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COUNTY COUNCIL OF SALOP

Annual Report

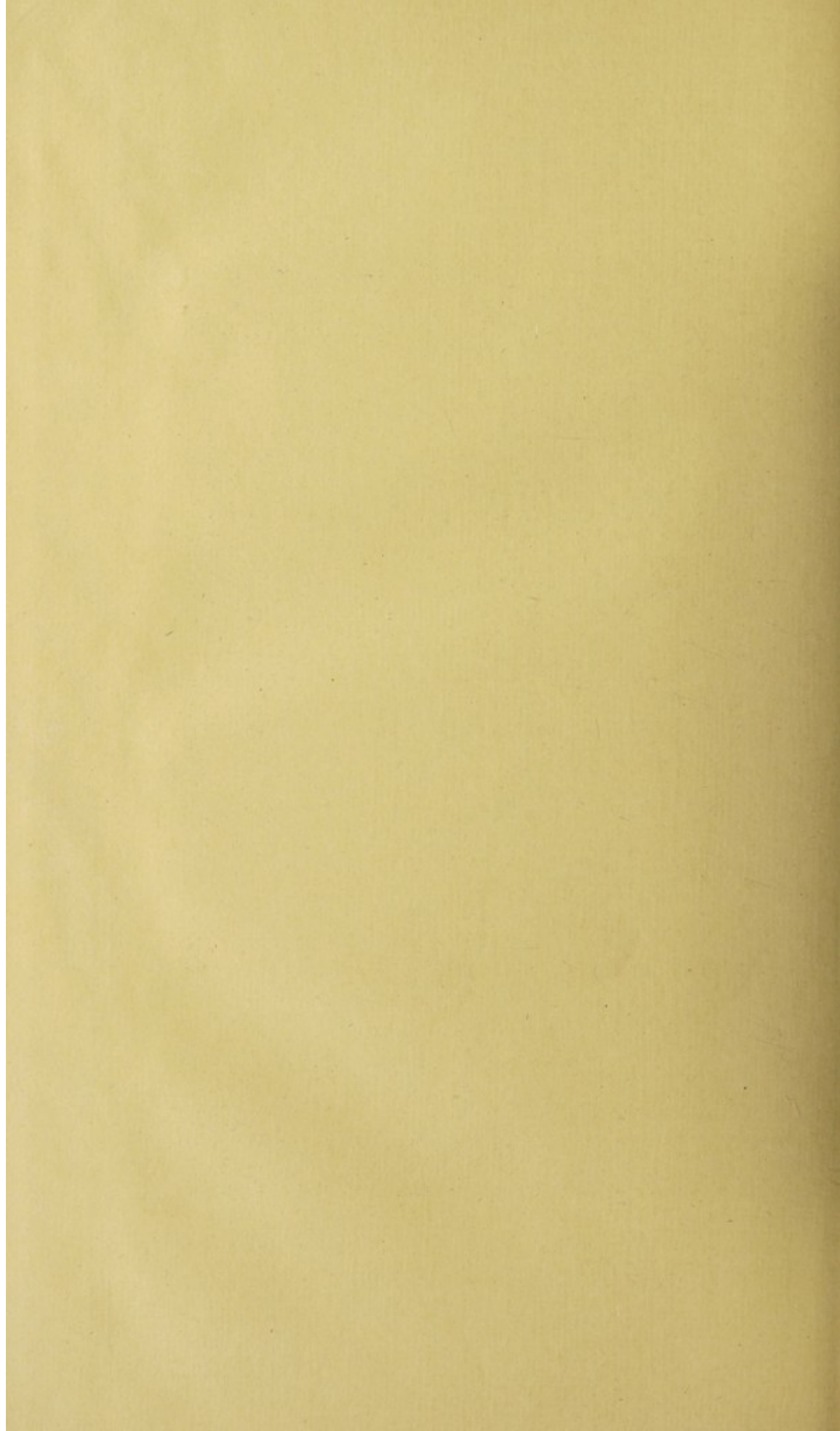
OF

**THE COUNTY MEDICAL OFFICER
OF HEALTH**

1957

COUNTY HEALTH OFFICE . COLLEGE HILL . SHREWSBURY

October, 1958





Princess Alice, Countess of Athlone, G.C.V.O., G.B.E., President of the Queen's Institute of District Nursing, presenting Long Service Medals (for 21 years' service) to two of Shropshire's Queen's Nurses—Miss M. K. Hanscomb (next to Princess Alice) and Miss E. E. Hands (centre), at St. James's Palace, London, on 6th November, 1957.

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CONTENTS

	<i>Page</i>
Introduction	2
Health Committee and Sub-Committees	13
Staff	14
District Medical Officers of Health	15
Administration	16
Vital Statistics	16
Infectious Diseases	25
Venereal Diseases	27
 <i>Local Health Services : National Health Service Act, 1946:</i>	
Section 22: Care of Mothers and Young Children	27
Nursing Staff and Services	34
Section 23: Midwifery	35
Section 24: Health Visiting	41
Section 25: Home Nursing	42
Section 26: Vaccination and Immunisation	45
Section 27: Ambulance Service	50
Section 28: Prevention of Illness, Care and After-Care	55
Section 29: Domestic Help	60
Section 51: Mental Health	62
Registration of Nursing Homes	65
Nurseries and Child Minders Regulation Act, 1948	66
National Assistance Act, 1948: Welfare Services	66
Inspection and Supervision of Foods	68
Sanitary Circumstances	73
Local Government Act, 1933: Section 111	85
 <i>Statistical Tables:</i>	
I Population, acreage and density of population	86
II Births, deaths and infantile mortality	87
III Causes of death—Sanitary districts	88
IV Causes of death—Sex and age groups	89
V Notifiable infectious diseases	90
VI Domiciliary confinements	91
VII Home nursing—Cases attended	92
VIII Home nursing cases—Analysis by sex and age groups	93
IX Home nursing—Analysis of completed cases	94
X and XI Housing—Summary of answers to questionnaires	95—96
General Index	97

TO THE CHAIRMAN AND MEMBERS OF THE SALOP COUNTY COUNCIL

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

On the borders of Eire and Northern Ireland is a County famous in song and legend as traditionally rustic and bucolic. A few years ago their Medical Officer of Health introduced his Annual Report by a quotation from Goethe in the original German, which he did not translate. In the somewhat terse introduction to the Annual Report for 1956 of a rural county in England, the Medical Officer of Health (another Irishman) said in effect "I have no comments: you should read the report."

The reader and the public should know what their Medical Officer thinks about the facts he is presenting. Contents should be factual and interpretation impartial, but the Medical Officer of Health may be allowed a bias against preventable disease just as the child said the Vicar felt about sin—"He was agin it."

To spend some time reading, collating and trying to interpret what many have contributed, to point out features of interest, and to offer tentative conclusions, are services due to the reader for whom bare facts and tables are hardly enough.

The introduction to my Report for 1956 tried to finger-post what seemed interesting and to show where relevant detail could be found, and the Health Committee and Council seemed to like the introduction in such form.

One of the traditional jokes against the Medical Officer of Health is the long delay before his Annual Report appears, so that when he says he is engaged on it, reverent employers and irreverent colleagues ask whether he means the report for the year before last or earlier? It seems to me *relatively* unimportant when such a Report is published, for it is a record and for comparison with its predecessors.

Government National statistics, which are necessarily included for comparison, are not available before late Spring or early Summer. Two years ago, and by some effort, I had my own review and introduction to the Annual Report completed by May, but since the printer was pre-occupied with other Council work, we did not succeed in producing the Report any earlier than usual.

Because of this, and with a view to possible economies, we have considered stencilling the report in our own offices as one or two Authorities have done. This idea was (I think rightly) rejected; it is in any case certain that it would have saved neither time nor money this year. Even our "O and M" investigators did not consider my Department underworked or over-staffed in 1956 and 1957 before work on polio vaccination had been added to their tasks, and it is well that we did not attempt to publish this report ourselves in 1958, which has been a year of unusual clerical stress because of the mass polio-vaccination campaign.

My clerical staff have been pre-occupied with what the Council and Department alike consider should have priority—protecting as many children as early as possible. So I originally read and thought and commented in early August. I hoped to complete my task for the printer by the end of that month, but I find in the printer's proofs in October a large section I never saw before I went on leave, which I am told was delayed by an "overtaxation of automation."

The Medical, Dental and Ancillary staff of the Health Department are listed on page 14 and some changes in the pattern of administration are of interest.

Dr. Buckley resigned in June, 1957, and was not replaced. I had long felt and said that our field-worker doctors may be spending too much time on work that could be done by clerks, and that if we could relieve them of this, more doctors' clerks would enable us to do the necessary work with fewer doctors and with no less efficiency and more economically. I represented this to the investigating "O and M" team who surveyed my Department late in 1956. They concurred, and I volunteered to try the experiment of foregoing two Assistant County Medical Officer established posts on the understanding that individual clerical help for the field-worker doctor would be sympathetically considered as and when the opportunity for introducing it offered. We forewent these two Medical Officer units in the triennial review of establishments which was accepted by the Council in the early months of 1958. One of these two posts had never been filled, and the other had been Dr. Buckley's; by some re-arrangement we have thus so far managed to work with one less doctor. Greatly increased commitments since mid-1957 have left us seriously in arrears a year later.

Among arguments for giving our field-worker doctors clerical help, it will be realised that they spend a large proportion of their time with school children. Much of the work of preparation for school medical inspections falls at present on the Head Teachers (and these, however co-operative, are busy people) and on Health Visitors, who are in numbers well below establishment, and cannot do enough of the home visits which should be their first care.

The organisation and documentation of polio vaccination has required for many months past the sending out from our central office of clerks for as many as 9 or 10 half-days a week. However necessary as an expedient, this means postponement of the work which such clerks should be doing centrally, and is relatively expensive in travelling expenses and overtime. It cannot go on, and an alternative is needed.

It has always seemed to me that a clerk recruited and living locally would save time and money now expended in all the above ways. More important still, she ought to enable the doctor to whom she would be attached to do more work more efficiently, and not only could our School Medical Officers see more children in school than they now do, but they could—as indeed they must in future—do more work in following up and helping and counselling handicapped children and their families, which means considerable domiciliary visiting and keeping of records.

Up to the time of writing I have not yet asked for any additional clerks for field-worker doctors; I remain of the opinion that such a system (albeit novel to Shropshire) would be a good one; and when opportunity offers I hope my request to try the experiment will be granted.

Mr. Catchpole, our Principal Dental Officer, retired in March, 1957. Mr. Clarke, his successor, has paid tribute to him in the School Health Service Report for 1957.

For my part, I repeat what I have written before, that Mr. Catchpole was an able and far-seeing man who had the interests of the children and the Council very much at heart. By accepting his advice, the latter now have a Dental Service as well equipped as any in England, better than most, and revolutionised in comparison with what obtained in Salop ten years ago. His friends here will be glad to know that he looks well and young and happy in his retirement, as indeed he deserves to be.

Miss Hughes obtained well deserved promotion to the position of Deputy Superintendent Nursing Officer from July, 1957. She is an excellent nursing officer who has done sterling work for this County for twenty years.

Miss Dempsey as Tuberculosis Visitor was succeeded by Miss Thomas in November, 1957. The Shropshire Central Tuberculosis Care Committee (referred to on page 57) owes its inception largely to Miss Dempsey's persistent and patient work, and this particular appointment is of interest as exemplifying the integrating of Hospital Clinic work, Local Health Authority Care and After-Care, and Voluntary work on behalf of patients embarrassed by chest diseases, into a comprehensive system helping the patient at every stage, a task which Miss Thomas pursues with enthusiasm and efficiency.

Within the Health Department at College Hill, during much of 1957 and following the death of Dr. Gregory, Dr. William Hall who, as Deputy County Medical Officer, had been principally responsible for the School Health Services in Salop, accepted responsibility temporarily for the many District Councils which Dr. Gregory had served as Medical Officer of Health to the South-West Salop United Districts.

Dr. William Hall's long and good work for the Districts and for the County Council had received merited recognition before the end of the year, when longer-term mutual arrangements were reached that he should serve several of these District Councils as their Medical Officer of Health. The volume of such latter work to be done has, since 1st January, 1958, resulted in his acting as Deputy County Medical Officer and Deputy Principal School Medical Officer for only something like one-third of his time.

This re-arrangement should, nevertheless, carry with it very substantial benefits to all concerned, most notably in the "mixing" of County Council and County District work and knowledge, and co-ordination of each other's efforts.

It makes available to the County Districts the services, on a part-time and less costly basis, of a widely experienced and responsible Medical Officer of Health, while retaining to the County Council the benefits of his wisdom and long experience of administration and policy. Most important of all is the integrating of the two sides of public health work—personal and environmental—inherent in these mixed appointments.

In substitution for the loss of Dr. William Hall's services, two Assistant County Medical Officers were seconded for part-time duties in the Central Health Department as Administrative Assistant Medical Officers from 1st October, 1957; both have done excellent work, and the innovation has proved invaluable during a period busier than anything the Department has experienced for many years.

Dr. N. V. Crowley undertook complete responsibility for organising the Council's scheme (alluded to in my Report for 1956) for offering B.C.G. vaccination as a routine protection to all 13 year old school children.

As a School Health Service responsibility almost entirely, this is only mentioned briefly on page 56 of this Report, but the zeal and administrative and technical efficiency with which Dr. Crowley organised the work was exemplary. Family doctors were consulted and kept informed throughout; the 92 per cent. acceptance rate has been most encouraging, and no untoward incidents of any kind were reported in 1957 when 3,152 children had their resistance to tuberculosis increased (as we believe) five-fold by successful vaccination with B.C.G. Although only commenced in January and February, the programme to protect all the leavers in school was in fact and by very strenuous efforts completed by the end of the school year in July, 1957, and was continued on new 13-year-olds for the rest of the year.

Polio vaccination followed, and the successful initial venture into large scale immunisation with B.C.G. was a good introduction to the requirements, more exacting quantitatively if less so technically, of the campaign for Polio vaccination on a large scale. In this Dr. Crowley again was the prime mover and led her excellent team to attain successfully targets of accomplishment which one would scarcely have asked them to aim for.

It is anticipated that she will continue to assume a large and increasing measure of responsibility for the School Health Service, with its growing problems relating to handicapped children and health education.

Dr. A. N. O'Brien was likewise seconded for Central Office duties as Administrative Assistant Medical Officer on a part-time basis from 1st October, 1957. She also has proved herself a most valuable helper in many fields, and will undertake increasing responsibility for the branches of work administered by the Nursing Sub-Committee, which are enumerated on page 16.

The Report is set out, as is customary, first with vital statistics, and then seriatim and according to the Sections of Part III of the National Health Service Act, 1946, for which the County Council are responsible. My comments follow the body of the Report from page to page. This means that the same subject may not be dealt with completely and all at once, but that one has to revert perhaps several times to a subject which keeps re-appearing in different places. One or two of the subjects for comment are so important that one can scarcely revert to them too often.

Table 3 on page 17 shows that the Still-birth rate is down. Still-births in 1957 were the fewest in number for 20 years and the increase of Live Births gives a Still-birth rate substantially lower than last year, and the second lowest in the 20-year period. On the one hand there is a very real fall (of the order of 30 per cent.) from the beginning of the 20-year period; on the other hand the actual number of Still-births is diminishing only rather slowly.

The Death rate fell in 1957 and indeed keeps falling in Shropshire; Health and Social Services no doubt play their part.

The Principal Causes of Death Table (Table 5 on page 18) shows that Heart Disease was the cause of more than twice as many deaths as any other disease, and that if one adds the other circulatory and vascular diseases the total accounts for over 60 per cent. of all the deaths in Shropshire in 1957.

We must all die some day of something, and we die when our circulation finally fails. The first five causes listed in Table 5 on page 18 constitute the usual terminal ones for those 45 per cent. of the Shropshire population who, as Table 6 shows, live to be 75 or over.

That 63 deaths resulted from Accidents other than Motor Accidents is striking. The figure is nearly twice as great as the one for fatalities involving motor vehicles; *the motor accident fatalities show a fall over the 3 years, but the non-motor accidents show no fall, and one must assume that these accidents are nearly all preventable.* Apart from deaths, the Shropshire Orthopaedic Hospital and not a few Shropshire houses contain sad cases of people, many of them young parents, crippled by preventable accidents which have too often occurred in and around their own homes. As well as campaigning to prevent home accidents, we must search for and if necessary provide even expensive equipment for those who are disabled at home, and a note on this is on page 59.

Suicides at 34 was the same figure as for deaths connected with motor vehicles.

Especially striking in Table 6 on page 18 is the increase in the percentage of deaths occurring in the group aged 45 to 65; and the footnote to Table 6 gives details (from Table IV, page 89) which must arrest our attention. In Shropshire in 1957, the 446 male deaths between the ages of 45 and 65 averaged one a week more than in 1956, and included 58 deaths from lung cancer, 111 from coronary disease, and 14 from suicide. *Here indeed is scope for preventive medicine.*

What is wrong with us that we cannot stop smoking cigarettes, and that we overeat or overdrink or overdrive, or worry ourselves into "coronaries," and that the same number of people commit suicide as are killed on the roads? It does not sound as if our psychological health marched with our considerable material prosperity. Our attitude to Lung Cancer especially seems psychopathic (or plumb crazy) and I revert to this subject again below.

In the same Table 5, congenital malformations also deserve the study that this subject has been getting, albeit under slight protest from some quarters. For some time the Ministry and Local Health Authority doctors have been urging investigation of perinatal deaths (and of accidents) as being nowadays major causes of mortality; and hospitals and others in 1957 were asked to keep records and return them for a special study. It would be an exaggeration to say that there was a lot of difficulty in conducting this national survey, for most thinking specialists appreciate the need for scientific investigation and most co-operate well. At the same time it was almost unbelievable to hear some doctors, lay officials and members of committees declaiming against such "time wasting impositions"—"as if one had nothing better to do."

The blunt answers to such grumbles are that to save lives is the best thing health services can do, and is a legitimate aim for the health service which all the doctors, officers and committee members alluded to specifically contracted to serve.

MORE PEOPLE ARE KILLED IN AND AROUND THEIR HOMES THAN ARE KILLED ON THE ROADS, AND THE NUMBER OF YOUNG PEOPLE PERMANENTLY CRIPPLED AND BEDFAST IN HOSPITAL OR AT HOME IS CERTAINLY NOT GENERALLY REALISED. A few years ago some specialist doctors in the Hospital services were reluctant to help Medical Officers of Health to combat accidents by providing them with information, allegedly lest the Medical Officers of Health might prosecute bereaved parents whose children had been burnt—a naive conception of the aims of Medical Officers. The report of the Chief Constable of Shropshire for 1957 referring to the police attitude to attempted suicides illustrates the more sympathetic and constructive view taken by officialdom. Here again is need, not only for Health Education, but for better understanding, and with a knowledge of the facts, it is hoped that Hospital services will co-operate, as the Minister of Health representing the Government and Parliament asked them to do during the year in Circular H.M.(58)12.

Prevention is indeed important, and before we leave Table 5 and its Principal Causes of Death let us just delve a little further into preventable deaths and make some comparisons. Polio prevention has in all conscience had a good ventilating in the past few years, and is furthered by everyone in principle and practice with enthusiasm. But the facts are that in 1957, and before large scale vaccination had begun, poliomyelitis in Shropshire caused 2 deaths and only 18 cases with any degree of paralysis. In the same period, cancer of the lung caused 87 deaths (Table 9, page 20), home accidents 63 (page 18), road accidents 34, suicides 34—and these last four causes ought probably to be more susceptible to prevention than the first. Sir Allen Daley of the World Health Organisation wrote during 1957—"If the Medical Officer of Health does not bother about these things nobody else locally seems likely to."

The Tuberculosis situation for 1957 seemed unequivocally good as reference to page 18 and Table 7 on page 20 shows. The death rate from Respiratory Tuberculosis in Shropshire was again the "lowest ever" and this for the third successive year; the death rate for all forms of Tuberculosis in Shropshire in 1957 was half that for England and Wales.

Sanatorium beds are being closed, and the triennial Commonwealth Chest Conference in London in June, 1958, included symposia on heart disease and lung cancer and other subjects because there is little new to say about Tuberculosis. Much of this success reflects the influence of the new "wonder drugs" and of the Chest Physicians of the new dispensation since 1948; Local Health Authorities still can and do help forward the good work.

Thus we come once again in Table 9 on page 20 to cancer of the lung. Other cancers are stationary and the newer diagnostic methods apply to all. Eighty-seven died in 1957 of lung cancer in Shropshire, the male deaths showing a 43 per cent increase on the average figures for five previous years.

Why don't the doctors and the scientists and the medical officers of health do something about it—the last named are always urging prevention?

At the end of June, 1957, the Minister of Health told Parliament of the special report of the Medical Research Council on the subject of Smoking and Cancer of the Lung. The Medical Research Council considered that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking. The Council point to the evidence derived from investigations in many countries in support of this conclusion, in particular to the identification of several substances in tobacco smoke which can cause cancer.

The Government wished this information to be brought effectively to public notice so that everyone may know the risks involved in smoking. What is wanted is that the risks should be made known so that the individual who smokes can then make up his or her own mind. Further, the Government considered that these facts should be made known to all those with responsibility for Health Education. This means Local Health and Education Authorities, and teachers, and most of all, perhaps, parents.

The above paragraphs in italics were part of a notice I issued to the local Press on 10th December, 1957. I had been telling the Press representatives of the Government's and our plans for making protection against paralytic poliomyelitis available to all children between the ages of 6 months and 15 years—the latter was "news" at the time and the Press helped us well to publicise our scheme whereby practically all the children whose parents requested it received their protection against polio by mid Summer, 1958 (page 50).

After describing the proposed programme of registration and vaccination against Polio, I had continued:

All this effort is, I am sure, well worth while; and this is vouched for by the Government and their highest ranking scientific advisers, the Medical Research Council.

In devoting so much time and effort to this protection of our children against one disease, I cannot, however, help reflecting that we seem to have equally strong and reliable evidence showing that our children need protection against something far more lethal than polio; no protective vaccination is needed to effect this, and yet against this other disease we have hitherto done little or nothing in the way of preventive work.

Although we all fear polio, and the average parent will do almost anything to protect his child against it, there were, after all, 75 deaths from lung cancer in this County in 1956, and none from polio. The evidence that smoking and lung cancer are associated comes from the same high scientific

authority and is about as well authenticated as their advice that poliomyelitis vaccination gives about 80 per cent. protection. If we could persuade the young not to smoke, should we effect an 80 per cent. reduction in their lung cancer death rates?

And after the first paragraph in italics above I continued:

What then did the Medical Research Council actually say in their special statement published to the Government and the Medical Journals at the end of June, 1957?

They said that in their Annual Report for 1948—50 (when the present Health Service was starting) they had drawn attention to the very great increase which had taken place in the death rate from Lung Cancer over the previous 25 years. It continued to rise thereafter, and in 1955 reached a level more than double that recorded only 10 years earlier. Among males the disease is now responsible for approximately one in 18 of all deaths. The trend over the last few years indicates that the incidence has not yet reached its peak. The figures are not to be explained as resulting from improved methods of diagnosis, but must be accepted as representing in the main a real rise in the incidence of lung cancer to an extent which has occurred with no other form of cancer. It is not because there are larger numbers of older persons now living in the population. In the last 10 years the lung cancer death rates have risen at all ages from early middle life onwards.

Obviously the extent and rapidity in the increase of lung cancer point clearly to some powerful environmental influence which has become prevalent in the last half century and to which different countries and presumably also men as compared with women have been unequally exposed. From the nature of the disease attention is focused on two main environmental factors—

- (1) the smoking of tobacco and
- (2) atmospheric pollution.

Evidence that heavy and prolonged smoking of tobacco, particularly in the form of cigarettes, is associated with an increased risk of lung cancer is derived from two types of special enquiry. In the first, patients with lung cancer have been interviewed and their PREVIOUS histories in relation to smoking and other factors that might be relevant have been compared with those similarly obtained from patients without lung cancer. The results of 19 such enquiries (in this country, U.S.A., Finland, Germany, Holland, Norway, and Switzerland) have been published. They agree in showing more smokers and fewer non-smokers among the patients with lung cancer, and a steadily rising mortality as the amount of smoking increased.

In the second type of enquiry the information was obtained about the smoking habits of each member of a defined group in the population and the causes of the deaths occurring SUBSEQUENTLY in the group have been ascertained. One such investigation in the U.S.A. covered 190,000 men aged 50—69. The other covered over 40,000 men and women whose names appeared on the Medical Register of the United Kingdom in 1951. In both the results have been essentially the same.

The latter investigation in this country, which has now been in progress for more than 5 years, has shown with regard to lung cancer in men that the highest mortalities were found among men who were continuing to smoke cigarettes, heavy smokers in this group having a death rate nearly 40 times the rate among non-smokers. Although no precise calculation can be made of the proportion of lifelong heavy cigarette smokers who will die of lung cancer the evidence suggests that, at current death rates, it is likely to be of the order of one in 8, whereas the corresponding figure for non-smokers would be of the order of one in 300. Compared with a non-smoker, a light smoker is 7 times, a medium smoker 12 times and a heavy smoker 24 times more likely to die of lung cancer. Another series shows that the non-smoker seems to be about 40 times less likely to die of lung cancer than a man who continues to be a heavy smoker of cigarettes. Men who cease to smoke even in their early 40's may reduce their likelihood of developing the disease by at least one half.

The evidence from the many enquiries in the last 8 years both in this country and abroad has been uniformly in one direction and is now very considerable. We know that tobacco smoke consists largely of microscopic oily droplets, held in suspension in air, and these droplets are of a suitable size to be taken into the lungs and retained there. Five substances have already been found in tobacco smoke which are known to be capable in certain circumstances of causing cancer in animals.

The role of atmospheric pollution is particularly difficult to investigate. No excess mortality from lung cancer has been observed in persons who would be specially exposed by the nature of their work to atmospheric pollution; for example, transport workers, garage hands and policemen. There is probably, however, some relationship between atmospheric pollution and lung cancer. Perhaps the best evidence of this relationship comes from studies of the small number of deaths from the disease among NON-SMOKERS in different types of residential district; in these studies higher death rates have been observed among non-smokers in large towns than among those in rural areas. The role of atmospheric pollution seems a relatively minor one in comparison with cigarette smoking.

There is nothing that need really surprise the average citizen in these conclusions. Anyone who smokes knows that tobacco smoke is an irritant. Most people know that an irritant exercising its effect over 20 or 30 years can produce cancer; we know that five cancer producing factors have been identified in tobacco smoke. We all know of the smoker's cough. As well as the 75 deaths in Shropshire in 1956 from lung cancer, only 7 of which occurred under the age of 45, there were 157 deaths attributable to bronchitis. In the latter again there were only 3 deaths under the age of 45. It is difficult to avoid the conclusion that tobacco smoking may have contributed to these deaths also.

An independent investigation in Birmingham, published about the same time as the Medical Research Council's statement, showed that in both sexes patients over 30 years of age with respiratory tuberculosis showed a highly significant deficiency of non-smokers and light smokers, and an excess of moderate and heavy smokers when compared with the controls. Smoking may be an important cause of the breakdown of healed or quiescent respiratory tuberculosis in adults and may account for a considerable part of the excessive male mortality in middle and late life. All this, as has been said, underlines what most sensible people would admit, that tobacco smoke is bad for your lungs.

Evidence for an association between lung cancer and tobacco smoking has been steadily mounting throughout the last 8 years and it is significant that during the whole of this period the most critical examination has failed to invalidate the main conclusions drawn from it.

Lots of people claim that there is some common factor underlying both the tendency to tobacco smoking and to the development of lung cancer some 25—50 years later, but no evidence has been produced in support of this hypothesis.

The final conclusion of the Medical Research statement was as follows:

"In scientific work, as in the practical affairs of everyday life, conclusions have often to be founded on the most reasonable and probable explanation of the observed facts and, so far, no adequate explanation for the large increase in the incidence of lung cancer has been advanced save that cigarette smoking is indeed the principal factor in the causation of the disease. The epidemiological evidence is now extensive and very detailed, and it follows a classical pattern upon which many advances in preventive medicine have been made in the past."

If we believe all this, what should we do about it? There does indeed seem to be much to be said for the matter of fact recommendation of the Government that the Medical Research Council's statement should be widely publicised, so that once the risks are known everyone who smokes will have to measure them and make up his or her own mind and must be relied upon as a responsible person to act then as seems best. The Government apparently do not propose to exercise any compulsion, coercion or prohibition—and for this we may be thankful. Surely it is better to set out the facts as clearly as we know them and let the responsible grown up decide for himself?

When it comes to trying to protect our children, which is what we are doing against polio with the present vaccination campaign, and against tuberculosis with B.C.G., the line to be taken by the parent is perhaps less easy. The parent decides whether or not his child shall have polio vaccination and B.C.G. vaccination. Once the vaccine has been given the parent can consider his duty done and feel that the child is likely to have gained 80 per cent. protection or be 5 times less likely to suffer from the disease. Yet there were only 14 deaths from respiratory tuberculosis and none from polio in 1956.

There were 75 deaths from lung cancer, and it would seem that we have been clearly told that the smoker is 20 to 40 times more likely to die of lung cancer than the non-smoker. One in every 8 lifelong heavy cigarette smokers will die of lung cancer; only one in 300 non-smokers will.

It seems clear that we should encourage our children not to learn to smoke. How are we to do this? Perhaps one can only say in this connection that example is better than precept; and many parents have in fact given up smoking. With children, as with adults, prohibition and legislation on such a subject seem of little use. Nor indeed in my opinion is it any use asking children to believe that the avoidance of cigarette smoking will increase their chances of distinction in sports and athletics—because they probably know well already that this simply is not true, for many of their heroes do little in the way of such self-denial, except when in the strictest training. On the principle that it is wise to treat children as grown-ups (and often perhaps grown-ups as children) one comes back to the course of telling them that the risk of lung cancer in later life is our real reason for discouraging them from smoking. This at least has the virtue of honesty; and we have the facts and figures, the scientific basis of which might appeal to our modern and critical adolescents.

The Press were indeed very interested and helpful, and published the paragraphs italicised above practically verbatim. This was in December, 1957, the Medical Research Council and Government announcements having been in June, 1957.

A year later, in July, 1958, at the Commonwealth Chest Conference attended by chest specialists from all over the world, the opening speaker, whose name has for many years been internationally known in chest diseases, began the final session by saying "Lung cancer is due to the inhalation of carcinogens in cigarette smoke"—and none of the dozen listed platform speakers nor anyone in the body of the Royal Festival Hall raised a voice to refute this statement, though it was perhaps deliberately intended to provoke argument.

So doctors know it, and the public more or less know it, but so far they don't want to believe it.

They welcome and embrace the vaccination of children against Tuberculosis and Poliomyelitis. Parental acceptances are 92 per cent. for the former and 70 per cent. for the latter, but relatively few grown-ups stop smoking or try to prevent their teen-age children from smoking.

In 1957 in Salop, Respiratory Tuberculosis killed 13 people, Poliomyelitis two. *Lung Cancer, which we seem determined not to acknowledge, killed 87.* The Medical Research Council believe that vaccination confers on the recipient 80 per cent. safety—or makes him five times safer—against either Tuberculosis or Poliomyelitis, and everyone accepts this with enthusiasm. The same learned body advise the Government with equal assurance and evidence that the avoidance of cigarette smoking confers on the abstainer 97½ per cent. protection, or makes him 40 times safer as compared with a heavy smoker, yet so far scarcely anything is done about it.

Everything in the Salop Health Department in 1957—58 yields place to Polio vaccination, and the Finance Committee and the Council congratulate us on our efforts. Perhaps these may save half a dozen deaths. But if we could vaccinate youth against cigarette smoking it seems very likely we might ultimately be preventing more than ten times that number of deaths from lung cancer every year a generation or so hence.

Perhaps these reflections mean (as is also a tenet of scientific and government thought at present) that we should be giving more attention to Mental Health and the prevention of Mental Disease. Or, put more colloquially, that we all "want our heads seeing to."

Of men between 45 and 65—in the prime of life and supposedly "mature" in common sense—58 deaths, or 1 in 8 of all male deaths in this age group in 1957, or an extra death in Shropshire every week in 1957 (Table IV on page 89) resulted from lung cancer, due principally, as the experts say, to heavy cigarette smoking.

Ninety-five per cent. of those dying from lung cancer were men, and men seem to have no more sense now than ever they had. A magic cure like the "wonder drugs" which have controlled Tuberculosis, a "shot in the arm" like B.C.G. or Polio vaccine, would be so much easier than stopping cigarettes. How many thousand years is it since Naaman's servants said to him: "If they'd told you to do something striking and dramatic, you'd have done it, wouldn't you? Why can't you do the simple thing you're told?"

We have noted above that the national perinatal survey planned in 1957 and which took place in the early months of 1958 had rather lukewarm support from a protesting few. Table 13 on page 23 shows that congenital malformations, prematurity and "other defined and ill-defined diseases" killed 94 infants of under one year in Shropshire in 1957, and 92 in 1956; and the percentage of total deaths under one year in Salop (Table 6) is the highest since 1951. Reference to Table 26 on page 29 shows that in 1957 there were 384 premature live births by the criterion of weight. Of these, 26 in hospital and 4 at home died within 24 hours; and a further 12 in hospital and 2 at home died before they were a month old. There is ample justification for reviewing the reasons, even at minor inconvenience to a few.

Maternal mortality in Shropshire in 1957 was limited to one death, after confinement in hospital from fulminating post-partum Eclampsia.

