. 5 0 0 5 0 0	£ s. d. 13 12 0
Wellington	(2) 5% added water 8% added water 8% added water 5% added water 2% added water 17% added water 2% added water	Nil	21 7 0
Clun	(3) 12% added water 4% added water	Nil	6 7 0
Shirehall, Shrewsbury ..	(4) 12% added water ..	10 0 0	5 0 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. In the case of milk where the Solids-not-Fat content is below 8.5 per cent, however, unless the Analyst, on applying the Hortvet Freezing Point Test, determines that there is extraneous water in the sample, such samples are returned as "genuine," provided, of course, that the Fat content is satisfactory.

The following table gives particulars of the average Fat and Solids-not-Fat content of the samples of milk, including adulterated and "appeal-to-cow" samples, submitted for analysis during 1955 and 1956:—

Month	1955			1956		
	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage
January	100	3.78	8.41	125	3.67	8.62
February	93	3.63	8.40	100	3.73	8.63
March	157	3.28	8.35	102	3.47	8.60
April	80	3.54	8.50	111	3.53	8.69
May	108	3.30	8.57	108	3.35	8.61
June	116	3.38	8.65	107	3.51	8.75
July	104	3.53	8.62	122	3.56	8.55
August	132	3.47	8.49	128	3.80	8.80
September	82	3.81	8.58	75	3.77	8.72
October	111	3.83	8.63	90	3.93	8.80
November	94	3.95	8.67	111	4.20	8.73
December	62	3.88	8.64	52	3.87	8.66
Over whole year	1,239	3.62	8.54	1,231	3.69	8.68

Other Foods.—The following particulars indicate the action taken in respect of the 18 samples of foods other than milk, referred to in the table on page 59, which were found on analysis to be non-genuine:—

CRYSTALLIZED PINEAPPLE CHUNKS (1 Formal)	Found to have a label calculated to mislead, as the consistency of the product resembled that of a boiled sweet. On the recommendation of the Clerk of the Council no action was taken.
DRIED MILK (6 Informal)	Found to be non-genuine, due to taste, odour, mould or high acid content. The remaining stocks were returned to the wholesalers for replacement.
DRIED PEAS (1 Informal)	Found to have been attacked by an insect. When the premises were visited, it was found that the establishment had closed down and that all remaining stocks had been sold prior to closure.
CREAM DOUGHNUTS (1 Informal)	Found to contain imitation cream. The vendor was notified and requested to ensure that the commodity was sold in future under the proper description.

DOUBLE CREAM (1 Informal)	..	..	..	Found to be non-genuine. When a formal follow-up sample was taken, the vendor informed the Sampling Officer that the product was only Single Cream. This proved to be genuine for Single Cream and the vendor was accordingly instructed to obliterate from the description any reference to Double Cream.
LOAF OF BREAD (1 Informal)	..	..	..	Found to contain particles of charred bread. The baker concerned agreed to issue instructions to his staff to prevent any recurrence.
SOUP (1 Informal)	..	..	..	A member of the public alleged that a tin of soup had been found to contain an insect. As the witness left the County for an unknown destination, no further action was taken.
MINCEMEAT (1 Informal)	..	..	..	Found to be 3% deficient in soluble solids. This was taken up with the manufacturers, who agreed to exercise greater care when mixing.
RICE CREAMOLA (1 Informal)	..	..	..	Found to contain cornflour, a fact not stated on the label. The manufacturers agreed to amend the label.
SPLIT LENTILS (1 Informal)	..	..	..	Found to contain a small amount of extraneous matter. The packers gave an assurance that in future every possible care would be taken.
TIN OF SARDINES (1 Informal)	..	..	..	Found to have a label which the public analyst considered to be open to question. On the advice of the Clerk of the Council, no further action was taken.
PORK SAUSAGE (1 Formal)	..	..	..	Found to be deficient in meat content. In view of recent Court proceedings and the absence of a statutory meat content standard for sausages, it was decided to take no further action.
PEARL BARLEY (1 Informal)	..	..	..	Found to contain the cocoon of a weevil. The remaining stock of eight 16-oz. packets was voluntarily surrendered by the vendor.

Ice Cream.—The Food Standards (Ice Cream) Order, 1953, prescribes 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.

During 1956, a total of 14 samples of ice cream was submitted for analysis by Sampling Officers of the County Council, and all proved genuine.

Tuberculous Milk.—The County Council are responsible for the enforcement of Section 31 of the Food and Drugs Act, 1955, 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, Fisheries and Food, 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.

During 1956, investigations were made in respect of 2 undesignated herds and in consequence 3 cows were dealt with under the Tuberculosis Order.

Sampling of Public and other Supplies.—Samples of milk for biological examination for tubercle bacilli are obtained by Sampling Officers of the County Council from sources and at intervals as under:—

Retailed direct to the public:			
Undesignated milk	..	..	Quarterly
T.T. milk	..	..	As occasion permits
Consigned wholesale to Creameries	..	..	As occasion permits
Supplied to County Welfare Homes	..	..	Quarterly
Supplied to Schools	..	..	Quarterly
Produced at Hospital Dairy Farms	..	..	Quarterly

Samples taken for Biological examination during 1956

Source	Grade	Samples			Cows dealt with under Tuberculosis Order
		Total	Positive	Negative	
Retail Supplies	Undesignated ..	173	1	172	2
	Tuberculin Tested ..	8	—	8	—
Wholesale Supplies ..	Undesignated ..	365	23	342	15
County Welfare Homes	Tuberculin Tested ..	16	—	16	—
Hospital Dairy Farms ..	Tuberculin Tested ..	4	—	4	—
School Supplies ..	Tuberculin Tested ..	68	—	68	—
	TOTAL ..	634	24	610	17

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as "Pasteurised" or "Tuberculin Tested" and 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 1956:—

Grade of Milk	Departments
Pasteurised	292
Tuberculin Tested ..	38
TOTAL ..	330

On 26th September, 1956, a census was taken which showed that, at that time, 78.8 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 at least once a quarter. Methylene Blue Colour tests to determine the keeping quality of the milk and, in the case of "Pasteurised" milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on each milk and the following table summarises the results of the examination of samples taken during 1956:—

Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Tuberculin Tested ..	82	66	16	—	—	—
Pasteurised	349	288	8	53	349	—
TOTALS ..	431	354	24	53	349	—

*These samples were declared "void" because the atmospheric shade temperature exceeded 65°F. when the tests were made.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—1953.—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), are responsible for the licensing of premises used for the pasteurisation and sterilisation of milk.

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

Pasteurised Milk.—On 1st January, 1956, licences in respect of ten pasteurising establishments were renewed by the County Council. During the year, two licences were surrendered, leaving eight licences in force at the end of the year.

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 1956 from pasteurising establishments licensed by the County Council:—

Licensed Establishments at 31st December	Samples	Methylene Blue Test				Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Not carried out	Satisfactory	Unsatisfactory
8	236	190	—	45	1	235	1

*These samples were declared "void" because the atmospheric shade temperature exceeded 65°F. when the tests were made.

The Milk (Special Designation) (Specified Areas) Order, 1956—On 10th April, 1956, the Milk (Special Designation) (Specified Areas) Order came into force, extending the area of the country in which all milk sold by retail for human consumption (other than catering sales) must be specially designated ("pasteurised," "sterilised" or "Tuberculin Tested") to the following County Districts: Oswestry Borough, Ellesmere Urban, Ellesmere Rural, Market Drayton Urban, Drayton Rural, Oswestry Rural, Wem Urban, Wem Rural and Whitchurch Urban Districts. This was the first specified area in the County.

Particulars are given in the table below of the results of examination of samples of milk retailed in the area and taken by Sampling Officers of the County Health Department since the operative date:—

Grade	Phosphatase Test		Methylene Blue Test		Turbidity Test		
	Samples Tested	Passed	Samples Tested	Passed	Void*	Samples Tested	Passed
Pasteurised	109	109	109	93	16	—	—
T.T. Pasteurised	123	123	123	103	20	—	—
T.T. (Channel Isles) Pasteurised	9	9	9	6	3	—	—
T.T. Farm Bottled	—	—	6	6	—	—	—
T.T.	—	—	14	14	—	—	—
Sterilised	—	—	—	—	—	16	16
TOTAL ..	241	241	261	222	39	16	16

*Methylene Blue test results are void when the atmospheric shade temperature at which the sample is stored in the laboratory before testing exceeds 65°F.

Of the 20 samples of T.T. milk, 4 were submitted to a biological test for the presence of Tubercle bacilli, but none was found positive.

SANITARY CIRCUMSTANCES OF THE COUNTY

HOUSING

Housing Acts, 1936 to 1952—Contributions paid to District Councils.—Under the provisions of these Acts, the County Council are required to make annual contributions to District Councils in respect of houses provided as accommodation for members of the agricultural population and also in respect of other houses provided by a District Council 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. The contributions vary from £1 per annum for each house for 40 years to £2 10s. 0d. per annum for each house for 60 years and the following are the particulars of County Council contributions made up to the end of 1956:—

Grants paid by the County Council up to 31st December, 1956, under the Housing Acts, 1936—52

District	Houses eligible for grants	Grants	
		Paid in 1956	Total
		£	£
Atcham Rural	163	242	2,060
Bridgnorth Rural	78	149	1,031
Clun Rural	107	344	1,688
Dawley Urban	458	1,007	3,067
Drayton Rural	83	108	1,224
Ellesmere Rural	135	190	1,915
Ludlow Rural	44	78	532
Oswestry Rural	52	73	793
Shifnal Rural	20	30	258
Wellington Rural	82	112	1,297
Wem Rural	48	—	383
Wenlock Borough	12	17	197
TOTAL ..	1,282	2,350	14,445

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, Refuse Collection and Housing. The information supplied by the District Medical Officers of Health relative to the year 1956 has been summarised, in respect of Water and Sewerage and Refuse Collection on pages 64 and 65; and in respect of Housing in Table X on page 86.

Water and Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES			Connected to Public Sewers	SEWAGE DISPOSAL		
		Public Mains— Piped and Stand Pipe Supplies	Private Systems Piped and Stand Pipe Supplies	Other Supplies (Wells, Streams, Pumps, etc.)		Connected to satisfactory private disposal works	Using chemical, pail or earth closets with satisfactory disposal	Without satisfactory means of disposal
Dr. Howard								
Ellesmere Urban ..	† 2,152	† 885	† 900	† 367	† —	† 275	† 972	† —
Ellesmere Rural ..	851	848	3	—	815	12	18	† 6
Wem Urban ..	3,227*	431	673	2,123*	—	† —	† —	† —
Wem Rural ..	2,207	2,224	90*	—	—	† —	† —	† —
Dr. McArthur								
Oswestry Borough ..	3,622	3,593	13	16	3,570	40	12	—
Oswestry Rural ..	5,284	3,298	77	1,909	1,965	1,470	393	1,456
Dr. Gregory								
Atcham Rural ..	6,514	2,953	† 2	† 40	699*	† 14	† —	† —
Bishop's Castle Borough ..	434	392	40	—	386	56	149	—
Church Stretton Urban ..	914	813	† —	† 1	709	† —	† —	† —
Clun Rural ..	3,085	1,591	† —	† —	† —	27	26	† —
Ludlow Borough ..	2,059	2,058	—	† —	2,006	650	† —	† —
Ludlow Rural ..	4,249	1,920	† —	† —	600	† —	† —	† —
Wenlock Borough ..	† —	† —	† —	† —	† —	† —	† —	† —
Dr. Turnbull								
Bridgnorth Borough ..	2,213	2,204	9	—	2,135	44	34	—
Bridgnorth Rural ..	4,001	1,566	† —	† —	643	417	† —	† —
Dr. Stewart								
Dawley Urban ..	2,639	2,616	—	23	1,384	203	1,052	—
Drayton Rural ..	2,575	1,182	186	1,207	398	752	37	26
Market Drayton Urban ..	1,863	1,851	3	9	1,755	45	21	—
Newport Urban ..	1,240	1,239	1	—	1,218	—	434	—
Oakenfold Urban ..	3,779	3,779	—	—	3,340	6	826	768
Shifnal Rural ..	3,392	2,638	270	444	2,088	494	27	2
Wellington Urban ..	3,984	3,984	—	—	3,948	7	† —	† —
Wellington Rural ..	6,721	5,429*	178	† —	4,328	65	† —	† —
Dr. Mackenzie								
Shrewsbury Borough ..	14,529	14,491	—	38	14,157	237	135	—

*Approximate or estimated figures.

†Figures not available.

Refuse Collection and Disposal

District	Parishes where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. ..	All	—	Fortnightly	Direct Labour	Controlled Tipping
Bishop's Castle B. ..	All	—	Weekly	Contract	Tipping
Bridgnorth B. ..	All	—	Weekly	Direct Labour	Controlled Tipping
Bridgnorth R. ..	All	—	Weekly and Fortnightly	Ditto	Semi-controlled Tipping
Church Stretton U. ..	All	—	Weekly	Ditto	Tipping
Clun R. ..	6	18	7 to 14 days and monthly	Contract	Controlled Tipping
Dawley U. ..	All	—	Weekly	Direct Labour	Tipping
Drayton R. ..	All	—	14—17 days	Ditto	Controlled Tipping
Ellesmere U. ..	All	—	Weekly	Contract	Tipping
Ellesmere R. ..	All	—	Fortnightly	Direct Labour	Ditto
Ludlow B. ..	All	—	Weekly	Ditto	Controlled Tipping
Ludlow R. ..	All	—	10 days to 5 weeks	Ditto	Tipping
Market Drayton U. ..	All	—	Weekly	Ditto	Controlled Tipping
Newport U. ..	All	—	Weekly	Ditto	Ditto
Oakengates U. ..	All	—	Weekly	Ditto	Ditto
Oswestry B. ..	All	—	Weekly	Ditto	Ditto
Oswestry R. ..	11	2	75% weekly 25% fortnightly—monthly	Ditto	Ditto
Shifnal R. ..	All	—	7—14 days	Ditto	Semi-controlled Tipping
Shrewsbury B. ..	All	—	Weekly	Ditto	Controlled Tipping
Wellington U. ..	All	—	Weekly	Ditto	Ditto
Wellington R. ..	All	—	Fortnightly	Ditto	Semi-controlled Tipping
Wem U. ..	All	—	Weekly	Ditto	Controlled Tipping
Wem R. ..	All	—	Monthly	Contract	Ditto
Wenlock B. ..	All	—	7—21 days	Direct Labour	Ditto
Whitchurch U. ..	All	—	Weekly	Ditto	Ditto

WATER SUPPLIES

Public Health Act, 1936.—The table on page 67 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 1956, 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, 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 water supply schemes submitted for grant purposes under the Public Health Act by District Councils up to the end of 1956, 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
Bishop's Castle B. ..	For providing a new and improved water supply for the Borough	£16,100
Newport U. ..	For the augmentation of existing water supply and reservoir facilities	£29,400

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Under these Acts, a sum of £75,000,000 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 1956, are given in the table on page 68.

Note: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1956, but upon which the County Council *had made no decision*, are given in the tables on pages 69 to 71.

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, they 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 71.

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 1956, *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
Wem U. ..	The second and third portions of a scheme to improve the sewerage and sewage disposal facilities in Wem ..	68,900
Whitchurch U. ..	Stages 1 and 2 of a scheme to improve and extend existing sewage disposal facilities ..	82,050

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1956, grants under these Acts had been *paid or promised* by the County Council in respect of eleven sewage disposal schemes, particulars of which are contained in the following table:—

Rural District	Scheme	Approved	Scope of Scheme		Estimated Capital Cost	Exchequer Contribution			County Council Grant			
			Properties	Inhabitants		Lump Sum	Half-yearly Payment	Period (years)	Annual Maximum	Period (years)	Total Maximum	Paid 31st 19
					£	£	£		£		£	
Atcham ..	Bayston Hill (Parts 1 & 2)	May '56	Not known	Not known	17,781	3,000	—	—	478	30	14,340	—
	Cross Houses	Nov. '50	123	580	17,590	8,750	—	—	393	30	11,790	2,000
Bridgnorth	Claverley ..	Nov. '56	Not known	Not known	42,300	—	480	30	1,180	30	35,400	—
	Highley (Stage 1)	Nov. '56	Not known	Not known	34,200	—	383	30	940	30	28,200	—
Drayton ..	Hodnet ..	Nov. '49	124	1,521	14,220	2,400	—	—	152	30	4,560	—
Ludlow ..	Ashford	Nov. '55	58	170	11,700	—	200 p.a.	30	256	30	7,680	—
	Carbonel											
	Cleobury	Dec. '49	285	1,140	32,000	14,000	—	—	288	30	8,640	1,000
	Mortimer											
Oswestry ..	Morda ..	Nov. '54	138	680	16,763	3,500	—	—	220	30	6,600	—
	Weston Rhyn and Chirk	Mar. '55	427	1,416	50,926	18,000	—	—	1,122	30	33,660	—
Wellington	Edgmond ..	Apr. '52	219	1,136	62,700	—	684	30	983	30	29,490	—
	High Erccall ..	Nov. '54	78	Not known	10,623	6,500	—	—	242	30	7,260	—
					£310,803				£6,254		£187,620	£4,000

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 1956, *had made no decision* in the matter of grant, are given in the table on page 72, from which it will be observed that the capital cost of these schemes amounted to a total of £588,300.

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. 56
Atcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ 14,820 { 1,480 57,297	30	£ 858	£ 698	50% annual deficit	£ 4,015
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	57,297	15	4,285	700	"	13,690
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250	3,100	30	{ 153 48	50	Block Grant	250
	Kinet	6/11/37	27	100	1,350	150	—	25	169	30	"	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	30	225	20	50% annual deficit	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	—	—	"	697
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	189	378	50% annual deficit	885
Ludlow Rural	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	25	—	—	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	983
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	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	298
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	51
Selattyn (Extension)	Llyncllys	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	"	948
Edmond	Edmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850
					£146,014							£48,123
												£27,405

Rural Water Supplies and Sewerage Acts, 1944 to 1955
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		Lump Sum	Half-yearly Payments	Period (years)	Annual Maximum	Period payable (years)	Total Maximum
Atcham Rural .. Bridgnorth Rural	West Atcham and Pimhill (Extension)	May, 47	2,209	11,444	£ 138,402	£ 58,000	—	—	£ 3,047	30	£ 91,410
	West Atcham (Extension)	Nov. 56	Not known	Not known	22,500	—	200	30	600	30	18,000
	Broughton ..	May, 53	16	Not known	1,844	600	—	—	83	12	996
	Claverley ..	May, 47	243	972	14,040	1,500	—	—	187	12	2,250
	Low Level Areas*	Mar. 54	2,340	8,000	353,000	70,000	2,014	30	10,525	30	315,750
	Long Common ..	Mar. 54	11	Not known	1,850	300	—	—	49	12	588
	Worfield ..	May 53	130	Not known	13,650	2,500	—	—	420	12	5,040
Clun Rural ..	Clungunford and Aston-on-Clun	Jan. 47	127	Not known	21,168	4,000	—	—	205	30	6,150
Drayton Rural ..	Hodnet, Ightfield and Moreton Say	Nov. 54	369	Not known	38,320	4,750	137	30	679	30	20,370
East Shropshire Water Board ..	Aston ..	Mar. 52	26	103	3,700	800	—	—	38	30	1,140
	Kinnersley ..	Sept. 52	50	145	3,621	2,000	—	—	71	30	2,130
	Tibberton ..	Nov. 54	118	Not known	12,530	—	144	30	164	30	4,920
Ludlow Rural ..	Clee Hill (Hill Top)	Dec. 50	16	Not known	2,270	1,200	—	—	60	20	1,200
	Coreley ..	Sept. 50	19	Not known	4,260	650	—	—	26	10	260
	Craven Arms ..	Sept. 50	63	Not known	6,480	600	—	—	58	30	1,740
Oswestry Rural	Little Isle and Studley ..	Sept. 50	27	81	2,641	550	—	—	79	30	2,370
	Little Sretton and Marshbrook	Mar. 51	23	62	4,780	1,900	—	—	40	30	1,200
	Rushbury ..	April 55	60	Not known	14,238	—	130	30	121	30	3,630
	Ticklerton ..	April 55	19	38	4,209	700	—	—	310	30	9,300
Comprehensive Scheme (Priority Portion)			2,174	Not known	133,248	36,000	116	30	2,499	30	74,970
											£565,214
											£37,072

*This Scheme incorporates the Akeley, 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 to 1955

Water Supply Schemes submitted up to the end of 1956, but in respect of which no decision was made in the matter of grant

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Picklescott	£ 12,400	For renewing and extending the existing water supply to the village of Picklescott.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	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.	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	Snailbeach	27,100	For the provision of a piped water supply to the village of Snailbeach and properties in the Stiperstones area.
	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.		
	Adderley and Moreton Say	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	Lostford	5,300	For the extension of the Hodnet, Ightfield and Moreton Say scheme to the village of Lostford.
	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.
	Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	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 Sheriffthales 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.