Ante-natal care for mothers and babies continues in Salop as in recent years. Ministerial Circular 9/56 enjoining local liaison was discussed by the British Medical Association and Local Medical Committee at meetings early in 1957, but the arrangements which seemed to have been working reasonably well for two-and-a-half years were left unaltered, the feeling being that local medical liaison was good and able to meet demands as they arose. In the early Summer of 1957, this was exemplified when the Local Medical Committee offered what I had longed asked for—an ad hoc Sub-Committee from their number, with the Consultant Paediatrician, Consultant Pathologist and their nominee of acknowledged high repute as a General Practitioner Obstetrician, to advise me. Several meetings and exchanges of notes and drafts took place during the Summer, and an agreed circular setting out at some length the importance of Rhesus testing and Haemoglobin testing of the mothers' bloods, and Coombs testing and Haemoglobin testing where necessary of the babies' bloods, was issued to midwives for action and to all Practitioners for information, superceding a shorter instruction which had gone to midwives from me some six months earlier. Of tremendous importance in saving mothers' and babies' lives by blood transfusion where necessary, the subject matter of the circular was and is highly technical, and the nominating by the Local Medical Committee of an ad hoc Sub-Committee to discuss and prepare its terms was a concession I greatly welcomed.

Shropshire is fortunate in that such medical liaison is relatively easy—but we still need to get our peri-natal mortality down, and our preventable accidents, and our suicides, and, most of all, *our deaths from lung cancer!*

The details of County Council Welfare Centre provisions are given on pages 30 and 31. I wrote in the introduction to Annual Reports for 1955 and 1956 about our provision of such clinic accommodation, the need for which (now that every child has a family doctor) is sometimes questioned, and said that needs could arise suddenly when the availability of such accommodation could be very useful.

One example was the way in which responsibility for Welfare Foods sales (page 34) suddenly devolved on County Councils in 1954. Another has been the mass vaccination of children from 6 months to 14 years against Poliomyelitis, which was suddenly thrust upon us in the latter months of 1957, and which most Practitioners preferred to leave largely to our County Council doctors. The existing Clinics have been used a good deal for this work in 1958, and their continued use for this and similar purposes may probably obviate further doubts about their usefulness for the next few years. Nevertheless, figures of attendances are always being watched, and it will be seen that one such Centre was closed, and two were opened (in accommodation rented on a sessional basis) during 1957.

The Principal Dental Officer's Report (page 33) is of interest. Work for priority classes, notably expectant and nursing mothers and pre-school children, is appropriate for Local Health Authority dental officers—it is good preventive work and as such deserves the priority which Local Health Authority dentists can perhaps afford better than can other dental practitioners; and there is, too, more opportunity to the former for education in dental health.

With the expansion of this work has come the provision by the Health and Education Committees of laboratory services by a whole-time dental technician employed by the Council, another objective which we had long desired.

The important subject of Nursing Staff and Services is dealt with in considerable detail on pages 34 to 44. Our margin of safety is small because we cannot recruit the numbers of nurses we need. The Superintendent Nursing Officer and her assistants and staff all exercise vigilance and versatility to keep the service going throughout the County, and not a few nursing vacancies have remained unfilled for months at a time in some rural areas. Nevertheless one cannot recall any complaint of inadequate service to patients.

During 1957, no less than ten of our Nurses left the Council's service; some to take other appointments, some for domestic reason, some to undertake further training. Two nurses retired after long and devoted service—Miss E. M. Oliver of Tibberton and Miss M. E. Jones of Trefonen.

Another highlight was the presentation to Nurse Hands of Clee Hill and Nurse Hanscomb of Ludlow of the Queen's Long Service Medal, in recognition of 21 years service as Queen's nurses. The frontispiece of this Report shows our two nurses after the presentation on 6th November, 1957.

The Chairman of the Nursing Sub-Committee continues her real and sympathetic interest in the Council's Nurses and their problems which all appreciate.

The provision of good living accommodation for Nursing Staff is clearly a wise and humane investment, and a programme for safeguarding future housing was approved during the year.

The fact that notifications issued by Midwives of "sending for medical aid" increased in 1956 and 1957 over the figure for 1955 (Table 38, page 36, col. 2) is due to a more literal interpretation of a rule of the Central Midwives Board which seems to require such notification even within the Royal Salop Infirmary.

The examinations of maternal and infant blood to detect abnormalities, the recommendations of the medical sub-committee referred to above, and the substantial increase in the percentage of mothers and babies who were protected by these tests in 1957 are detailed on pages 37 and 38.

It will be seen in Table 45 on page 41 that the Council's Health Visiting Staff are far below establishment. The Council's Training Scheme for Health Visitors was amended in February, 1957, to remove a possible source of discouragement to volunteer trainees. Apart from the shortage of woman-power available generally and perhaps especially for the nursing profession, it must be admitted that the tasks of a whole-time Health Visitor can be more exacting and may be less appreciated than those undertaken in domiciliary nursing—for reasons which may be fairly obvious. In rural districts of Shropshire, as of other Counties, the practice of Health Visiting by District Nurse-Midwives is welcomed, but the additional qualification is regarded by the Ministry of Health as indispensable for this purpose.

In Home Nursing (page 42) patients over the age of 65 constituted 39.5 per cent. of the cases attended, and received 61 per cent. of the visits paid; 72 per cent. of all the visits were paid to 18 per cent. of all the cases who received more than 24 visits each during the year. Children under 5 were only 8 per cent. of all the cases seen and had only 3 per cent. of all the visits paid—the Nursing Service is of particular value to the elderly and long-term invalid.

A number of the details shown in Tables 47—50 on pages 42 to 44 and in Table VIII on page 93 will be of special interest to all concerned with the Council's Nursing Services.

Vaccination and Immunisation Services are dealt with on pages 45 to 50. Routine programmes for protecting children against Smallpox, Diphtheria, Whooping Cough and Tetanus were undoubtedly hindered and often had to be curtailed or postponed in 1957 to allow their protection against Poliomyelitis to proceed apace. This policy nationally and locally has affected the figures and percentage protection rates in children for diseases other than polio, as set out in Tables 51—59. Adopted deliberately and necessarily for a number of reasons which were technical as well as administrative, it has been considered the better alternative.

The innovation of including in Table 56 the number of births in each Sanitary District may, as alluded to in the footnote below the Table, prove of some interest and value.

Practitioners regret the "caveats" or embargoes placed upon the use of Triple Antigen; and a special note on this subject on page 48 sets out the reasons why the Local Medical Committee in June, 1957, agreed that its use should be foregone. The subject is considered from time to time by the Local Medical Committee, and I have reiterated to the latter in the Autumn of 1958 my promise that the possibility of re-introduction of the use of Triple Antigen is categorically and certainly under constant review by the Ministry and by Medical Officers of Health, that the wish of practitioners to use it is clearly understood, and that as soon as the way seems clear, no time will be lost in advising them of the facts.

Vaccination against Poliomyelitis was in 1957 a relatively new subject, and although one most interesting to the public and my Department, the main work in 1957 was in protecting children. I will, therefore, not repeat here what I have written at some length on this subject in the Introduction to my School Health Service Annual Report for 1957, which I hope all those members of the Council who are interested may find time to read.

I would, however, be grateful if everyone who could spare the time would read on pages 49 and 50 in this my general Annual Report, the few short factual paragraphs from the section who have handled this, *and especially the few italicized paragraphs written by myself which follow*, which acknowledge the tremendous task undertaken and completed so successfully.

The County Ambulance Officer writes on page 50 on the question of the continuance of Local Ambulance Committees, a subject debated over some length of time in 1957 and 1958. Since opportunity was not always afforded to me at meetings on this subject, I will record that my own views on this are reasonably clear. It has been my experience that *extra* "authorities," outside the statutory District Council and County Council ones, often tend to complicate and confuse good Local Government. In a matter which is clearly one for Health Departments (of either Authority) local representations can reach the County Council, who are statutorily responsible for the Ambulance Service, in one of two or three simple ways. Either by informal and immediate appeal to the local Medical Officer of Health at the time the query or complaint arises, or at the District Council Health Committee attended by the District Council Medical Officer of Health who nowadays serves the local ratepayer as Assistant County Medical Officer

for personal services, or by a letter at once to myself as responsible for the Ambulance Services. *The longer the delay the harder does fact-finding become, and any of the above methods should receive attention at once.* Such statutory framework seems to me clearly available for resolving problems which may be half local, half central, and it seems simpler to use it directly than to await the not very frequent meeting of a third Committee. The District Council represent and are responsible to the public they serve; equally so are the County Council. The District Medical Officer of Health and the County Medical Officer of Health are answerable to both, so perhaps my own view that a third Committee is a "triplication" has some substance.

The County Ambulance Officer's Report is to be found on pages 50 to 52. This is only the second time in the ten years of the new National Health Services that the miles covered by the Salop Ambulance Service have not increased, and indeed a substantial fall occurred in 1957. This is most interesting, and will be more so if the fall can be sustained or increased in years to come.

Despite fears expressed to the contrary, we feel that there is very little substantiated abuse of the Salop Ambulance Service. Ambulance Control are instructed that "medical need as certified by the medical practitioner concerned" is the criterion. In cases of doubt the same principle is observed as in other problems concerning the Department, that is, the service to the public is provided first, and anomalies are reviewed afterwards. Thus is policy crystallised, and not a few practitioners confer with the Service when faced with difficulties about "medical need." One or two instances arose in 1957 of persons using ambulance transport in circumstances which seemed strange. Such ventilation and discussion as took place did so reasonably and without acrimony. Whilst no very definite conclusions seemed to emerge in the end, the review probably did no harm, and helped each side to understand more of the problems of the other.

The mileage covered and miles per patient (which most experienced observers seem to regard as the best *single* criterion of efficiency) are shown as a graph on page 54. That the latter figure still continues to fall is good; that it has been more than halved between 1948 and 1957 is better.

Mr. Walker also mentions two other real problems to which I should draw attention.

My predecessor planned to run the Central Ambulance Depot under perhaps a Superintendent, and to keep his County Ambulance Officer and Control and other administrative staff in the County Health Office with himself. This planning was begun before 1948, and as Mr. Walker says, it was based on perfectly legitimate and logical conceptions of how the new Services would work *so far as could then be seen*. We now know how very expensive Ambulance Services have proved here and elsewhere, and that the only logical way of trying to limit their costs is by deploying them from one Central Control in the most economic way possible. Such control having been found the most practical way to pursue economies, and the use of Ambulance Services having increased phenomenally by 1953, it then seemed to me, when I came here in that year, impossible for the County Ambulance Officer and his Control and administrative staff to do their work satisfactorily unless they were in the new Depot, instead of in two garrets in Swan Hill.

The former was almost ready to be opened, and office and Control accommodation had been foregone! In the event, three of the staff moved, when the Depot opened, into rooms intended for stores, and by reason of bad natural lighting and ventilation they have suffered ever since, and the numbers have grown till there are now often four in each of two rooms. They have never complained, but I can never see their accommodation without the uneasy feeling that it can scarcely satisfy the Factory Acts, let alone do credit to a progressive Local Health Authority, the efficiency of whose Ambulance Service and Officer brings them more than usually into the Public Eye; for in all modesty the Salop Ambulance Service is not unknown in the Midlands nor even nationally, in that four Regional Ambulance Competitions have been held on our premises in the last four years, and our team are participating in their third National Final Competition while this Report is being printed.

Because they need it, because they deserve it, because we cannot conceal the fact that our clerical and administrative accommodation for Ambulance work is makeshift and does not satisfy modern hygienic criteria, I look forward to the provision of proper administrative accommodation at our Central Depot as soon as it can be granted.

Again, Mr. Walker's other point I cannot but underline. Something will sooner or later have to be done about deciding the age at which Ambulance Driver-Attendants retire. To say (as has been said nationally) that we must hesitate to introduce earlier retiring ages at a time when people are being encouraged to postpone retiring ages and work longer is simply to ignore the facts of life. Lifting and carrying "dead weight" patients (often in cramped and confined spaces) *is the most exacting physical work there is*. Backs are less supple and flexible as one grows older, and if they suffer strain, disabilities and claims are to be expected. No-one is saying that men must stop work at an early age, but it is a fact that in the more exacting occupations such as Police and Fire and Ambulance work, youth and physical fitness are necessarily more important. Full participation in these occupations is not for the ageing, and some thought inevitably needs to be given to limiting retiring ages no less in the Employers' interests than those of the men employed.

Geriatrics and Gerontology are names for the subject and study of the problems of the elderly. The Health Department for many years has supported the County Welfare Department in seeking that special consideration might be paid to services for old people both at home and in residential accommodation; the nursing figures above, and the steady increase in the percentage of pensioners in the general population (from 114 per thousand population in 1946 to 116 per thousand in 1956, an actual increase of 805,000) mark this as a subject deserving special social, and perhaps medico-social, attention.

The Hospital Management Committee and Regional Hospital Board have encouraged the idea of increasing Geriatric facilities in Shropshire. In June, 1957, representatives from the Hospital Management Committee with the Chairman and Secretary and Physicians from the Group Medical Committee, Practitioners, and members and officers of the County Council paid a two-day visit to London and saw several representative Geriatric Units, and discussed their organisation with the Physicians in charge.

A week-end Course at Attingham Hall was organised in December, 1957, for the further study of this subject; and a large number of social workers and doctors from Shropshire and elsewhere enjoyed addresses from some of the nationally-renowned physicians who have given special study to the problems of old age. All who participated seemed to regard this as a successful enterprise, and thanks are due to the Sponsors—the Shropshire Medical Geriatrics Committee and the Shropshire Old Folks Welfare Committee, and particularly to Dr. Miller of Cressage, who was without doubt the initiator and moving spirit.

The appointment from 1st June, 1958, of Dr. D. B. Irwin as Consultant Gerontologist for Shropshire fulfils what has long been felt desirable; and should further the interests of the many elderly people who, whether at home, in Hospital, or in residential Welfare accommodation, may have special problems which require to be resolved.

Arrangements are already advanced for a second Course to be held at Attingham Hall during the week-end 19th to 21st December, 1958, when distinguished doctors will speak on some aspects of Retirement; and enquiries are invited from those who would like to attend.

Those interested in the Care of the Elderly should also find the Sections on Evening Visitors and Night Helps on page 58 and on the Domestic Help Service on page 60 of value in recording some further provisions made by the Council in the field of Geriatrics.

In the Home Helps Service, details of which are given on pages 60 to 62, 67 per cent. of the cases, and 83 per cent. of the hours worked by the Home Helps were devoted to assisting the elderly and chronic sick, contributing to their comfort and enabling them to stay in their own homes rather than enter Hospital or the residential accommodation provided by the Council as Local Welfare Authority.

Some problems affecting expenditure on, and recovery of charges in respect of, the Home Help Service are alluded to on pages 61—62.

The Report of the Principal Duly Authorised Officer on the Mental Health Services of the Council is given on pages 62 to 65.

Table 81 (page 63) and the notes following it on page 64 are of special interest as showing the greatly increasing "turnover" of patients in the Hospital for Mental Diseases and this in turn suggests that as better understanding of Mental Hospital Services grows, patients enter hospital earlier, and are the earlier fit for discharge.

Table 82 on page 64 gives particulars of children deemed "ineducable" after special examination, and who were therefore notified as such by the Education Committee to the Health Committee so that the latter might assume responsibility for their care.

The work done for both adults and children by our Duly Authorised Officers is appreciated by patients and their relatives and family doctors, and reflects credit on the Council as the Authority for this work, on the Health Department, and on these conscientious and able officers themselves; and I am glad to record our acknowledgements.

The Inspection and Supervision of Foods under the Food and Drugs Act of 1955 are carried out for the Health Department by the County Sanitary Officer and his Deputy and by two Sampling Officers. The value of this unobtrusive but necessary service is reflected in the good results set out in their report and tables on pages 68 to 73.

As greater areas of the County become "designated areas" in which only specified and safeguarded and no raw unsafeguarded milk may be sold, so do their work and responsibilities increase as the welfare of the consumer becomes safer.

The County Sanitary Officers have also been responsible for consolidating much of the information on the Sanitary Circumstances of the County and for a great deal of unremitting and conscientious work of a varied character in co-operation with the Surveyors and Public Health Inspectors of the twenty-five Borough and District Councils, doing much to help forward improvements in hygiene throughout the County.

The many statistical tables which conclude the report are of varying values and interest; perhaps Table IV showing mortality trends, and Tables VI to IX inclusive, which give nursing particulars in great detail, are those which may repay study and teach us most.

Liaison continues happily with the Hospital and General Medical Services as it does with those many voluntary organisations, whose contributions to the work of the Health Department, given so unsparingly, are greatly valued.

The entire staff of the Health Department deserve great credit for their cheerful persistence and hard and efficient work throughout a quite exceptionally testing year. As usual, we have enjoyed the constant support and unselfish help of the Council's other Departments.

The Council's interest in the work of the Department and their support of new developments and recognition of the service rendered by the staff are acknowledged with appreciation. For their encouragement and understanding in the many problems with which the Department is confronted I express my gratitude to the Chairmen and Members of the Health Committee and Sub-Committees.

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.

October, 1958.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1957)

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, BL., C.B.E., J.P., D.L.

FELL, W. M. W., M.Sc. (Vice-Chairman of Council)

(Chairman of Council)

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

COUNCILLORS:

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

PHILLIPS, MRS. L., J.P.

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

RHAIAADR-JONES, J. R.

CROFT, E. H.

SHAW, DR. C. W.

HAMAR, DR. L. A.

SMITH, C.

JONES, A. H., J.P.

STEPHENS, MRS. I. E.

JONES, T. H.

THOMAS, E. B., J.P.

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

WOOD, A. J.

MORRIS, T. E.

WORRALL, J. N.

PARRY-JONES, R. J. S., J.P.

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.

PARRY-JONES, R. J. S., J.P.

BLACK, CAPTAIN R. A.

POOLER, DR. W. R. H.

BOYNE, DOWAGER THE VISCOUNTESS

RHAIAADR-JONES, J. R.

FORESTER, THE LORD

STEPHENS, MRS. I. E.

GILES, REV. R. A. (Chairman)

STEVENTON, T. O.

HAMAR, DR. L. A.

THOMAS, E. B.

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

Appointed by Shropshire Nursing Association

VICE-CHAIRMAN OF COUNCIL

BEATTON, MRS. P.

ATTLEE, DR. W. O.

CHOLMONDLEY, MRS. V. M.

BOYNE, DOWAGER THE VISCOUNTESS

MACLEAN, MRS. G.

FORESTER, THE LORD

OSMOND, MRS. D.

GILES, REV. R. A.

SOUTHWELL, HON. MRS. A.

HAMAR, DR. L. A.

STEPHENS, MRS. I. E.

MORRIS, MRS. E. L. (Chairman)

WOOD, MISS N.

PHILLIPS, MRS. L.

POOLER, DR. W. R. H.

RYLE, DR. J. C.

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.

Vacancy

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.*

Administrative Assistant County and School Medical Officers:

NORA V. CROWLEY, *M.B., B.Ch., B.A.O., D.C.H., L.M.*

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

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., D.P.H.*

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

MARGARET E. BUCKLEY, *M.B., B.Ch. (resigned 2nd June, 1957)*

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

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

Principal Dental Officer:

GERALD R. CATCHPOLE, *L.D.S. (retired 30th March, 1957)*

CHARLES D. CLARKE, *L.D.S. (promoted 1st April, 1957)*

Assistant Dental Officers:

ANDREW DUNN, *L.D.S. (Part-time) (from 9th September, 1957)*

NOEL GLEAVE, *L.D.S.*

JOHN C. H. HANDS, *B.D.S. (Part-time) (from 27th February, 1957)*

JOHN F. HIGSON, *L.D.S., B.D.S. (appointed 2nd September, 1957)*

ANTHONY HOLLINGS, *B.Ch.D., L.D.S. (Part-time)*

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

DAVID ROGERS, *L.D.S., B.D.S. (appointed 15th April, 1957)*

DANUTA M. ROUSSEAU, *B.D.S., D.D.S. (Part-time)*

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

JOHN H. WICKERS, *B.D.S., L.D.S. (Part-time) (from 30th September, 1957)*

Dental Technician:

NORMAN J. RUSHWORTH, *(appointed 30th September, 1957)*

Superintendent Nursing Officer, Superintendent Health Visitor and Non-Medical Supervisor of Midwives:

FRANCES M. ROGERS, *S.R.N., S.C.M., Q.N., H.V.*

Deputy Superintendent Nursing Officer:

RITA M. HUGHES, *S.R.N., S.C.M., Q.N., H.V. (promoted from 1st July, 1957)*

Assistant Superintendent Nursing Officers:

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:

DAVID COUPS, *Cert. R.S.I.*

Assistant County Sanitary Officer:

GEORGE R. HALL, *Cert. R.S.I.*

County Ambulance Officer:

WALTER WALKER

Consultant Psychiatrist:

JEANNIE STIRRAT, *M.B., Ch.B., D.P.M. (Part-time)*

Psychiatric Social Worker:

KATHLEEN CARPENTER

Speech Therapists:

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

SHIRLEY A. BARNARD, *L.C.S.T. (resigned 31st August, 1957)*

MARGARET E. FRANKLIN, *L.C.S.T.*

Tuberculosis Health Visitor:

MARY DEMPSEY, S.R.N., H.V. (resigned 30th September, 1957)

ENID THOMAS, S.R.N., S.C.M. (Pt. I), H.V. (appointed 1st November, 1957)

Principal Duly Authorised Officer:

ERNEST A. R. WARD

Duly Authorised Officer:

CHARLES T. FRANCIS

DENNIS A. 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. PERCEVAL, M.B., B.Ch.

Consultant Orthodontists:

BRIAN T. BROADBENT, F.D.S.

MICHAEL F. SCOTT, L.D.S.

Table 1: Medical Officers of Health of Sanitary Districts

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1957
<i>Mixed Appointments:</i>				
A. C. MACKENZIE, M.D., B.Ch., D.P.H.	Shrewsbury Borough ..	8,118	44,919	47,380
C. B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	Oswestry Borough ..	2,173	10,712	11,020
	Oswestry Rural ..	61,524	20,746	20,360
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	2,470
	Whitchurch Urban ..	6,053	6,856	6,950
	Ellesmere Rural ..	48,253	8,601	8,990
	Wem Rural ..	60,343	12,043	12,640
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	6,250	6,430
	Bridgnorth Rural ..	100,897	16,168	16,720
<i>Whole-Time:</i>				
J. L. GREGORY, M.B., Ch.B., F.R.F.P.S., D.P.H., D.T.M. & Hy. (Deceased 15th October, 1957)	Bishop's Castle Borough	1,867	1,290	1,250
	Ludlow Borough ..	1,068	6,456	6,570
	Wenlock Borough ..	22,657	15,095	15,050
	Church Stretton Urban ..	6,198	2,580	2,770
	Atcham Rural ..	134,490	21,265	22,030
	Clun Rural ..	132,512	9,766	9,240
	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	8,490
	Market Drayton Urban ..	1,216	5,644	5,750
	Newport Urban ..	768	3,744	3,910
	Oakengates Urban ..	2,396	11,656	11,150
	Wellington Urban ..	2,281	11,416	13,140
	Drayton Rural ..	54,058	10,625	11,070
	Shifnal Rural ..	39,562	13,548	13,470
	Wellington Rural ..	54,516	23,521	25,040
	TOTAL ..	861,800	289,802	297,900

ANNUAL REPORT FOR 1957

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 and Vice-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, 1957)		£2,928,216
Estimated product of Id. rate (as at 1st April, 1957)		£11,594

Population.—The Registrar-General's estimate of the population of the County at mid-1957 (inclusive of members of the Armed Forces) was 297,900, and this figure is the basis of the various rates referred to in this Report.

The distribution of population throughout the various Sanitary Districts of the County is shown in Table I on page 86, from which it will be seen that 144,600 persons were resident in urban areas and 153,300 in rural areas. The population in the County as a whole decreased by 100, compared with an increase of 500 in the previous year.

Excess of births over deaths gave a natural increase in population of 1,361; there was, therefore, a corresponding exodus from the County of some 1,461 persons, due to movement of Service personnel and civilian migration.

In the County as a whole, the density of population was 0.35 persons per acre, with 2.30 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-1957, as distributed between urban and rural districts:

Table 2: Population

	1931		1951		1957	
	Persons	%	Persons	%	Persons	%
Urban Districts ..	121,665	49.8	139,570	48.2	144,600	48.5
Rural Districts ..	122,491	50.2	150,232	51.8	153,300	51.5
County ..	244,156	100	289,802	100	297,900	100

Marriages.—The number of marriages in 1957 was 2,071—an increase of 20 as compared with the previous year. The number of persons married represents a rate of 13.9 per 1,000 of population as against a rate of 15.4 for England and Wales.

Births.—The live births registered in and appertaining to this County during 1957 numbered 4,528, an increase of 104 compared with the previous year. Male and female births were 2,309 and 2,219 respectively.

The crude birth-rates for the year were 15.38 in urban districts, 15.03 in rural districts and 15.20 in the County as a whole. These rates are based upon the numbers of births per 1,000 of population.

The standardised rates, adjusted to allow for distribution of the local population by sex and age, were 15.38 in urban districts, 17.13 in rural districts and 16.26 for the County, compared with the provisional rate of 16.1 for England and Wales.

Of the 4,528 live births, 4,348 were legitimate and 180 illegitimate. This latter figure represents 3.9 per cent. of the live births, the same as 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 87.

Still-births.—During 1957, there were 101 still-births, representing a rate of 21.82 per 1,000 live and still-births, as against 25.12 for 1956. This rate of 21.82 is the lowest recorded in the County since 1949, and compares favourably with that for England and Wales for 1957 of 22.4.

The rate for still-births per 1,000 population was 0.34.

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

Table 3: Still-Birth Rates

Year	Still-births	Live Births	Total	Rate per 1,000 Live and Still-births
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	25.12
1957	101	4,528	4,629	21.82

Deaths.—The number of deaths registered in and appertaining to Shropshire during 1957 was 3,167, a decrease of 112 compared with the previous year. Male and female deaths were 1,683 and 1,484 respectively.

The crude death-rates for the year were 12.07 per 1,000 of population in urban areas, 9.27 in rural areas, and 10.63 in the County as a whole. Standardised death-rates were 10.50, 9.83 and 10.20 respectively, compared with a rate of 11.5 for England and Wales.

Deaths occurring in mental hospitals, mental deficiency institutions and hospitals for the chronic sick have, since January, 1953, been allocated to the area in which the death took place, irrespective of the place of ordinary residence. In Shropshire, this has had the effect of inflating the death rates for districts such as Bishop's Castle and Wenlock Boroughs, Whitchurch Urban and Oswestry Rural. To correct this, area comparability factors for 1957 have been specifically adjusted to take account of the presence of residential institutions.

From January, 1958, deaths in chronic sick and mental hospitals will be assigned to the area of occurrence only if the deceased has been resident there for six months or more. If the period of residence is less than six months, the death will be assigned to the area of usual residence.

The table below shows the standardised death-rates for Shropshire during 1955, 1956 and 1957, with comparable rates for England and Wales:

Table 4: Standardised Death-Rates

	1955	1956	1957
Urban Districts ..	11.85	11.0	10.50
Rural Districts ..	10.33	10.29	9.83
Whole County ..	11.14	10.67	10.20
England and Wales ..	11.7	11.7	11.5

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 88 and 89.

In the following table are given particulars of the principal causes of death, in order of importance, for 1957, with comparative figures for 1956 and 1955.

Table 5: Principal Causes of Death

Cause of Death	1957			1956			1955		
	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	1,104	3.71	34.86	1,129	3.79	34.42	1,163	3.91	35.07
Cancer	516	1.73	16.29	526	1.77	16.03	550	1.85	16.59
Vascular lesions of nervous system	465	1.56	14.68	513	1.72	15.64	487	1.64	14.69
Bronchitis	162	0.54	5.12	157	0.53	4.79	135	0.45	4.07
Diseases of circulatory system (other than heart disease) ..	130	0.44	4.11	116	0.39	3.54	142	0.48	4.28
Pneumonia	116	0.39	3.66	96	0.32	2.93	98	0.33	2.94
Accidents (other than motor vehicle)	63	0.21	1.99	61	0.20	1.86	62	0.21	1.87
Influenza	52	0.18	1.64	32	0.11	0.98	39	0.13	1.18
Motor vehicle accidents	34	0.11	1.07	41	0.14	1.25	56	0.19	1.69
Suicide	34	0.11	1.07	26	0.09	0.79	30	0.10	0.90
Congenital malformations	34	0.11	1.07	33	0.11	1.01	27	0.09	0.82
Nephritis and nephrosis	28	0.09	0.88	49	0.16	1.49	34	0.11	1.03
Ulcer of stomach and duodenum ..	26	0.09	0.82	34	0.11	1.04	37	0.12	1.12
TOTAL ..	2,764	9.27	87.26	2,813	9.44	85.77	2,860	9.61	86.25

Of the 3,167 deaths in 1957, no less than 45.06 per cent. were of persons aged 75 years or more. The table below shows the percentages of deaths in age groups and indicates, by comparison with figures for 1931, the extent to which mortality below 65 years has decreased.

Table 6: Deaths by Age Groups

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
1957	3.73	0.66	0.41	0.79	3.54	22.36	23.55	45.06
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

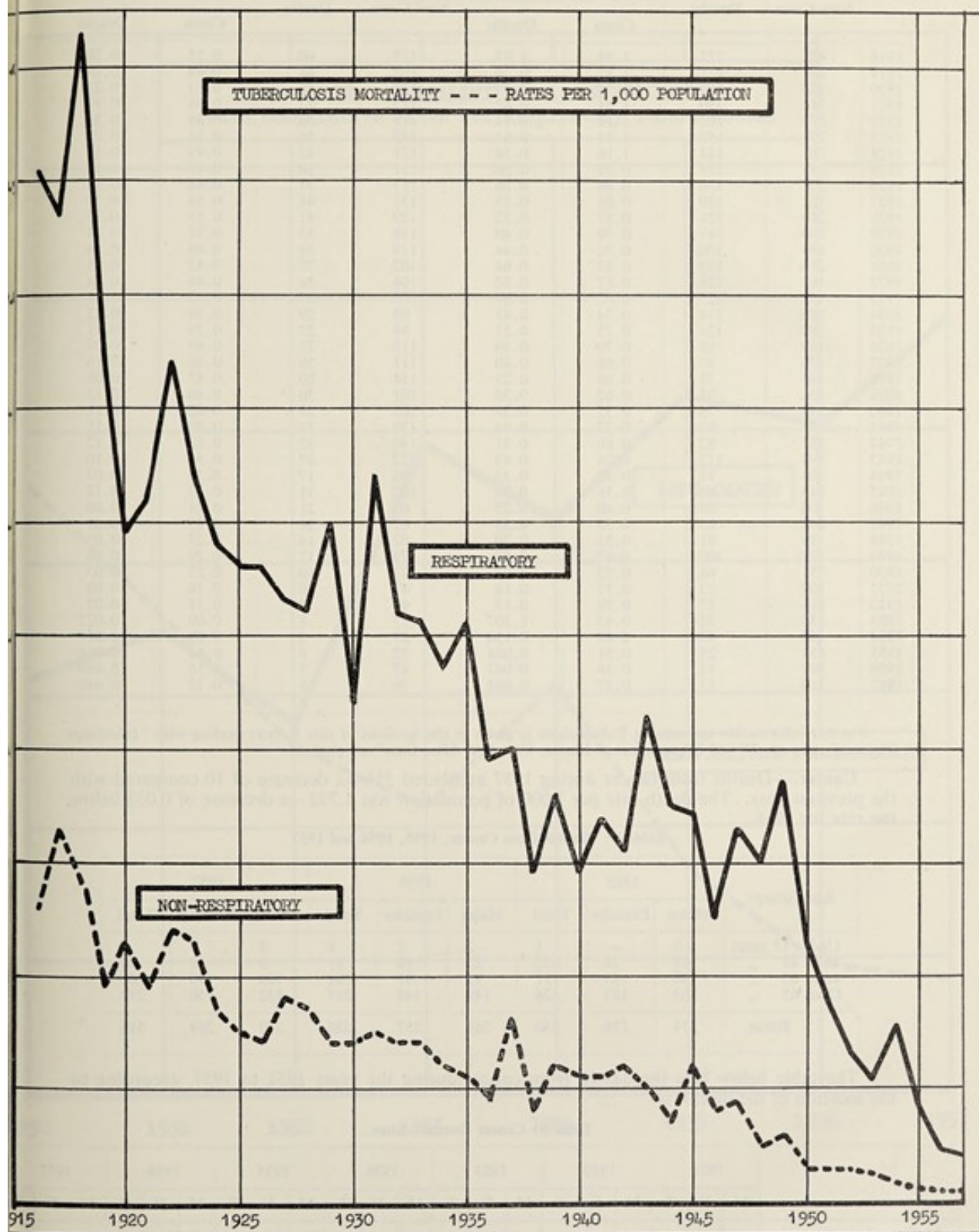
Generally, there has been little variation in the past six years but the rate for 1957 of male deaths in the 45—65 age group, which shows an increase deserves comment. In this group there were 446 deaths—14 per cent. of the total and 52 more than in the previous year. This increase is largely accounted for by higher mortality from cancer of the lung (58 deaths), coronary disease and angina (111 deaths) and suicide (14 deaths).

Tuberculosis.—During the year 13 deaths were registered from Respiratory Tuberculosis—one less than in the previous year—giving a death rate of 0.044 per 1,000 of population.

There were in addition 3 deaths from Non-respiratory Tuberculosis—the same as in 1956—giving a death-rate of 0.010.

For both forms of this disease, the death-rate for 1957 was 0.054 per 1,000 of population, compared with a rate of 0.107 for England and Wales.

TUBERCULOSIS MORTALITY IN SHROPSHIRE PER 1,000 POPULATION



The table below shows the notification and death-rates per 1,000 of population attributable to this County from 1918 onwards for both forms of Tuberculosis; and the graph on page 19 indicates the extent to which mortality from this disease has declined in the past fifty years.

Table 7: Tuberculosis—Respiratory and Non-Respiratory. Notification and Death Rates from 1918

Year	RESPIRATORY				NON-RESPIRATORY			
	New Cases	Deaths	Rate per 1,000 population		New Cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
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	1.107	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
1957	110	13	0.37	0.044	39	3	0.13	0.010

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 25 and "Prevention of Illness, Care and After-Care" on page 55.

Cancer.—Deaths from cancer during 1957 numbered 516—a decrease of 10 compared with the previous year. The death-rate per 1,000 of population was 1.732—a decrease of 0.033 below the rate for 1956.

Table 8: Deaths from Cancer, 1955, 1956 and 1957

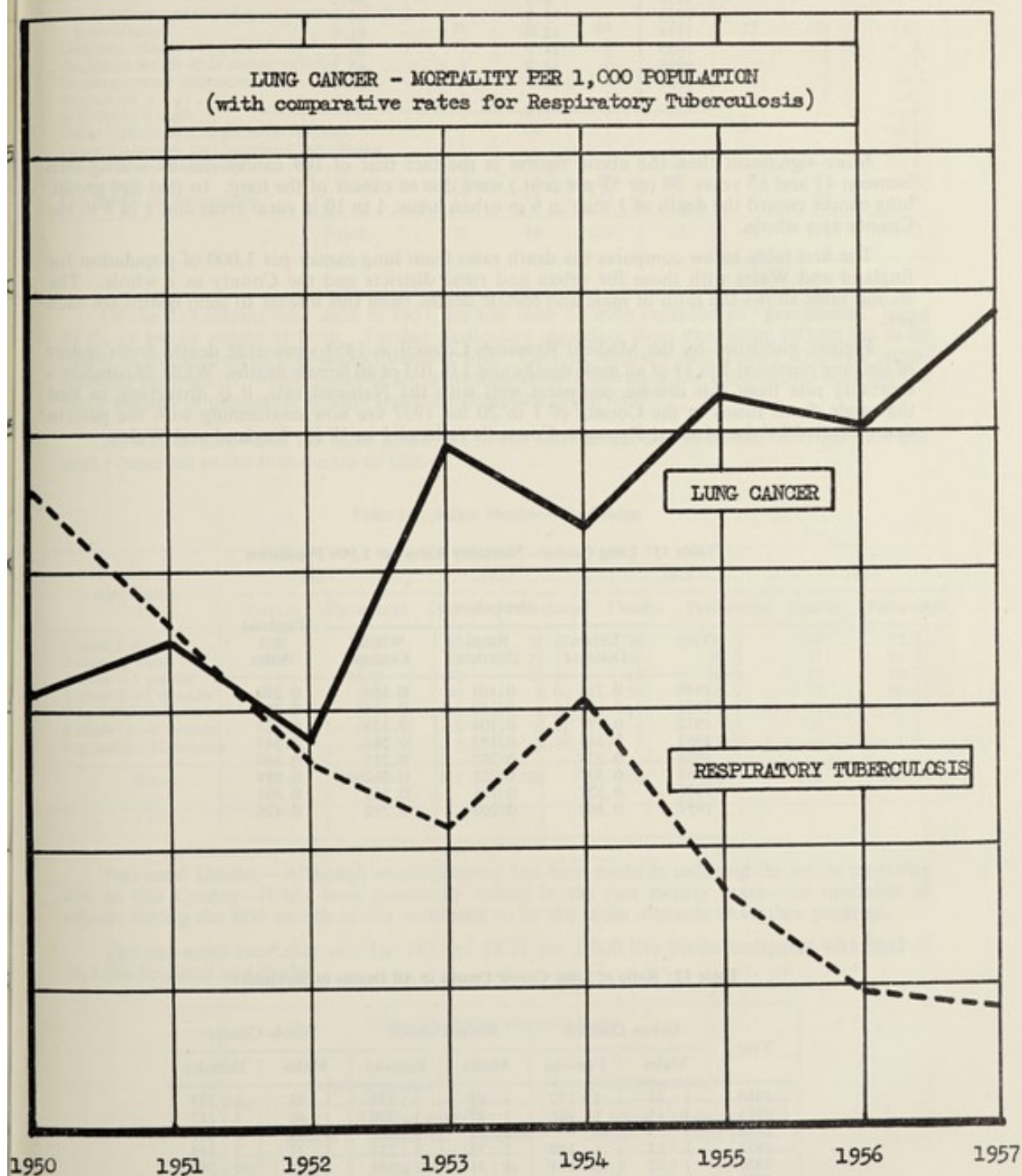
Age Groups	1955			1956			1957		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 15 years	1	—	1	2	2	4	2	3	5
15 to 45 ..	14	18	32	25	16	41	9	15	24
45 to 65 ..	96	95	191	93	91	184	109	96	205
Over 65 ..	163	163	326	149	148	297	132	150	272
TOTAL	274	276	550	269	257	526	252	264	516

The table below lists the deaths from cancer during the years 1951 to 1957, according to the location of the disease:—

Table 9: Cancer Deaths—Sites

	1951			1952			1953			1954			1955			1956			1957		
	M	F	T	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	45	36	81
Lung, Bronchus ..	43	8	51	37	4	41	62	11	73	58	6	64	69	9	78	64	11	75	83	4	87
Breast ..	1	45	46	—	39	39	1	56	57	—	42	42	—	51	51	—	48	48	—	50	50
Uterus ..	—	22	22	—	24	24	—	19	19	—	25	25	—	17	17	—	26	26	—	24	24
Other ..	166	131	297	152	133	285	146	126	272	166	146	312	157	158	315	159	135	294	118	145	263
Leukaemia, aleukaemia	8	5	13	13	5	18	10	10	20	9	4	13	5	4	9	8	8	16	6	5	11
TOTAL ..	260	255	515	260	238	498	266	263	529	273	259	532	274	276	550	269	257	526	252	264	516

LUNG CANCER MORTALITY IN SHROPSHIRE
PER 1,000 POPULATION



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

Table 10: Deaths from Lung Cancer

Year	% of all cancer deaths due to lung cancer	% of lung cancer deaths 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
1957	16.9	95.4

More significant than the above figures is the fact that of 109 cancer deaths among men between 45 and 65 years, 58 (or 53 per cent.) were due to cancer of the lung. In that age group, lung cancer caused the death of 1 man in 6 in urban areas, 1 in 10 in rural areas and 1 in 8 in the County as a whole.

The first table below compares the death rates from lung cancer 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.

Figures published by the Medical Research Council in 1957 show that deaths from cancer of the lung represent 1 in 18 of all male deaths and 1 in 103 of all female deaths. While Shropshire's mortality rate from this disease compares well with the National rate, it is disturbing to find that male death ratios in the County of 1 in 20 for 1957 are now conforming with the pattern demonstrated by the Medical Research Council's ratio of 1 in 18 for England and Wales.

Table 11: 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
1957	0.380	0.209	0.292	0.426

Table 12: 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
1957	1 : 18	1 : 409	1 : 25	1 : 334	1 : 20	1 : 371

Infantile Mortality.—In 1957, the number of infants who died before reaching the age of twelve months was 118—a decrease of 2 compared with the previous year.

The infant mortality rate, expressed as a rate per 1,000 live births, was 26.06—a decrease of 1.06 compared with the previous year.

The corresponding rate for England and Wales in 1957 was 23.0 per 1,000 live births.

Below, in tabular form, are particulars of the causes of death of infants who died in 1957 before attaining the age of one year, with comparative figures for 1956:—

Table 13: Infant Deaths registered in 1956 and 1957

Cause of Death	1956			1957			Increase or decrease
	Males	Females	Total	Males	Females	Total	
Other defined and ill-defined diseases (including prematurity)	37	27	64	48	27	75	+ 11
Gastritis, enteritis and diarrhoea .. .	1	—	1	2	1	3	+ 2
Accidents (other than motor vehicle) .. .	1	—	1	2	—	2	+ 1
Meningococcal infections .. .	1	—	1	—	1	1	—
Bronchitis .. .	1	—	1	1	—	1	—
Whooping Cough .. .	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
Pneumonia .. .	15	5	20	10	7	17	— 3
Congenital malformations .. .	13	15	28	11	8	19	— 9
TOTAL ..	72	48	120	74	44	118	— 2

Of the 118 infants who died in 1957, no less than 53 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 27, which includes an interesting table illustrating the relationship between the birth weights of premature infants and their prospects of survival.

As will be seen from the table below, 87 of the total infant deaths during 1957 (or 73.7 per cent.) occurred in the first month of life:—

Table 14 : Infant Deaths—Age Groups

Age Group	1954		1955		1956		1957	
	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage
Under 1 day ..	33	30.0	32	28.83	36	30.0	38	32.2
1 day—1 week ..	40	36.4	33	29.73	36	30.0	37	31.3
1 week—1 month ..	11	10.0	12	10.81	12	10.0	12	10.2
1 month—3 months	6	5.5	10	9.01	20	16.7	12	10.2
3 months—6 months	10	9.1	11	9.91	10	8.3	11	9.3
6 months—9 months	5	4.5	10	9.01	4	3.3	6	5.1
9 months—12 months	5	4.5	3	2.70	2	1.7	2	1.7
TOTAL ..	110	100	111	100	120	100	118	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.

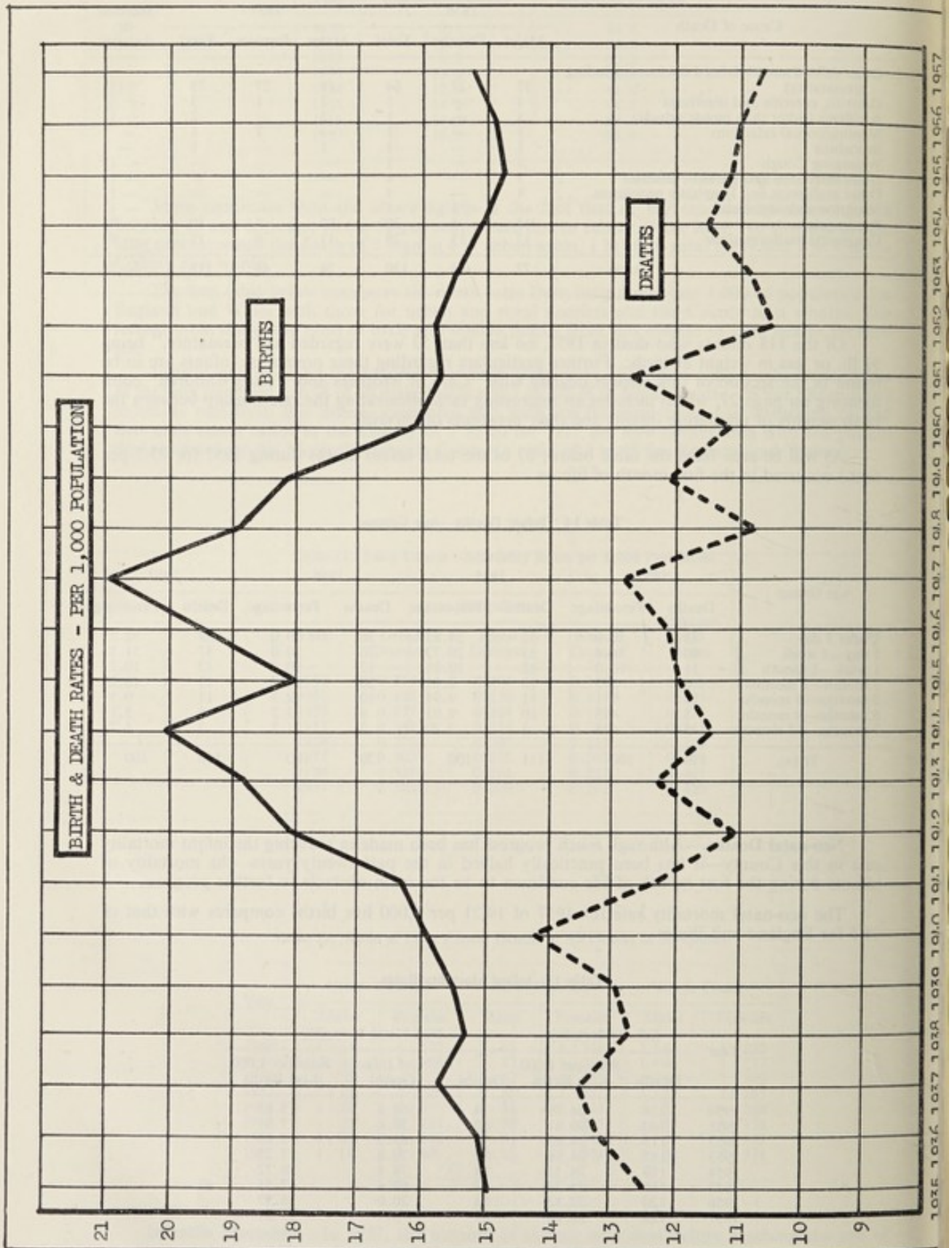
The neo-natal mortality rate for 1957 of 19.21 per 1,000 live births compares with that of 16.5 for England and Wales.

Table 15: Infant Mortality Rates

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
1957	118	26.06	87	73.7	19.21

Maternal Mortality.—There was in 1957 only one death due directly or indirectly to pregnancy. This was a woman of 33 years who died after confinement in hospital of fulminating post-partum eclampsia.

BIRTH AND DEATH RATES FOR SHROPSHIRE PER 1,000 POPULATION



The table below compares the maternal mortality rates for the County with those for England and Wales over the past ten years:—

Table 16: Maternal Mortality

Year	Deaths	Rate per 1,000 live and still-births	
		Shropshire	England and Wales
1948	3	0.57	1.02
1949	3	0.59	0.98
1950	9	1.88	0.86
1951	1	0.21	0.79
1952	6	1.25	0.72
1953	2	0.42	0.76
1954	3	0.65	0.69
1955	4	0.88	0.64
1956	3	0.66	0.56
1957	1	0.22	0.47

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

Table 17: Birth Rates, Death Rates and Analysis of Mortality, 1957

	Birth Rate per 1,000 population		Death rate per 1,000 population						Infant death rate per 1,000 livebirths	
	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	16.1	—	11.5	0.095	0.012	0.426	1.668	2.094	16.5	23.0
Shropshire	(a)15.20 (b)16.26	0.34	(a)10.63 (b)10.20	0.044	0.010	0.292	1.440	1.732	19.21	26.06

(a) Crude rate. (b) Standardised rate.

Table 18: 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			
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
1957	4,528	15.20	3,167	10.63	1,361	26.06	1.732

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

INFECTIOUS DISEASES

Table V on page 90 of this Report summarises the notifications of infectious diseases which were received during 1957.

Tuberculosis.—During the year, 110 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 an increase of one new case compared with the previous year.

Deaths from Respiratory Tuberculosis numbered 13, a decrease of one compared with the previous year, and for the third successive year the lowest ever recorded in this County.

New cases of Non-respiratory Tuberculosis numbered 39, again excluding those not ordinarily resident in the County. There were 3 deaths from this form of the disease—the same as in the previous year.

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

Table 19: New cases of, and deaths from, Tuberculosis during 1957

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	—	—	—	—	—	—	—	—
1—5 ..	1	7	5	3	—	—	—	—
5—15 ..	5	6	7	1	—	—	—	—
15—25 ..	13	25	4	6	—	—	—	—
25—45 ..	14	14	5	4	—	—	—	—
45—65 ..	18	6	3	1	5	1	1	—
65 and over ..	1	—	—	—	6	1	1	1
TOTAL ..	52	58	24	15	11	2	2	1
	110		39		13		3	

New cases of respiratory disease continue to predominate in the younger and middle-aged women and in the younger and older men.

Non-notified Fatal Cases.—Of the deaths from Tuberculosis, 7 occurred of persons who had not been notified during life as suffering from this disease, but in respect of whom posthumous notifications were received.

Four were Respiratory cases and represented 31 per cent. of the total deaths from this form of the disease. The fact that, during 1957, 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 1957 was 29, an increase of 19 compared with the previous year, and of these two terminated fatally.

These 29 cases, 19 of which were paralytic* and 10 non-paralytic, were notified as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1	—	—	—	1	2	4	6	5	3	2	5	29

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

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

Table 20: Poliomyelitis—Age Groups of Notified Cases

Age Groups	Paralytic		Non-Paralytic		Total	
	Males	Females	Males	Females	Males	Females
Under 1 ..	—	—	—	1	—	1
1—2 ..	1	1	—	—	1	1
3—4 ..	3	—	—	1	3	1
5—9 ..	4	1	5	1	9	2
10—14 ..	—	—	1	—	1	—
15—24 ..	2	1	—	—	2	1
25 and over ..	4	2	1	—	5	2
TOTAL ..	14	5	7	3	21	8

The table below shows the yearly incidence of, and deaths from, this disease during the past two decades:—

Table 21: Notifications of, and Deaths from, Poliomyelitis, from 1938 to 1957

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Notifications ..	8	15	4	4	1	5	10	13	5	32	13	10	62	13	27	26	13	19	10	29
Deaths ..	1	2	2	2	—	—	1	1	—	2	2	1	11	1	—	—	2	1*	—	3†

*Death occurring in but not assignable to this County.

†One of these deaths was of a case not notified in this County—an airman stationed in Shropshire who was admitted to a Barrow Hospital whilst on leave and died there.

(For vaccination against poliomyelitis, see under Immunisation Service on page 49).

Dysentery.—The number of cases of Dysentery notified during 1957 was 276—an increase of 36 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 4,120—an increase of 3,074 over the corresponding figure for 1956; there were no deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 868, or 536 more than in the previous year. There were no deaths from this disease during 1957. (See also under Immunisation Service on page 47).

Food Poisoning.—The number of cases of Food Poisoning notified was 39, compared with 145 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in this County during 1957. (See also under Immunisation Service on page 46).

Smallpox.—There was no notified case of Smallpox in this County during 1957.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 142—a decrease of 65 compared with the previous year.

VENEREAL DISEASES

Provision for the treatment of venereal diseases is a responsibility of the Hospital and Specialist Services, and a clinic is operated by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury. This is the only one in this County and serves the bordering Welsh Counties and most of Shropshire, patients residing near the eastern county boundary tending to make use of the clinics in Wolverhampton and Stafford.

Sessions are held at the Shrewsbury Clinic as under:

Females	..	Mondays	..	3.30 to 5.30 p.m.
		Thursdays	..	5 to 7 p.m.
Males	..	Tuesdays	..	6 to 8 p.m.
		Fridays	..	

The following statistics relating to the attendance of Shropshire patients at the Shrewsbury Clinic during 1957 have been made available through the courtesy of the Venereologists, Dr. J. P. G. Rogerson (male clinic) and Dr. E. M. McCarter (female clinic):—

Table 22: Cases treated in 1957

NEW CASES FROM SHROPSHIRE	Males	Females	Total
Syphilis—cardio-vascular	1	—	1
late	1	4	5
Gonorrhoea	9	3	12
Other Conditions:			
Non-gonococcal urethritis	13	—	13
Conditions requiring treatment ..	22	12	34
Conditions not requiring treatment ..	42	21	63
TOTAL ..	88	40	128
ATTENDANCES—ALL SHROPSHIRE CASES	Males	Females	Total
Syphilis	321	583	904
Gonorrhoea	43	12	55
Other conditions	357	103	460
TOTAL ..	721	698	1,419

The only out-County clinic reporting the attendance of new cases from Shropshire was that at the Royal Hospital, Wolverhampton, where 27 cases were seen—3 Syphilis, 2 Gonorrhoea and 22 other conditions.

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 1957, with corresponding figures for the preceding four years:—

Table 23: Notifications of Births

Year	Live Births	Stillbirths	Total
1953	4,679	126	4,805
1954	4,555	114	4,669
1955	4,471	112	4,583
1956	4,533	122	4,655
1957	4,656	100	4,756

The births in 1957 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	Still-births
Domiciliary	1,883	28
In Hospitals and Institutions ..	2,520	72
In Private Nursing Homes ..	253	—
TOTAL ..	4,656	100

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	Still-births
Actual	4,656	100
Transfers—Out	235	2
In	162	3
Adjusted	4,583	101

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 1957, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:—

Table 24: Premature Infants born during the years 1953 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 %
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
1957	115	262	7	384	32	18	50	334	86.9

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1957 are summarised in the table on page 29.

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

<i>Welfare Centre, Murivance, Shrewsbury (Commenced 13th June, 1951)</i>	
2nd and 4th Wednesdays each month	2 to 4 p.m.
<i>Welfare Centre, Dinham, Ludlow (Commenced 6th October, 1954)</i>	
1st Wednesday in February, April, June, September and November ..	2 to 4 p.m.
<i>Welfare Centre, Haygate Road, Wellington (Commenced 15th February, 1956)</i>	
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, 1957:—

Table 25: Attendances at Birth Control Clinics

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
1957	23	64	142	59	1	80 15 10
<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
1957	5	8	24	8	—	6 18 0
<i>Wellington</i>						
1956	5	21	27	20	4	7 6 10
1957	5	23	34	23	5	10 5 6

Table 26: Premature Live Births and Stillbirths, 1957

Weight at Birth	PREMATURE LIVE BIRTHS													PREMATURE STILLBIRTHS			
	Born in Hospital			Born at Home					Born in Nursing Home					Born in Hospital	Born in Home	Born in Nursing Home	
				Nursed entirely at Home			Transferred to Hospital on or before 28th day		Nursed entirely in Nursing Home			Transferred to Hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days		
3 lb. 4 ozs. or less . .	40	17	17	2	2	—	9	1	6	—	—	—	—	—	22	7	—
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs.	53	5	44	3	1	1	13	1	12	2	—	2	—	—	12	1	—
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. . .	50	1	49	12	—	12	8	—	8	1	—	1	—	—	6	1	—
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs.	119	3	114	59	1	57	9	—	7	3	—	3	1	1	8	2	—
TOTAL . .	262	26	224	76	4	70	39	2	33	6	—	6	1	1	48	11	—

Of 384 children who were born prematurely in 1957, a total of 334 (or 86.9 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 1957, notifications were received from medical practitioners of 2 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.

Both 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 31 gives information with regard to the attendance at these and other voluntary clinics of pre-school children and expectant mothers during 1957.

Opening of new Welfare Centres.—Accommodation was rented in existing premises at the Abbey Parish Hall, Monkmoor, Shrewsbury, for two child welfare sessions a month from 10th March, 1957; and at Ainsworth House, Baschurch, for one session a month from 4th July, 1957.

Limitation in capital expenditure has resulted in further deferment of the Welfare Centre at Whitchurch, which it was proposed to have adjacent to the Cottage Hospital for joint use for local health and hospital services. The only remaining project is that for new premises at Donnington, where it is hoped that a Community Centre will be provided in the near future and will include welfare centre accommodation.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority:

- a. Ante-natal (a/m — Midwives; a/g — G.P.s)
- 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)
BASCHURCH	Ainsworth House	(R) g	2nd Tuesday
BISHOP'S CASTLE	Stone House	(R) e, g	2nd and 4th Fridays
BRIDGNORTH	Northgate	(C) a, a/m, 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, l, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, a/g, d, e, g, j, l, m, n Gp. 27 H.M.C.: t	Tuesdays
DONNINGTON	(1) Turrell Hall (2) Army Dental Centre	(C) a, e, g, m (R) e, g	Wednesdays 2nd and 4th Fridays
ELLESMERE	Brownlow Road	(C) a, d, e, g, 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, 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, d, e, g, l, 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, a/m, 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, h, i, l, m Gp. 15 H.M.C.: n, o, s, w Gp. 27 H.M.C.: t Others: r, z	Wednesday
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, l	Mondays
SHREWSBURY	(1) Murivance (2) White House (3) Monkmoor	(R) a, b, e, g, i, j, l, m (C) a, g, m (R) e, g	Tuesdays and Fridays Thursdays and Fridays 1st and 3rd Tuesdays
ST. MARTIN'S	Ifton Miners' Institute	(R) e, g	1st and 3rd Tuesdays
WELLINGTON	Haygate Road	(C) a, b, 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

Table 27: Attendances at Welfare Centres during 1957

Welfare Centre	CHILDREN 0 TO 4 YEARS									EXPECTANT MOTHERS	
	CASES					ATTENDANCES				New Cases (Post-natal in brackets)	Total Attendances
	Made first attendance when under 1 year	All Cases—Born in				Under 1 year	1 year but under 2	2 years but under 5	Total		
		1957	1956	1955—1951	Total						
Alveley	—	—	3	4	7	3	3	1	7	*	*
Baschurch	13	9	8	5	22	27	18	17	62	*	*
Bishop's Castle	21	16	22	32	70	154	101	136	391	*	*
Bridgnorth	123	103	88	135	326	1,742	430	619	2,791	§60	181
Broseley	47	41	72	35	148	488	104	64	656	*	*
Church Stretton	41	31	48	60	139	362	124	139	625	—	—
Cleobury Mortimer	36	23	36	46	105	370	98	150	618	*	*
Dawley	105	86	65	88	239	1,151	228	301	1,680	—	—
Donnington:											
Turrell Hall	96	78	89	101	268	1,325	244	196	1,765	1	1
Depot	34	24	23	49	96	209	78	99	386	*	*
Ellesmere	59	47	49	50	146	773	221	208	1,202	8	9
Hadley	50	40	47	67	154	543	254	259	1,056	*	*
Highley	43	40	24	43	107	493	93	154	740	13	15
Ironbridge	50	44	35	50	129	590	150	172	912	4	4
Ludlow	92	84	86	61	231	938	183	132	1,253	§43	157
Madeley	52	41	47	51	139	727	135	169	1,031	—	—
Market Drayton	115	85	90	149	324	1,746	447	407	2,600	21	34
Much Wenlock	45	39	25	34	98	360	178	132	670	1	1
Newport	115	91	110	230	431	1,689	781	1,244	3,714	§61	77
Oakengates	71	67	63	74	204	1,083	255	238	1,576	—	—
Oswestry	127	98	107	73	278	1,578	225	125	1,928	1(1)	1(1)
Pontesbury	48	38	39	49	126	385	140	141	666	*	*
Prees	25	25	6	21	52	210	112	102	424	*	*
St. Martins	30	25	32	29	86	317	75	87	479	*	*
Shawbury	65	53	43	112	208	825	206	480	1,511	*	*
Shifnal	57	53	47	68	168	720	166	270	1,156	*	*
Shrewsbury:											
††† Monkmoor	53	44	24	14	82	258	27	27	312	*	*
Murivance	301	239	243	236	718	2,836	593	429	3,858	75(8)	192(10)
White House	185	153	181	241	575	2,482	611	671	3,764	50(10)	131(10)
Wellington	172	136	152	208	496	1,969	549	540	3,058	1	1
Wem	61	49	49	60	158	592	299	198	1,089	—	—
Whitchurch	86	69	74	39	182	1,197	244	156	1,597	106	514
TOTAL	2,418	1,971	2,027	2,514	6,512	28,142	7,372	8,063	43,577	445(19)	1318(21)

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

Bridgnorth	44	36	37	67	140	772	256	271	1,299	*	*
Buntingsdale	108	87	65	27	179	1,341	160	58	1,559	*	*
Cosford	42	33	37	45	115	599	150	187	936	*	*
Tern Hill	25	23	13	3	39	169	19	8	196	*	*
TOTAL	219	179	152	142	473	2,881	585	524	3,990	*	*

†Closed 31st January, 1957.

††Opened on 4th July, 1957. †††Opened on 19th March, 1957.

*No Ante-Natal Clinic.

§Midwives Ante-Natal Clinic.

||Figures include Midwives 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 1957 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 118 children came under supervision during the year, representing 66 per cent. of the illegitimate births assigned to the County.

Table 28: Supervisory Work undertaken during 1957

Association	Moral Welfare Workers	Visits to Mothers and Children	Unmarried Expectant Mothers Visited
Lichfield	1	1,036	42
Hereford	2*	434	17
TOTAL ..	3	1,470	59

*One Officer also undertakes duties in the Hereford Archdeaconry, estimated to be equivalent to half her time.

Table 29: Children Supervised during 1957

	Total	Lichfield	Hereford
On Register on 1st January ..	314	231	83
Added during year	118	74	44
Removed during year	158	117	41
On Register on 31st December ..	274	188	86

Removals from the Register are accounted for as follows:—

Attained school age	87
Mother married—child with mother	10
Left County with mother	11
To adopters—in Shropshire	10
elsewhere	26
To Dr. Barnardo's Home	2
To Church of England Society's Nursery	2
In care of Children's Officer	5
Died	3
Help refused	2
	158

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 1957 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 1957:—

St. Martin's Home, Hereford	15
Chaddeslode, Shrewsbury	11
Myford House, Horsehay	5
Mrs. Legge Memorial Home, Wolverhampton ..	1
	32

Report of the Principal Dental Officer

The dental service for expectant and nursing mothers in 1957 has followed similar lines to that of previous years. It has in fact shown some expansion, and care has had to be taken to maintain a balance between treatment time for mothers and that for school children.

During the year, professional staff consisted of 5 full-time officers and 4 part-time officers, the latter being in service for the whole of the year and each carrying out an average of 3 sessions per week. In addition, 2 part-time officers joined the staff during the year and did 5 sessions per week between them. In terms of full-time officers, the equivalent of 6.4 staff was employed in 1957, against an establishment of 11, with an increase of 0.65 of a full-time officer compared with the previous year. The time devoted to expectant mothers and pre-school children was 0.9 of a full-time officer.

Evening Sessions.—Two full-time officers have shown a willingness to carry out these sessions and the increase from a 2½ to a 3 hour session has made it possible to see more patients.

At the moment, two sessions per week are being held at the Shrewsbury Clinic, and another session will be commenced in the Ludlow Clinic very soon.

These arrangements spread the load and enable the increasing demand on the part of expectant and nursing mothers for dental treatment to be met without curtailment of other work.

The figures for under school age children examined and treated show a slight decrease on last year. No significance can be attached to this; the demand for treatment in this group has just been a little less this year.

A list of figures for comparison with previous years is given below:—

<i>Patients dealt with:</i>	1955	1956	1957
Expectant and Nursing Mothers—			
Examined	308	382	471
Treated	363	482	562
Pre-School Children—			
Examined	364	392	374
Treated	344	379	332
<i>Treatment carried out:</i>			
Expectant and Nursing Mothers—			
Fillings inserted	654	817	759
Extractions	1,287	1,958	2,049
Dentures supplied	115	235	290
Pre-School Children—			
Fillings inserted	177	323	394
Extractions	405	458	455
Dentures supplied	—	—	1

19 mothers were awaiting treatment at the end of the year.

Dental Health Education.—Posters, display sets and pamphlets have been used to bring home to mothers the need to maintain good dental health, both for themselves and their children. Next year it is hoped to extend the scope of education by lectures, the use of films and by means of sets of models showing various mouth conditions, which will be produced in our own laboratory plus some hired from other sources.

Construction of Artificial Dentures and other Appliances.—As will be seen from the above figures, there has been a further increase in the number of dentures supplied, and this figure does not include orthodontic appliances. The fact that since 1st October, 1957, we have had our own laboratory in use has proved a great asset.

Future of the Service.—The continued shortage of professional staff in the Service and the difficulties encountered in recruitment place a brake on the development of the Service—a Service which, if given the chance, could provide highly specialised treatment for a priority section of the community in the Maternity and Child Welfare and School Services.

C. D. CLARKE,

Principal Dental Officer.

Table 30: Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1957

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	471	462	562*	306
Children under five years ..	374	326	332	292

*Includes cases brought forward from 1956.

Table 31: Forms of Dental Treatment provided during 1957

	Scalings or Gum Treat- ment	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	733	759	2	1	2,049	155	156	134	35
Children under five years ..	1	394	177	—	455	209	—	1	9

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, 1957, 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, 90 smaller selling points, established as under, were in operation on 31st December, 1957:—

County Council Welfare Centres ..	20
Services Welfare Centres	2
Chemists' Shops	2
Other Shops	18
Post Offices	19
Private Houses	17
Schools	9
Others	3
TOTAL ..	90

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, 1957, together with comparable figures for the previous year, are given below:—

Table 32: Welfare Foods Issues

Items of Food	Average Weekly Issues		Total Issues	
	1956	1957	1956	1957
National Dried Milk—tins	3,087	2,523	160,537	131,225
Orange Juice—bottles	3,103	3,318	161,362	172,513
Cod Liver Oil—bottles	518	462	26,943	24,001
A & D Vitamin Tablets—packets ..	220	215	11,465	11,186
TOTAL ..	6,928	6,518	360,307	338,925

It will be seen from the above table that the quantity of National Dried Milk issued during 1957 was considerably less than in 1956. This decrease in the demand for National Dried Milk followed the raising of the price of this commodity by the Government in April, 1957, from 10½d. to 2/4d. per tin.

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, 1957, with corresponding figures for the two preceding years:—

Table 33: Staffing and Establishment

Nursing Staff	Establishment	On 31st December		
		1955	1956	1957
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer ..	1	—	—	1
Assistant Nursing Officers	3	3	3	2
Tuberculosis Health Visitor	1	1	1	1
Health Visitors	41*	26	25	28
School Nurses	3	3	3	3
Home Nurse Midwives	88	76	70	69
Home Nurses—whole-time	8	7	7	7
“ “ part-time	—	2	2	3
Midwives	6	5	6	6
Relief Nurses—whole-time	6	4	3	3
“ “ part-time	—	3	4	5

*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. All the 14 trainees recruited passed their examination on the conclusion of their course.

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, 1957, was as follows:—

Table 34: Transport for Nursing Services

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (72)	59	11	2
Midwives (6)	2	3	1
Home Nurses (7)	2	3	2

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.

To provide replacement accommodation, standard-type houses and bungalows, approved by the Ministry of Health, are erected as occasion requires. During 1957, a house at Roden and a pair of bungalows at Newport were completed and at the end of the year a bungalow was in course of erection at Minsterley. A house for two nurses is scheduled for erection at Hinstock when prolonged negotiations for the acquisition of a site are finally completed.

Particulars of the accommodation occupied by nurses and midwives in the Council's employment on 31st December, 1957, are as follows:—

Houses	..	owned by the Council	..	..	..	..	22
		rented by the Council	..	..	..	..	26
		owned or rented by nursing staff or their relatives	..	..	..	..	20
Flats	..	rented by nursing staff or their relatives	..	..	..	..	2
Rooms	..	rented by nursing staff	..	..	..	..	3
							73

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, 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.