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Homer and Wig-Wig	£ 4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Longdon-upon-Tern	7,170	For the provision of a piped water supply for the village of Longdon-upon-Tern, a portion of the parish of Rodington and several properties in the parish of Ercall Magna.
	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	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	Ellesmere Rural District	357,600	For the provision of piped water supplies throughout the whole of the Rural District.
Ludlow R. ..	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural District.
	Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
	The following two schemes will eventually form part of a larger scheme known as the South-East Parishes Scheme and estimated to cost £127,000.		
	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.

Authority	Scheme	Estimated Cost	Description of Scheme
Oswestry R.	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District which is estimated to cost £510,000.	£	
	Melverley and Pentre	28,900	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	£2,159,587	

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
Bishop's Castle B.	Bishop's Castle	Nov., 56	—	—	£ 9,858	9% of cost	£ 887	—
Bridgnorth M.B.	Bridgnorth	July, 48	2,000	7,000	90,000	20% of original cost of £62,000	12,400	10,200
Dawley U.	Dawley	Nov., 49	1,800	6,800	76,650	30% of cost of Phase I; 20% of Phase II	25,905	20,389
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	1,000
Wellington U.	Wellington (Stages 1 & 2)	Nov., 54	4,638	13,000	91,400	7% of cost	6,400	8,300
	Wellington (Stage 3)	April, 55			81,002	7% of cost	5,670	
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
Wem U.	Wem (1st portion)	April, 55	106	400	26,800	10% of net cost of £23,500	2,350	1,500
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	433
					£549,207		£82,719	£62,873

*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 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1956, 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 (Part III)	£ 43,219	For the re-sewering of the village of Bayston Hill.
	Pontesbury . . .	26,897	For the improvement and extension of the sewage disposal works.
Bridgnorth R. . .	Woodhill . . .	20,900	For the replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
Church Stretton U.	All Stretton . . .	40,220	For the provision of new sewerage and sewage disposal facilities.
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. . .	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 . . .	28,300	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. . .	Pant and Llanymynech	83,000	For the provision of sewerage and sewage disposal facilities in conjunction with Llanfyllin 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	90,150	For the extension and modernisation of the existing sewage disposal works.
	Lilleshall and Honnington	50,050	For the provision of sewerage and sewage disposal facilities for the village of Lilleshall and the hamlet of Honnington.
	Roden	9,770	For the provision of sewerage and sewage disposal facilities for the village of Roden.
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	35,000	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 . . .	£588,300	

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. In addition the following particulars have been very kindly supplied by the Pollution Prevention Officer of the Severn River Board, outlining the action taken by the Board in respect of unsatisfactory samples:—

- (1) Quite a number of known unsatisfactory discharges are sampled for the purpose of acquiring evidence for submission by the Board to Inquiries held by the Ministry of Housing, and Local Government into Local Authority applications for loan sanction for new sewage disposal works.
- (2) In other cases representations are made by the Board to the Local Authority concerned with a view to securing an improvement in maintenance and where a smaller Local Authority is concerned, advice is given by the Board's Officers as to the most efficient method of operation; in the majority of cases this advice is acted upon.
- (3) Where sewage works are obviously overloaded and incapable of producing a satisfactory effluent, pressure is brought to bear by the Board with a view to persuading the Local Authority concerned to enlarge existing works or to construct entirely new works, the limiting factor being, of course, the readiness of the Ministry to permit the carrying out of such schemes.
- (4) As a last resort, and after a long period of unfruitful representations, the Board can threaten a Local Authority with an application to the Minister for consent to take proceedings.

The findings of the Board's Analyst upon the samples of sewage effluents obtained in this County during 1956 are summarised in the following table:—

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
ATCHAM RURAL	Atcham Camp ..	12th July ..	Satisfactory.
	Attingham Hall ..	16th January ..	Unsatisfactory. Maintenance taken up with S.C.C.
	Cross Houses ..	16th January ..	Borderline.
	Ditto	12th July ..	Ditto.
	Ditto	20th Sept. ..	Weak, crude sewage.
	Ditch at The Grove, Minsterley	24th April ..	Very strong, untreated sewage.
	Minsterley	24th April ..	A bad effluent.
	Ditto	23rd May ..	Unsatisfactory.
	Pontesbury ..	21st August ..	Unsatisfactory.
BISHOP'S CASTLE	Bishop's Castle ..	17th April ..	Very unsatisfactory; there is little evidence of any purification.
BRIDGNORTH BOROUGH	Bridgnorth ..	4th July ..	Unsatisfactory.
BRIDGNORTH RURAL	Alveley	30th January ..	Unsatisfactory.
	Highley	30th January ..	A bad effluent, no better than crude sewage.
	Kinlet	30th January ..	Satisfactory.
	Morville	30th January ..	A bad effluent, no better than crude sewage.
	Ditto (Hotel Flats)	30th January ..	A bad effluent; appears to be settled sewage.
	Tasley	30th January ..	Unsatisfactory; appears to be derived from very weak sewage.

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
CHURCH STRETTON URBAN	Church Stretton ..	18th May ..	Unsatisfactory.
CLUN RURAL	Bucknell (Old Works)	1st October	An unsatisfactory effluent.
	Ditto (New Works)	1st October	An unsatisfactory effluent.
	Clun	1st October	An unsatisfactory effluent.
DAWLEY URBAN	Dawley	2nd January	Unsatisfactory, due to excessive suspended matter.
DRAYTON RURAL	Hodnet	5th June ..	Unsatisfactory. This shows a deterioration compared with the previous sample in November, 1955, which was satisfactory.
	R.A.F. Tern Hill ..	12th May ..	Unsatisfactory.
	Ditto	29th October	Satisfactory.
ELLESMERE URBAN	R.A.F., Stoke Heath	29th October	Satisfactory.
	Old Oswestry Road	24th January	Unsatisfactory.
	Ditto	13th March	Unsatisfactory.
	New Oswestry Road	24th January	Unsatisfactory.
	Ditto	13th March	Very unsatisfactory. In effect, a crude sewage.
ELLESMERE RURAL	Wharf Meadow ..	29th August	Unsatisfactory; a well oxidised effluent but the suspended matter is too high.
	R.A.O.C. Camp, Elson	27th August	Unsatisfactory.
	Ludlow	16th January	Unsatisfactory.
LUDLOW BOROUGH	Ludlow Borough—sewage pumping station overflow to river	16th January	Average strength, untreated sewage.
	Burford	30th April ..	A very bad effluent, equal in strength to strong, untreated sewage.
LUDLOW RURAL	Ditto	13th Sept. ..	Appears to be a well settled sewage.
	Cleobury Mortimer	17th April ..	Unsatisfactory.
	Culmington ..	16th January	Bad. Appears to be average strength, untreated sewage.
	Ditto	13th June ..	Unsatisfactory.
	Diddlebury (Old Works)	16th January	Bad. Appears to be of fairly strong settled sewage.
	Ditto	13th June ..	Very unsatisfactory.
	Hints (Coreley) ..	5th March ..	A bad effluent, similar to a weak, untreated sewage.
	Market Drayton ..	17th May ..	Unsatisfactory.
MARKET DRAYTON URBAN	Ditto	3rd Sept. ..	Unsatisfactory.
	Ditto	29th October	Unsatisfactory.
	Ditto (land irrigation effluent) ..	17th May ..	Unsatisfactory.
NEWPORT URBAN	Newport	13th June ..	A bad effluent.
	Trench Sewage Farm	19th Nov. ..	Unsatisfactory.
OSWESTRY BOROUGH	Oswestry	27th January	A weak sewage showing poor settlement of suspended matter.
	Oswestry Sewage Farm	27th January	Unsatisfactory.