An arrangement exists with the Montgomery 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 1957.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1957:—

Table 35: Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Directly employed	84	83
Agency arrangement	2	2
Hospitals—National Health Service ..	47	41
Other	10	19
Nursing Homes	9	
Private domiciliary practice	2	2
	154	147

Confinements.—The table below shows the numbers of confinements attended by midwives during 1957:—

Table 36: Confinements attended by Midwives

Midwives	Domiciliary Confinements				Institutional Confinements	Total
	Doctor not booked		Doctor booked			
	Doctor present	Not present	Doctor present	Not present		
County Council	3	70	339	1,444	—	1,856
Agency	—	—	—	3	—	3
Private practice	—	—	6	—	—	6
N.H.S. hospitals	—	—	—	—	2,315	2,315
Other hospitals ..	—	—	—	—	243	243
Nursing Homes	—	—	—	—	250	250
TOTAL ..	3	70	345	1,447	2,808	4,673

Administration of Analgesics.—Particulars of the domiciliary cases in which analgesics (gas/air, trilene and pethidine) were administered during 1957 are as follows:—

Table 37: Analgesics

Midwives	Gas/Air		Trilene		Pethidine	
	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present
Council	236	820	95	344	248	821
Agency	—	2	—	—	—	2
Private	4	—	—	—	3	—
TOTAL	240	822	95	344	251	823

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 1957, with comparative figures for the preceding two years:—

Table 38: Notifications issued by Midwives

Year	Medical Aid	Still-births	Death of mother or child	Artificial Feeding	Liability to be a source of infection	Having laid out a dead body
1955	559	76	17	318	90	16
1956	833	93	24	502	90	22
1957	866	84	26	502	68	19

Work performed by County Council Midwives.—For the second year in succession information about domiciliary confinements attended by County Council and agency midwives has been compiled from case reports submitted immediately after the puerperium period in each confinement.

Deliveries.—During 1957, there were in all 1,894 domiciliary confinements, of which 35 were attended either by doctors alone, or by private midwives or by ambulance midwives in emergency, leaving 1,859 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 91 shows the distribution of these 1,859 cases throughout the Nursing Districts in the County. Attendance on these cases involved 18,529 ante-natal, 6,861 maternity and 28,681 midwifery visits—a total of 54,071 visits. On average, each case received 10 ante-natal and 19 midwifery or maternity visits from the midwife.

The 6 whole-time Midwives in the Borough of Shrewsbury attended 301 cases, or an average of 50 each; in the remainder of the County, where midwifery is combined with home nursing, the district nurse-midwives averaged 20.2 cases each.

In addition, 1,645 cases were attended following discharge from hospital after confinement, involving 7,134 visits.

The above details are repeated in the table below for comparison with work performed during the previous year:—

Table 39: Cases attended by Domiciliary Midwives

Year	Staff		Domiciliary Confinements					Discharged Institutional Cases	
			Cases	Visits				Cases	Visits
				Ante-natal	Maternity	Midwifery	Total		
1956	Midwives	6	309	2,863	474	4,952	8,289	308	1,173
	Nurse-Midwives ..	78	1,630	16,230	6,220	25,191	47,641	1,275	5,028
	TOTAL ..		1,939	19,093	6,694	30,143	55,930	1,583	6,201
1957	Midwives	6	301	3,101	417	4,934	8,452	305	1,393
	Nurse-Midwives ..	78	1,558	15,428	6,444	23,747	45,619	1,340	5,741
	TOTAL ..		1,859	18,529	6,861	28,681	54,071	1,645	7,134

Maternity Medical Services.—Of the 1,859 confinements, a doctor had been booked to provide maternity medical services in 1,786 cases (96 per cent.); and a doctor was present at delivery in 339 (19 per cent.) of these cases.

Of the remaining 73 cases (4 per cent.) in which no doctor had been booked, one was present at delivery in 3 cases (4 per cent.).

Blood examinations.—Ante-natal blood testing of an expectant mother is necessary to detect anaemia; to determine Wassermann and Kahn reactions and eliminate the possibility of Syphilis; and to establish her blood group and, in certain cases, to see if antibodies are present.

During 1956 and again in 1957, consideration was given, in consultation with the Local Medical Committee, to a scheme whereby the requirements of the Central Midwives Board, placing upon the midwives responsibility for the collection of blood specimens, could best be met to the satisfaction of all concerned.

In June, 1957, a scheme was put into operation whereby every midwife is supplied with blood tubes, labels and envelopes for specimens to be taken by the general practitioner and sent by the midwife to the Regional Blood Transfusion Centre in 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 test are subsequently notified to the practitioner concerned. Similarly, in domiciliary cases where a County Council midwife is not involved, blood testing outfits are sent to the practitioner on request.

All midwives have been supplied with Tallqvist test books for the estimation of haemoglobin. This test for anaemia is carried out by the midwife at the time of booking and again at the 30th week or thereabouts. Any case in which the haemoglobin level is below 75 per cent. is referred to the general practitioner concerned.

In about 85 per cent. of men and women their blood contains a property known as the "Rhesus Factor"; blood containing this property is called Rh. positive and that without Rh. negative.

An expectant mother whose blood is Rh. negative and who is married to an Rh. positive man may give birth to a child who will develop anaemia and jaundice shortly after birth—a condition known as "Haemolytic disease of the newborn." Prompt diagnosis and exchange blood transfusion afford the best chance of saving the lives of such babies.

To enable prompt action in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination in the following circumstances:—

- (a) when the laboratory investigations have shown that the child is likely to be born suffering from haemolytic disease; OR
- (b) if the child at birth appears jaundiced, anaemic or oedematous; OR
- (c) if at birth the first inch or so of the cord at the umbilicus shows a greenish-yellow discolouration. (This is a valuable early sign of haemolytic disease, although exceptionally it may be seen in a normal child, and it is a sound practice to examine the cord routinely for this discolouration immediately a baby is delivered); OR
- (d) in all cases where *the mother's blood has not been examined ante-natally*.

The reports for 1957 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 1,669 cases (89.9 per cent.) and for Wassermann and Kahn reactions (for Syphilis) in 951 cases (51.2 per cent.). This shows a considerable improvement on the previous year, when the appropriate percentages were 63 and 34 per cent. respectively.

Table 40: Results of Blood Tests

Rhesus Factor		Wassermann and Kahn	
Positive	Negative	Positive	Negative
1,469 (88%)	200 (12%)	5	946

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

Coombs tests were performed in 139 cases. In 24 of these, Rhesus grouping was not known and in only one case was a Coombs positive result obtained.

In the remaining 114 cases, a positive report was obtained in 12 cases. No full information is available as to the eventual outcome of these cases but it is known that 2 infants had an exchange transfusion.

Analgesics.—Sixteen sets of apparatus for the administration of Trilene were in use during 1957 by selected midwives in the busiest midwifery areas.

All but one 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 1957.

Pethidine was administered, with inhalation analgesics, in 152 cases and, in conjunction with trilene and/or gas/air in a further 919 cases—a total of 1,071 confinements or 58 per cent.

Trilene was given in 117 cases, and in conjunction with pethidine or gas/air in a further 322 cases—a total of 439 or 24 per cent. of the domiciliary confinements.

Gas/air was induced on its own in 411 cases, and in conjunction with one or both of the analgesics already named in 647 cases—1,058 confinements in all or 57 per cent.

Analgesics, singly or combined with others, were therefore given in 1,607 cases—86 per cent. of the 1,859 domiciliary confinements.

Births.—The domiciliary confinements attended by County Council midwives resulted in the birth of 1,848 live infants, 15 pairs of live twins, 2 pairs of twins of which one infant was alive and one stillborn, and 26 single stillbirths.

Of the 28 confinements resulting in stillbirths, the mother's blood group was Rhesus positive in 19 cases, negative in 4 cases and in the remaining 5 there was no evidence that a blood test had been taken. These cases received 292 ante-natal visits—an average of 10 visits per case, which is the same as for all cases.

Premature births.—Ninety-three of the 1,859 confinements resulted in the birth of a live infant weighing 5½ lb. or less. The table below shows the age group and parity of the mothers and the relationship of these two factors with birth weights.

Table 41: Premature Live Births in Domiciliary Confinements

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	41—45
1 lb. 2 ozs.—2 lb. 3 ozs.	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
2 lb. 3 ozs.—3 lb. 4 ozs.	6	—	4	1	—	1	—	—	—	—	—	1	—	4	1	—	—
3 lb. 4 ozs.—4 lb. 6 ozs.	16	1	3	5	2	1	1	3	—	—	—	2	3	6	4	1	—
4 lb. 6 ozs.—4 lb. 15 ozs.	13	1	3	2	3	2	1	—	1	—	—	—	2	2	5	3	1
4 lb. 15 ozs.—5 lb. 8 ozs.	57	10	23	6	6	5	4	1	1	—	1	1	17	22	10	5	2
TOTAL	93	12	34	14	11	9	6	4	2	—	1	4	22	35	20	19	3

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 a live infant weighing 5½ lb. or less:—

Table 42: Gestation Periods

Gestation period (weeks)	"Premature" (by weight)	Stillbirth	Normal	Total
25	1	—	—	1
26	—	—	—	—
27	—	—	—	—
28	3	3	—	6
29	—	1	—	1
30	2	—	—	2
31	2	—	—	2
32	5	—	—	5
33	—	2	—	2
34	6	3	1	10
35	1	—	3	4
36	18	—	15	33
37	7	3	9	19
38	11	1	57	69
39	2	2	35	39
40	34	13	1,590	1,637
41	1	—	16	17
42	—	—	10	10
43	—	—	2	2
	93	28	1,738	1,859

Parity.—Of the 1,859 confinements, 468 or 25.2 per cent. occurred in primigravida.

General.—Complications, either during or after pregnancy, arose in 346 cases.

For one reason or another, removal to hospital was necessary in 78 cases, as under:—

Mother	..	..	54
Child	..	..	5
Both	..	..	19

From the date of booking by the midwife to the termination of the puerperium, these 1,859 cases involved 231,325 days under care, or an average of 124 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 1957, the number of cases of Puerperal Pyrexia notified was 9 (none of which proved fatal), compared with 24 in the previous year.

Pemphigus.—During the year, notice of "Liability to be a source of Infection" was given in respect of 2 cases of Pemphigus Neonatorum—skin disease in newborn infants characterized by blisters which develop in crops in continuous succession. Both occurred at Wrekin Hospital and were suitably isolated with precautions undertaken in conjunction with the Director of the Public Health Laboratory, Shrewsbury. The maternity ward was cleared, disinfected and re-painted and in the meantime arrangements were made for new cases to be admitted to other hospitals where there were beds available.

The causative organism was identified by the Public Health Laboratory as *Staphylococcus aureus* and the infected babies recovered without any apparent ill effects.

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 1957 in whom Toxaemia had been reported and who had been the subject of special ante-natal care numbered 275, of whom 187 were confined at home and 88 in hospital. There were 9 stillbirths, representing 3.2 per cent. of these confinements, and 5 babies died shortly after birth. In addition, 34 of the confinements resulted in a "premature" weight birth (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. Since 1st April, 1957, outfits have been delivered by the manufacturers direct to the district midwives and a central stock held in the County Health Department for issue to cases in the Borough of Shrewsbury.

During 1957, a total of 2,087 outfits was issued to domiciliary confinement cases in the 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 1957, applications were received from 847 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 ..	715
Recommended but refused by hospital on account of non-availability of beds ..	1
Not recommended ..	131
(Of these, 35 patients were subsequently accepted for hospital confinement as beds were available)	847

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, having remained stabilised at a figure above the average for the Country as a whole during the last few years, decreased in 1957.

Table 43: Domiciliary and Institutional Confinements

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%
1957	4,695	1,894	2,801	40%

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 ten years 1948 to 1957 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:—

Table 44: 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
1957	31	117

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:—

Table 45: Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1955	1956	1957
Health Visitors and School Nurses	41	29	28	31
District Nurse-Midwives (with Health Visitor's qualifications) .. .	11	9	11	11
" " " (without Health Visitor's qualifications) .. .	—	33	24	23
	52	71	63	65

Note.—The 34 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1957, were regarded as equivalent to 7 whole-time staff, giving a total of 38 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, May, 1951, and February, 1957, 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 for a Health Visitor. A trainee already in the Council's service, however, whose salary as a nurse-midwife is above the minimum for a Health Visitor, receives during training three-quarters of the salary she was receiving immediately prior to training.

On the successful completion of training, the student enters the Council's service for the remaining period (two years) of her contract at the appropriate point on the Health Visitor's salary scale 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)	312	3	9
Tuition fee (average)	20	0	0
Examination fee	8	8	0
Travelling allowance (5/- per week)	9	15	0
	£350	6	9

Since the inception of the Scheme in 1947, until 31st December, 1957, the number of students accepted for training was 32, of whom 27 were successful in obtaining their Certificates. Three students, recruited during 1957, 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 15,048 families in this County, compared with 15,039 families visited in 1956. Most of their visits were to children under 5 years of age, of whom 22,207 individual children were visited, as against 21,429 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1955 and 1956:—

Table 46: Visits paid by Health Visitors during 1957

Health Visiting Staff	Expectant Mothers		Children					T.B. House-holds	Other Cases	All Visits— Total
			Under 1 year		1 and under 2 years	2 and under 5 years	Total Visits			
	First Visits	Total	First Visits	Total						
Whole-time ..	455	670	3,632	20,154	9,970	16,564	46,688	2,510	4,350	54,218
Part-time	—	—	928	8,471	3,951	6,314	18,736	138	1,316	20,190
Total for 1957 ..	455	670	4,560	28,625	13,921	22,878	65,424	2,648	5,666	74,408
.. .. 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

In addition, ineffective visits to all categories of cases during the year totalled 8,954, or 10.7 per cent. of the total visits.

The above table does not include the work of the whole-time Tuberculosis Health Visitor, who made 563 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 1957, 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.

Cases attended.—Every case attended for home nursing purposes is the subject of a case report, completed by the nurse on termination of attendance or at the end of the year where the patient is still on the nurse's books on 31st December. From these reports punch card statistics are obtained to meet the requirements of the Ministry of Health and facilitate study of varying aspects of the Nursing Service.

During 1957, home nursing was provided for 7,672 patients, who received 157,518 visits. Compared with the previous year, cases decreased by 175 but visits increased by 2,121.

The table below compares work performed in 1957 with that of the previous year. The 7 whole-time Home Nurses each attended on average 136 cases for 4,333 visits or 32 visits per case; while the nurse-midwives attended 85 cases each for 1,609 visits—an average of 19 visits per case.

Table 47: Home Nursing Cases Attended

Year	Staff	Cases attended	Total Visits
1956	Home Nurses .. 7	994	30,428
	Nurse-Midwives 79	6,853	124,969
	TOTAL ..	7,847	155,397
1957	Home Nurses .. 7	957	30,331
	Nurse-Midwives 79	6,715	127,187
	TOTAL ..	7,672	157,518

Table VII on page 92 gives information by disease categories (medical, surgical, infectious diseases, tuberculosis, maternal complications and miscellaneous) of the cases attended during 1957 in each nursing district of the County, including those covered by agency arrangements.

Of the 7,672 cases attended:—

3,033 (or 39.5 per cent.) were 65 years or over at the time of the first nursing visit during the year, and received 96,088 visits (61 per cent. of the total);

620 (or 8.1 per cent.) were children under 5 years and received 4,463 visits (or 2.8 per cent. of the total); and

1,421 (or 18.5 per cent.) received more than 24 visits during the year and accounted for 113,320 visits (71.9 per cent. of all visits).

Diseases.—Table VIII on page 93 shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

In order of frequency, upper and other respiratory diseases (excluding tuberculosis), diseases of the skin, injuries, diseases of the breast and female genital organs, diseases of the heart and arteries and diseases of the digestive system 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:—

Table 48: Referral

Source of Referral	Cases	Percentage
General practitioners	5,529	72.07
Direct application by patient or relatives ..	881	11.49
Hospitals	725	9.45
Local Authority	44	0.57
Chest Clinic	2	0.02
Miscellaneous	491	6.40
	7,672	

Occupations.—Female patients formed the bulk of those attended—5,027 (65 per cent) against 2,645 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 provide the major part of the nurses' work:—

Table 49: Occupations

Occupation	Males	Females	Total	Percentage
Pre-School	364	267	631	8.2
School	335	356	691	9.0
Actively employed	1,065	343	1,408	18.4
Housewives	—	3,697	3,697	48.2
Retired	830	191	1,021	13.3
Others (independent means, etc.) ..	51	173	224	2.9
	<u>2,645</u>	<u>5,027</u>	<u>7,672</u>	

Treatments.—Of the 7,672 patients visited, 5,997 or 78 per cent. received single treatments; 1,746 patients (23 per cent. of the total) were attended solely for injections, 1,352 (18 per cent.) solely for dressings and 1,024 (13 per cent.) for general nursing care only.

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 nursing attendance.

	Treatment	Cases	Total
Injections		1,746	
" with dressings		248	
" with general nursing care		323	
" with other treatments		245	
		<u>2,562</u>	
Blanket baths		219	
" with general nursing care		229	
" with other treatments		78	
		<u>526</u>	
Enemas		356	
" with other treatments		96	
		<u>452</u>	
Dressings		1,352	
" with general nursing care		107	
" with other treatments		90	
		<u>1,549</u>	
Changing of pessaries		242	
" with washouts, douches, etc.		116	
" with other treatments		8	
		<u>366</u>	
Washouts, douches, etc.		184	
" with other treatments		74	
		<u>258</u>	
General nursing care		1,024	
" with other treatments		60	
		<u>1,084</u>	
Attendance at minor operations		8	
		<u>8</u>	
Preparation for diagnostic investigations		167	
		<u>167</u>	
Eye, ear, nose and throat treatments		232	
		<u>232</u>	
Others		467	
		<u>467</u>	
		<u>7,672</u>	

Injections.—It will be seen from the above figures that 2,562 patients (33 per cent. of all cases) received injections during 1957, and that 1,746 of these (68 per cent. of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 63,867 visits (40.5 per cent. of the total) and those who had injections only without any other form of treatment received 39,839 visits (25.3 per cent. of all visits).

Many cases, particularly those suffering from diabetes and anaemia, were visited every day of the year.

The table on page 44 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates respiratory diseases, anaemia, diseases of the skin and diseases of the heart and arteries to be the principal conditions necessitating home nursing attention for injections.

Table 50: Nursing cases receiving injections

Disease	Cases receiving Injections			
	Injections only	With general nursing care	With other treatments	Total
Tuberculosis	65	4	2	71
Other infectious diseases	17	1	6	24
Parasitic diseases	1	—	—	1
Malignant and lymphatic neoplasms	4	17	21	42
Asthma	34	6	4	44
Diabetes mellitus	107	8	17	132
Anaemia	344	23	16	383
Vascular lesions affecting central nervous system	6	9	5	20
Other mental and nervous diseases	16	3	2	21
Diseases of the eye	8	—	2	10
Diseases of the ear	54	3	17	74
Diseases of the heart and arteries	186	60	35	281
Diseases of the veins	7	—	14	21
Upper respiratory diseases	150	26	20	196
Other respiratory diseases	196	117	53	366
Constipation	—	1	—	1
Diseases of the digestive system	72	5	12	89
Diseases of the urinary system and male genital organs	12	—	10	22
Diseases of the breast and female genital organs	59	6	41	106
Complications of pregnancy and the puerperium	21	9	8	38
Diseases of the skin and subcutaneous tissues	254	4	118	376
Diseases of the bones, joints and muscles	37	5	13	55
Injuries	43	1	62	106
Senility	7	8	7	22
Other defined and ill-defined diseases	36	5	7	48
Diseases not specified	10	2	1	13
	1,746	323	493	2,562

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 Monksmoor Children's Hospital, Shrewsbury.

Figures in Table VIII on page 93 show that 621 children under 5 years of age and 644 of school age received home nursing treatment during 1957. The principal causes necessitating attendance are summarised below:—

Table 50a: Principal causes of Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	160	118	278
Upper respiratory diseases	96	95	191
Diseases of the skin and subcutaneous tissue	94	83	177
Diseases of the ear	51	54	105
Other respiratory diseases	49	39	88
Diseases of the digestive system (other than constipation)	47	33	80

Completed Cases.—Of the 7,672 cases attended, 6,629 (or 86 per cent.) were removed from the books for varying reasons during the year. Table IX on page 94 gives particulars of these cases by diseases, length of time on the books, visits, etc.

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

Table 50b: Cases removed from Registers

	Cases	Percentage
Recovered, relieved or convalescent	4,559	68.78
Admitted to hospital or nursing home	758	11.43
Died	626	9.44
Out-patient, X-ray, own doctor, etc.	328	4.95
Gone away	209	3.15
Treatment undertaken by patient, relative, etc.	62	0.94
Discontinued	45	0.68
Others	42	0.63
	6,629	

Of the patients who died, major causes were diseases of the heart and arteries (26.5 per cent.), cancer (21.5 per cent.), vascular lesions affecting the central nervous system (18.4 per cent.) and senility (12.8 per cent.).

Each patient was attended on the average for 57 days and required 19 visits, or 2.3 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were minimal, amounting to 0.38 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.

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 1957:—

Table 51: Persons Vaccinated or Re-Vaccinated during 1957

	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 ..	620	591	63	57	31	29	27	25	741	702
	General Practitioners	2,006	1,943	178	170	113	109	169	146	2,466	2,368
	TOTAL ..	2,626	2,534	241	227	144	138	196	171	3,207	3,070
Re-Vaccinations ..	Medical Officers ..	—	—	1	1	1	1	42	38	44	40
	General Practitioners	2	2	37	33	105	97	516	465	660	597
	TOTAL ..	2	2	38	34	106	98	558	503	704	637

P = Performed S = Successful

Reference to the table above shows that 2,534 infants were successfully vaccinated before attaining one year of age, and this represents approximately 56 per cent. of the 4,528 births registered in and applicable to this County during 1957. These two figures (2,534 and 4,528) are not strictly comparable, but their comparison is the only means of giving a reasonably accurate estimate of the infant vaccination state during 1957.

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 1957.

Table 52: Primary Vaccinations and Re-Vaccinations performed during 1957

Area	Local Sanitary Authority	Under 1 year		1—14 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 ..	34	34	8	8	7	7	6	4	55	53
	Ellesmere Rural ..	72	72	8	8	8	7	15	14	103	101
	Wem Urban ..	39	39	3	3	11	11	3	3	56	56
	Wem Rural ..	106	99	17	17	19	18	24	22	166	156
	Whitchurch Urban ..	71	70	1	1	5	4	11	11	88	86
North-East Combined Districts	Dawley Urban ..	96	82	11	9	7	6	9	9	123	106
	Market Drayton Urban ..	62	59	5	5	11	11	17	15	95	90
	Drayton Rural ..	131	127	13	10	16	15	24	15	184	167
	Newport Urban ..	70	70	8	8	2	2	9	6	89	86
	Oakengates Urban ..	74	73	6	6	3	3	10	8	93	90
	Shifnal Rural ..	141	133	17	17	16	14	53	45	227	209
	Wellington Urban ..	109	105	14	13	20	18	35	31	178	167
	Wellington Rural ..	235	228	25	23	11	11	25	24	296	286
South-West Combined Districts	Atcham Rural ..	194	191	10	10	4	4	29	23	237	228
	Bishop's Castle Borough ..	17	17	5	5	—	—	13	9	35	31
	Church Stretton Urban ..	53	52	2	2	1	1	15	15	71	70
	Clun Rural ..	53	53	2	2	1	1	10	10	66	66
	Ludlow Borough ..	43	41	5	4	3	3	16	16	67	64
	Ludlow Rural ..	156	151	7	5	10	7	25	24	198	187
Bridgnorth ..	Wenlock Borough ..	127	124	11	11	16	16	21	20	175	171
	Bridgnorth Borough ..	56	53	5	4	3	3	15	13	79	73
Oswestry ..	Bridgnorth Rural ..	126	121	30	28	17	15	34	33	207	197
	Oswestry Borough ..	96	95	7	6	12	12	40	40	155	153
Shrewsbury ..	Oswestry Rural ..	120	118	26	26	22	22	145	128	313	294
	Shrewsbury Borough ..	347	329	33	30	25	25	150	136	555	520
TOTAL ..		2,628	2,536	279	261	250	236	754	674	3,911	3,707

Diphtheria.—No case of Diphtheria has been notified in this County in the last 5 years.

The following statistics, giving the incidence of Diphtheria and the numbers of deaths among persons of all ages in this County during the past twenty years, show the extent to which immunisation has succeeded in reducing the morbidity and mortality rates:—

Table 53: Notification of, and Deaths from Diphtheria since 1938

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Notifications ..	185	133	236	237	121	53	25	7	10	17	1	5	2	—	1	—	—	—	—	—
Deaths	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 1957, with the corresponding figures for 1956; and the table on page 47 shows the distribution of these children in the areas of the various Sanitary Districts according to their places of residence.

Table 54: Children Immunised against Diphtheria during 1956 and 1957

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total		1956	1957
	1956	1957	1956	1957	1956	1957		
Medical Officers ..	898	722	229	238	1,127	960	3,007	2,029
General Practitioners	2,053	2,312	157	220	2,210	2,532	1,396	1,232
TOTAL ..	2,951	3,034	386	458	3,337	3,492	4,403	3,261

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 1956, only 44 per cent. had been immunised.

In this County during 1957, a total of 2,034 children were immunised when under one year of age and 396 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 1957 would reach the age for immunisation and this figure of 396 represents 26.2 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, 1943, to 31st December, 1957:—

Table 55: Immunisation in relation to Child Population

	Age Groups and Year of Birth				Total
	Under 1 year (1957)	1 to 4 years (1956—1953)	5 to 9 years (1952—1948)	10 to 14 years (1947—1943)	
Immunised in:					
(i) 1953 to 1957	396	10,750	11,500	8,480	31,126
(ii) 1952 or earlier	—	—	7,086	13,162	20,248
Estimated mid-year (1957) child population	4,480	17,620	48,700		70,800
Immunity index	8.84%	61.01%	(a) 41.03% (b) 82.60%		(a) 43.96% (b) 72.56%

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

(b) Percentage of children immunised since 1943.

Table 56: Children Immunised against Diphtheria in the various Sanitary Districts during 1957

Area	Local Sanitary Authority	Births 1957	Primary Immunisations				Re-inforcing
			Under 1 year	1—4 years	5—14 years	Total 0—14 years	
North-West Combined Districts	Ellesmere Urban ..	26	21	8	3	32	20
	Ellesmere Rural ..	118	47	29	29	105	97
	Wem Urban ..	44	13	15	1	29	13
	Wem Rural ..	210	61	55	9	125	142
	Whitchurch Urban ..	117	57	23	7	87	65
North-East Combined Districts	Dawley Urban ..	126	81	31	29	141	195
	Market Drayton Urban ..	84	39	15	9	63	60
	Drayton Rural ..	223	85	45	8	138	117
	Newport Urban ..	66	35	26	3	64	31
	Oakengates Urban ..	153	103	28	33	164	155
	Shifnal Rural ..	210	156	35	21	212	179
	Wellington Urban ..	205	115	62	14	191	103
	Wellington Rural ..	376	140	76	37	253	197
South-West Combined Districts	Atcham Rural ..	340	130	63	15	208	316
	Bishop's Castle Borough ..	10	17	2	2	21	12
	Church Stretton Urban ..	31	23	10	—	33	30
	Clun Rural ..	151	54	35	7	96	43
	Ludlow Borough ..	102	49	21	5	75	73
	Ludlow Rural ..	196	117	52	15	184	108
	Wenlock Borough ..	254	104	52	45	201	247
Bridgnorth ..	Bridgnorth Borough ..	108	55	15	6	76	22
	Bridgnorth Rural ..	226	84	33	27	144	106
Oswestry ..	Oswestry Borough ..	163	60	44	24	128	159
	Oswestry Rural ..	254	104	83	47	234	321
Shrewsbury ..	Shrewsbury Borough ..	735	284	142	62	488	450
	WHOLE COUNTY ..	4,528	2,034	1,000	458	3,492	3,261

In Table 56 above have been included the numbers of births registered in each County District during 1957. To be able to relate births to primary immunisations in any one District and so to compare percentage protection rates as between Districts is of tremendous value. It enables one to see where more propaganda and effort are needed.

Such percentage protection rates, as has been explained before, are only approximate, for the reason that all the children born in 1957 were not ready for Diphtheria immunisation in that year, while many children given primary protection in 1957 were born in the previous year.

Nevertheless, the overall picture of the state of protection is near enough, and the attention of the Medical Officers of Health and Assistant County Medical Officers, Health Visitors and Nurses will be drawn to these figures which will be circulated to them for study and action, whereby it is hoped to secure a substantial improvement in the figures for children under 5 years protected against Diphtheria.

Whooping Cough.—Notifications of cases of Whooping Cough received during 1957 numbered 868, and there was no 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 the County on lines similar to those for immunisation against Diphtheria, and parents are encouraged to have children protected by immunisation at the early age of 3 or 4 months, since the disease takes its greatest toll in very young infants.

The tables below give particulars of the notified cases of, and deaths from, Whooping Cough in this County in the past seventeen years; and of the children immunised against this disease during 1957, with corresponding figures for 1956:—

Table 57: Notifications of, and Deaths from, Whooping Cough, 1941 to 1957

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Notifications	986	351	705	609	483	591	465	1068	478	465	1308	678	934	950	871	332	868
Deaths ..	14	6	11	6	4	4	2	9	4	1	4	4	4	—	—	1	—

Table 58: Children Immunised against Whooping Cough in 1956 and 1957

Immunised by	0—4 years		5—14 years		Total	
	1956	1957	1956	1957	1956	1957
Medical Officers ..	733	666	18	30	791	696
General Practitioners ..	1,885	2,236	129	130	2,014	2,366
TOTAL ..	2,658	2,902	147	160	2,805	3,062

In an endeavour to assess the degree to which immunity against Whooping Cough is being conferred by immunisation, arrangements are now in operation whereby all children notified as suffering from this disease are visited by Health Visitors and the severity of attack noted. Findings will be included in the next annual report.

Tetanus.—The Council's proposals under Section 26 of the National Health Service Act make provision for immunisation against Tetanus; and the following table shows the numbers of children who received immunisation against this disease under the Council's scheme during 1957, with corresponding figures for 1956:—

Table 59: Primary Immunisation against Tetanus

Immunised by	Under 1	1	2	3	4	5	6	7	8	9	10—14	Total
Medical Officers ..	378	54	53	14	14	8	5	3	5	1	5	540
General Practitioners ..	1,134	274	130	41	38	21	19	22	7	13	20	1,719
TOTAL FOR 1957 ..	1,512	328	183	55	52	29	24	25	12	14	25	2,259
.. .. 1956 ..	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 that 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 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 in July, 1957, after consultations with representatives of the Local Medical Committee in Shropshire, who agreed that, although the risks of using combined antigens might be small, the warning given could scarcely be ignored, general practitioners were circulated and advised to revert to using antigens one at a time.

That restriction of the use of combined antigens might result in the immunisation of fewer children was a possibility officially recognised. In Shropshire, while overall figures suggest that this was not the case—the numbers of children immunised against Diphtheria and Whooping Cough being higher than for the previous year—the popularity of triple antigen (Diphtheria, Whooping Cough and Tetanus) would have resulted in record numbers of immunisations had not issues been suspended in July. In the first six months of 1957, some 2,337 children were immunised against one or more of the three diseases (Diphtheria, Whooping Cough and Tetanus) and 84 per cent. of these received combined or triple antigens; triple antigen was used in 1,458 cases. In the second half of the year, only 1,332 children were immunised.

Of the total numbers immunised, combined or triple antigens were used in the following proportions:—

Diphtheria ..	78 per cent.
Whooping Cough ..	93 ..
Tetanus ..	99 ..

Combined or Triple Antigens attract because 3 injections replace perhaps 7 or more.

The advice that combinations may carry more risk of provoking paralytic Poliomyelitis may be modified by further research, which is being pursued nationally and continuously.

The whole situation might be altered if paralytic Poliomyelitis were to become a rarity as a result of vaccination.

These are very deep waters, however, and in the meantime two comments seem to remain incontrovertible.

No doctor would wish to be implicated in provoking *one* case of paralytic Poliomyelitis.

Present knowledge suggests that of the optimum ages for giving the Whooping Cough and Diphtheria antigens and protection, the first is most useful at 2 or 3 months, the second at 8 or 9 months, so that a "combined" vaccine cannot give optimal protection against the two or three diseases.

Vaccination against Influenza.—Ministry of Health Circular 13/57 gave particulars of a vaccine designed to give protection against Asian type Influenza. The circular stated that although its effectiveness could not be determined with any precision in advance of experience in the field, the Medical Research Council had arranged a small trial for this purpose and laboratory tests on human volunteers had shown that two injections of the vaccine might be expected to give a reasonable degree of protection, whereas in the past Influenza vaccine had usually not given more than 30 to 40 per cent. protection.

The Minister did not contemplate any mass vaccination scheme, as on the evidence at the time there was no medical necessity for general vaccination against so mild a disease. It was proposed, however, that vaccination should be offered to certain groups—doctors, nurses and others who were especially exposed to infection and on whom any epidemic places an exceptionally heavy burden.

Vaccination, which consists of two injections each of 1 ml. at an interval of not less than three weeks, was offered, therefore, in September, 1957, to hospital staff, general practitioners, and Local Health Authority staff who care for the sick in their own homes (for example, Nurse-Midwives, Health Visitors, Home Helps, Ambulance staff and others who might be called upon to visit the sick at home); and the following table gives particulars of those who were vaccinated:—

Table 60: Persons Vaccinated against Influenza

	Received 2 injections	Received 1 injection
Family doctors and members of their households ..	58	2
Health visitors, nurses and midwives	63	16
Ambulance drivers and attendants	52	17
Home helps	43	6
TOTAL ..	216	41

The "family doctor and household" group accepting vaccination must represent a very small proportion of those eligible (there are about 200 medical practitioners alone on the Salop list); nor are figures available of the unvaccinated or vaccinated who became victims of Influenza. It did not seem clearly evident that the protection attempted for our own nursing and ambulance staff had been successful. Lack of firm conclusions locally or nationally is almost inevitable unless a serious effort to measure a scientific series against controls is pursued.