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
OSWESTRY RURAL	Gobowen	17th October	Satisfactory.
	Morda	9th February	Unsatisfactory on account of suspended matter and borderline B.O.D. but a considerable improvement on the last sample taken on 17th October 1955.
WELLINGTON URBAN	Wellington ..	26th January	Sample containing gas liquor and rendered borderline by slightly high B.O.D.
	Ditto (Shawburch)	16th July ..	Unsatisfactory; if the suspended matter could be further reduced the B.O.D. would probably be satisfactory.
	Springhill (Storm overflow)	26th January	Weak untreated sewage containing gas liquor.
	Ditto (Stormwater overflow)	26th January	Very weak sewage.
	Ditto (Storm tank)	26th January	Weak partly settled sewage containing gas liquor.
WELLINGTON RURAL	British Sugar Corporation	16th Nov. ..	Strong untreated sewage.
	Brockton Housing Estate	11th October	Extremely unsatisfactory—in effect crude sewage.
	R.A.O.C. Donnington	21st February	Satisfactory.
	Donnington S.D.W.	21st February	Satisfactory.
	Hadley and Ketley Sewage Farm	15th Feb. ..	A bad effluent.
	Ditto	17th July ..	Unsatisfactory.
	Ditto	19th Nov. ..	Unsatisfactory.
	Ex-R.A.F. High Ercall	7th March ..	A good effluent.
	Lawley	16th July ..	Unsatisfactory; reduction of the amount of suspended matter by more frequent desludging of tanks would greatly improve the effluent.
	Lilleshall Housing Estate	11th October	Unsatisfactory because of B.O.D. and suspended solids.
	Lilleshall Old Hall	11th October	Unsatisfactory on account of B.O.D. but nevertheless well nitrified.
	Lilleshall Old Village	11th October	Extremely unsatisfactory—in effect crude sewage.
	Roden Estate ..	7th March ..	Satisfactory.
	Ditto	5th July ..	Unsatisfactory.
	Roden Village ..	5th July ..	A bad effluent not better than an untreated average-strength sewage.
WEM URBAN	Tibberton	11th January	Unsatisfactory.
	Wem	12th January	Unsatisfactory.
	Ditto	20th August	The effluent is well nitrified but excessive suspended matter has rendered this effluent unsatisfactory. It is worse than the filter effluent.
	Ditto	25th Sept. ..	A well nitrified effluent but the suspended matter is too high. Its reduction would effect a considerable improvement in the effluent.
WEM RURAL	Prees Council houses	12th January	A bad effluent.
	R.A.F. Shawbury ..	12th January	Unsatisfactory.
	R.A.O.C. Depot ..	12th January	A good effluent.
WENLOCK BOROUGH	Broseley	4th July ..	Unsatisfactory; the effluent is well oxidised but the suspended matter is too high.
	Ironbridge (Hill Top)	4th July ..	Unsatisfactory.
	Madeley	4th July ..	Satisfactory.

Medical Officers of Health of County Districts

Most of the County Districts between 1953 and 1956 approved in principle the idea of "mixed appointments", whereby one Medical Officer serves an area of limited size and population, both for "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 7 shows where the systems of "combined districts" and "mixed appointments" are now operating.

The County Health Department help and provide medical advice where for any reason the services of the District Medical Officer are not available.

No changes took place during 1956, either in the combination of districts or in personnel, and in one area, served by a whole-time District Medical Officer who had passed the age of retirement, the Councils concerned decided to extend his services for a further year.

The four "mixed appointment" areas which have been constituted so far have all emerged in consequence of the death or retirement of the District Medical Officer. During the year, consideration was given to a scheme covering the whole county, incorporating these existing areas and providing for "mixed appointments" for all the remaining districts at present served by whole-time Medical Officers.

This scheme was approved by the Health Committee at the end of the year when it was submitted to a conference representative of the majority of County District Councils concerned; a number of these said (through their representatives) that they were not in favour of "mixed appointments", even including some who had in previous years signified approval in principle formally. Those District Councils in which "mixed appointments" obtain appear to find the latter system satisfactory. It is more economical of money and medical manpower, and more likely—always provided that a medical officer of imagination and integrity can be appointed—to afford good public health services to the public who pay. Subsequent adjustments were made to the scheme in the light of criticisms made; after which the amended scheme was adopted by the County Council and forwarded to the Ministry of Health.

TABLE I
Population, Acreage and Density of Population in the
various Districts of Shropshire in 1956 (mid-year)

Districts					Population (estimated mid-1956)	Acreage (inclusive of water)	Persons per acre
URBAN							
Bishop's Castle Borough	..	..	..	..	1,260	1,867	0.67
Bridgnorth Borough	..	..	..	..	6,330	2,645	2.39
Church Stretton Urban	..	..	..	..	2,780	6,198	0.45
Dawley Urban	..	..	..	..	8,450	3,259	2.59
Ellesmere Urban	..	..	..	..	2,270	1,220	1.86
Ludlow Borough	..	..	..	..	6,490	1,068	6.08
Market Drayton Urban	..	..	..	..	5,730	1,216	4.71
Newport Urban	..	..	..	..	3,890	768	5.07
Oakengates Urban	..	..	..	..	11,170	2,396	4.66
Oswestry Borough	..	..	..	..	10,960	2,173	5.04
Shrewsbury Borough	..	..	..	..	46,850	8,118	5.77
Wellington Urban	..	..	..	..	13,120	2,281	5.75
Wem Urban	..	..	..	..	2,380	903	2.64
Wenlock Borough	..	..	..	..	15,080	22,657	0.67
Whitchurch Urban	..	..	..	..	6,940	6,053	1.15
TOTAL—Urban Districts	..	..	..	..	143,700	62,822	2.29
RURAL							
Atcham	..	..	..	..	21,830	134,490	0.16
Bridgnorth	..	..	..	..	17,010	100,897	0.17
Clun	..	..	..	..	9,280	132,512	0.07
Drayton	..	..	..	..	11,830	54,058	0.22
Ellesmere	..	..	..	..	8,990	48,253	0.19
Ludlow	..	..	..	..	13,740	112,823	0.12
Oswestry	..	..	..	..	21,300	61,524	0.34
Shifnal	..	..	..	..	12,900	39,562	0.33
Wellington	..	..	..	..	24,860	54,516	0.46
Wem	..	..	..	..	12,560	60,343	0.21
TOTAL—Rural Districts	..	..	..	..	154,300	798,978	0.19
ADMINISTRATIVE COUNTY					298,000	861,800	0.35

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in 1956

DISTRICTS	DEATHS		Comparable Death-rate	BIRTHS			DEATHS OF INFANTS UNDER ONE YEAR						
	Deaths at all ages	Rate per 1,000 of Population		Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Legitimate	Illegitimate	Total	Rate per 1,000 live births
URBAN													
Bishop's Castle Borough	32	25.39	7.36	12	—	12	9.52	10.86	—	2	—	2	166.66
Bridgnorth Borough	76	11.98	9.73	100	3	103	16.28	16.28	2	1	—	1	9.71
Church Stretton Urban	46	16.55	9.93	37	2	39	14.03	16.42	2	—	—	—	—
Dawley Urban	99	11.71	13.71	142	3	145	17.16	17.33	3	9	—	9	62.07
Ellesmere Urban	31	13.66	10.52	30	2	32	14.09	14.23	1	—	—	—	—
Ludlow Borough	84	12.94	11.00	85	5	90	13.87	13.87	3	2	1	3	33.33
Market Drayton Urban	56	9.77	8.60	75	2	77	13.44	13.97	3	3	—	3	38.96
Newport Urban	54	13.89	12.49	51	4	55	14.15	14.56	2	2	—	2	36.36
Oakengates Urban	112	10.03	10.93	158	6	164	14.69	14.84	7	1	—	1	6.10
Oswestry Borough	115	10.49	10.49	174	7	181	16.51	16.35	3	5	—	5	27.62
Shrewsbury Borough	498	10.63	10.42	680	35	715	15.26	14.80	16	19	2	21	29.37
Wellington Urban	121	9.22	10.23	197	7	204	15.55	15.39	8	8	1	9	44.12
Wem Urban	33	13.87	12.20	35	2	37	15.54	16.63	1	—	—	—	—
Wenlock Borough	262	17.38	11.64	214	5	219	14.52	14.67	7	5	1	6	27.40
Whitchurch Urban	176	25.36	12.43	109	3	112	16.14	17.10	2	4	—	4	35.71
Aggregate	1,795	12.49	11.00	2,099	86	2,185	15.21	15.21	60	61	5	66	30.21
RURAL													
Atcham	202	9.25	9.72	336	17	353	16.17	17.78	12	8	3	11	31.16
Bridgnorth	137	8.06	10.31	202	4	206	12.12	15.02	4	7	—	7	33.98
Clun	124	13.37	12.56	120	7	127	13.69	15.88	5	2	1	3	23.62
Drayton	82	6.93	9.22	188	6	194	16.40	20.17	4	2	—	2	10.31
Ellesmere	67	7.45	9.53	103	5	108	12.00	15.60	3	1	—	1	9.26
Ludlow	153	11.14	10.47	196	3	199	14.48	16.81	4	1	—	1	5.02
Oswestry	283	13.28	9.83	288	11	299	14.04	16.57	7	10	—	10	33.44
Shifnal	118	9.15	8.87	202	11	213	16.51	18.66	3	5	—	5	23.47
Wellington	217	8.73	11.17	330	19	349	14.04	14.88	7	11	—	11	31.52
Wem	101	8.04	8.60	184	7	191	15.21	16.43	5	3	—	3	15.71
Aggregate	1,484	9.62	10.29	2,149	90	2,239	14.51	16.69	54	50	4	54	24.12
ADMINISTRATIVE COUNTY	3,279	11.00	10.67	4,248	176	4,424	14.85	15.88	144	111	9	120	27.12

Registrar General's Statistics

Causes of Death in Shropshire during 1956

DISTRICTS	Malignant Neoplasm				Other infective and parasitic diseases	Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All Causes
URBAN:																																	
Bishop's Castle Borough	1					3	6							2	10	16	2			2	1	1	1	1	1	1	1	1	1	1	1	1	32
Bridgnorth Borough														11	3	12	4			3	1	1	1	1	1	1	1	1	1	1	1	1	76
Church Stretton Urban	1					8	8							18	3	9	3			1	1	1	1	1	1	1	1	1	1	1	1	1	46
Dawley Urban	1					1	1							3	3	12	4			1	1	1	1	1	1	1	1	1	1	1	1	1	99
Ellesmere Urban						1	1							4	4	4	2			2	1	1	1	1	1	1	1	1	1	1	1	1	31
Ludlow Borough						1	1							11	2	18	2			5	1	1	1	1	1	1	1	1	1	1	1	1	84
Market Drayton Urban	2					5	7							8	3	9	2			1	1	1	1	1	1	1	1	1	1	1	1	1	56
Newport Urban						1	1							6	11	12	1			1	1	1	1	1	1	1	1	1	1	1	1	1	54
Oakengates Urban						2	2							21	2	16	10			1	1	1	1	1	1	1	1	1	1	1	1	1	112
Oswestry Borough						13	13							10	4	30	6			2	1	1	1	1	1	1	1	1	1	1	1	1	115
Shrewsbury Borough	3					46	46							74	8	84	5			21	27	4	7	2	2	2	2	2	2	2	2	2	498
Wellington Urban	3					15	15							21	1	19	5			6	7	1	1	1	1	1	1	1	1	1	1	1	121
Wem Urban						2	2							6	3	7	9			1	1	1	1	1	1	1	1	1	1	1	1	1	33
Wenlock Borough						2	2							18	7	48	20			6	15	2	3	1	2	2	2	2	2	2	2	2	262
Whitechurch Urban						3	3							21	6	27	2			7	1	1	1	1	1	1	1	1	1	1	1	1	176
TOTAL—Urban Districts	9	1	4		4	33	47	30	12	156	9	20	303	238	42	323	57	17	52	99	14	21	5	25	14	2	17	186	12	28	13		1795
RURAL:																																	
Atcham						2	5							27	2	35	13			13	2	1	1	2	4		1	3	19	4	5	3	202
Bridgnorth	1					18	11							15	1	33	2			5	1	1	1	1	1	1	1	1	1	1	1	1	137
Clun						1	1							15	2	29	2			5	1	1	1	1	1	1	1	1	1	1	1	1	124
Drayton						4	3							12	2	14	2			2	1	1	1	1	1	1	1	1	1	1	1	1	82
Ellesmere						1	2							9	2	15	2			3	2	1	1	1	1	1	1	1	1	1	1	1	67
Ludlow						4	4							18	3	34	7			12	2	3	2	2	2	2	2	2	2	2	2	2	153
Oswestry						5	3							27	3	82	14			9	13	2	2	2	2	2	2	2	2	2	2	2	283
Shifnal						4	4							16	9	21	5			3	2	1	1	1	1	1	1	1	1	1	1	1	118
Wellington	3					3	5							32	4	36	7			8	9	2	3	3	3	3	3	3	3	3	3	3	217
Wem						3	3							10	2	16	5			4	3	1	2	4	3	1	4	12	4	4	4	4	101
TOTAL—Rural Districts	5	2	1		2	34	28	18	14	138	7	9	210	181	30	315	59	15	44	58	13	13	5	24	16	1	16	151	29	33	13		1484
TOTAL—County	14	3	5		6	67	75	48	26	294	16	29	513	419	72	638	116	32	96	157	27	34	10	49	30	3	33	337	41	61	26		3279

TABLE IV
Causes of death by sex and age periods in Shropshire during 1956

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, apleukaemia	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 ..	M	40	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 year and under 5 years ..	F	26	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 years and under 15 years ..	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 years and under 25 years ..	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 years and under 45 years ..	M	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45 years and under 65 years ..	F	36	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 years and under 75 years ..	M	21	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 years and over ..	F	131	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	240	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	236	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	357	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	433	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL—All ages ..	M	941	7	—	2	—	—	—	—	—	3	18	41	—	—	83	3	9	125	162	20	141	24	12	35	64	10	13	3	15	14	—	—	—	—	—	—	—	—	—	—	
	F	854	2	1	2	—	—	—	—	—	1	15	6	30	12	73	6	11	178	76	22	182	33	5	17	35	4	8	2	10	—	—	—	—	—	—	—	—	—	—	—	—
RURAL DISTRICTS:																																										
Under 1 year ..	M	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 year and under 5 years ..	F	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 years and under 15 years ..	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 years and under 25 years ..	F	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25 years and under 45 years ..	M	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45 years and under 65 years ..	F	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 years and under 75 years ..	M	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 years and over ..	F	39	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	144	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	129	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 years and under 75 years ..	M	192	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75 years and over ..	F	161	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	332	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	352	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL—All ages ..	M	776	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	708	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ADMINISTRATIVE COUNTY	M	1717	9	—	3	—	—	—	—	—	4	38	64	—	—	159	8	11	218	279	37	293	44	21	61	107	18	22	5	27	30	—	—	—	—	—	—	—	—	—	—	—
	F	1562	5	3	2	—	—	—	—	—	2	29	11	48	26	135	8	18	295	140	35	345	72	11	35	50	9	12	5	22	—	—	—	—	—	—	—	—	—	—	—	—

TABLE V

Return of Cases of Notifiable Diseases during 1956

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 (believed to be Contracted Abroad)
MAN AND BOROUGH:																				
Bishop's Castle	1	2	—	—	1	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—
Bridgnorth	—	—	—	189	2	—	—	—	—	—	—	—	—	2	6	—	—	—	—	—
Church Stretton	4	—	15	3	19	—	—	—	—	—	—	—	—	—	5	—	1	—	—	—
Dawley	7	2	—	5	7	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Ellesmere	1	—	—	—	—	—	—	1	—	1	—	—	—	—	7	—	1	—	—	—
Ludlow	—	9	1	3	1	3	—	—	1	—	—	—	—	—	1	—	—	—	—	—
Market Drayton	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
Newport	10	7	—	2	1	—	—	—	—	—	—	—	—	1	2	—	1	—	—	—
Oukengates	—	—	2	10	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	—
Oswestry	5	7	1	4	3	1	—	3	—	—	—	—	—	1	4	—	4	—	—	—
Shrewsbury	26	42	163	61	16	1	—	—	1	5	—	—	4	20	15	2	4	—	—	—
Wellington	2	2	11	34	3	—	—	—	—	—	—	—	—	1	7	—	1	—	—	—
Wem	2	3	1	4	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Wenlock	3	14	2	60	7	1	—	—	2	7	—	—	1	—	7	—	1	—	—	—
Whitchurch	1	20	—	—	1	—	2	1	—	—	—	—	1	1	1	—	2	—	—	—
TOTAL	62	109	196	376	63	6	2	5	4	13	—	—	7	29	62	2	17	—	—	—
AL:																				
Alcham	36	9	24	105	27	—	—	—	1	2	—	—	2	21	12	—	6	—	—	—
Bridgnorth	4	73	—	177	3	—	1	—	—	5	—	—	—	—	2	—	3	—	—	—
Clun	13	26	—	16	3	1	—	1	—	—	—	—	—	3	3	—	2	—	—	—
Drayton	2	6	—	34	10	—	—	—	—	—	—	—	—	1	3	—	1	—	—	—
Ellesmere	2	—	—	10	3	3	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Ludlow	4	2	1	12	6	—	—	—	—	—	—	—	—	73	7	—	3	—	—	—
Oswestry	23	26	6	27	9	—	—	—	—	3	—	—	3	—	5	—	1	—	1	—
Shifnal	39	3	3	41	15	—	—	—	—	—	—	—	—	15	12	1	3	—	—	1
Wellington	17	7	4	194	6	1	—	—	1	—	—	—	1	3	6	—	3	—	—	1
Wem	5	71	6	54	10	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—
TOTAL	145	223	44	670	92	5	2	1	2	11	1	1	6	116	48	2	26	—	1	2
ADMINISTRATIVE COUNTY:																				
Total for 1956	207	332	240	1,046	155	11	4	6	6	24	1	1	13	145	110	4	43	—	1	2
Total for 1955	110	871	55	4,891	250	5	13	6	4	32	2	1	16	102	151	4	32	1	2	—
Increase (+) or	+97	—	+185	—	+6	—	—	+2	—	—	—	—	—	+43	—	+11	—	—	—	+2
Decrease (—)	—539	—	—	—3,845	—95	—9	—	—	—8	—1	—	—	—3	—41	—	—	—1	—1	—	—

—No notifications.

†Notifications exclude cases notified after death, and do not therefore compare with the numbers of new cases of Respiratory Tuberculosis reported on page 16.