Vaccination against Poliomyelitis.—Vaccination against Poliomyelitis, begun in a limited way during the early months of 1956, was continued throughout the greater part of 1957. There was no suspension of this work during the Poliomyelitis season, as was the case in 1956, but vaccination was suspended for a short time during the Influenza epidemic in the latter months of the year.

At the beginning of 1957, vaccination was confined to children born between 1947 and 1954 who had been registered with Local Health Authorities, but in Ministry of Health Circular 6/57 authority was given for vaccination to be offered to children born in 1955 and 1956, and also to those children born in 1947 to 1954 who had not hitherto been registered.

With this extension of the vaccination scheme general medical practitioners were, for the first time, given an opportunity to take part, although doubt about the keeping qualities of the vaccine modified this considerably in the event. In point of fact, however, 42 out of some 200 doctors practising in the County decided to participate in the scheme and submit to this Authority individual records of vaccination for which a fee of 5/- is authorised by the Ministry.

The inclusion in the scheme of the above additional groups of children was publicised in all the local newspapers, and new registrations were accepted up to 31st July, 1957; these totalled 2,484.

In November, 1957, the scheme was further extended under Ministry of Health Circular 16/57, which authorised the vaccination, with parental consent, of all children born during the years 1943 to 1956 inclusive, those born in 1957 who had reached the age of six months, and also expectant mothers.

Vaccination was also offered to general practitioners and Local Health Authority ambulance staff, as being specially exposed to infection, and also to their families (ie., persons normally resident in their households).

To enable the extended programme to be carried out, the Ministry proposed to supplement the British supply of vaccine (lately increased through the production of vaccine by a second manufacturer) by importing as a temporary measure supplies of Salk vaccine manufactured in Canada and the United States. Before use, this vaccine would be required to pass in this country the same safety and other tests as are applied to the British vaccine.

Explanatory letters with consent forms attached were issued in bulk to the Head of every school in the County for distribution to the pupils, and Heads were asked to be responsible for the collection of consents and return to the County Health Department by 31st December. Almost without exception there was excellent co-operation from the Heads of Schools.

Consent forms in respect of pre-school children and expectant mothers were issued to Child Welfare centres, Health Visitors, District Nurse-Midwives and General Practitioners.

There was a good response from parents, etc., and the number of those registered for vaccination on 31st December totalled 40,933, of whom 40,428 were children out of a potential of approximately 70,000; the remaining 505 registrations comprised—Expectant mothers, 213; General practitioners, 120; Ambulance personnel, 102; and Hospital staff, 70.

During 1957, a total of 2,016 children, all born in the period 1947 to 1956, was vaccinated.

Thus do the section concerned set out the story of Poliomyelitis vaccination in Salop in 1957. Compelled by circumstances to prepare and present this Annual Report late in 1958, I do not myself feel bound to forego some account of subsequent progress after 31st December, 1957. In my introduction to the School Health Service Annual Report for 1957, I have acknowledged the good work of all the Health Department staff, as the Council and Committees have already been good enough to do through me, but I would like to add the following few sentences to the Section's characteristically modest account above.

Making vaccination available to the 70,000 children eligible, and making effective arrangements to give it to the 40,500 whose parents accepted the offer, involved a lot of detailed planning and hard work, a very great deal more than the last few sub-paragraphs indicate above.

At the end of July, 1958, when the School year ended, registrations had increased to 48,000 and of these 35,420 vaccination courses had been completed, a further 8,000 had had one injection, and returns relating to several hundreds more injections completed were expected from practitioners.

Although the incidence of paralytic Poliomyelitis generally has fortunately been very small during the first seven months of 1958—six cases—no case occurred in a child who had been vaccinated. Reactions were minimal in number and transitory; and in an extremely complex programme even administrative hold-ups were very few and proved susceptible to rescue.

To achieve 82 per cent. completion of a target of 96,000 injections inside six months reflects credit on all the executives, and I feel that Dr. Crowley and the Section of my Department which handled this enterprise so well deserve all the praise and thanks they have been accorded.

AMBULANCE SERVICE

Report of the County Ambulance Officer

History and Development of the Service.—When the proposals for an ambulance scheme for the County of Salop were originally planned in 1948, experience in the running of ambulance services was limited to a few of the more thickly populated areas in the Country. Only a few authorities with experience of the increase in the use of ambulances resulting from hospital contributory schemes and such like organisations had any suspicion of the tremendous demand which was likely to be made after the "appointed day," and even these must have been surprised at the momentum of the upward surge in ambulance service work.

To provide an Ambulance Service in Shropshire it was considered that reliance would have to be placed to a considerable extent on part-time personnel and, although no formal arrangement was statutorily possible with a Borough or District Council for the administration on the County Council's behalf of any part of the ambulance service, that it might be an advantage for the County Council to delegate their duties in some parts of the County to Local Ambulance Sub-Committees; and these were duly appointed. At the same time, it was noted that the *operational* side of the scheme, which was likely to give rise to the greatest difficulty, and the supervision of the Service generally and uniformly throughout the County, ought to be exercised by one Authority.

The requirement of the Postmaster General for a minimum of telephone numbers for emergency purposes, and the need for the careful co-ordination of journeys, made the need for one Central Control paramount if economy and efficiency were to be ensured. The Local Ambulance Sub-Committees, therefore, met less frequently than had been anticipated and their main purpose became one of liaison between the area they represented and the County Council.

The Clerks to these Local Ambulance Sub-Committees were also, with one exception, appointed Local Ambulance Officers. It had been thought originally that they would receive requests and dispatch ambulances as part of their duties, but the need for co-ordinating journeys and the establishment of a Central Control with provision of radio-telephones on the majority of ambulances, particularly those at whole-time stations, made it more practicable and economical to operate the Service as one unified whole and with correspondingly fewer needs for local assistance.

Organisation and Methods Inquiry.—In the latter part of 1956 and early 1957, an Organisation and Methods investigation was held into the County Council organisation generally. In reporting on the Ambulance Service, the Officers concerned commented on the Local Ambulance Sub-Committees, referred to their limited powers and suggested that their business rarely appeared to include any matter which required them to make a decision; that although the Local Committees had probably served a useful purpose when the County Council first took over the Ambulance Service, there appeared to be no justification of the administrative time and cost of their continued existence, and that they should now be abolished. When this recommendation was submitted to the Ministry of Health for observations, the suggestion was made that the original proposals of the County Council should be revised and re-issued.

While some of the Sub-Committees accepted their dissolution, others and also some District Councils protested against the severance of local participation in and contact with the Ambulance Service; and the Council have since agreed that those Sub-Committees who had in the first instance expressed the wish to remain in existence be continued, all relevant Committee work being dealt with by Ambulance Headquarters staff.

As has already been stated the demand upon the Service was initially greater than expected and has continued to grow. The development of the Service, to keep pace, has been equally rapid and despite very careful planning inevitably has in some ways lagged behind the need. It had originally been intended that the new Central Ambulance Station, which was brought into use

in August, 1954, would be a separate entity in the control of a Superintendent, but in the event it was considered that it would be of greater advantage if the administrative and control staff were accommodated at this Station. As a result of improvisation this was made possible, but the Organisation and Methods report already mentioned, included suggestions for the adjustment of certain duties and an addition to the staff which showed that improvisation had reached its limit and that the accommodation available would have to be reviewed if the comfort and efficiency of the staff and, therefore, of the Service, was to be maintained.

Supervision.—The development of the Service nationally has necessitated the appointment by Local Health Authorities of various supervisory officers and it is perhaps unfortunate that there is no standard throughout the country to enable these junior ranks to be properly graded and so obviate the difficulties which arise when comparisons are made between Authorities. The Service is a young one, but as many young men were still in the Forces when it began to expand, choice of employees was limited to older men, who, good though they may have proved themselves, are growing older with the consequent problem of greater liability to injury and ill-health. This again is a national problem and one which must before long receive attention. It may be that the retiring age of operational staff will need to be decided in relation to the Superannuation Act, with some amendment of the latter.

During the year there were no resignations or dismissals amongst the staff, but it is with regret that it has to be reported that one driver had to be retired on the grounds of ill-health at an age when he should have had many more years work before him.

Whilst concern may be felt about retirement, at the same time in a County like Shropshire and in the smaller County Boroughs with small operational staffs, retirement does not provide the answer to the question of promotion. The more ambitious and able men cannot be encouraged as one would like because vacancies for supervisory posts are very, very, limited.

Nevertheless, staff welfare is given as much consideration as is possible and in the main is sufficiently covered. At the Central Ambulance Station there is a Staff, Social and Welfare Committee composed entirely of members of the staff, which devotes itself to the provision of such amenities as are practicable but not otherwise provided, and whose main function is a party for the children of the staff at Christmas, a function usually enjoyed by children and parents alike. Several other Depots may take part in Central Station functions and occasionally, as at Oswestry, organise their own. Members who are sick are usually visited with a gift and the spirit amongst the staff is generally good.

Training.—Organised training during working hours is virtually impossible, a fact which might seem to be in doubt to the individual who happened to come into Headquarters on a slack day (a very rare occasion) at the time of a change of shift and find seven or eight men enjoying the ubiquitous cup of tea. Such a person would not hear the relatively good natured grumble of the driver or attendant who throws down his uneaten sandwiches and says he has had no time at all for refreshment during his shift. It is, of course, almost impossible to withdraw men for meals at regular times.

Training has to be arranged in off duty hours and considerable reliance placed upon the interest of the staff in their job to ensure attendance, and the annual National Competition for Ambulance Services plays a useful part in fostering interest.

A County Competition held at Attingham on an evening in June produced teams from Oswestry, Shrewsbury and Donnington Depots, the former being successful and going on to represent the County at the Regional Competition at Wolverhampton later the same month. Here, for the first time in the Region, Salop was beaten and a team from Stoke-on-Trent went forward to represent the Region in the final for the National Trophy at Ryton-on-Dunsmore in September, to which some of our staff travelled as spectators at their own expense.

The Welsh Regional Competition was held in Shrewsbury and judged by the Deputy County Medical Officer and the County Ambulance Officer with the enthusiastic help of our own staff in staging and catering.

The whole-time staff are required to sit a first aid examination biennially and all in all, whilst more training would be an advantage, the staff appear to acquit themselves satisfactorily. Many letters of appreciation are received from the public, and such few complaints as arise are rarely fully substantiated on investigation.

Major Disasters.—Rail disasters in other parts of the country lend importance to our own crash scheme which is co-ordinated by the Chief Constable and upon which comment was made in my last report.

Arrangements with other Ambulance Authorities and the National Coal Board.—Our relations with neighbours have continued to be good and there has been no change in the reciprocal arrangements for border areas. Over the years, as staff have settled down and become acquainted with the staffs of neighbouring authorities, a co-operative friendliness has developed between individual members which does much to facilitate the working of the service and smooth away difficulties.

During the year the National Health Service (Amendment) Act, 1957, became effective, allowing Local Health Authorities to make a charge for providing ambulances to stand by at sports meetings and to claim reimbursement from firms engaged in certain specified industries which, like the National Coal Board, have a statutory obligation to ensure that ambulance transport is available. This brings the former into line with the latter, with which Local Health Authorities have had an arrangement for some years. The decision to provide ambulances for purposes outside the National Health Service Act is still one for the Local Health Authority and is dependent upon the availability of vehicles and other factors, because no power is given to increase the Ambulance Service establishment to meet these extraneous needs.

Rail Transport.—It is fitting that tribute be paid to the Station Masters and Staffs of British Railways, particularly at Shrewsbury and Gobowen Stations, for the co-operation given in the conveyance of patients by rail, a method of transport which is both convenient and comfortable, as well as being much more economical, and often to be recommended.

County Council owned Health Service Cars.—As a result of more members of the nursing and health visiting staffs purchasing their own cars, those which are provided for these services by the County Council and supervised by the Ambulance Service administration, are being slightly reduced in number. This has resulted in the disposal of older surplus cars and an attempt has been made to reduce the age of the remainder to less than ten years, so that they will not need the Certificate of Roadworthiness, which will be required in the near future. Sales by tender, organised by the Ambulance Section, have produced what may be regarded as very satisfactory prices.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1957, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,

County Ambulance Officer.

Table 61: Establishment of Ambulances, Dual-purpose Vehicles and Sitting-case Cars

Ambulance Station	At 31st December							
	Ambulances		Dual-purpose vehicles		Sitting-case Cars		Total Vehicles	
	1956	1957	1956	1957	1956	1957	1956	1957
Shrewsbury	14	14	1	1	8	6	23	21
Oswestry	3	3	1	1	2	2	6	6
Whitchurch	2	2	—	1	—	—	2	3
Market Drayton	1	1	—	—	—	—	1	1
Donnington and Shifnal	5	3	1	2	1	—	7	5
Wenlock	1	1	—	—	—	—	1	1
Bridgnorth	2	2	—	—	1	1	3	3
Ludlow and Craven Arms	2	3	1	2	1	1	4	6
Bishop's Castle	1	1	—	—	—	—	1	1
TOTAL	31	30	4	7	13	10	48	47

(NOTE.—In addition, at the end of 1957 there were 5 ambulances and a car retained additional to establishment for Civil Defence training purposes, as compared with 6 ambulances at the end of 1956).

Table 62: 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.				
1956	38	6	6½	1½	5½	44½	1½	11½	57½	37	25	62
1957	38	6	6½	1½	5½	44½	1½	11½	57½	37	25	62

Table 63: Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1956					31st December, 1957				
	Full-time		Part-time			Full-time		Part-time		
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants	Driver-Attendants	Attendants	
	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.
Shrewsbury	25	6	—	2	5	25	6	—	—	4
Oswestry	6	—	1	6	9	6	—	2	2	7
Whitchurch	1	—	3	1	4	1	—	4	1	1
Market Drayton	—	—	3	—	2	—	—	3	—	1
Donnington and Shifnal	4	—	1	—	3	4	—	1	—	4
Wenlock	—	—	1	—	—	—	—	1	4	—
Bridgnorth	2	—	—	1	3	2	—	1	1	2
Ludlow and Craven Arms	—	—	6	5	9	—	—	8	4	12
Bishop's Castle	—	—	4	1	2	—	—	3	1	1
TOTAL	38	6	19	16	37	38	6	23	13	32

Table 64: 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
1957	50,314	625,079	16,466	276,133	1,908	47,795	68,688	949,007

*From 5th July

(NOTE.—For statistical purposes dual-purpose vehicles have been counted as ambulances).

Table 65: Categories of Patients Conveyed

Maternity	..	..	1,101
Mental	..	..	174
Accident	..	..	1,226
Infectious	..	..	254
General	..	..	65,933
TOTAL	..	..	68,688

Table 66: 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
1957	68,688	949,007	13.8

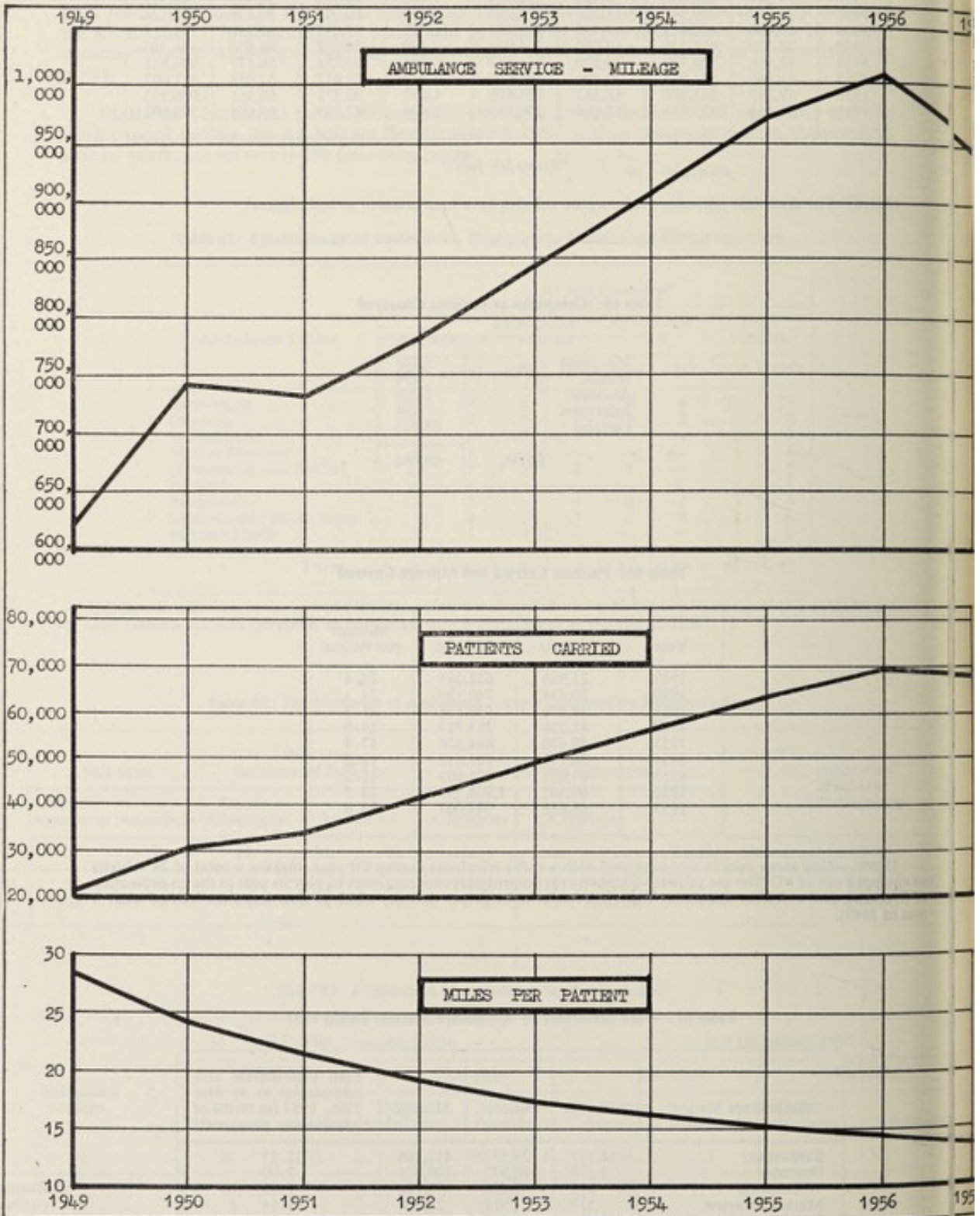
(NOTE.—One more vehicle was equipped with a radio-telephone during the year, making a total of 24 vehicles so equipped out of 47. The use of radio-telephony for control purposes continues to play its part in the co-ordination of journeys, and a further reduction was achieved in mileage per patient, which is now less than half of what it was in 1949).

Table 67: Work performed by Ambulance Stations during 1957

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1957 (in terms of whole-time personnel)
Shrewsbury	14,197	29,577	412,266	32.13
Oswestry	2,519	10,997	109,874	7.00
Whitchurch	915	2,658	36,786	1.93
Market Drayton ..	517	916	21,004	1.14
Donnington	2,409	10,269	110,734	5.57
Shifnal	577	1,400	20,344	1.08
Wenlock	338	611	9,764	0.39
Bridgnorth	1,433	3,838	45,255	2.52
Ludlow and Craven Arms	2,558	5,825	125,584	5.18
Bishop's Castle ..	174	689	9,601	0.44
TOTAL ..	25,637	66,780	901,212	57.38

SHROPSHIRE AMBULANCE SERVICE

MILEAGE COVERED AND PATIENTS CARRIED



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:—

(The figures given in brackets are the corresponding figures for 1956).

"During the year, 110 (109) persons were notified as having Pulmonary Tuberculosis:—

(a) 85 (87) were initially diagnosed at chest clinics. Of these:—

66 (66) were referred directly by general practitioners;

10 (2) were referred by general practitioners following the findings on Mass Miniature Radiography;

9 (19) were diagnosed as the result of examination of "contacts."

(b) 17 (16) were initially diagnosed at general hospitals.

(c) 8 (6) were initially diagnosed by the Services or other sources.

It is noteworthy that the number of notifications of pulmonary tuberculosis for the year 1957 is approximately the same as during the previous year, which emphasises that the previously noted decline in notification rate, and the much publicised decrease in demand for tuberculosis hospital and sanatorium beds in the country by no means imply that the fight against Tuberculosis has yet been won.

Whilst it is undoubtedly true that great advances have been made in recent years in the prevention and treatment of Tuberculosis, we must continue to avoid any tendency towards complacency. It is of the utmost importance that we should have the co-operation of everybody, in whatever sphere of life they may be, in the prevention of tuberculosis, and in helping to secure the diagnosis and effective treatment of all persons who may have Tuberculosis in whatever form and at whatever age it may occur. This is not merely of benefit to the individual sufferer, but also helps to remove actual or potential sources of infection to others.

The finding of this infection in an individual should no longer be felt to be cause for distress and pessimism, but rather for a spirit of optimistic determination and willing co-operation in beating the enemy.

Now that our Voluntary Care Committee is well established, I should like to thank all those who are supporting it, and especially those members who give so generously their help and time on the Executive and Sub-Committees."

A. T. M. MYRES,

Consultant Chest Physician.

Mass Miniature Radiography.—Public Sessions were held in this County during the year at Whitchurch in April and at Oswestry in May, the unit in each case being that from Stoke-on-Trent.

Dr. E. Posner, Medical Director of the Unit, has submitted the following summary of the results of these Surveys, which include the public sessions mentioned above, one industrial visit and also contacts of tuberculin positive children.

Table 68: Mass Radiography Results

Persons X-rayed			Tuberculosis				Other Conditions	
			Active		Inactive			
M	F	Total	M	F	M	F	M	F
2,126	2,797	4,923	—	1	—	—	3	3

The one case of active respiratory tuberculosis discovered among the 4,923 persons X-rayed gives a rate of 0.2 per 1,000 investigated.

The other conditions found included enlarged hila and emphysema.

As in 1956 the Wolverhampton Mass Radiography Unit concentrated on industrial areas in Staffordshire and the Midlands and it was not possible, therefore, for that unit to visit Shropshire for public sessions. The Medical Director promised, however, that he would arrange for the Unit to come to Shropshire for public sessions about the middle of 1958, and at the time of writing two such visits have in fact been made.

This Unit did, however, visit the County on a number of occasions during 1957 in connection with the B.C.G. programme. The Stoke-on-Trent Unit also visited for the same purpose and the results of these visits are contained in the section relating to B.C.G. Vaccination which follows.

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 1957, a total of 236 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 225 for the previous year.

B.C.G. Vaccination of School Children.—The scheme for giving B.C.G. vaccination against Tuberculosis to children during the year preceding their fourteenth birthday, which was outlined in Ministry of Health Circular 22/53 and put into operation in Shropshire so successfully in October, 1956, proceeded smoothly during 1957.

By the end of the Summer term, all 13 year old children attending maintained and grant-aided schools in the County had been offered vaccination and the offer was extended to children in the same age group attending independent schools. Certain schools in the latter category did not accept this offer, but those which did were visited.

The following are particulars of schools visited for B.C.G. vaccination during 1957:—

	Schools Visited	Children Tested	Positive Reactors	Negative Reactors	Not Read	Children Vaccinated
Maintained and Grant-aided Schools	114	4,275	1,105	3,030	140	3,016
Independent Schools	15	192	55	137	—	136

Mass Radiography.—As was the case in 1956, positive reactors and their home contacts were X-rayed by either the Stoke-on-Trent or Wolverhampton Mass Radiography Units, each of which made special visits to the County for this purpose.

The following table summarises the results of the surveys carried out in Shropshire in respect of 13 year old positive reactors, their home contacts and school staff:—

	Pupils	Home Contacts	Staff
Cases investigated	2,101	1,775	181
Recalled for large film examination ..	45	36	1
Cases of Tuberculosis discovered:			
Respiratory	3	2	1
Non-respiratory	—	—	—

This is equivalent to rates of 1.4 cases per 1,000 pupils investigated, 1.5 per 1,000 adults and 1.48 for all cases.

Following discussions with the Consultant Chest Physician arrangements have now been made for all positive reactors to the Mantoux test *showing a large reading* to have an *early large* film X-ray at the Chest Clinic, with a check in the same year by Mass Miniature Radiography. A further small film X-ray will be taken in the following year and children at Grammar Schools will be offered an annual check until 18 years of age. This is considered essential since these cases are the potential future tuberculosis cases.

(For the lay reader, the Mantoux test comprises the injection, intradermally into the left fore-arm, of 1/10th c.c. Purified Protein Derivative of old tuberculin, strength 1/1,000. The injection site is examined after 72 hours and any induration measured. An induration of 5 m.m. or less is regarded as a negative reaction and these are the cases given B.C.G. vaccination. Those of 6 m.m. or more are taken as positive and the special follow-up procedure referred to in the previous paragraph is undertaken where the reading is 20 m.m. or more).

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps and during 1957 assistance was provided through the Council's Domestic Help Scheme in 13 cases.

Open-air Shelters.—The distribution on 31st December, 1957, of the 45 shelters owned by the County Council was as follows:—

At patients' homes ..	38
In store	7
	45

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1957 was as indicated below:—

Table 69: Tuberculosis Registers

	Respiratory	Non-Respiratory
On register on 31st December, 1956 ..	1,374	270
ADDED: New cases	111	39
Transfers in	39	1
Restored to register	15	1
	165	41
REMOVED: Cured	13	11
Non-tuberculous	4	1
Lost sight of	10	3
Died	19	3
Transfers out	56	4
	102	22
On register on 31st December, 1957 ..	1,437	289

On 31st December, 1957, the 1,437 persons on the Register of Respiratory cases were distributed as follows:—

Under domiciliary supervision by Health Visitors ..	1,021
Not requiring supervision	322
In hospitals and sanatoria, as listed below	94
	1,437

Table 70: Patients in Hospitals and Sanatoria

Knightwick	1
Cheshire Joint Sanatorium	3
Cross Houses Hospital	13
East Hamlet Hospital	1
Kyre Park Sanatorium	3
Llangyfan Hospital	2
Morda House (Part III)	1
Prees Heath Sanatorium	5
Shirlett Sanatorium	45
St. Wulstan's Hospital, Malvern	3
Wrekin Hospital	14
Royal Hospital, Wolverhampton	3
	94

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, inaugurated at the beginning of 1956, 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 1957 assistance was given in this way to 79 tuberculous cases.

Tuberculosis Care Committee.—The Shropshire Tuberculosis Care Committee, which was formed on 1st November, 1956, completed its first full year's operations under the Chairmanship of Shrewsbury Councillor Mrs. E. M. Cock, T.D., J.P. This Committee is composed mainly of voluntary workers and is advised by the Consultant Chest Physician, County Medical Officer, Superintendent Nursing Officer and Tuberculosis Health Visitor, 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 took part in combined operations with the National Association in the Christmas Seals Sale Campaign for 1957. This produced, as Shropshire's share, £337; and, with other contributions and donations, resulted in £727 being added to the Committee's funds in the financial year 1957—58.

The Committee during the year expended £258 on 37 cases in a variety of ways which did not admit of statutory help being afforded.

Health Propaganda.—Lectures on Health subjects and Mother Craft were given by members of the Medical and Nursing Staffs to various organisations and associations in the County.

During the year the Health Department gave considerable thought to the question of home accidents, and talks and demonstrations have been given to various organisations by the Lay Administrative, Medical and Nursing staffs.

A model house, showing home hazards which are liable to cause accidents, was prepared in the Department and has been exhibited on a number of occasions and whenever talks on this subject have been given. Flannelgraphs, Posters and Displays have been shown and it is hoped to publicise still further in future the need for precautions in the home.

Home accidents are reported to the Department by the Nursing and Health Visiting staffs and this gives some idea of the most common type of accident and focuses attention on that particular hazard.

The co-operation of the Hospitals and General Medical Practitioners in the collection of information has been sought, and in view of Ministry of Health Circular HM/58/12 to Regional Hospital Boards and Hospital Management Committees, their help may be the more readily given.

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

The Council's proposals under Section 28 of the National Health Service were modified in 1954 to include provision for the services of Evening Visitors and Night Helps for aged people who require assistance on account of illness or infirmity.

Help under this scheme is only provided when no relatives, friends or neighbours are available to assist, except in the case of Night Helps, when assistance can be provided to afford relief for a relative who has had the continuous care of a sick person for a prolonged period.

Whenever possible, help is supplied by voluntary workers but the scheme includes the employment of paid personnel to cover circumstances when voluntary assistance is not forthcoming.

One householder was, during 1957, visited twice by an official Evening Visitor, but it is recognised that several Voluntary Organisations are in fact providing help of this nature for a number of old people and the voluntary help so given is gratefully acknowledged.

During the year, paid Night Helps attended two cases, for a total of five night sessions, compared with three cases and eleven sessions during 1956. 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

One of the suggestions made by the Ministry of Health in 1954 to Local Health Authorities for the development and use of local health services to prevent the break-up of families was that trained Social Workers might be employed to enable the particular needs of families with problems to be studied and met in appropriate ways.

In discussions which followed between the Chief Officers of the various Departments concerned, between whom excellent liaison exists, it was agreed that the *prevention* of family crises might best be accomplished by the secondment from the N.S.P.C.C. of one of their specially trained women visitors for duty in Shropshire.

Negotiations to this end were entered into and with Ministry of Health and Home Office approval a contribution of £300 per annum (£200 from the Health Committee and £100 from the Children's Committee) towards the expenses of such an appointment were subsequently agreed with the N.S.P.C.C.

In October, 1956, Miss D. Lomas was appointed for duty in this County.

She has worked hard and conscientiously, and in the twelve months ended April, 1958, some 15 new cases, involving 62 children, have been visited. In all, 1,243 visits (737 supervisory and 506 miscellaneous) were made to the families concerned.

After-care of Cancer cases—The Marie Curie Memorial Foundation

The Marie Curie Memorial Foundation provides assistance, in kind, to meet the urgent needs of cancer patients being nursed at home and supplement help from statutory and other sources.

Monetary assistance is not provided directly and the needs most commonly met by the Foundation are by payment for night nursing and daytime help, and the supply of linen, bedding, clothing, personal comforts and extra nourishment.

Their policy is to give an initial financial grant for a given area, to be expended over a test period, followed by further six-monthly grants in the light of initial distribution; and in Shropshire the County Medical Officer has been nominated as the Foundation's agent for administering the grant.

In the latter half of 1957, a sum of £50 was received from the Foundation for cancer patients in Shropshire. All general practitioners and members of the nursing services were asked to report deserving cases and by the end of the year help had been given as follows:—

Assistance provided	Cases	Amount expended		
		£	s.	d.
Linen and bedding ..	3	17	5	5
Personal comforts ..	2	9	3	7
Extra nourishment ..	9	16	17	7
	14	43	6	7

A further grant of £50 was received in February, 1958, for distribution in this County. This generous help is acknowledged with gratitude.

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, 1,646 issues of equipment were made to 980 patients, items being loaned direct from the Health Department in 446 cases and by nurses and midwives in 534 cases, as summarised below:—

Table 71: Issues of Nursing Equipment

Item	Issued by		Total
	Health Dept.	Nurses	
Air beds	2	1	3
Air rings	14	135	149
Back rests	72	140	212
Bed pans	147	199	346
Bed cradles	20	15	35
Bed tables	4	1	5
Blankets	13	—	13
Bedsteads	7	4	11
Commode chairs	21	6	27
Crutches	10	—	10
Dunlopillo rings	47	19	66
Feeding cups	4	14	18
Hoyer patient lifter	1	—	1
Mattresses—Dunlopillo	38	27	65
other	5	1	6
Pillows	4	2	6
Pillow slips	6	—	6
Rubber sheets	174	224	398
Sheets	9	1	10
Sputum mugs	—	1	1
Tricycle invalid chairs	1	—	1
Urinals	28	80	108
Wheel chairs	95	8	103
Miscellaneous	18	28	46
	740	906	1,646

It seems clear from further review of Home Nursing cases in 1958 that more of the expensive Hoyer (or similar) lifting apparatus will have to be bought for loan to domiciliary patients, and additional sums for this purpose will be asked for in estimates for 1959—60.

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 patients are required to contribute towards the cost of their convalescence in accordance with their means.

During 1957, the following Convalescent Homes received 34 cases, at a total gross cost of £314 15s. 7d., of which £15 14s. 5d. was recovered from patients or their relatives:—

Table 72: Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno	24	—
Surrey Convalescent Home, Bognor	1	—
St. Raphael's Home, Torquay	1	—
St. Barnabas's Home, Torquay	1	—
Cae Mor, Llandudno	2	2
Mental After-Care Home, Margate	1	—
Tanllwyffan Home, Colwyn Bay	—	1
Charnwood Forest Home, near Loughborough	—	1
	30	4

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, 1957, are given in the table below:—

Table 73: Home Help Offices

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 1957—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.

Home Helps.—Payment to Home Helps is made in accordance with the wages scale of the West Midlands Joint Industrial Council, Local Authority Non-Trading Services (Manual Workers). The rates in operation at the end of 1957 were 3/- per hour in the Borough of Shrewsbury and 2/11½ 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, 1957, a total of 129 Home Helps was employed (12 full-time and 117 part-time) and the table below shows their distribution throughout the County):—

Table 74: Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	8	8
Church Stretton ..	—	3	3
Ludlow ..	—	19	19
Market Drayton ..	2	3	5
Newport ..	—	4	4
Oswestry ..	2	17	19
Shrewsbury ..	8	36	44
Wellington ..	—	20	20
Whitchurch ..	—	7	7
Total for 1957 ..	12	117	129
Total for 1956 ..	16	107	123

Work Performed.—During 1957 a total of 709 cases was assisted, at an average of 320 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 140,778.