TABLE VI
Midwifery Services—Domiciliary Confinements attended in 1956

Nursing District	Mid-wives	Total confinements	Confinements—Doctor Booked				Confinements—Doctor Not Booked				Domiciliary Visits				Attenda discha institut cas	
			Total	Doctor present at delivery	Tested for		Anal-gesics admin-istered	Total	Doctor present at delivery	Tested for		Anal-gesics admin-istered	Ante-natal	Matern-ity		Mid-wifery
					W.R.and Kahn	Rhesus factor				W.R.and Kahn	Rhesus factor				Cases	
Alberbury	1	10	10	—	—	3	10	—	—	—	—	79	—	170	249	19
Albrighton	1	21	21	—	—	3	19	—	—	—	—	170	—	373	543	46
Ash	1	21	21	18	—	14	19	—	—	—	—	188	332	51	571	9
Atcham	1	34	33	9	24	24	29	1	—	—	1	247	165	447	859	19
Baschurch	1	19	15	6	6	6	15	4	—	2	4	254	123	268	645	7
Bishop's Castle	1	15	15	4	8	11	13	—	—	—	—	131	72	209	412	9
Bomere Heath	1	28	27	3	2	16	24	1	—	—	1	330	67	481	878	15
Bridgnorth	2	42	41	—	25	27	34	1	—	—	—	335	—	757	1,092	52
Burford	1	7	7	1	—	7	7	—	—	—	—	51	19	127	197	5
Burwarton	1	7	4	—	—	3	1	3	—	—	2	48	—	113	161	2
Chirbury	1	12	11	3	—	9	10	1	—	—	1	132	55	145	332	4
Church Stretton	2	21	21	6	3	18	20	—	—	—	—	223	111	308	642	35
Claverley	1	11	8	—	—	1	5	3	—	—	—	46	—	210	256	6
Clee Hill	1	12	12	1	1	12	11	—	—	—	—	123	23	205	351	6
Cleobury Mortimer	2	29	27	3	—	21	25	2	—	—	1	298	65	539	902	16
Clun	1	9	9	5	—	—	9	—	—	—	—	75	82	79	236	8
Clungunford	1	17	17	8	—	1	7	—	—	—	—	147	120	155	422	11
Craven Arms	1	15	14	4	—	12	13	1	—	—	—	131	77	194	402	7
Dawley	2	64	64	20	60	63	56	—	—	—	—	555	361	775	1,691	82
Donnington	2	64	63	4	36	41	52	1	—	—	—	534	81	1,109	1,724	41
Dorrington	1	7	7	1	—	2	4	—	—	—	—	57	19	132	208	12
Ellesmere	2	45	43	4	—	2	39	2	—	—	—	352	59	744	1,155	38
Gobowen	1	37	35	2	34	34	31	2	—	—	1	345	36	667	1,048	31
Hadley	1	45	44	3	1	41	38	1	—	—	—	384	61	768	1,213	28
Highley	1	14	12	1	11	11	9	2	—	1	2	162	17	234	413	21
Hinstock	1	18	17	3	2	2	14	1	—	—	—	184	54	274	512	16
Hodnet	1	15	15	6	—	12	12	—	—	—	—	145	119	179	443	11
Ironbridge	3	64	37	6	12	24	31	27	—	21	25	631	123	1,141	1,895	77
Kinnerley	1	21	21	7	—	—	21	—	—	—	—	182	137	262	581	13
Longden	1	20	20	1	19	19	18	—	—	—	—	210	29	406	645	9
Ludlow	2	40	40	3	6	12	27	—	—	—	—	323	57	747	1,127	61
Market Drayton	2	53	13	3	4	5	11	40	—	1	3	409	50	887	1,346	36
Moreton Corbet	1	29	29	5	3	9	29	—	—	—	—	359	96	465	920	16
Morton	1	11	11	1	—	8	8	—	—	—	—	76	18	210	304	29
Much Wenlock	1	3	1	—	—	1	1	2	—	—	1	35	—	53	88	5
Munslow	1	12	11	3	1	1	9	1	—	1	1	109	46	171	326	10
Newport	2	61	61	4	2	1	40	—	—	—	—	447	75	1,046	1,568	29
Oakengates	3	119	119	5	67	111	100	—	—	—	—	1,141	109	2,195	3,445	41
Oswestry	4	80	80	3	27	54	76	—	—	—	—	850	55	1,521	2,426	76
Pontesbury	1	20	20	3	19	19	17	—	—	—	—	203	58	337	598	15
Prees	1	21	21	19	1	9	18	—	—	—	—	183	426	18	627	9
St. Martin's	1	19	3	1	1	1	3	16	1	6	9	126	19	331	476	10
Shifnal	2	31	29	1	1	3	24	2	1	—	1	321	44	521	886	34
Shrewsbury	6	309	285	28	85	206	273	24	13	21	24	2,863	474	4,952	8,289	308
Stiperstones	1	8	8	1	—	6	7	—	—	—	—	88	19	132	239	6
Stoke-on-Tern	1	22	21	4	—	1	21	1	—	—	—	290	94	367	751	14
Stoke St. Milborough	1	15	15	1	13	15	13	—	—	—	—	151	14	283	448	4
Sundorne	1	13	9	—	7	7	7	4	—	4	3	126	—	234	360	21
Tibberton	1	11	11	3	—	9	11	—	—	—	—	101	47	158	306	21
Trefonen	1	9	7	1	—	1	5	2	—	—	1	65	17	138	220	10
Wellington	2	101	101	8	80	98	74	—	—	—	—	1,427	186	1,855	3,468	72
Wem	1	36	35	26	25	32	32	1	1	—	1	377	529	185	1,091	13
Westbury	1	14	10	—	2	8	10	4	—	—	2	102	—	245	347	13
West Felton	1	21	21	1	—	13	21	—	—	—	—	228	17	360	605	16
Weston Rhyn	1	12	11	—	7	10	11	1	—	—	1	98	—	206	304	10
Whitchurch	2	80	79	60	—	45	72	1	—	—	—	1,345	1,520	477	3,342	20
Whixall	1	17	16	13	2	10	15	1	—	—	1	175	240	95	510	13
Wrockwardine	1	21	16	3	6	13	13	5	1	5	3	275	77	296	648	16
Agency—Radnorshire	2	7	7	—	—	3	7	—	—	—	—	51	—	136	187	—
TOTAL	84	1,939	1,781	329	604	1,150	1,551	158	5	54	75	19,093	6,694	30,143	55,930	1,583

TABLE VII
Home Nursing Service—Cases attended in 1956

Nursing District	CASES—CATEGORIES AND VISITS														Patients over 65 at first visit		Children under 5 at first visit		Patients with more than 24 visits in year		Disposal of Cases	
	Medical		Surgical		Infectious Diseases		Tuberculosis		Maternal Complications		Others		Total		Cases	Visits	Cases	Visits	Cases	Visits	Removed from books	Under care on 31.12.56
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits								
Abberbury	70	1,510	20	329	1	12	—	—	2	14	—	—	93	1,865	40	1,203	4	27	21	1,230	82	11
Abington	53	845	6	45	—	—	—	7	—	—	—	—	60	897	31	597	4	27	11	533	49	11
Ash	63	1,721	17	258	3	18	1	22	1	18	—	—	85	2,037	30	1,122	20	262	20	1,263	80	5
Ascham	40	2,584	3	37	—	—	1	40	—	—	—	—	44	2,661	29	2,192	1	4	22	2,417	30	14
Bachurch	128	1,122	24	252	5	55	—	—	3	31	9	116	169	1,576	20	323	47	305	13	655	162	7
Bishop's Castle ..	64	2,421	16	314	—	—	—	—	4	35	3	17	87	2,787	46	2,519	4	41	18	2,309	75	12
Bonere Heath	122	1,508	27	180	2	4	1	4	3	17	4	6	159	1,719	34	1,001	23	85	19	1,189	144	15
Bridgnorth	113	3,399	26	669	—	—	2	226	—	—	—	—	141	4,294	88	3,402	2	24	37	3,566	115	26
Burford	28	615	6	56	1	7	—	—	2	11	—	—	37	689	20	433	5	28	7	453	29	8
Burwarton	11	665	5	167	—	—	—	—	—	—	—	—	16	832	11	588	1	12	9	762	12	4
Caerbury	29	328	15	41	—	—	1	9	—	—	—	—	45	378	18	231	2	6	4	206	43	2
Church Stretton ..	227	2,961	62	724	6	47	2	81	9	90	6	22	312	3,925	116	2,344	46	197	39	2,235	279	33
Clebury	27	977	8	168	—	—	—	—	3	14	—	—	38	1,159	20	781	1	2	8	901	30	8
Cle Hill	44	780	3	43	1	26	2	100	3	41	—	—	53	990	21	566	4	40	25	1,593	81	16
Clebury Mortimer ..	75	1,706	17	294	—	—	2	36	3	24	—	—	97	2,060	44	1,172	6	29	30	2,117	90	22
Clebury	90	2,461	19	241	—	—	2	27	—	—	1	2	112	2,731	59	1,946	7	29	30	2,117	90	22
Clebury	29	585	7	220	—	—	—	—	2	5	—	—	39	812	22	712	—	—	7	562	39	4
Clebury	77	1,809	19	471	—	—	1	365	5	39	3	6	186	3,336	81	1,757	8	77	37	2,445	164	22
Clebury	142	2,506	35	776	—	—	—	—	2	44	1	4	211	3,184	54	1,520	14	87	32	1,875	187	24
Clebury	143	2,251	49	663	9	88	7	134	1	2	5	14	90	1,178	33	737	20	127	11	1,681	84	6
Clebury	61	989	23	173	—	—	—	—	6	45	1	1	72	2,015	36	1,625	4	5	18	1,680	62	10
Clebury	53	1,802	12	167	—	—	—	—	3	26	—	—	175	1,962	42	767	19	106	15	820	165	10
Clebury	133	1,616	32	221	3	19	4	80	3	16	—	—	136	2,845	56	1,321	7	82	34	2,033	112	24
Clebury	106	2,135	24	410	—	—	5	284	1	—	—	—	62	903	31	302	5	34	6	581	59	3
Clebury	41	731	18	158	1	9	—	—	5	29	1	2	99	1,872	24	972	10	43	8	1,322	90	13
Clebury	72	1,731	21	110	—	—	—	—	5	21	3	4	109	1,843	36	1,326	22	48	19	1,407	96	13
Clebury	83	1,405	13	358	1	4	4	743	5	59	3	7	206	4,571	85	2,553	7	48	47	3,492	180	26
Clebury	130	2,664	58	1,098	—	—	10	36	1	14	1	2	75	2,382	37	1,942	2	9	23	2,054	52	23
Clebury	63	1,965	9	365	—	—	1	26	5	33	1	1	55	978	18	625	4	18	8	629	47	8
Clebury	41	842	6	63	1	13	1	—	2	16	3	48	160	3,610	91	2,761	9	73	44	2,723	122	38
Clebury	136	3,018	17	518	2	10	—	—	3	30	1	10	155	2,234	56	1,258	14	161	18	1,426	145	10
Clebury	117	1,758	34	436	—	—	—	—	3	30	1	10	155	2,234	56	1,258	14	161	18	1,426	145	10
Clebury	96	704	18	108	5	18	—	—	11	59	6	123	136	1,012	24	267	28	233	11	418	133	3
Clebury	138	1,438	28	317	—	—	—	—	3	16	—	—	169	1,771	56	819	9	37	20	833	152	17
Clebury	42	1,020	15	776	1	7	1	71	2	10	—	—	61	1,884	31	1,415	4	17	18	1,589	52	9
Clebury	63	455	15	66	—	—	—	—	2	7	3	12	83	540	24	141	8	35	3	105	83	—
Clebury	94	1,554	18	286	1	3	1	9	3	29	—	—	117	1,881	55	1,157	10	64	17	1,236	104	13
Clebury	253	6,018	48	842	—	—	5	255	7	63	6	9	319	7,187	156	4,548	11	88	82	5,053	262	57
Clebury	712	12,077	118	1,548	4	19	7	501	28	324	2	14	871	14,483	224	7,218	81	608	109	8,899	818	53
Clebury	36	1,010	8	216	1	3	2	38	3	18	—	—	50	1,285	29	901	4	34	13	1,011	43	7
Clebury	30	998	13	295	2	18	1	37	4	27	1	1	74	1,376	38	957	5	32	12	964	65	9
Clebury	30	708	8	84	1	8	—	—	3	38	—	—	42	838	20	680	2	12	7	575	28	14
Clebury	119	4,335	31	481	—	—	2	61	8	63	1	5	161	4,945	63	2,596	21	147	41	3,819	130	31
Clebury	732	23,372	109	3,258	5	46	19	1,044	18	192	2	2	885	27,914	458	18,346	31	464	233	23,412	740	145
Clebury	12	158	9	38	—	—	2	47	—	—	5	29	28	272	8	147	5	29	3	124	26	2
Clebury	66	786	23	238	—	—	3	41	12	157	1	5	105	1,227	17	347	41	234	11	1,194	39	8
Clebury	41	1,373	4	122	1	18	—	—	1	9	—	—	47	1,522	25	929	2	10	9	903	89	7
Clebury	75	1,249	15	183	2	21	—	—	4	15	—	—	96	1,468	43	874	8	40	11	1,184	55	8
Clebury	50	959	11	398	—	—	1	147	1	27	—	—	63	1,531	30	931	4	12	12	1,184	55	8
Clebury	31	335	8	80	—	—	—	—	2	48	—	—	41	463	11	161	1	6	3	91	41	—
Clebury	232	4,564	36	560	2	53	5	138	7	59	—	—	282	5,374	102	2,730	18	161	69	3,455	249	33
Clebury	102	1,145	29	242	2	22	1	2	4	23	—	—	138	1,434	70	868	16	55	12	925	127	11
Clebury	53	1,390	10	74	—	—	4	89	1	4	6	88	74	1,645	37	942	5	34	22	1,372	67	7
Clebury	126	1,561	37	451	6	24	1	27	—	—	—	—	175	2,170	29	1,079	43	168	16	1,307	166	9
Clebury	51	456	13	403	3	10	1	173	1	7	—	—	68	896	25	677	5	18	5	583	62	6
Clebury	93	2,298	21	414	—	—	—	—	4	13	1	1	118	2,892	73	2,221	4	119	30	2,372	104	14
Clebury	50	567	16	182	—	—	—	—	60	4	92	1	71	763	29	404	5	18	7	427	64	7
Clebury	46	760	21	117	—	—	2	33	—	—	—	—	23	419	10	214	1	2	6	250	21	2
Clebury	18	265	3	121	—	—	—	—	—	—	—	—	1	41	1	41	—	—	1	41	—	1
Clebury	1	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	6,026	125,006	1,336	21,925	72	582	112	5,144	219	2,022	82	718	7,847	155,397	3,072	93,863	712	4,935	1,439	111,297	6,920	927

TABLE VIII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1955

DISEASE	CASES		MALES							FEMALES												
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—	
Tuberculosis, all forms	56	56	112	—	2	2	5	13	14	13	4	3	1	5	5	5	11	16	10	2	6	—
Other infectious diseases	24	48	72	4	12	2	—	—	1	2	2	1	5	7	12	2	—	6	5	2	6	5
Parasitic diseases	7	4	11	2	5	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	
Malignant and lymphatic neoplasms	79	132	211	1	—	—	2	3	4	19	26	24	—	—	—	3	2	9	16	37	34	
Asthma	16	11	27	—	2	1	1	—	—	—	6	1	1	—	—	—	2	1	4	4	—	
Diabetes mellitus	43	142	185	—	3	—	1	1	3	10	12	13	1	—	—	8	3	3	10	29	54	
Anaemia	52	307	359	—	1	2	2	2	2	11	15	17	1	—	—	—	28	30	43	47	73	
Vascular lesions affecting central nervous system	126	206	332	2	3	—	—	1	6	22	40	52	—	—	—	—	9	2	6	33	72	
Other mental and nervous diseases	25	53	78	—	—	4	2	3	1	7	3	5	—	—	—	—	9	3	6	5	15	
Diseases of the eye	25	43	68	14	5	—	1	9	1	1	1	2	6	3	2	2	3	4	1	5	14	
Diseases of the ear	120	137	257	26	41	9	13	9	8	5	5	4	20	52	13	15	5	13	18	36	105	
Diseases of the heart and arteries	251	318	569	—	—	2	2	4	12	38	77	116	7	3	1	5	5	9	28	24	37	
Diseases of the veins	26	145	171	—	1	—	—	2	1	7	8	7	—	—	—	1	5	24	19	15	10	
Upper respiratory diseases	170	218	388	45	43	17	24	16	12	4	4	5	32	45	31	33	15	26	38	38	54	
Other respiratory diseases	292	302	594	49	12	7	18	25	31	48	44	58	33	11	5	15	33	26	38	41	82	
Constipation	102	177	279	13	12	3	1	15	11	15	13	30	16	9	7	7	7	10	11	27	31	
Other diseases of digestive system	230	367	597	35	13	9	21	14	27	38	40	33	34	19	27	34	34	51	53	41	60	
Diseases of urinary system and male genital organs	131	—	131	60	3	2	1	1	4	8	21	31	—	—	—	—	112	53	68	113	197	
Diseases of breast and female genital organs	—	790	790	—	—	—	—	—	—	—	—	—	—	8	6	61	112	53	68	113	197	
Complications of pregnancy and puerperium	342	219	561	53	55	35	32	52	25	37	23	30	31	43	38	61	122	35	1	—	—	
Diseases of skin and subcutaneous tissues	63	166	229	—	2	4	1	6	10	13	16	11	11	3	2	5	70	55	45	49	42	
Diseases of bones, joints and muscles	350	404	754	69	106	49	29	30	23	17	14	13	13	54	78	29	23	38	35	25	52	
Injuries	79	209	288	—	—	—	—	—	—	—	—	—	—	—	—	—	20	12	16	20	18	
Senility	119	182	301	41	18	4	5	11	4	11	8	17	48	22	8	8	20	12	16	20	18	
Other defined and ill-defined diseases	42	32	74	6	5	—	3	5	6	6	8	3	1	4	1	1	5	5	5	4	4	
Diseases not specified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTAL	2,770	5,077	7,847	420	344	152	164	202	208	335	397	548	292	312	317	527	427	463	612	945	1,182	

TABLE IX
Home Nursing Service—Completed Cases—Duration of Treatment, Visits and Disposal

DISEASES	TOTAL CASES	DURATION OF TREATMENT		VISITS		DISPOSAL OF CASES									
		Length (days)	Average per case (days)	Total		Average per case	Average per week	Recovered, relieved, or convalescent	Admitted to hospital or nursing home	Died	Gone away	Out-patient X-ray, own doctor, etc.	Treatment undertaken by patient	Discontinued	Others
				Day	Night										
Tuberculosis, all forms	88	10,753	122	5,848	—	66	3.8	53	15	2	5	3	2	7	1
Other infectious diseases	72	920	13	582	—	8	4.3	55	3	1	1	8	2	1	1
Parasitic diseases	10	208	21	102	—	10	3.3	10	—	—	—	—	—	—	—
Malignant and lymphatic neoplasms	178	8,706	49	5,547	133	32	4.5	26	35	105	6	4	2	—	—
Asthma	25	2,096	84	735	2	29	2.4	20	—	3	1	—	—	1	—
Diabetes mellitus	120	15,563	130	14,536	—	121	6.5	32	25	5	37	1	19	1	—
Anaemia	201	50,308	250	9,471	2	47	1.3	139	22	12	21	4	—	3	2
Vascular lesions affecting central nervous system	268	17,996	67	10,557	77	40	4.2	62	60	131	11	—	2	—	—
Other mental and nervous diseases	53	6,848	129	1,706	3	32	1.7	22	14	10	4	—	2	1	—
Diseases of the eye	62	2,309	37	1,801	4	29	5.4	53	4	—	2	2	—	1	—
Diseases of the ear	249	4,515	18	2,258	4	9	3.5	211	16	—	1	21	—	—	—
Diseases of the heart and arteries	453	55,384	122	20,500	41	45	2.6	165	95	153	27	5	3	4	1
Diseases of the veins	121	15,846	131	6,386	5	53	2.8	92	16	3	4	4	1	—	1
Upper respiratory diseases	382	2,908	8	2,415	7	6	5.3	365	6	2	1	7	2	1	2
Other respiratory diseases	562	8,809	16	6,469	74	12	5.3	436	46	57	11	9	—	3	—
Constipation	272	3,530	13	1,266	9	5	2.7	239	13	3	8	—	5	—	—
Other diseases of digestive system	563	6,942	12	4,375	38	8	4.7	306	59	16	5	172	—	—	1
Diseases of urinary system and male genital organs	108	6,183	57	4,324	1	40	4.9	86	13	3	5	—	16	5	—
Diseases of breast and female genital organs	749	9,745	13	3,990	19	5	2.7	646	23	6	9	44	—	—	1
Complications of pregnancy and puerperium	219	2,695	12	2,003	13	9	5.3	154	57	—	3	3	2	1	—
Diseases of skin and subcutaneous tissues	725	17,817	25	10,612	37	15	4.2	665	31	9	8	10	—	—	—
Diseases of bones, joints and muscles	146	30,159	207	9,898	91	68	2.3	77	31	15	10	5	3	4	1
Injuries	737	9,892	13	6,337	18	9	4.8	647	32	6	10	39	1	1	1
Senility	213	26,174	123	11,051	20	52	2.9	33	62	103	10	1	1	1	2
Other defined and ill-defined diseases	275	10,867	40	6,429	12	23	4.0	216	24	8	6	15	5	—	1
Diseases not specified	69	705	10	314	40	5	3.5	23	10	—	1	35	—	—	—
TOTAL	6,920	327,878	47	149,512	650	22	3.3	4,833	712	653	207	396	69	35	15