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 67 per cent. of the cases and that 116,449 (or 83 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.

Table 75: Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	28	—	5	—	2	—	35
Church Stretton ..	11	3	1	1	—	—	16
Ludlow ..	49	3	3	—	2	1	58
Market Drayton ..	23	—	10	—	—	3	36
Newport ..	15	2	7	—	—	1	25
Oswestry ..	63	11	11	2	—	1	88
Shrewsbury ..	165	23	73	9	5	4	279
Wellington ..	98	12	14	5	3	2	134
Whitchurch ..	23	5	8	—	1	1	38
Total for 1957 ..	475	59	132	17	13	13	709
Total for 1956 ..	398	63	131	21	13	13	639

Table 76: Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total— all categories (1)	Elderly and Chronic Sick		Total— all categories (4)	Elderly and Chronic Sick	
		Number (2)	% (3)		Number (5)	% (6)
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
1957	709	475	67	140,778	116,449	83

Recovery and Expenditure.—The sum recovered during 1957 from those taking advantage of the Service was £2,775, compared with £2,629 during 1956 and £2,687 during the previous year. The statement below indicates the numbers of hours attributable to cases paying for the help at the standard rate, to those paying an assessed weekly charge and those receiving free help. Comparable figures for 1954 to 1956 are also given.

Table 77: Hours worked and travelled by Home Helps

	1954	1955	1956	1957
Standard Rate ..	17,718 = 13.7%	7,082 = 5.4%	7,629 = 5.9%	9,491 = 6.7%
Assessed Rate ..	77,017 = 59.6%	67,795 = 52.1%	68,739 = 52.6%	63,588 = 45.2%
Free ..	34,438 = 26.7%	55,362 = 42.5%	54,228 = 41.5%	67,699 = 48.1%
TOTAL ..	129,173 = 100%	130,239 = 100%	130,596 = 100%	140,778 = 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 1957, with corresponding totals for the two preceding years:—

Table 78: Cost of Domestic Help Service

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					
1955	£ 1,128	£ 5,772	£ 14,106	£ 938	£ 21,944	£ 2,687	£ 19,257	% 14.0
1956	1,234	5,119	16,512	927	23,792	2,629	21,163	11.1
1957	1,267	4,512	19,349	1,056	26,184	2,775	23,409	10.6

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in May, 1955, March, 1956, and May, 1957, have caused the cost of the Service to rise from year to year; but the steady rise from year to year of the percentages in columns 3 and 6 of Table 76 on page 61 seems to be evidence for the Committee's contention that the service is not abused and that the help goes to where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

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 13 and 16.

Staff.—On 31st December, 1957, 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:—

- 10 Assistant County Medical Officers
- 1 Principal Duly Authorised Officer
- 2 Assistant Duly Authorised Officers (one full-time, one part-time)
- 1 Superintendent Nursing Officer
- 1 Deputy Superintendent Nursing Officer
- 2 Assistant Superintendent Nursing Officers
- 29 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 and Wellington, weekly at Oswestry, Ludlow and Bridgnorth, and fortnightly at Market Drayton and Whitchurch. The latter three clinics and that at Wellington are held in the County Council's Welfare Centres. Out-patient clinics for children are also held at Shrewsbury, Oswestry, Bridgnorth and Wellington.

The Psychiatric Social Workers employed by the Regional Hospital Board 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 after-care.

Particulars are given below of the numbers of patients receiving after-care by the Psychiatric Social Workers and the Council's staff respectively. Between these field workers there exists a happy and co-operative relationship.

Table 79: After-Care of Hospital Cases

Receiving After-Care	By Social Workers from Shelton Hospital			By County Council Staff		
	Males	Females	Total	Males	Females	Total
On 1st January, 1957 ..	308	552	860	6	15	21
On 31st December, 1957 ..	356	639	995	7	16	23

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 under care in the Boards' establishments and whose Orders of detention are due for review. During the year, 96 such reports were furnished. Nine defectives on licence from mental deficiency hospitals are also visited periodically by the Duly Authorised Officers or Health Visitors, who supply progress reports from time to time to the hospitals concerned.

Lunacy and Mental Treatment Acts.—The regressed type of patient suffering from fairly long-standing mental illness who some years ago was quite commonly notified to Duly Authorised Officers as requiring admission to a mental hospital is now seen infrequently. This type of patient has been gradually replaced by one who, although he cannot be persuaded to enter hospital voluntarily and has reached the "certifiable" stage, is nevertheless suffering from a mental illness of more recent onset and there is consequently a better hope of recovery.

Most patients and their relatives dislike intensely the idea of certification and every effort is made to avoid this procedure. Since the early part of the year, therefore, the large majority of patients requiring compulsory admission to Shelton Hospital have been received in the first instance under a Duly Authorised Officer's "Three-Day" Order, which can be extended where circumstances warrant it for a further 14 days. During this initial period of their stay in hospital most of the patients improve sufficiently to appreciate the treatment which they are receiving and agree to remain in hospital on a voluntary basis. This change in the method of admission was suggested by Dr. M. J. Brookes, Medical Superintendent of Shelton Hospital, and experience has shown that as a result certification can usually be avoided.

Thus, of 127 patients admitted initially on a "Three-Day" Order, 107 eventually became voluntary patients, 1 became a "temporary" patient and only 7 had to be certified; 9 were discharged and 3 died. The total number of certifications during the year was 27, compared with 85 during 1956.

The following table gives particulars of all the patients taken into the hospital by the Duly Authorised Officers:—

Table 80: Cases dealt with by Duly Authorised Officers

		Males	Females	Total
Mental Treatment Act, 1930	Voluntary	29	35	64
	Temporary	3	1	4
Lunacy Act, 1890	Certified (Summary Reception Order)	6	14	20
	"Three-Day" Order	56	71	127
TOTAL FOR 1957 ..		94	121	215
TOTAL FOR 1956 ..		71	64	135

In addition to the patients shown in the table above, investigations were carried out by the Duly Authorised Officers in 72 cases in which unsoundness of mind had been suggested 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; some proved suitable for admission to hospitals for the chronic sick and were dealt with accordingly; while others were referred to the County Welfare Officer with a view to admission to the Council's Residential Homes.

Particulars of all direct admissions to and discharges from Shelton Hospital have been supplied through the kindness of Dr. Brookes, the Medical Superintendent, and are shown below:—

Table 81: Shelton Hospital: Direct Admissions and Discharges

	Year	Voluntary	Temporary	Certified	Total
Direct Admissions ..	1956	290	4*	89	383
	1957	526	4*	29	559
Discharges	1956	278	—	69	347
	1957	437	—	42	479

*These patients were subsequently re-classified into other categories.

The following points of interest emerge:—

- The majority of voluntary patients enter hospital without any intervention by the Duly Authorised Officers and this accounts for the difference between the numbers of voluntary patients in the table above and that preceding it.
- Other minor differences between the figures in the two tables are accounted for by the fact that a small number of patients are admitted from other areas.
- There has been a more rapid turnover of patients, as shown by the increase in admissions and discharges in 1957 compared with 1956. This may be taken to indicate that the public are more ready to seek help when there is mental illness in the family, the barrier between the public and the mental hospitals having been largely broken down by the wide publicity given to mental health problems.

Mental Deficiency Acts.—

Ascertainment.—Particulars of the mental defectives ascertained during 1957, with corresponding figures for 1956 are given below:—

Table 82: Mental Defectives ascertained during 1956 and 1957

	Males		Females		Total	
	1956	1957	1956	1957	1956	1957
Cases reported by Local Education Authority:—						
(i) Under Section 57(3) of the Education Act, 1944 ..	9	19	5	16	14	35
(ii) Under Section 57(5) of the Education Act, 1944:—						
on leaving special schools	6	13	7	7	13	20
on leaving ordinary schools	15	14	5	13	20	27
Other Cases	2	2	3	3	5	5
TOTAL ..	32	48	20	39	52	87

Hospital Care.—During the year, 23 patients were admitted to Mental Deficiency Hospitals for “permanent” as opposed to “short-term” care, making a total of 383 mental defectives from Shropshire receiving hospital care. Since the inception of the National Health Service, all Shropshire patients have been sent to hospitals within the Birmingham Region and of the 383 patients who are away from home 231 are accommodated in the region. It is an advantage that patients should be accommodated as near to their homes as possible, as visiting is facilitated. This helps to maintain a link with the patient’s family, which can have only a good effect when any attempt at rehabilitation seem practicable. Relatives living in somewhat isolated parts unfortunately often find it impossible to make more than a very occasional visit to the mental deficiency hospital.

The 231 patients in the Birmingham Regional Board’s hospitals are accommodated as follows:

Lea Colony, Bromsgrove (including Lea Castle Colony)	70
Monyhull Hall, King’s Heath, Birmingham	36
St. Margaret’s Hospital, Great Barr Park, Birmingham	28
Stallington Hall, Blythe Bridge, Stoke-on-Trent	25
Coleshill Hall, Coleshill, Warwickshire	12
Alton Street Hospital, Ross-on-Wye	10
The Beeches Hospital, Ironbridge	31
Loppington House Approved Home, Wem	5
Miscellaneous (all situated outside Shropshire)	14
	<u>231</u>

The position with regard to the waiting list has shown little change. On 31st December, 1957, the number was 55 compared with 56 at the end of the previous year, and the following table shows the distribution of cases by classification and age-range:—

Table 83: Mental Defectives awaiting admission to Hospitals on 31st December, 1957

DEFECT	MALES					FEMALES					Total
	Under 7	7—16	16—30	30—60	Total	Under 7	7—16	16—30	30—60	Total	
Feeble-minded ..	1	3	4	1	9	—	1	5	4	10	19
Imbeciles ..	3	6	6	3	18	1	4	—	3	8	26
Idiots ..	2	1	1	1	5	5	—	—	—	5	10
TOTAL ..	6	10	11	5	32	6	5	5	7	23	55

The majority of cases most urgently in need of hospital care and training are to be found in the under-16 age-group and these young patients demand so much care and attention, and their conduct is often so destructive of normal family life and relationships, that the rest of the family have a very unhappy and wearisome time.

Short-term Care.—The County Council have power to provide short-term care for mentally defective patients in an emergency or when the parent or guardian of a patient is badly in need of a break. Due, however, to the co-operation of the Birmingham Regional Hospital Board in providing temporary care when representations were made in 12 cases by the County Medical Officer, it was unnecessary for the Council to incur any expenditure upon this service during 1957.

Guardianship.—On 31st December, 1957, 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, 1957:—

Table 84: Defectives under Statutory Supervision on 31st December, 1957

DEFECT	MALES					FEMALES					Total
	Under 7	7—16	16—30	Over 30	Total	Under 7	7—16	16—30	Over 30	Total	
Feeble-minded	—	20	106	16	142	—	16	64	19	99	241
Imbeciles	8	39	57	23	127	3	40	64	21	128	255
Idiots	1	3	1	2	7	1	—	—	3	4	11
TOTAL 1957	9	62	164	41	276	4	56	128	43	231	507
TOTAL 1956	4	58	157	42	261	1	49	124	42	216	477

In addition to the cases under Statutory Supervision referred to above, there were 233 cases under Voluntary Supervision.

Occupation and 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 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 at Wellington. At the commencement there were 13 "pupils" on the register and by the end of 1957 the number had increased to 30.

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 Women's Voluntary Services car service.

In an attempt to meet the needs of some children who, owing to the situation of their homes, cannot possibly attend any occupation centre, it was decided to appoint a Home Teacher on a part-time basis and to organize their tuition in small groups. This was commenced early in 1958 and is regarded as an experiment rather than the final answer to the problem.

Shropshire Society for Mentally Handicapped Children.—This progressive organisation inaugurated the Wrekin Peter Pan Club for older mentally handicapped patients and, since September, 1957, fortnightly evening meetings have been held in the Wellington Child Welfare Centre, where patients, parents and members of the Mental Health Staff of the Health Department mix in a very friendly atmosphere.

Employment.—Of the 376 adult defectives under statutory supervision, 175 are in paid employment, 133 are usefully occupied in varying degrees at home, and 68 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 were no additions to the register during the year, and two Homes were closed.

Table 85: Nursing Homes

Accommodation provided	Nursing Homes	Beds available
General cases only	3	36
Maternity cases only	1	5
Maternity and General cases ..	6	62
TOTAL ..	10	103

Inspection.—Registered Nursing Homes are visited by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each home regularly; thirty-two inspections were made in 1957.

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, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

There were no applications for registration during 1957 and, at the end of the year, there were no registered Nurseries or Child Minders in the County.

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, 1957, the numbers of persons included in the Shropshire Registers of Blind and Partially-Sighted Persons were as follows:—

Table 86: Registers of Blind and Partially-sighted Persons

	Males	Females	Children	Total
Blind	234	298	15	547
Partially-sighted ..	19	28	21	68
TOTAL ..	253	326	36	615

Additions to the Registers.—During the year, 73 persons (40 males and 33 females) were certified as blind persons and included in the Register. In addition, 17 persons (10 males and 7 females) were certified as partially-sighted.

Of the 90 cases added to the Registers during the year, 60 blind persons (30 males and 30 females) and 10 partially-sighted persons (5 males and 5 females) were 60 years of age or more.

Causes of Blindness.—A perusal of Forms B.D.8 completed in respect of the 73 persons certified during the year indicated that in 18 (or 25 per cent.) of these cases the primary cause of blindness was cataract; 17 of these cases were all aged 70 years or more.

Other major causes of blindness were: Senile macular degeneration, 10; Glaucoma, 12; Congenital defects, 7; Diabetes, 6.

The blind persons for whom treatment was recommended numbered 38, medical treatment being suggested in 16 cases, surgical in 18 cases, and optical in 4 cases. Hospital supervision was recommended in 24 cases.

Of the above, one person refused surgical treatment; of two persons for whom surgical treatment had been recommended, one was unable to decide whether to undergo treatment and one died before receiving treatment.

It would seem that, although treatment of one form or another or Hospital supervision was advised in 62 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:—

Table 87: 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 1957 in respect of which the relevant paragraphs of Form B.D.8 recommend:—										
(a) No treatment	2	1	1	—	—	—	8	1	11	2
(b) Treatment (medical, surgical or optical)	13	1	7	—	—	—	18	5	38	6
(c) Hospital supervision	3	1	4	2	—	—	17	6	24	9
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	13	2	11	2	—	—	35	11	59	15

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, 1957, 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	11	15	26

(Of these, 6 were accommodated in their own homes; 10 were accommodated on behalf of the Council by voluntary organisations; and 10 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis ..	5	12	17

(Of this total, 14 were accommodated in their own homes, and 3 of these were in employment; one was accommodated in the National Spastics Society House, Prested Hall, Essex, 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	34	46	80
Spastic Paralysis ..	36	40	76
TOTAL	70	86	156

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 compliance with the requirements of Section 2.

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 1957 their Sampling Officers obtained 1,660 samples (1,234 of milk and 426 of other foods), compared with 1,670 samples (1,231 of milk and 439 of other foods) during the previous year.

The results of the examination of the 1,660 samples taken during 1957, 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:—

Table 88: Analysis of Food and Drugs Samples taken in 1957

Description of Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Milk	1,214	1,137*	46	29	2
Milk (Private)	20	—	—	20	—
Almond Paste	2	—	—	2	—
Baking Powder	3	—	—	3	—
Beverages	36	—	—	36	—
Bicarbonate of Soda	4	—	—	4	—
Biscuits	3	1	—	2	—
Bread	2	—	1	1	—
Butter, Margarine and Fats	40	—	—	40	—
Cake and Pudding Mixtures	9	—	—	6	3
Cheese	2	—	—	1	1
Chewing Gum	2	—	—	2	—
Chicken	3	—	—	3	—
Christmas Pudding	3	—	—	3	—
Condiments	33	—	—	33	—
Colouring and Flavours	14	—	—	13	1
Cornflour	4	—	—	4	—
Cream	7	—	—	7	—
Creamed Mushrooms	1	—	—	1	—
Creamed Rice	1	—	—	1	—
Custard Powder	8	—	—	8	—
Dripping	2	—	—	2	—
Egg	1	—	—	1	—
Evaporated Milk	1	—	—	1	—
Fish and Fish Products	9	—	—	9	—
Flour	12	—	—	12	—
Fruit (including tinned) and Fruit Juices	15	—	—	14	1
Gelatine	2	—	—	2	—
Ginger (Crystallized)	1	—	—	1	—
Gravy Browning and Salt	6	—	—	6	—
Haricot Beans	1	—	—	—	1
Herbs	5	—	—	5	—
Honey	3	—	—	3	—
Ice Cream	1	1	—	—	—
Indian Brandee	1	—	—	1	—
Jams and Curds	13	—	—	13	—
Jellies and Blancmanges	16	—	—	16	—
Marmalade	5	—	—	5	—
Marzipan	2	—	—	2	—
Meat and Meat Products	18	—	—	17	1
Medicines and Drugs	26	—	—	25	1
Mince-meat	4	—	—	4	—
Mineral Waters and Powders	9	—	—	9	—
Nuts	8	—	—	8	—
Onions	2	—	—	2	—
Orange Drink	9	—	—	9	—
Pastry Dough	1	—	—	1	—
Peas	1	—	—	1	—
Pearl Barley	1	—	—	1	—
Pie Fillings	1	—	—	1	—
Pickles	5	—	—	4	1
Rice, Rice Products, Semolina, Sago, etc.	14	—	—	14	—
Sausage	4	—	—	4	—
Scrapings from Pastry Bowl	1	—	—	1	—
Shortening	1	—	—	1	—
Soups	8	—	—	7	1
Spices and Peel	7	—	—	7	—
Spirits and Wines	11	10	1	—	—
Spreads	10	—	1	8	1
Stuffing	2	—	—	2	—
Sugar	2	—	—	2	—
Sultanas	2	—	—	1	1
Sweets	2	—	—	1	1
Treacle	4	—	—	4	—
TOTAL ..	1,660	1,149	49	446	16

*This figure includes 15 "Appeal-to-Cow" samples.

Milk.—Out of 1,234 samples of milk submitted for analysis during the year, and referred to in the table above, 48 were reported to be adulterated or below standard, representing 3.9 per cent. of the milk samples analysed. The following particulars indicate the action taken in respect of these 48 samples:—

- 20 were slightly deficient in fat and the vendors were notified or warned, as necessary; follow-up samples proved satisfactory.
- 11 were appreciably deficient in fat and as a result "appeal-to-cow" samples were taken; as these were also below standard the producers concerned were cautioned and the Milk Advisory Service of the Ministry of Agriculture, Fisheries and Food informed in each case.
- 11 samples of Channel Islands milk were slightly deficient in fat and the vendors were warned. The Ministry of Agriculture, Fisheries and Food were also informed.
- 2 were found to contain small particles of dirt. The producer was notified and the Milk Advisory Service informed.
- 1 was so obviously adulterated that the retailer was warned that a very close watch would be kept on the milk.
- 1 sample which was the subject of a complaint by a member of the public was found to contain traces of Hypochlorite which the analyst considered may have been the cause of the unpleasant taste of which the customer complained when she drank the milk, but no signs of dangerous contamination were found. A special visit was made to the dairy concerned for the purpose of inspecting the bottle washing machinery, and to interview the proprietor. No obvious explanation was found and despite examination of numerous "follow-up" samples for Hypochlorites no evidence of this was found.
- 2 were the subject of further sampling or investigation, as a result of which legal proceedings were successfully concluded in the Courts in both cases brought, particulars of which are as follows:—

Table 89: Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis of Sample or Charge Proffered	Court Findings	
		Fine	Costs
Oswestry	7% deficient in fat ..	£ s. d. 5 0 0	£ s. d. 5 0 0
Market Drayton ..	13% deficient in fat ..	5 0 0	8 15 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. 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, such samples are returned as "genuine" provided, of course, 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 1956 and 1957:—

Table 90: Average Composition of Milk Samples

Month	1956 (All Samples of Milk)			1957 (Excluding Channel Islands Samples)		
	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage
January	125	3.65	8.60	110	3.70	8.60
February	100	3.75	8.65	78	3.60	8.55
March	102	3.45	8.60	81	3.45	8.65
April	111	3.55	8.70	94	3.40	8.70
May	108	3.35	8.60	101	3.35	8.80
June	107	3.50	8.75	84	3.45	8.75
July	122	3.55	8.55	85	3.45	8.70
August	128	3.80	8.80	64	3.65	8.70
September	75	3.75	8.70	63	3.70	8.75
October	90	3.95	8.80	106	3.85	8.85
November	111	4.20	8.75	103	3.85	8.70
December	52	3.85	8.65	118	3.85	8.65
Over whole year	1,231	3.70	8.70	1,087	3.60	8.80

The prescribed standard for Channel Islands and South Devon Milk is 4 per cent. for fat and 8.5 per cent. for solids-not-fat. The following table gives particulars of the samples of Channel Islands milk submitted for analysis during 1957:—

Table 91: Channel Islands Milk—Average Composition

Month	Samples Analysed	Average Fat Percentage	Average Solids-not-Fat Percentage
January	12	4.70	9.05
February	7	5.35	9.05
March	10	4.65	9.05
April	18	4.60	9.10
May	14	4.40	9.25
June	10	4.90	9.25
July	8	5.40	9.20
August	14	5.00	9.05
September	8	5.00	9.30
October	14	5.00	9.35
November	12	5.00	9.10
December	20	5.00	9.15
Over whole year ..	147	4.90	9.15

Other Foods.—The following particulars indicate the action taken in respect of the samples of food other than milk referred to in the table on page 68 which were found on analysis to be non-genuine:—

- 1 informal sample of banana flavouring was found to contain the preservative Sodium Benzoate. The manufacturers were informed and in a reply through their solicitors contended that their product was a cordial within the meaning of the regulations and could therefore properly contain the preservative. On the advice of the Clerk of the Council no further action was taken.
- 1 informal sample of corned beef was found to contain excessive tin. The vendor was informed though it was found that his supplies of this particular consignment were exhausted. A follow-up sample of the same brand was taken, which proved to be genuine. The manufacturer was also informed.
- 1 informal sample of sweets (a product sold at 2d. under the name "Lucky Bag" and obviously intended for children) was found to contain a poppet bead as a gift. The bead was inedible and in appearance was similar to the sweets. The matter was taken up with the manufacturers as one of urgency. They agreed to cease the practice forthwith and apologised for their lack of foresight.
- 1 informal sample of sponge mixture was found to be infested with mites. The vendor was informed and agreed to surrender remaining stocks.
- 1 informal sample of castor oil was found to have an acidity slightly higher than the B.P. standard. The analyst was of the opinion that the acidity had possibly increased since manufacture, perhaps as a result of exposure to strong sunlight. The matter was referred to the Local Public Health Inspector in order that he might make an inspection of the shop.
- 1 formal sample of sherry brought to the County Health Department by a member of the public was found to contain soap and alkali. The complainant alleged that drinking this sherry had caused him to be violently sick. Other members of his family who had drunk some of the sherry a week earlier when the bottle was first opened had also been ill, though not as ill as the complainant. After due consideration of all the circumstances, however, the Clerk of the Council recommended that no action should be taken. A sample of the same brand of sherry proved to be genuine.
- 1 informal sample of cake flour contained live grubs. The vendor and the Local Authority were informed and the remaining stock was withdrawn from sale.
- 1 informal sample of cheese contained patches of mould. The remaining stock was surrendered to the Local Public Health Inspector.
- 1 informal sample of cake flour was found to be lumpy owing to moisture. The remaining stock was surrendered to the Public Health Inspector.
- 1 formal and 1 informal sample of cheese spread with onion were found to be deficient in fat. The Clerk of the Council advised that no action be taken.
- 1 informal sample of haricot beans was found to contain rat excreta. An admonitory letter was sent to the wholesaler.
- 2 informal samples of dried fruit were found to contain a rather high amount of sand. A notifying letter was sent to the suppliers.
- 1 informal sample of soup powder was found to be infested with small beetles and larvae. The vendor was informed and voluntarily surrendered his remaining stock of two packets.
- 1 informal sample of red cabbage was found to have an offensive odour and an unpleasant taste. The vendor was informed and voluntarily surrendered the remaining 10 jars.
- 1 sample of bread containing a split pin was brought to the County Health Department by a member of the public. Legal proceedings were instituted against the baker concerned, and were successfully concluded as follows:—

Magistrates' Court	Analysis	Result	
		Fine	Costs
Shirehall, Shrewsbury	The metal embedded in the bread is a piece of twisted iron approx. $\frac{1}{2}$ in. long. It has the appearance of a split pin, which has become twisted and appeared to be baked in the bread.	£ s. d. 5 0 0	£ s. d. 3 0 0

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, living tubercle bacilli have been found in milk produced in this County, the herd involved is similarly investigated.

During 1957, investigations were made in respect of 3 herds and in consequence one cow was 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 warrants
Consigned wholesale to Creameries	..	..	..	As occasion warrants
Supplied to County Welfare Homes	..	..	..	Quarterly
Supplied to Schools	..	..	..	Quarterly
Produced at Hospital Dairy Farms	..	..	..	Quarterly

Table 92: Samples taken for Biological examination during 1957

Source	Grade	Samples			Cows dealt with under Tuberculosis Order
		Total	Positive	Negative	
Retail Supplies	Undesignated	119	1	118	—
	Tuberculin Tested	21	—	21	—
Wholesale Supplies	Undesignated	500	17	483	20
County Welfare Homes	Tuberculin Tested	9	—	9	—
Hospital Dairy Farms	Tuberculin Tested	4	—	4	—
School Supplies	Tuberculin Tested	58	—	58	—
	TOTAL	711	18	693	20

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 Departments in maintained, grant-aided and independent Schools in the County receiving liquid milk and of the grades of milk supplied at the end of 1957:—

Table 93: School Milk Supplies

Grade of Milk	Departments
Pasteurised	348
Tuberculin Tested	31
TOTAL	379

On 25th September, 1957, a census was taken which showed that, at that time, 85.1 per cent. of the pupils in attendance at these schools 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 1957:—

Table 94: Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Tuberculin Tested ..	99	84	15	—	—	—
Pasteurised	373	333	6	34	373	—
TOTAL ..	472	417	21	34	—	—

*These samples were declared "void" because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

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, 1957, licences in respect of eight pasteurising establishments were renewed by the County Council. During the year one licence was surrendered, leaving seven 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 1957 from pasteurising establishments licensed by the County Council:—

Table 95: Testing of Pasteurised Milk Supplies

Licensed Establishments at 31st December	Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
7	231	181	—	50	228	3

*These samples were declared "void" because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

The Milk (Special Designations) (Specified Areas) Orders, 1956—57.—The Milk (Special Designations) (Specified Areas) Order, 1957, which came into force on 1st October, 1957, extended the area in Shropshire in which all milk sold by retail for human consumption (other than catering sales) must be specially designated ("Pasteurised," "Sterilised," or "Tuberculin Tested"). The County Districts not affected by these Orders are:—Bishop's Castle Borough, Bridgnorth Borough and Bridgnorth Rural, Clun Rural, Ludlow Borough and Ludlow Rural.

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 during 1957:—

Table 96: Sampling in Specified Areas

Grade	Phosphatase Test			Methylene Blue Test				Turbidity Test		
	Samples Tested	Passed	Failed	Samples Tested	Passed	Failed	Void*	Samples Tested	Passed	Failed
Pasteurised	143	143	—	143	127	—	16	—	—	—
T.T. (Pasteurised) ..	203	203	—	203	174	—	29	—	—	—
T.T. (Channel Islands Pasteurised) ..	15	15	—	15	12	—	3	—	—	—
T.T. (Channel Islands Farm Bottled) ..	—	—	—	14	14	—	—	—	—	—
T.T. (Channel Islands) ..	—	—	—	8	8	—	—	—	—	—
T.T. (Farm Bottled) ..	—	—	—	6	6	—	—	—	—	—
T.T.	—	—	—	76	70	6	—	—	—	—
Sterilised	—	—	—	—	—	—	—	35	35	—
TOTAL ..	361	361	—	465	411	6	48	35	35	—

*This test is declared void when the atmospheric shade temperature at which the sample is stored in the Laboratory before testing exceeds 65. F.

In the case of the retailers whose milk failed the Methylene Blue Test, the facts were reported to the appropriate licensing authority.

In addition to the above, 21 samples of Tuberculin Tested Milk were submitted to a biological test for Tubercle bacilli, but all results were negative.

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 1957:—

Table 97: Grants paid by the County Council up to 31st December, 1957, under the Housing Acts, 1936—52

District	Houses eligible for grants	Grants	
		Paid in 1957	Total
		£	£
Atcham Rural	163	—	2,060
Bridgnorth Rural ..	78	149	1,180
Clun Rural	107	—	1,688
Dawley Urban	465	2,049	5,116
Drayton Rural	83	—	1,224
Ellesmere Rural	135	190	2,105
Ludlow Rural	44	78	610
Oswestry Rural	52	146	939
Shifnal Rural	20	—	258
Wellington Rural ..	82	112	1,409
Wem Rural	48	—	383
Wenlock Borough ..	16	27	224
TOTAL ..	1,293	2,751	17,196

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 1957 has been summarised, in respect of Water and Sewerage and Refuse Collection on pages 74 and 75; and in respect of Housing in Tables X and XI on pages 95 and 96, the latter Table relating specifically to action taken under the Housing Act, 1957, which came into operation on 1st September, 1957.

Table 98: Water and Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES			SEWAGE DISPOSAL			
		Public Mains— Piped and Stand Pipe Supplies	Private Systems Piped and Stand Pipe Supplies	Other Supplies (Wells, Streams, Pumps, etc.)	Connected to Public Sewers	Connected to satisfactory private disposal works	Using chemical, pail or earth closets with satisfactory disposal	Without satisfactory means of disposal
Dr. Howard								
Ellesmere Urban ..	727	727	—	—	710	25	—	2
Ellesmere Rural ..	2,175	910	927	†	—	322	952	†
Wem Urban ..	856	855	1	—	820	30	18	6
Wem Rural ..	3,214*	418	673	2,123*	—	†	†	†
Whitchurch Urban ..	2,246	2,259	†	†	†	†	114	†
Dr. McArthur								
Oswestry Borough ..	3,627	3,598	13	16	3,573	43	11	—
Oswestry Rural ..	5,290	3,347	80	1,500	1,981	1,486	393	1,430
Dr. Gregory (deceased)								
Dr. Hall								
Atcham Rural ..	†	†	†	†	†	†	†	†
Bishop's Castle Borough ..	434	424	—	10	378	10	46	—
Church Stretton Urban ..	916	876	40	—	711	56	149	—
Clun Rural ..	3,092	1,592	†	†	†	†	†	†
Ludlow Borough ..	2,091	2,090	—	1	2,036	32	23	—
Ludlow Rural ..	4,275	1,955	†	†	620	650	†	†
Wenlock Borough ..	4,600	†	†	†	†	†	315	†
Dr. Turnbull								
Bridgnorth Borough ..	2,223	2,214	9	—	2,150	39	34	—
Bridgnorth Rural ..	4,068	1,644	†	†	705	†	†	†
Dr. Stewart								
Dawley Urban ..	2,657	2,634	—	23	1,469	228	960	—
Drayton Rural ..	2,577	1,220	170	1,187	406	796	37	—
Market Drayton Urban ..	1,877	1,865	3	9	1,769	45	21	26
Newport Urban ..	1,283	1,282	1	—	1,261	1	375	—
Oakenhates Urban ..	3,810	3,800	—	10	3,429	6	†	—
Shifnal Rural ..	3,399	2,685	272	442	2,134	498	24	†
Wellington Urban ..	4,033	4,033	—	—	4,000	7	†	2
Wellington Rural ..	6,889	5,533	184	†	4,628	69	†	†
Dr. Mackenzie								
Shrewsbury Borough ..	15,012	14,974	—	38	14,641	238	133	—

* Approximate or estimated figures.

† Figures not available.

Table 99: Refuse Collection and Disposal

District	Parishes where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. ..	†	†	†	†	†
Bishop's Castle B. ..	All	—	Weekly and monthly	Contract	Semi-controlled Tipping
Bridgnorth B. ..	All	—	Weekly	Council	Controlled Tipping
Bridgnorth R. ..	All	—	Weekly and fortnightly	Council	Semi-controlled Tipping
Church Stretton U. ..	All	—	Weekly	Council	Tipping
Clun R. ..	6	18	7 to 14 days and monthly	Contract	Semi-controlled Tipping
Dawley U. ..	All	—	Weekly	Council	Controlled Tipping
Drayton R. ..	All	—	16 days	Council	Controlled Tipping
Ellesmere U. ..	All	—	Fortnightly	Contract	Tipping
Ellesmere R. ..	All	—	Fortnightly	Council	Tipping
Ludlow B. ..	All	—	Weekly and twice weekly	Council	Semi-controlled Tipping
Ludlow R. ..	All	—	10 days to 5 weeks	Council	Tipping
Market Drayton U. ..	All	—	Weekly	Council	Controlled Tipping
Newport U. ..	All	—	Weekly	Council	Controlled Tipping
Oakengates U. ..	All	—	Weekly	Council	Controlled Tipping
Oswestry B. ..	All	—	Weekly	Council	Controlled Tipping
Oswestry R. ..	11	2	75% weekly 25% fortnightly—monthly	Council	Controlled Tipping
Shifnal R. ..	All	—	7—14 days	Council	Semi-controlled Tipping
Shrewsbury B. ..	All	—	Weekly	Council	Controlled Tipping
Wellington U. ..	All	—	Weekly	Council	Controlled Tipping
Wellington R. ..	All	—	Fortnightly	Council	Semi-controlled Tipping
Wem U. ..	All	—	Weekly	Council	Controlled Tipping
Wem R. ..	All	—	Monthly	Contract	Controlled Tipping
Wenlock B. ..	All	—	Weekly and fortnightly	Direct Labour	Controlled Tipping
Whitchurch U. ..	All	—	Weekly and fortnightly	Council	Controlled Tipping

WATER SUPPLIES

Public Health Act, 1936.—The table on page 77 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 1957, 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 1957, 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 1957, are given in the table on page 78.