TABLE X: Housing—Summary of Answers to Questionnaires

	Aitcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dayley U.	Dayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakengates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Workeston B.
Population—Estimated mid-year	1,780	6,350	17,010	2,780	9,300	8,450	12,050	9,500	6,500	13,740	5,700	3,893	11,170	10,960	21,300	12,900	46,850	13,120	24,860	2,500	12,420	851	3,227*	
Permanent dwellings in District: Total number	434	2,213	4,001	914	3,085	2,639	2,575	2,176	2,059	4,203	1,863	1,240	3,779	3,622	5,284	3,352	14,529	3,984	6,721	851	3,227*	405	276	
Owned by Local Authority	554	378	149	257	850	397	250	205	255	91	130	84	526	328	423	103	800*	121	460	35	496	16	Nil	
Houses unfit for human habitation	40	375	244	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	37	Nil	Nil	Nil	Nil	23	8	16	Nil	Nil	
Houses in Clearance Areas for which Clearance Orders made	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	125	Nil	85	55	8	Nil	Nil	Nil	
Compulsory Purchase Order made	Nil	Nil	Nil	Nil	Nil	9	Nil	Nil	Nil	Nil	Nil	Nil	2	Nil	3	Nil	Nil	9	8	Nil	Nil	Nil	Nil	
Purchased by agreement	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	120	Nil	Nil	70	526	100	Nil	20	Nil	Nil	Nil	Nil	Nil	
Houses included in Clearance Areas still to be made	Nil	350	Nil	4	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Houses in Clearance Areas which have been patched for temporary accommodation in accordance with Section 2 of the Housing Repairs and Rents Act, 1954	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	16	12	Nil	Nil	Nil	Nil	
Houses demolished under Section 25 of the Housing Act, 1936	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	12	Nil	Nil	Nil	Nil	11	10	1	Nil	
Houses demolished as a result of formal or informal Procedure under Section 11 of the Housing Act, 1936	Nil	2	1	Nil	Nil	1	2	Nil	5	Nil	Nil	Nil	Nil	1	14	9	1	18	Nil	1	2	Nil	1	
Temporary dwellings (huts, etc.) demolished	Nil	Nil	Nil	Nil	Nil	Nil	Nil	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	10	10	1	Nil	2	Nil	1	Nil	
Houses declared unfit under Section 9 of the Housing Repairs and Rents Act, 1954	Nil	6	10	Nil	Nil	52	2	2	Nil	Nil	18	Nil	56	12	5	24	Nil	5	Nil	Nil	Nil	Nil	Nil	
Houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders	Nil	Nil	4	Nil	1	2	1	2	Nil	52	18	Nil	Nil	12	1	9	6	9	8	Nil	Nil	Nil	Nil	
Unfit houses occupied under licence	Nil	6	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	6	Nil	Nil	Nil	Nil	Nil	3	Nil	2	Nil	Nil	Nil	Nil	
Unfit houses requiring reconditioning	52	5	4	900*	Nil	26	18	23	43	26	5	50	53	Nil	68	64	Nil	177	31	10	Nil	52	5	
Houses erected during the year:—	Nil	Nil	Nil	Nil	Nil	8	17	Nil	Nil	Nil	23	43	26	5	50	53	Nil	68	151	32	130	32	5	
By Local Authority for: (a) Slum clearance	Nil	40	30	Nil	Nil	Nil	Nil	Nil	Nil	Nil	18	23	43	26	5	50	53	Nil	68	151	32	130	32	
(b) Other purposes	1	18	17	6	11	8	13	12	18	15	8	2	8	2	12	8	Nil	8	64	72	53	3	5	
By private enterprise for: (a) Slum clearance	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
(b) Other purposes	1	18	17	6	11	8	13	12	18	15	8	2	8	2	12	8	Nil	8	64	72	53	3	5	
Houses in course of erection:—	Nil	Nil	4	Nil	Nil	Nil	Nil	8	Nil	Nil	6	19	Nil	35	Nil	Nil	2	Nil	29	15	153	Nil	12	
By Local Authority for: (a) Slum clearance	Nil	Nil	30	Nil	Nil	21	Nil	Nil	6	19	Nil	35	Nil	Nil	Nil	Nil	12	36	112	46	52	Nil	8	
(b) Other purposes	Nil	Nil	28	2	5	8	9	10	14	7	6	5	12	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
By private enterprise for: (a) Slum clearance	Nil	Nil	28	2	5	8	9	10	14	7	6	5	12	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
(b) Other purposes	Nil	12	28	2	5	8	9	10	14	7	6	5	12	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Houses or flats gained from conversion of large houses or buildings into flats or dwellings by:—	Nil	Nil	Nil	1	Nil	Nil	Nil	4	Nil	Nil	1	3	Nil	4	3	Nil	Nil	2	Nil	Nil	1	Nil	Nil	
Local Authority	Nil	Nil	Nil	Nil	Nil	Nil	Nil	4	Nil	Nil	1	3	Nil	4	3	Nil	Nil	2	Nil	Nil	1	Nil	Nil	
Private enterprise	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	3	Nil	4	3	Nil	Nil	2	Nil	Nil	1	Nil	Nil	
Lost from conversion of two or more houses into one by:—	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Local Authority	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Private enterprise	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Post-war houses erected from 1st April, 1945, to 31st December, 1956, by:—	32	425	322	90	162	465	198	186	257	319	224	223	782	500	779	459	2,130	1,056	1,058	168	246	99	30	
Local Authority	Nil	101	118	92	52	53	64	83	77	137	56	33	68	74	28	238	851	87	183	214	20	99	30	
Private enterprise	Nil	30	40	4	Nil	27	20	8	50	Nil	14	Nil	71	52	28	238	851	87	183	214	20	99	30	
Housing programme for 1957 for:—	Nil	16	8	Nil	20	Nil	Nil	Nil	50	Nil	34	10	Nil	35	30	Nil	28	238	851	87	183	214	20	
Slum clearance	Nil	10	3	1	Nil	Nil	51	5	Nil	Nil	34	10	Nil	35	30	Nil	28	238	851	87	183	214	20	
Other purposes	Nil	10	3	1	Nil	Nil	51	5	Nil	Nil	34	10	Nil	35	30	Nil	28	238	851	87	183	214	20	
Prefabs	Nil	2	3	1	Nil	Nil	51	5	Nil	Nil	34	10	Nil	35	30	Nil	28	238	851	87	183	214	20	
Huts, etc.	Nil	2	3	1	Nil	Nil	51	5	Nil	Nil	34	10	Nil	35	30	Nil	28	238	851	87	183	214	20	
Houses found overcrowded	Nil	Nil	1	1	2	Nil	2	6	95	1%	140	Nil	5	4	80	Nil	Nil	2	3	Nil	1	4	4	
Houses made fit during the year under the Housing Act, 1936, by:—	Nil	4	1	Nil	4	Nil	Nil	19	Nil	3	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	16	Nil	1	Nil	4	
Owners	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	3	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	16	Nil	1	Nil	4	
Local Authority	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	3	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	16	Nil	1	Nil	4	
Houses where defects were remedied after service of formal notices under Public Health Acts by:—	Nil	1	19	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	11	58	Nil	38	Nil	1	Nil	Nil	Nil	
Owners	Nil	1	19	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	11	58	Nil	38	Nil	1	Nil	Nil	Nil	
Local Authority	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Unfit or defective houses rendered fit by informal action under the Public Health or Housing Acts	Nil	23	27	8	4	7	90	21	16	10	12	12	129	48	25	60	121	30	78	14	9	9	9	
Houses reconstructed, enlarged or improved and demolition orders revoked under Housing Repairs and Rents Act, 1954	Nil	1	21	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Houses required: (a) To replace those scheduled for demolition	379	200	4	480	97	300	255	150*	110	63	596	350	400*	103	259	200	500*	6	30	30	30	30	30	
(b) To abate overcrowding	50	150	Nil	200	Nil	100	200	Nil	100	Nil	200	Nil	200	Nil	150	Nil	232	700	700	700	700	700	700	
(c) For other purposes	Nil	Nil	Nil	Nil	Nil	22	138	330	1,575*	269	Nil	165	190	Nil	615	375	Nil	480	1,867	950	1,046	189	No list	
Council houses sold during the year	17	290	200	46	157	363	138	330	1,575*	269	Nil	165	190	Nil	615	375	Nil	480	1,867	950	1,046	189	No list	
Applications on Housing List at end of the year	6	1	45	2	42	10	25	22	5	32	8	8	28	7	39	53	52	10	72	Nil	19	19		
Applications during the year for Improvement Grants under the Housing Acts, 1949–1954: (a) Received	6	1	45	2	43	10	25	22	5	32	8	8	28	7	39	53	52	10	72	Nil	19	19		
(b) Approved	6	1	45	2	43	10	25	22	5	32	8	8	28	7	39	53	52	10	72	Nil	19	19		
(c) Rejected	Nil	With- drawn	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	1	4	9	6	Nil	Nil	18	1	
Applications approved in respect of owner-occupiers	3	Nil	2	2	8	7	8	7	1	Nil	7	1	Nil	23	6	Nil	6	15	4	14	Nil	11	11	
Average cost per dwelling approved	£200	Nil	£638	£400	£279	£468	£678	£500	£390	£814	£160	£	£356	£395	£813	£785	£220	£326	£733	Nil	£268	£63/9/8	£63/9/8	
Average rent fixed—per annum	£52	Nil	£30— £45/10/-	£52	£55/18/-	£69/11/-	£50/1/-	£52	£45/18/6	£75	£54/12/-	£	£	£81	£50	£49	£	£52	£49	Nil	£63/9/8	£63/9/8	£63/9/8	
Amount of grant payable by Local Authority stated as %	50%	Nil	42%	50%	50%	40%	40.8%	50%	37%	37.6%	50%	43.4%	47.1%	40.6%	50%	50%	50%	50%	50%	50%	50%	50%	50%	

† Figures not available.

* Estimated or approximate figures.

† Scheme not operated.

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