Note: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1957, but upon which the County Council *had made no decision*, are given in the tables on pages 79 to 81.

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 82.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1957, 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:—

Table 100: Rural Water Supplies and Sewerage Acts, 1944 to 1955
Sewerage Schemes—Grants paid or promised by the County Council

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 to 31st Dec. 1957
					£	£	£		£		£	£
Atcham	Bayston Hill (Parts 1 & 2)	May '56	Not known	Not known	17,781	3,000	—	—	478	30	14,340	1,356
Bridgnorth	Cross Houses	Nov. '50	123	580	17,590	8,750	—	—	393	30	11,790	2,920
	Claverley	Nov. '56	Not known	Not known	42,300	—	480	30	1,180	30	35,400	525
Drayton	Highley (Stage 1)	Nov. '56	Not known	Not known	34,200	—	383	30	940	30	28,200	1,000
	Hodnet	Nov. '49	124	1,521	14,220	2,400	—	—	152	30	4,560	975
Ludlow	Ashford	Sept. '57	58	170	20,650	—	175	30	540	30	16,200	—
	Carbonel Cleobury Mortimer	Dec. '49	285	1,140	32,000	14,000	—	—	288	30	8,640	1,617
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 Ercall	Nov. '54	78	Not known	10,623	6,500	—	—	242	30	7,260	484
					£319,753				£6,538		£196,140	£8,877

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 1957, *had made no decision* in the matter of grant, are given in the table on page 83, from which it will be observed that the capital cost of these schemes amounted to a total of £653,260.

Table 101: Public Health Act, 1936

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

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Maintenance	Basis	Maximum	Paid to 31 Dec. 57
Atcham Rural	Pimhill	..	288	1,152	£ 16,300	£ 2,500	£ { 14,820 1,480 57,297	{ 30 15 30	£ 858	£ 698	50% annual deficit	£ 6,675	£ 4,238
	West Atcham	..	1,876	7,596	75,100	15,000	57,297	30	4,285	700	"	24,000	14,490
Bridgnorth Rural	Stottesdon	..	28	100	2,660	250	{ 3,100 48	30	{ 153 169	50	Block Grant	250	250
	Kinlet ..	..	27	100	1,350	150	{ 3,100 48	30	{ 153 169	30	"	150	150
Clun Rural	Bucknell	..	72	280	2,915	200	—	25	225	20	50% annual deficit	885	99
	Worthen and Brockton	..	88	350	4,500	400	5,100	30	225	—	"	1,245	697
Drayton Rural	Kempton	..	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	..	137	524	4,080	—	{ 3,655 425	{ 30 25	189	378	50% annual deficit	885	465
Ludlow Rural	Hodnet	..	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	..	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
Oswestry Rural	Norton-in-Hales	..	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	..	511	1,930	5,516	—	5,516	30	317	108	33 1/3% annual deficit	1,837	1,084
Wellington Rural	Weston Rhyn	..	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech	..	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
Wellington Rural	Nantmawr	..	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	314
	Gronwen	..	10	40	437	—	373	30	23	2	"	225	51
Wellington Rural	Llynclys	..	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	..	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	1,083
Wellington Rural	Edgmond	..	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£28,680

Table 102: 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	Paid to 31st Dec., 1957
Atcham Rural Bridgnorth Rural	West Atcham and Pimhill (Extension)	May, 47	2,209	11,444	£ 138,402	£ 58,000	—	—	£ 3,047	30	£ 91,410	£ 22,105
	West Atcham (Extension)	Nov. 56	Not known	Not known	22,500	—	200	30	600	30	18,000	450
	Broughton	May, 53	16	Not known	1,844	600	—	—	83	12	996	468
	Claverley	May, 47	243	972	14,040	1,500	—	—	187	12	2,250	1,688
	Low Level Areas*	Mar. 54	2,340	8,000	353,000	70,000	2,014	30	10,525	30	315,750	18,481
	Long Common	Mar. 54	11	Not known	1,850	300	—	—	49	12	588	60
	Worfield	May 53	130	Not known	13,650	2,500	—	—	420	12	5,040	2,660
Clun Rural	Clungunford and Aston-on-Clun	Jan. 47	127	Not known	21,168	4,000	—	—	205	30	6,150	1,640
Drayton Rural	Hodnet, Ighfield 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	—
	Longdon-on-Tern	Dec. 56	117	Not known	7,170	1,250	—	—	74	30	2,220	—
	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)	170
	Coreley	Sept. 50	19	Not known	4,260	650	—	—	(26	10	260)	236
Oswestry Rural	Craven Arms	Sept. 50	63	Not known	6,480	600	—	—	58	30	1,740	316
	Little Isle and Studley	Sept. 50	27	81	2,641	550	—	—	79	30	2,370	160
	Little Stretton and Marshbrook	Mar. 51	23	62	4,780	1,900	—	—	40	30	1,200	287
	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	60
	Comprehensive Scheme (Priority Portion)	Nov. 54	2,174	Not known	133,248	36,000	116	30	60	2,499	74,970	7,497
				£803,921							£567,434	£56,278

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

Table 103: 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.	Alberbury	£ 13,692	For the provision of a piped water supply to the parishes of Alberbury, Westbury, Wollaston, Ford and Bicton.
	Condover	139,000	For the provision of a piped water supply for Condover, Boreton, Berrington, Cantlop, Pitchford, Golding, Harnage, Cound and Cressage.
	Picklescott	12,400	For renewing and extending the existing water supply to the village of Picklescott.
	Uckington	91,500	For the provision of a piped water supply for Norton, Wroxeter, Uckington Heath, Upton Magna, Withington, Berwick Wharf, Atcham, Cross Houses and Berrington.
	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.
	Low Level Areas	52,783	For the provision of branch mains at Highley; Chelmarsh Common; Lower Forge, Eardington; Knowle Sands, Eardington; Hall Orchard, Stottesdon and Oretton, Nordley Common; Muckley Cross and Muckley; Hanmer Hill and Romsley; Tuck Hill, Broad Oak and Six Ashes; Hampton Loade.
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.
	South-East Area and Beambridge	51,300	For the provision of an improved water supply to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton and Purslow.
	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, originally 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.

(Continuation of Table on page 79)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board	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.
	Marchamley and Wollerton Wood	14,600	For the provision of piped water supplies to the Marchamley Wood and Wollerton Wood areas.
	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 Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i) 13,750 (ii) 13,030	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley. For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	Ellesmere Rural District	357,600	For the provision of piped water supplies throughout the whole of the Rural District.
Ludlow R. ..	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).

(Continuation of Table on page 80)

Authority	Scheme	Estimated Cost	Description of Scheme
	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.
Oswestry R. ..	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District, originally estimated to cost £510,000.		
	Crickheath	10,400	For the provision of a piped water supply for the Crickheath Hill area.
	Melverley, Pentre and Ruyton-xi-Towns	109,800	For the provision of a piped water supply for the villages of Melverley, Pentre and Ruyton-xi-Towns.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
	Mains extensions	5,870	For providing a piped water supply to various properties in parishes of Oswestry Rural District.
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	£2,602,462	

Table 103: 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	—	—	£ 14,650	10% of cost	£ 1,465	£ —
Bridgnorth M.B.	Bridgnorth	July, 48	2,000	7,000	90,000	20% of original cost of £62,000	12,400	12,200
Dawley U.	Dawley	Nov., 49	1,800	6,800	76,650	30% of cost of Phase I; 20% of Phase II	25,905	24,481
Ludlow M.B.	Ludlow	Dec., 57	—	—	157,496	9% of cost	14,175	—
Newport U.	Newport	Mar., 57	—	—	120,000	6% of cost	7,200	—
Oakengates	Oakengates	Mar., 57	—	—	91,000	11% of cost	10,010	—
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
	Shrewsbury	Dec., 57	—	57,000	500,345	5% of cost	25,000	—
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	1,819
	(2nd and 3rd portions)	Dec., 56	—	—	68,900	11% of cost	6,480	2,000
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
Whitchurch U.	Whitchurch	Sept., 57	—	—	102,506	3% of cost	3,075	—
					£1,532,126		£143,087	£78,284

*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.

Table 104: Rural Water Supplies and Sewerage Acts, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1957, 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.	Alveley	29,500	For the provision of sewerage and sewage disposal facilities for the village of Alveley.
	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. ..	Albrighton	35,460	For improvement of the existing sewerage system and extension of the sewage disposal works.
	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 ..	£653,260	

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, 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 Shropshire during 1957 are summarised in the table below. The number of samples obtained by the Board during the year shows an appreciable decrease when compared with 1956, and this is accounted for by the Board being considerably understaffed during the year.

Table 105: Sampling of Effluents

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
St. Oswald's College Sewage Disposal Works	1957 19th February	Unsatisfactory although improved when compared with the last sample taken on 20th July, 1955.
Ellesmere U.D.C., Wharf Meadow Sewage Disposal Works	19th February	A well nitrified effluent having received good biological purification, but rendered unsatisfactory by excessive suspended solids.
Wenlock Borough Council, Much Wenlock Sewage Works	24th April	Unsatisfactory.
Dawley U.D.C. Sewage Disposal Works	8th May	Unsatisfactory.
Much Wenlock Sewage Works ..	21st May	Unsatisfactory by Royal Commission standards.
R.A.O.C. Donnington, Sewage Disposal Works	2nd July	A satisfactory effluent.
Wellington R.D.C., Donnington Sewage Disposal Works	2nd July	A satisfactory effluent with no evidence of any iron compounds.
Oswestry R.D.C., Park Hall Sewage Disposal Works	2nd July	A surprisingly good effluent.
Church Stretton Sewage Works ..	8th November	Both of these samples have been rendered equivalent to satisfactory by the dilution received.
Church Stretton Sewage Works ..	8th November	
Oswestry B.C. Sewage Farm ..	19th November	Satisfactory as far as B.O.D. is concerned but rendered a borderline sample because of slightly high suspended matter.

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
	1957	
Bridgnorth Sewage Disposal Works	19th November	The above results show that the colour of the sewage was due to gas liquor. It is impossible to compute with certainty the amount of gas liquor involved because of so many factors concerned. The Phenol and Thiocyanate contents of the sewage as found could have been caused by 0.5 to 0.75 parts of gas liquor in 100 parts of sewage by volume.
Wellington R.D.C., Edgmond New Sewage Works	2nd December	Unsatisfactory.
Wellington U.D.C. Sewage Works	2nd December	Sample rendered borderline by slightly high B.O.D.
Atcham R.D.C., Grafton Sewage Disposal Works	4th December	Unsatisfactory.
Salop C.C., Walford Institute	11th December	A very polluting discharge
Salop C.C., Walford Farm Institute	11th December	Unsatisfactory due to the B.O.D. value.
Bridgnorth Borough Sewage Works	12th December	Unsatisfactory.
Wem R.D.C., Shawbury No. 2 Housing Site	15th December	Unsatisfactory.
Drayton R.D.C.	16th December	Unsatisfactory as a final effluent in respect of suspended solids.

LOCAL GOVERNMENT ACT, 1933—SECTION 111

Medical Officers of Health of County Districts

Following the issue in 1951 of Ministry of Health Circular No. 27, calling for a revision of the appointments of District Medical Officers of Health with a view to effecting economies in medical manpower, several conferences were held between representatives of the County Districts and the County Council, the last in 1956.

Most of the County Districts approved 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 and for the "environmental" services provided by the several District Councils in the area.

By the beginning of 1957, a scheme covering the whole county and incorporating four "mixed appointments" which had been agreed with the District Councils concerned and put into operation in the interim period following the death or retirement of whole-time District Medical Officers, was approved by the County Council and submitted to the Ministry of Health.

The County Health Department help and provide medical advice where for any reason the services of a District Medical Officer are not available; and, with the death in October, 1957, of Dr. J. L. Gregory, whole-time Medical Officer for the South-West Salop United District and the Borough and Urban District of Ludlow, the duties of District Medical Officer in these districts were taken over temporarily by the Deputy County Medical Officer, Dr. William Hall, until permanent arrangements could be made.

By the end of the year, negotiations with the authorities concerned reached final stages and early in 1958 further steps to implement the "mixed appointment" scheme, with slight modification, were taken. These involved the appointment of Dr. William Hall as District Medical Officer to the Atcham, Bishop's Castle, Church Stretton and Clun District Councils, and also, in a temporary capacity, for Ludlow Rural; the addition of Wenlock Borough to the existing combination of Bridgnorth Borough and Rural, served by Dr. Turnbull; and the appointment for Ludlow Borough of Dr. Capper.

The table on page 15 shows the systems of "combined districts" and "mixed appointments" operating on 31st December, 1957, but with the exception of the North-East Combined District, the whole of the County is now covered by Medical Officers employed jointly by the District Councils and the County Council, as follows:—

- | | |
|---|---|
| 1. Shrewsbury Borough | 4. Bridgnorth Borough
Bridgnorth Rural
Wenlock Borough |
| 2. Oswestry Borough
Oswestry Rural | 5. Atcham Rural
Bishop's Castle Borough
Church Stretton Urban
Clun Rural
Ludlow Rural |
| 3. Ellesmere Urban
Ellesmere Rural
Wem Urban
Wem Rural
Whitchurch Urban | 6. Ludlow Borough |

TABLE I
Population, Acreage and Density of Population in the
various Districts of Shropshire in 1957 (mid-year)

Districts	Population (estimated mid-1957)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,250	1,867	0.67
Bridgnorth Borough	6,430	2,645	2.43
Church Stretton Urban	2,770	6,198	0.45
Dawley Urban	8,490	3,259	2.60
Ellesmere Urban	2,270	1,220	1.86
Ludlow Borough	6,570	1,068	6.15
Market Drayton Urban	5,750	1,216	4.73
Newport Urban	3,910	768	5.09
Oakengates Urban	11,150	2,396	4.65
Oswestry Borough	11,020	2,173	5.07
Shrewsbury Borough	47,380	8,118	5.84
Wellington Urban	13,140	2,281	5.76
Wem Urban	2,470	903	2.74
Wenlock Borough	15,050	22,657	0.66
Whitchurch Urban	6,950	6,053	1.15
TOTAL—Urban Districts	144,600	62,822	2.30
RURAL			
Atcham	22,030	134,490	0.16
Bridgnorth	16,720	100,897	0.17
Clun	9,240	132,512	0.07
Drayton	11,070	54,058	0.20
Ellesmere	8,990	48,253	0.19
Ludlow	13,740	112,823	0.12
Oswestry	20,360	61,524	0.33
Shifnal	13,470	39,562	0.34
Wellington	25,040	54,516	0.46
Wem	12,640	60,343	0.21
TOTAL—Rural Districts	153,300	798,978	0.19
ADMINISTRATIVE COUNTY	297,900	861,800	0.35

TABLE II
Deaths, Births and Infant Mortality in Shropshire in 1957

DISTRICTS	DEATHS		BIRTHS				DEATHS OF INFANTS						
	Deaths at all ages	Rate per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Under one month	Neo-natal mortality rate	Under one year	Infant mortality rate
URBAN													
Bishop's Castle Borough	27	21.60	6.69	10	—	10	8.00	9.04	1	—	—	—	—
Bridgnorth Borough	65	10.11	7.68	104	4	108	16.79	16.79	6	—	—	1	9.26
Church Stretton Urban	40	14.44	8.52	29	2	31	11.19	13.09	—	—	—	—	—
Dawley Urban	96	11.31	13.23	125	1	126	14.84	14.84	3	8	63.49	9	71.73
Ellesmere Urban	25	11.01	9.58	26	—	26	11.45	11.45	1	—	—	—	—
Ludlow Borough	69	10.50	8.93	100	2	102	15.53	15.53	3	4	39.22	5	49.02
Market Drayton Urban	64	11.13	10.02	78	6	84	14.61	15.05	—	1	11.90	1	11.90
Newport Urban	47	12.02	11.18	64	2	66	16.88	17.22	7	2	30.30	3	45.45
Oakengates Urban	131	11.75	12.81	144	9	153	13.72	13.72	7	6	39.22	9	58.82
Oswestry Borough	100	9.07	9.07	157	6	163	14.79	14.64	7	1	6.13	3	18.40
Shrewsbury Borough	567	11.97	11.49	709	26	735	15.51	15.20	17	13	17.69	18	24.49
Wellington Urban	111	8.45	9.29	192	13	205	15.60	15.44	6	5	24.39	7	34.15
Wem Urban	30	12.15	10.69	43	1	44	17.81	18.88	—	—	—	—	—
Wenlock Borough	211	14.02	9.81	243	11	254	16.88	17.05	5	4	15.75	5	19.68
Whitechurch Urban	163	23.45	9.15	114	3	117	16.83	17.67	3	3	25.64	3	25.64
Aggregate	1,746	12.07	10.50	2,138	86	2,224	15.38	15.38	59	47	21.13	64	28.78
RURAL													
Aitcham	191	8.67	9.10	326	14	340	15.43	16.82	4	5	14.71	5	14.71
Bridgnorth	119	7.12	9.11	212	14	226	13.52	16.63	4	6	26.55	6	26.55
Clun	87	9.42	8.85	140	11	151	16.34	18.79	4	3	19.87	3	19.87
Drayton	81	7.32	9.74	214	9	223	20.14	24.57	2	3	13.45	6	26.91
Ellesmere	65	7.23	9.33	114	4	118	13.13	16.94	3	2	16.95	3	25.42
Ludlow	156	11.35	10.67	192	4	196	14.26	16.40	9	2	10.20	2	10.20
Oswestry	277	13.61	9.93	247	7	254	12.48	14.60	3	5	19.69	9	35.43
Shifnal	144	10.69	9.30	196	14	210	15.59	17.46	—	3	14.29	5	23.81
Wellington	197	7.87	10.07	363	13	376	15.02	15.77	8	8	21.28	10	26.60
Wem	104	8.23	8.81	206	4	210	16.61	17.77	5	3	14.29	5	23.81
Aggregate	1,421	9.27	9.83	2,210	94	2,304	15.03	17.13	42	40	17.36	54	23.44
ADMINISTRATIVE COUNTY	3,167	10.63	10.20	4,348	180	4,528	15.20	16.26	101	87	19.21	118	26.06

TABLE III
Registrar General's Statistics
Causes of Death in Shropshire during 1957

DISTRICTS	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping Cough	Meningococcal infections	Acute poliomyelitis	Other infective and parasitic diseases	Malignant Neoplasm				Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All Causes	
									Stomach	Lung, bronchus	Breast	Uterus																							Other malignant and lymphatic neoplasms
URBAN:																																			
Bishop's Castle Borough	—	—	—	—	—	—	—	—	—	—	—	—	3	6	12	2	8	—	—	—	1	2	1	1	—	—	—	—	—	2	1	1	—	—	27
Bridgnorth Borough	..	—	—	—	—	—	—	—	—	—	—	—	9	17	7	13	13	—	—	2	3	—	—	—	—	—	—	—	6	—	—	—	—	65	
Church Stretton Urban	..	—	—	—	—	—	—	—	—	—	—	—	13	11	1	22	11	5	—	3	1	—	—	—	—	—	—	—	1	—	—	—	—	40	
Dawley Urban	..	—	—	—	—	—	—	—	—	—	—	—	4	1	—	7	7	5	—	3	—	—	—	—	—	—	—	—	1	—	—	—	—	96	
Ellesmere Urban	..	—	—	—	—	—	—	—	—	—	—	—	11	10	3	16	16	1	—	1	3	1	—	—	—	—	—	—	1	—	—	—	—	25	
Ludlow Borough	..	—	—	—	—	—	—	—	—	—	—	2	11	9	4	11	9	3	—	1	6	—	—	—	—	—	—	—	2	—	—	—	—	69	
Market Drayton Urban	..	—	—	—	—	—	—	—	—	—	—	—	6	7	—	11	11	3	3	4	6	—	—	—	—	—	—	—	2	—	—	—	—	64	
Newport Urban	..	—	—	—	—	—	—	—	—	—	—	—	16	20	2	17	9	2	3	3	8	1	—	—	—	—	—	—	3	—	—	—	—	47	
Oakengates Urban	..	—	—	—	—	—	—	—	—	—	—	—	11	15	1	21	8	3	5	3	4	2	—	—	—	—	—	—	6	—	—	—	—	131	
Shrewsbury Borough	..	—	—	—	—	—	—	—	—	—	—	—	4	3	3	15	18	12	29	8	4	4	6	3	2	—	—	—	7	—	—	—	—	100	
Wellington Urban	..	—	—	—	—	—	—	—	—	—	—	—	17	23	5	12	4	2	1	6	28	2	3	3	1	2	—	2	15	3	10	8	—	567	
Wem Urban	..	—	—	—	—	—	—	—	—	—	—	—	1	3	1	7	3	4	1	1	6	—	—	—	—	—	—	—	2	1	1	2	—	111	
Wenlock Borough	..	—	—	—	—	—	—	—	—	—	—	—	1	18	1	34	14	2	3	1	19	—	—	—	—	—	—	—	4	—	—	—	—	30	
Whitchurch Urban	..	—	—	—	—	—	—	—	—	—	—	2	3	16	9	30	3	4	1	1	3	—	1	1	—	—	—	—	1	34	3	5	—	211	
TOTAL—Urban Districts	7	—	3	—	—	—	—	2	44	55	13	136	15	258	241	322	74	33	63	88	12	13	7	14	6	—	18	182	13	28	22	1	1746		
RURAL:																																			
Acham	..	—	—	—	—	—	—	—	—	—	—	—	1	36	35	31	5	2	7	11	1	2	—	—	—	—	—	—	1	3	8	1	—	191	
Bridgnorth	..	—	—	—	—	—	—	—	—	—	—	—	13	15	2	22	4	1	3	2	—	—	—	—	—	—	—	—	1	4	—	—	—	119	
Clun	..	—	—	—	—	—	—	—	—	—	—	—	11	12	4	20	4	—	3	4	4	1	1	—	—	—	—	—	1	1	1	—	—	87	
Drayton	..	—	—	—	—	—	—	—	—	—	—	—	9	6	4	16	3	4	5	6	6	—	—	—	—	—	—	—	2	4	3	1	—	65	
Ellesmere	..	—	—	—	—	—	—	—	—	—	—	—	10	13	1	12	4	3	3	1	1	2	—	—	—	—	—	—	—	5	1	4	—	156	
Ludlow	..	—	—	—	—	—	—	—	—	—	—	—	28	19	5	26	4	—	7	7	1	2	1	3	1	1	—	—	4	22	2	5	3	277	
Oswestry	..	—	—	—	—	—	—	—	—	—	—	—	41	28	—	68	18	2	10	19	2	1	5	2	—	—	—	1	10	1	4	—	144		
Shifnal	..	—	—	—	—	—	—	—	—	—	—	—	16	21	8	29	5	3	6	8	1	—	—	—	—	—	—	—	4	10	3	5	—	197	
Wellington	..	—	—	—	—	—	—	—	—	—	—	—	27	23	3	34	8	5	6	9	—	—	—	—	—	—	—	—	2	23	3	5	—	104	
Wem	..	—	—	—	—	—	—	—	—	—	—	—	16	13	3	21	4	1	5	7	—	—	—	—	—	—	—	—	2	5	3	1	—	104	
TOTAL—Rural Districts	6	3	1	—	—	—	3	3	37	32	28	11	127	3	207	185	32	74	53	74	6	13	8	14	8	1	16	124	21	35	12	1	1421		
TOTAL—County	13	3	4	—	—	—	5	81	87	50	24	263	11	465	426	77	120	52	116	162	18	26	15	28	14	1	34	205	34	63	34	2	3167		

[illegible]

TABLE V
Return of Cases of Notifiable Diseases during 1957

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
URBAN AND BOROUGH:																			
Bishop's Castle	3	—	—	76	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgnorth	—	7	—	5	—	—	—	—	—	1	—	—	—	—	9	—	—	—	—
Church Stretton	5	3	2	9	7	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Dawley	5	62	—	136	18	—	2	—	—	—	—	—	—	2	1	—	1	—	—
Ellesmere	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow	—	64	—	117	4	—	3	3	—	—	—	—	1	—	3	—	1	—	—
Market Drayton	—	—	—	95	2	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Newport	8	21	—	185	4	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Oakenngates	1	37	—	17	7	—	—	—	—	—	—	—	—	1	3	—	2	—	—
Oswestry	4	30	167	308	22	—	—	1	—	1	—	—	—	—	4	—	1	—	—
Shrewsbury	16	48	3	717	23	1	4	4	—	—	—	—	1	—	11	—	4	—	—
Wellington	6	63	—	182	6	—	1	—	—	1	—	—	—	1	9	—	2	—	—
Wem	—	3	—	21	4	—	—	—	1	—	—	—	—	—	—	—	2	—	—
Wenlock	1	84	1	64	11	—	2	—	—	1	—	—	—	—	13	—	2	—	—
Whitchurch	1	4	—	77	2	—	—	—	—	1	—	—	—	—	5	—	1	—	—
TOTAL	50	426	173	2,020	111	1	13	8	1	5	—	—	3	7	62	—	16	—	—
RURAL:																			
Atcham	19	59	24	312	22	1	—	1	—	—	—	—	1	13	5	—	2	1	1
Bridgnorth	4	16	1	171	12	—	1	—	—	1	—	—	2	—	3	—	—	—	—
Clun	8	4	—	98	4	—	—	—	—	—	—	—	—	—	1	—	2	—	—
Drayton	1	41	—	180	8	—	2	1	—	—	—	—	—	—	2	—	4	—	—
Ellesmere	2	6	—	50	2	—	—	—	—	—	—	—	—	—	4	—	2	—	—
Ludlow	1	116	1	222	8	—	2	—	1	—	—	—	—	—	3	—	2	—	—
Oswestry	30	25	76	414	14	1	—	—	—	—	—	—	2	—	6	—	3	—	—
Shifnal	14	88	—	276	54	—	—	—	—	—	—	—	2	13	8	—	1	—	—
Wellington	7	67	—	240	16	—	—	—	—	—	—	—	—	3	14	—	3	—	—
Wem	6	20	1	137	13	—	—	1	—	1	—	—	—	—	2	—	3	—	—
TOTAL	92	442	103	2,100	153	2	5	3	1	2	—	—	7	32	50	1	22	2	1
ADMINISTRATIVE COUNTY:																			
Total for 1957	142	868	276	4,120	264	3	18	11	2	7	—	—	10	39	112	1	38	2	1
Total for 1956	207	332	240	1,046	155	11	4	6	6	24	—	—	13	145	110	4	43	—	1
Increase (+) or Decrease (—)	—65	+536	+36	+3,074	+109	—8	+14	+5	—4	—17	—	—	—3	—106	+2	—3	—5	+2	—

—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 26.

TABLE VI
Midwifery Services—Domiciliary Confinements attended in 1957

Nursing District	Nurse Midwives	Total confinements	Doctor present at delivery	†Tests performed			Analgesics administered			‡Total cases	Domiciliary Visits				Attendance on discharged institutional cases	
				W.R. and Kahn	Rhesus factor	Coombs test	Pethidine	Gas/Air	Trilene		Ante-natal	Mater-nity	Mid-wifery	Total	Cases	Visits
Aberbury	1	7	1	—	6	—	5	6	—	6	65	17	102	184	15	58
Abington	1	29	—	19	29	1	17	26	1	27	276	—	547	823	57	223
Abington	1	17	12	—	17	—	10	13	4	15	185	235	90	510	2	12
Abington	1	20	2	19	19	—	15	15	—	19	166	36	329	531	27	100
Bachurch	1	19	5	17	17	4	15	17	—	18	201	113	254	568	12	51
Bishop's Castle	1	18	3	15	16	1	12	17	—	17	175	68	273	516	10	72
Bmore Heath	1	33	7	2	31	3	7	28	—	29	336	130	480	946	12	55
Bridgnorth	2	48	3	37	46	5	15	41	—	41	515	65	933	1,513	90	204
Burford	1	10	1	—	10	1	4	9	—	9	100	17	166	283	6	21
Burwarton	1	4	—	—	4	—	—	1	—	1	54	—	67	121	1	9
Chisbury	1	8	1	—	7	1	6	7	—	7	89	18	126	233	6	21
Church Stretton	2	17	6	5	17	—	15	12	2	16	181	117	220	518	25	136
Claverley	1	12	—	2	12	—	2	9	—	9	103	—	221	324	15	54
Coe Hill	1	14	1	—	14	—	10	11	—	14	168	21	261	450	4	21
Clebury Mortimer	2	19	3	—	18	2	10	16	1	17	208	43	347	598	21	58
Cun	1	9	—	—	6	1	4	5	—	6	77	—	169	246	17	68
Cungunford	1	7	3	—	3	1	1	—	2	3	48	62	66	176	7	30
Coven Arms	1	12	3	—	12	—	9	11	—	12	134	66	174	374	10	56
Drakey	2	60	24	59	59	3	43	45	20	57	568	425	633	1,627	65	304
Donnington	2	69	8	69	67	6	32	31	6	53	665	154	1,124	1,943	27	225
Donnington	1	12	1	—	10	—	11	11	1	12	141	21	207	369	16	71
Elmestree	2	39	6	12	25	3	17	29	1	31	352	113	603	1,068	21	67
Goldown	1	22	3	22	22	—	10	18	—	19	244	53	377	674	31	136
Hadley	1	41	1	—	41	3	27	30	5	37	397	22	758	1,177	20	97
Higley	1	18	1	17	17	—	6	15	1	15	234	20	320	574	20	54
Hinckley	1	19	2	10	15	—	6	16	—	16	230	37	319	586	17	54
Hodnet	1	7	2	—	7	—	5	4	1	6	86	41	93	220	12	63
Ilmington	3	71	9	71	70	10	32	50	—	58	670	208	1,234	2,112	64	193
Kinnerley	1	25	9	18	17	—	17	21	2	24	265	168	306	740	16	90
Longden	1	17	—	13	14	3	5	17	—	17	139	—	336	475	21	93
Ladlow	2	49	3	12	33	3	18	17	15	36	493	77	918	1,488	42	136
Market Drayton	2	57	6	23	48	2	32	35	—	47	445	113	924	1,482	72	239
Merton Corbet	1	25	11	6	16	2	18	24	2	25	268	180	269	717	38	159
Monon	1	18	1	—	13	5	13	16	1	17	175	31	289	495	25	136
Much Wenlock	1	13	—	—	10	1	8	12	—	12	148	—	268	416	4	16
Musslow	1	9	3	1	6	2	1	7	—	7	91	52	111	254	9	42
Newport	2	56	4	27	30	4	27	22	—	36	409	63	934	1,406	46	227
Oldengates	3	105	9	68	104	8	56	35	51	91	971	177	1,849	2,997	53	276
Overbury	4	69	4	36	60	5	50	33	29	65	635	78	1,357	2,070	80	371
Prentissbury	1	17	1	17	17	1	5	16	—	16	166	24	297	487	27	141
Prentissbury	1	32	31	—	22	6	19	23	2	25	206	617	1	824	9	57
St. Martin's	1	12	2	10	11	—	5	9	1	10	112	46	205	363	2	13
Shifnal	2	19	2	7	14	—	8	12	1	14	173	36	305	514	36	163
Shrewsbury	6*	301	23	144	286	24	241	68	213	287	3,101	417	4,934	8,452	305	1,393
Spoke-on-Tern	1	14	4	—	11	1	8	11	—	13	105	57	181	343	14	50
Stoke St. Milborough	1	18	4	1	16	1	8	12	—	12	314	101	302	717	16	88
Stoke St. Milborough	1	7	—	7	7	—	2	3	—	4	71	—	133	204	7	42
Stoke St. Milborough	1	12	—	10	12	—	10	3	—	11	95	—	216	311	16	50
Stoke St. Milborough	1	18	1	8	17	4	10	10	—	14	180	17	319	516	22	60
Stoke St. Milborough	1	7	—	—	5	2	4	3	—	5	61	—	132	193	19	71
Stoke St. Milborough	2	93	4	92	92	4	14	21	39	63	1,266	92	1,807	3,165	70	346
Stoke St. Milborough	1	41	32	40	39	3	31	21	19	36	438	617	175	1,230	8	27
Stoke St. Milborough	1	16	1	6	16	—	8	15	—	16	145	1	270	416	5	49
Stoke St. Milborough	1	26	9	2	25	2	13	21	1	24	241	162	301	704	11	50
Stoke St. Milborough	1	9	—	7	9	1	6	3	1	7	75	—	157	232	8	30
Stoke St. Milborough	2	78	58	2	73	7	59	54	11	71	704	1,377	451	2,532	19	122
Stoke St. Milborough	1	20	11	6	17	1	16	16	6	19	204	229	175	608	3	22
Stoke St. Milborough	1	12	1	12	12	1	11	2	—	11	145	26	214	385	12	62
Stoke St. Milborough	2	3	—	—	—	—	2	2	—	2	19	—	52	71	—	—
TOTAL	84	1,859	342	951	1,669	138	1,071	1,058	439	1,607	18,529	6,861	28,681	54,071	1,645	7,134

*Whole-time Midwives.

†These figures exclude cases tested and the results of which are not known by the midwife.

‡Cases receiving one or more forms of analgesia.

TABLE VII
Home Nursing Service—Cases attended in 1957

Nursing District	Nurses	CASES—CATEGORIES AND VISITS														Patients over 65 at first visit		Children under 5 at first visit		Patients with more than 24 visits in year		Disposition of Cases
		Medical		Surgical		Infectious Diseases		Tuberculosis		Maternal Complications		Others		Total		Cases	Visits	Cases	Visits	Cases	Visits	
		Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits							
Alberbury ..	1	55	1,361	27	429	1	11	—	—	4	28	—	—	87	1,829	34	1,307	7	55	15	1,234	76
Albrighton ..	1	50	1,070	21	699	—	—	2	192	6	34	1	6	80	2,001	43	975	3	58	18	1,406	75
Ash ..	1	57	1,485	33	577	2	18	—	—	1	9	1	1	94	2,090	26	1,248	16	160	15	1,195	88
Atcham ..	1	50	2,191	18	1,063	—	—	—	—	—	—	—	—	68	3,254	33	2,385	1	6	24	2,838	54
Baschurch ..	1	87	836	52	595	8	49	—	—	2	14	3	3	152	1,497	15	278	44	262	7	544	146
Bishop's Castle ..	1	59	903	41	1,350	—	—	—	—	12	102	1	2	113	2,357	46	1,918	13	140	16	1,722	98
Bomere Heath ..	1	71	1,350	26	123	8	17	1	38	6	29	—	—	112	1,557	24	920	23	57	11	1,125	98
Bridgnorth ..	2	118	1,796	33	1,179	1	74	6	603	—	—	3	3	161	3,655	102	2,242	1	1	35	2,839	129
Burford ..	1	26	818	10	206	—	—	—	—	4	37	—	—	40	1,061	26	812	3	20	16	847	29
Burwarton ..	1	11	740	5	210	—	—	—	—	—	—	—	—	16	950	8	663	1	13	8	851	13
Chirbury ..	1	26	178	17	191	—	—	—	—	3	16	1	6	47	391	16	191	4	33	3	132	45
Church Stretton ..	2	184	2,261	106	1,358	4	24	1	86	2	12	2	26	299	3,767	115	2,244	34	182	43	2,304	262
Claverley ..	1	29	985	14	540	—	—	—	1	18	2	13	1	28	1,584	31	1,335	2	13	17	1,352	33
Clee Hill ..	1	35	883	15	341	1	7	—	—	3	23	—	—	54	1,254	21	642	6	76	15	910	42
Cleobury Mortimer ..	2	71	1,513	31	713	—	—	—	—	4	30	3	3	109	2,259	48	1,108	9	56	26	1,851	95
Clun ..	1	75	2,195	36	599	—	—	1	32	1	11	1	6	114	2,843	65	2,423	7	52	24	2,151	91
Clungunford ..	1	23	446	15	200	—	—	—	—	1	3	—	—	39	649	16	386	2	14	6	320	32
Craven Arms ..	1	103	2,487	47	574	6	72	—	—	6	88	—	—	162	3,221	30	1,124	24	228	18	1,757	156
Dawley ..	2	107	1,970	30	591	—	—	1	10	5	37	—	—	143	2,608	53	1,063	6	24	32	1,914	128
Donnington ..	2	114	2,136	59	902	6	64	1	16	3	25	1	1	184	3,144	49	1,503	7	42	33	1,957	153
Dorrington ..	1	55	829	26	249	—	—	—	—	1	7	—	—	82	1,085	34	654	16	136	13	601	74
Ellesmere ..	2	62	1,999	12	138	—	—	—	1	35	6	62	—	81	2,234	36	1,728	1	5	19	1,787	67
Gobowen ..	1	138	1,495	39	465	—	—	2	111	7	64	2	44	111	2,246	46	1,274	6	37	27	1,488	173
Hadley ..	1	73	1,458	32	667	1	20	4	97	1	4	—	—	73	1,205	30	240	6	66	7	800	67
Higley ..	1	42	1,024	39	546	1	4	—	—	2	18	—	—	84	1,592	23	1,049	15	94	8	1,105	76
Hinstock ..	1	73	1,792	26	401	—	—	—	—	7	89	6	26	112	2,308	35	1,660	26	94	21	1,908	97
Hodnet ..	3	164	3,379	53	1,427	—	—	7	340	3	7	2	2	229	5,155	94	3,163	11	177	50	3,778	193
Ironbridge ..	1	51	429	24	391	1	2	1	7	2	20	3	8	82	857	23	531	6	26	9	505	78
Kinnerley ..	1	47	690	19	358	—	—	—	—	2	27	—	—	68	1,075	25	749	11	62	7	651	55
Longdon ..	1	154	3,433	26	666	2	8	1	120	3	10	3	7	177	4,260	110	3,012	11	174	59	3,231	130
Ludlow ..	3†	144	3,487	27	756	—	—	—	—	3	31	—	—	108	1,889	48	1,225	12	88	16	1,219	89
Market Drayton ..	2	79	1,344	26	514	—	—	—	—	1	8	—	—	43	853	22	691	2	2	8	685	37
Moreton Corbet ..	1	39	832	3	13	—	—	—	—	3	18	—	—	185	4,150	74	2,779	7	40	32	3,065	159
Morton ..	1	154	3,433	26	666	2	8	1	120	2	16	—	—	65	2,002	37	1,392	3	17	15	1,753	55
Much Wenlock ..	1	47	1,049	14	805	—	—	—	—	3	19	—	—	75	601	30	287	5	29	3	90	71
Munslow ..	1	49	409	23	173	—	—	—	—	2	11	1	1	115	2,438	50	1,371	6	35	21	1,822	99
Newport ..	2	91	1,941	19	424	—	—	2	61	2	11	4	12	277	6,244	112	3,803	13	93	67	4,527	224
Oakenegates ..	3	203	4,752	61	1,302	2	22	4	137	16	129	11	199	831	13,791	230	7,337	62	389	113	8,702	753
Oswestry ..	4	669	10,010	124	3,069	7	83	4	301	—	—	1	—	47	933	25	784	2	4	10	619	42
Pontesbury ..	1	32	771	12	133	1	19	1	9	—	—	—	—	12	1,170	22	626	16	74	13	667	64
Pontesbury ..	1	37	943	19	450	1	10	—	—	5	33	12	33	108	1,469	30	591	7	60	13	865	97
Prees ..	1	73	581	15	206	—	—	—	—	5	31	—	—	57	818	17	431	7	68	9	462	55
St. Martin's ..	2	123	3,849	34	833	1	22	—	—	6	30	1	44	165	4,778	71	2,448	8	38	44	3,903	134
Shifnal ..	6*	642	19,445	132	6,662	7	89	12	363	11	96	38	1,116	842	27,771	465	18,786	19	396	246	23,424	674
Shrewsbury ..	1	17	188	16	117	—	—	3	80	—	—	1	18	37	386	9	146	3	13	5	173	33
Stiperstones ..	1	43	836	22	190	1	51	2	40	5	35	1	16	37	1,170	22	626	16	74	13	667	64
Stoke-on-Tern ..	1	25	1,072	11	568	—	—	—	—	—	—	—	—	37	1,656	22	1,294	4	39	14	1,487	31
Stoke St. Milborough ..	1	64	868	23	465	—	—	2	7	3	45	2	42	94	1,427	40	1,018	13	97	6	820	83
Sundorne ..	1	39	849	14	146	1	4	1	77	3	43	—	—	58	1,119	21	606	3	12	12	724	43
Tibberton ..	1	25	313	9	415	—	—	—	—	—	—	1	7	35	735	16	556	5	29	5	529	31
Trefonen ..	2	133	2,871	57	1,496	—	—	5	156	4	17	1	2	200	4,542	90	2,786	7	55	48	3,134	169
Wellington ..	1	112	1,283	26	331	—	—	5	156	2	9	3	12	148	1,791	72	794	10	46	15	1,172	140
Wem ..	1	45	397	26	591	—	—	1	22	5	23	—	—	77	1,033	25	522	3	15	8	679	70
Westbury ..	1	95	1,114	76	945	14	79	1	125	2	19	1	1	189	2,283	25	952	37	158	12	1,272	178
West Felton ..	1	61	1,176	76	945	—	—	—	—	3	20	—	—	81	1,441	22	1,062	4	14	8	1,012	76
Weston Rhyn ..	2	101	2,142	14	425	—	—	1	43	4	33	1	4	121	2,647	65	1,958	5	35	27	1,942	107
Whitchurch ..	1	78	1,130	32	427	—	—	4	173	—	—	—	—	114	1,730	43	891	12	65	21	1,116	102
Whitall ..	1	52	797	16	451	—	—	—	—	—	—	2	2	70	1,250	36	1,030	7	50	7	932	64
Wrockwardine ..	2	6	259	2	20	—	—	2	32	—	—	—	—	10	311	3	43	—	—	3	234	10
Agency—Radnorshire ..	1	1	93	—	—	—	—	—	—	—	—	—	—	1	93	1	93	—	—	1	93	—
Agency—Montgomeryshire ..	1	1	93	—	—	—	—	—	—	—	—	—	—	1	93	1	93	—	—	1	93	—
TOTAL ..	86	5,387	108,583	1,821	41,457	77	749	81	3,514	189	1,520	117	1,695	7,672	157,518	3,033	96,088	620	4,463	1,421	113,320	6,629

*Whole-time Home Nurses
†Includes one whole-time Nurse.

TABLE VIII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1957

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	32	49	81	—	3	3	1	8	5	9	3	—	—	8	12	7	10	4	5	1	2		
Other infectious diseases	28	49	77	6	11	2	2	1	—	—	—	2	5	15	5	3	3	—	3	8	3		
Parasitic diseases	5	9	14	2	2	—	—	—	1	31	27	—	—	2	1	1	—	—	—	—	—		
Malignant and lymphatic neoplasms	103	166	269	—	2	2	3	5	12	6	4	4	1	1	—	3	6	23	40	47	45		
Asthma	26	34	60	1	4	—	5	2	—	—	—	11	1	3	1	5	7	2	4	3	8		
Diabetes mellitus	39	111	150	—	4	—	—	3	4	6	11	11	1	—	—	2	3	11	21	37	36		
Anaemia	57	334	391	2	—	—	—	2	2	13	18	20	1	—	8	24	29	43	53	84	92		
Vascular lesions affecting central nervous system	125	212	337	2	1	—	—	1	8	24	28	61	3	—	—	2	2	13	21	64	107		
Other mental and nervous diseases	18	72	90	—	—	—	—	1	—	2	7	8	1	2	—	7	11	11	7	15	18		
Diseases of the eye	22	36	58	2	6	3	1	1	5	—	—	4	4	3	—	2	3	2	5	6	8		
Diseases of the ear	112	125	237	13	38	15	12	13	9	5	4	3	21	33	11	16	11	11	9	6	7		
Diseases of the heart and arteries	248	284	532	—	1	—	—	4	13	47	76	107	—	1	—	2	11	19	34	81	136		
Diseases of the veins	19	120	139	—	—	1	3	3	3	4	2	3	—	—	—	1	10	15	20	32	31		
Upper respiratory diseases	166	300	466	42	54	20	13	9	12	4	9	3	31	64	56	51	34	29	15	10	10		
Other respiratory diseases	260	280	540	39	10	9	10	18	38	52	42	42	26	13	10	16	29	34	38	54	60		
Constipation	127	196	323	15	12	8	8	9	6	16	25	36	15	14	17	13	10	13	33	32	49		
Other diseases of digestive system	220	283	503	28	19	11	12	22	31	47	29	21	19	14	19	23	32	50	40	43	43		
Diseases of urinary system and male genital organs	150	—	150	55	7	2	1	1	4	8	29	43	—	—	—	—	—	—	—	—	—		
Diseases of breast and female genital organs	—	708	708	—	—	—	—	—	—	—	—	—	2	7	57	92	64	65	84	158	179		
Complications of pregnancy and puerperium	—	189	189	—	—	—	—	—	—	—	—	—	—	—	—	43	106	38	1	1	—		
Diseases of skin and subcutaneous tissues	324	465	789	44	49	32	50	37	31	24	31	26	39	44	44	49	42	66	49	71	61		
Diseases of bones, joints and muscles	36	182	218	—	2	1	3	2	3	7	10	8	—	2	1	12	7	23	29	45	63		
Injuries	338	397	735	68	92	43	25	28	30	26	8	18	49	69	29	35	25	30	40	45	75		
Senility	71	203	274	—	—	—	—	—	—	—	3	68	—	—	—	—	—	—	—	—	—		
Other defined and ill-defined diseases	78	159	237	31	7	3	3	5	8	7	9	5	34	16	12	18	17	10	14	15	23		
Diseases not specified	41	64	105	5	2	—	2	2	10	8	5	4	3	4	—	6	12	11	10	10	8		
TOTAL	2,645	5,027	7,672	355	326	147	154	180	235	349	381	518	265	318	327	505	417	486	575	884	1250		

TABLE IX
Home Nursing Service—Cases Completed in 1957—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	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	69	5,991	87	3,003	—	44	42	14	—	4	5	3	1	—
Other infectious diseases	74	894	12	621	—	8	62	5	—	1	1	—	5	—
Parasitic diseases	14	182	13	116	—	8	12	—	—	1	—	—	1	—
Malignant and lymphatic neoplasms	237	18,763	79	9,899	78	42	34	53	135	8	4	2	1	—
Asthma	51	2,456	48	1,168	21	23	37	3	9	—	—	—	2	—
Diabetes mellitus	98	29,378	300	8,946	3	91	33	18	6	20	1	17	2	1
Anaemia	185	56,206	304	4,430	—	24	100	25	11	32	10	2	3	2
Vascular lesions affecting central nervous system	267	21,446	80	11,304	56	43	73	59	115	15	1	2	—	2
Other mental and nervous diseases	47	16,336	347	4,924	5	105	19	13	5	7	1	2	—	—
Diseases of the eye	50	1,597	32	1,475	—	30	39	3	2	—	5	1	—	—
Diseases of the ear	219	4,792	22	2,428	—	11	180	18	—	3	15	—	3	—
Diseases of the heart and arteries	402	48,099	120	13,304	21	33	109	93	166	25	—	4	2	3
Diseases of the veins	102	9,745	96	3,371	1	33	74	14	1	5	2	1	2	3
Upper respiratory diseases	461	3,276	7	3,011	14	7	444	13	—	—	4	—	2	3
Other respiratory diseases	511	7,851	15	6,065	47	12	404	49	40	8	3	2	4	—
Constipation	312	3,005	10	1,128	3	3	272	18	7	3	9	—	1	1
Other diseases of digestive system	474	15,355	32	5,865	10	12	300	55	10	8	87	4	3	7
Diseases of urinary system and male genital organs	126	10,236	81	5,287	3	42	95	11	17	1	1	1	—	—
Diseases of breast and female genital organs	659	14,956	23	4,724	151	7	578	23	5	6	28	7	4	8
Complications of pregnancy and puerperium	185	2,117	11	1,441	25	8	120	59	—	2	1	—	1	2
Diseases of skin and subcutaneous tissues	715	19,129	27	9,657	17	14	647	36	4	10	10	2	5	1
Diseases of bones, joints and muscles	144	30,759	214	6,652	1	46	82	35	6	13	1	4	2	1
Injuries	697	13,454	19	7,646	22	11	595	42	3	17	36	1	—	3
Senility	209	36,292	174	9,656	3	46	36	68	80	15	—	4	1	5
Other defined and ill-defined diseases	220	4,044	18	1,644	10	8	139	22	4	5	45	3	1	1
Diseases not specified	101	458	5	290	—	3	33	9	—	—	58	—	1	—
TOTAL	6,629	376,817	57	127,955	491	19	4,559	758	626	209	328	62	45	42

TABLE X: Housing—Summary of Answers to Questionnaires

	Alcham R.	Bishop's Cleeve B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton 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.	Wenlock B.	Whitchurch U.
Population—Estimated mid-year	1,250	6,430	16,720	2,770	9,240	8,490	11,070	2,270	8,990	6,570	13,740	5,750	3,910	11,150	110,20	20,360	13,470	47,380	13,140	25,040	2,470	12,640	15,050	6,950	
Estimated dwellings in District: Total number	434	2,223	4,068	916	3,092	2,657	2,577	727	2,175	2,091	1,877	1,283	3,810	3,627	1,150	20,360	13,470	47,380	13,140	25,040	2,470	12,640	15,050	6,950	
Owned by Local Authority	80	558	412	149	257	914	397	199	258	438	428	496	431	1,201	830	1,079	814	1,456	2,741	321	426	1,212	650		
Not in Clearance Areas for which: Clearance Orders made	Nil	Nil	Nil	4	Nil	Nil	Nil	27	201	260	Nil	Nil	Nil	Nil	4	Nil	Nil	800*	92	391	35	487	632		
Compulsory Purchase Order made	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	125	Nil	Nil	78	Nil	Nil	Nil	Nil		
Purchased by agreement	Nil	Nil	Nil	Nil	Nil	25	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	8	Nil	Nil	Nil	Nil	14	Nil	Nil	Nil		
Not included in Clearance Areas still to be made	Nil	350	Nil	Nil	Nil	†	Nil	Nil	Nil	120	Nil	Nil	63	505	100	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	Nil	Nil	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	21	Nil	2	Nil	Nil	30	8	Nil	Nil	Nil	
Houses demolished as a result of formal or informal Procedure under Section 11 of the Housing Act, 1936	†	Nil	4	1	Nil	2	Nil	11	2	Nil	Nil	Nil	9	1	11	4	2	5	Nil	14	56	Nil	3	Nil	3
Temporary dwellings (huts, etc.) demolished	†	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	4	Nil	Nil	Nil	Nil	Nil	2	Nil	2	Nil	Nil	17	Nil	Nil	Nil	
Houses declared unfit under Section 9 of the Housing Repairs and Rents Act, 1954	†	Nil	Nil	8	Nil	Nil	5	11	Nil	Nil	Nil	Nil	4	Nil	38	6	†	27	Nil	1	Nil	Nil	Nil	Nil	
Houses closed as a result of an undertaking given by the owners or following issue of Closing Orders	†	Nil	Nil	3	Nil	1	25	Nil	1	Nil	Nil	7	4	Nil	Nil	6	5	3	25	5	5	1	4	22	3
Houses occupied under licence	†	Nil	6	Nil	Nil	Nil	Nil	19	Nil	Nil	Nil	Nil	6	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Houses requiring reconditioning	†	37	48	Nil	Nil	†	900*	Nil	426	96	Nil	†	†	†	1,068	†	†	†	237	†	Nil	Nil	†	Nil	
Houses erected during the year:—																									
Local Authority for: (a) Slum clearance	†	Nil	Nil	4	Nil	Nil	22	Nil	Nil	8	Nil	Nil	9	Nil	35	Nil	Nil	28	†	9	56	Nil	Nil	11	
(b) Other purposes	†	Nil	Nil	30	Nil	Nil	11	Nil	Nil	Nil	6	16	Nil	35	7	Nil	Nil	†	36	127	35	20	Nil	23	
Private enterprise for: (a) Slum clearance	†	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	31	†	Nil	Nil	Nil	†	Nil	
(b) Other purposes	†	Nil	13	30	2	10	10	13	Nil	15	25	10	14	8	14	4	12	31	†	49	54	Nil	10	†	
Houses in course of erection:—																									
Local Authority for: (a) Slum clearance	†	Nil	Nil	Nil	Nil	15	14	Nil	Nil	Nil	Nil	5	Nil	134	33	Nil	Nil	24	†	19	48	Nil	Nil	19*	
(b) Other purposes	†	Nil	Nil	8	Nil	Nil	21	Nil	Nil	Nil	18	Nil	Nil	33	Nil	Nil	Nil	†	29	29	Nil	Nil	†	1*	
Private enterprise for: (a) Slum clearance	†	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	2	Nil	Nil	Nil	Nil	Nil	†	Nil	Nil	Nil	†	Nil	†	
(b) Other purposes	†	Nil	10	15	4	6	11	14	3	4	3	5	19	2	10	6	20	19	†	34	Nil	2	7	†	
Houses gained from conversion of large houses or buildings into dwellings by:—																									
Local Authority	†	Nil	6	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	†	8	Nil	Nil	Nil	Nil	Nil	
Private enterprise	†	Nil	1	3	Nil	Nil	Nil	1	2	1	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	†	1	3	Nil	1	Nil	
Houses from conversion of two or more houses into one by:—																									
Local Authority	†	Nil	Nil	Nil	Nil	Nil	Nil	2	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	†	Nil	Nil	Nil	Nil	†	Nil	
Private enterprise	†	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	2	†	Nil	1	Nil	Nil	Nil	
Houses erected from 1st April, 1945, to 31st December, 1956, by:—																									
Local Authority	†	32	425	356	90	162	498	197	141	190	263	335	233	258	824	500	779	487	†	1,150	1,241	203	266	†	
Private enterprise	†	4	115	148	96	62	63	77	30	97	103	147	70	41	82	78	†	269	†	268	20	109	†	363	
Slum clearance	†	Nil	Nil	6	4	Nil	132	26	Nil	Nil	50	†	24	Nil	134	76	40	40	†	23	†	Nil	30	†	
Other purposes	†	Nil	Nil	8	Nil	200	Nil	Nil	7	32	†	Nil	Nil	33	33	Nil	Nil	†	22	†	Nil	Nil	†	†	
Prefabs	†	Nil	10	Nil	14	20	Nil	Nil	Nil	2	Nil	34	10	Nil	82	50	28	Nil	†	72	Nil	Nil	85	†	
Huts, etc.	†	Nil	2	2	Nil	Nil	51	Nil	2	Nil	Nil	Nil	Nil	Nil	Nil	4	5	†	Nil	Nil	Nil	85	†	20	
Houses found overcrowded	†	Nil	Nil	†	Nil	3	Nil	3	Nil	1	57	†	140	Nil	8	4	†	2	†	4	6	Nil	Nil	†	Nil
Houses made fit during the year under the Housing Act, 1936, by:—																									
Owners	†	Nil	Nil	Nil	Nil	4	Nil	Nil	Nil	Nil	Nil	Nil	4	Nil	8	Nil	Nil	Nil	Nil	Nil	Nil	4	26	3	
Local Authority	†	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Houses where defects were remedied after service of formal notices under the Health Acts by:—																									
Owners	†	Nil	2	17	Nil	Nil	Nil	Nil	Nil	Nil	Nil	4	Nil	Nil	2	2	5	3	44	Nil	1	Nil	Nil	†	7
Local Authority	†	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	†	12		
Houses rendered fit by informal action under the Public Health or Housing Acts	†	1	28	16	14	2	37	77	95	4	Nil	14	5	18	116	55	68	36	88	15	74	3	5	22	11
Houses reconstructed, enlarged or improved and demolition orders revoked under Housing Repairs and Rents Act, 1954	†	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	54	Nil	Nil	Nil	Nil	
Houses required: (a) To replace those scheduled for demolition	†	6	375	150	4	†	450	97	31	†	260	†	101	101	†	350	400	100	†	92	400*	6	30*	†	†
(b) To abate overcrowding	†	Nil	Nil	Nil	Nil	†	330	3	Nil	†	57	†	140	Nil	†	Nil	130*	Nil	†	50	†	Nil	†	†	
(c) For other purposes	†	6	50	150	Nil	†	Nil	Nil	Nil	†	†	†	Nil	165	†	200	240*	†	†	900	†	Nil	†	†	
Houses sold during the year	†	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	2	Nil	Nil	Nil	Nil	Nil	2	†	Nil	Nil	Nil	†	†	†	
Number of applications on Housing List at end of the year	†	12	360	280	49	156	409	102	40	296	140	353	123	172	670	410	534	309	†	991	1,264	124	No list	†	
Number of applications for Council Houses made during the year	†	8	46	136	15	59	120	144	Nil	38	48	†	60	70	80	93	190	107	†	98	399	91	176	†	
Applications during the year for Improvement Grants under the Housing Act, 1949—1954: (a) Received	†	5	2	23	2	55	7	20	3	36	7	58	3	Nil	26	10	48	34	†	10	52	3	16	14	4
(b) Approved	†	5	1	21	1	55	6	20	3	34	7	57	2	Nil	16	10	48	30	†	8	59	3	16	14	3
(c) Rejected	†	Nil	1	1	1	Nil	Nil	Nil	2	Nil	1	1	Nil	Nil	Nil	Nil	2	†	2	Nil	Nil	Nil	Nil	1	
Applications approved in respect of owner-occupiers	†	4	Nil	Nil	Nil	9	4	4	1	Nil	5	Nil	1	Nil	22	7	21	9	†	5	21	1	9	†	2
Cost per dwelling approved	†	£659	£282	£602	£720	£270	£525	£864	Nil	£760	£342	£746	£441	N/A	£354	£644	£834	£745	†	£340	£771	£189	£704	†	£124
Rent fixed—per annum	†	£78	£48/15	£60	†	N/A	N/A	†	Nil	N/A	N/A	£93	£65	N/A	†	N/A	£64	£63	†	N/A	N/A	£52	£61/10/8	†	£52
Percentage of grant payable by Local Authority stated as %	†	50%	50%	44.3%	40%	50%	40%	36%	Nil	50%	43%	43.58%	50%	N/A	40%	40%	37.5%	50%	†	50%	50%	50%	50%	50%	39%

† Figures not available.

* Estimated or approximate figures.

‡ Applicants must renew application every six months.

TABLE XI: Housing—Action taken under Housing Act, 1957

	Atcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakenhates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Whitchurch U.
<i>Clearance Areas:</i>																									
Houses unfit for human habitation:																									
(a) Included in clearance areas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) Houses demolished	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Houses included by reason of bad arrangement:</i>																									
(a) Included in clearance areas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) Houses demolished	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Houses demolished included on land acquired under Section 43(2)</i>																									
<i>Houses demolished not in clearance areas but dealt with as a result of informal procedure under Section 17(1)</i>	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Unfit houses closed:</i>																									
(a) Under Section 16(4)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) Under Section 17(1)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(c) Under Section 17(3) and Section 36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(d) Parts of buildings closed under Section 18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Unfit houses made fit:</i>																									
(a) Houses in which defects were remedied by owner and after informal action by local authority	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) After Formal notice (i) Under Section 9—By Owner	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
By Local Authority																									
(ii) Under Section 16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(iii) Under Section 24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Unfit houses retained in temporary occupation:</i>																									
(a) Under Section 48	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) Under Section 17(2)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(c) Under Section 46	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Licences issued for temporary accommodation:</i>																									
(a) Under Section 34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) Under Section 53	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Purchase of houses by agreement:</i>																									
Houses purchased in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

*Information not available

INDEX

	Page		Page
Accidents—deaths due to	18, 58, 88, 89	Gas/air analgesia	36, 38, 91
Acute encephalitis	90	Gastritis, enteritis and diarrhoea ..	23, 88, 89
Acute poliomyelitis	26, 88, 89, 90	Gestation periods in domiciliary confinements ..	39
Administration	16	Grants to local authorities—housing ..	73
Adulteration—food and drugs ..	68, 69	— sewerage	76
Aged and chronic sick—help for ..	58, 61	— water supplies	74
Agency arrangements	35		
Aleukaemia	20, 88, 89	Haemoglobin—estimation of	37
Ambulance Service	50	Health committee and sub-committees ..	13, 16
Anaemia	37, 43	Health education	33, 57
Analgesics	36, 38, 91	Health services—administration	16
Analyses—food and drugs	68	Health visiting	41
— milk	68, 69	Heart disease	18, 88, 89
Ante-natal care	37, 39	Hodgkin's disease	25
— clinics	30, 31	Home helps	60
— visits	37, 91	Home nursing	42, 92–94
Antigens for immunisation	48	Homes—convalescent	59
Area—Administrative County	15, 16, 86	— mother and baby	32
— County Districts	15, 86	— nursing	36, 65
		Homicide, etc.	88, 89
B.C.G. vaccination	55	Houses for midwives and nurses ..	35
Birth control clinics	28	Housing	73, 95, 96
Birth-rates	17, 24, 25, 87	Hyperplasia of prostate	88, 89
Births	17, 27, 28, 87	Hypertension with heart disease ..	88, 89
Blind persons	66		
Blood examinations	37, 38, 91	Illegitimate—births	17, 87
Bronchitis	18, 23, 88, 89	— children	32
		— infant deaths	32
Cancer—death-rates	20, 25	Immunisation—antigens	48
— deaths	18, 20, 88, 89	— Diphtheria	46
— Marie Curie fund	58	— Tetanus	48
Care and after-care of sick persons ..	55	— Whooping cough	47
Care of mothers and young children ..	27	Infantile mortality	22, 87
— neglected children	58	— rates	22, 25, 87
— premature infants	44	Infectious diseases	25, 90
— unmarried mothers and their children ..	32	Infective and parasitic diseases	23, 88, 89
Child minders—registration of	66	Influenza	18, 48, 88, 89
Child welfare centres	30, 31	Injections for home nursing cases ..	43, 44
Children—epileptics and spastics	67	Inspection and supervision of food ..	68
— home nursing cases	44, 92	Institutional confinements	36, 40, 91
— B.C.G. vaccination of	55		
Clinics—ante-natal and post-natal ..	30, 31	Leukaemia	20, 88, 89
— birth control	28	Library service for tuberculous persons ..	57
— venereal diseases	27	Live births	17, 27, 28, 87
Comparable rates—births	17, 25, 87	Local Ambulance Sub-Committees ..	50
— deaths	17, 18, 25, 87	Local Government Act, 1933: Section 111 ..	85
Confinements	35, 36, 91	Lunacy and Mental Treatment Acts, 1890–1930 ..	63
Congenital malformations	18, 23, 88, 89	Lung cancer	20, 21, 25, 88, 89
Consultant Chest Physician—Report of ..	55		
Convalescence scheme	59	Malaria	90
Coombs tests	38, 91	Malignant neoplasms	18, 20, 88, 89
Coronary disease, angina	88, 89	Marie Curie Memorial Foundation ..	58
County Districts—area	15, 86	Marriages	17
— medical officers of health	14, 15, 74, 85	Mass miniature radiography	26, 55
— population	15, 16, 17, 86	Maternal mortality	23, 24, 88, 89
Crude rates—births	17, 24, 25, 87	Maternity cases—admissions to hospital ..	40
— deaths	17, 24, 25, 87	Maternity medical services	37
		Maternity outfits	40
Day nurseries—registration of	66	Measles	27, 90
Death-rates	17, 24, 25, 87	Medical Officers of Health	14, 15, 74, 85
Deaths	17, 25, 87, 88, 89	Medical Practitioners (Fees) Regulations, 1948 ..	40
— age groups	18, 89	Meningococcal infections	23, 88, 89, 90
— causes of	18, 88, 89	Mental Health Service	62
— infant	18, 22, 23, 25, 87	Mental defectives—short term care ..	65
— maternal	23, 24, 88, 89	Mental Deficiency Acts	64
— neo-natal	23, 25, 87	Midwifery Service	35, 91
Dental care of mothers and young children ..	33	Midwives—confinements attended by ..	36, 37, 91
Diabetes	43, 88, 89	— housing of	35
Diphtheria	27, 46, 88, 89, 90	— transport for	35
— immunisation	46	— notice of intention to practise as ..	36
District Medical Officers of Health ..	14, 15, 74, 85	Milk—adulteration of	68, 69
District training scheme	35	— average composition of	69
Domestic Help Service	60	— in schools	71
Domiciliary confinements	35, 36, 37, 40, 91	— licences	72
Drainage and sewerage	73, 76, 84	— sampling	68, 71
Dysentery	27, 90	— tuberculous	71
		Milk (Special Designation) (Pasteurised and Steri- lised Milk) Regulations, 1949–1953 ..	72
Encephalitis, acute	90	Milk (Special Designation) (Specified Areas) Orders, 1956–57	72
Epileptics and spastics	67	Moral Welfare Associations	32
Erysipelas	90	Mother and baby homes	32
Evening visitors	58	Mothers and young children—care of ..	27
Extra nourishment	57	Motor transport—Ambulance service ..	52
		— nurses and midwives	35, 52
Food—inspection and supervision	68	Motor vehicle accidents	18, 88, 89
Food and Drugs Act, 1955	68		
Food poisoning	27, 90		

	Page		Page
National Assistance Acts, 1948-51 ..	16, 66	Sanitary circumstances of the County ..	73
National statistics ..	25	Scarlet fever ..	27, 90
Neo-natal mortality ..	23, 87	School children—B.C.G. vaccination of ..	55
Neoplasms,—malignant ..	18, 20, 88, 89	Severn River Board ..	84
Nephritis and nephrosis ..	18, 88, 89	Sewage disposal ..	74
Night helps ..	58	— effluents ..	84
Non-respiratory tuberculosis ..	18, 26, 57, 88, 89	Sewerage schemes ..	76
Notifications—births ..	27, 28	Smallpox—notifications ..	27, 90
— infectious diseases ..	25, 90	— vaccination against ..	45
— intention to practise ..	36	Spastics and epileptics ..	67
— by midwives ..	36	Specified areas ..	72
Nurseries and Child Minders Regulation Act, 1948 ..	66	Staff ..	14, 34, 62
Nursing areas ..	91, 92	Statistics—vital ..	16, 87
Nursing equipment—loan of ..	59	— tables ..	86-96
Nursing homes—registration ..	65	Sterilised milk ..	72
Nursing staff and services ..	34	Stillbirths ..	17, 28, 87
		Suicide ..	18, 88, 89
Occupation centre ..	65	Syphilitic disease—deaths ..	88, 89
Occupations of home nursing cases ..	43	— tests for ..	37, 38
Ophthalmia neonatorum ..	30, 90	— treatment of ..	27
Orthodontics ..	33, 34		
		Tetanus—immunisation against ..	48
Paratyphoid Fever ..	90	Toxaemia of pregnancy ..	39
Partially-sighted persons ..	66	Training of health visitors ..	41
Pasteurised milk licences ..	72	Transferable births ..	28
Pemphigus neonatorum ..	39	Transport ..	35
Pethidine ..	36, 38, 91	Treatments of home nursing cases ..	43
Pneumonia ..	18, 88, 89, 90	Trilene—administration of ..	36, 38, 91
Poliomyelitis ..	26, 49, 88, 89, 90	Tuberculosis—care and after-care ..	55
Population—Administrative County ..	15, 16, 17, 86	— care committee ..	57
— County Districts ..	15, 16, 17, 86	— death-rates ..	18, 19, 20
Post-natal clinics ..	30, 31	— deaths ..	18, 19, 25, 88, 89
Pre-eclamptic toxæmia ..	39	— library service ..	57
Pregnancy, childbirth and abortion—deaths ..	23, 24, 88, 89	— notifications ..	20, 25, 55, 90
Prematurity ..	23, 28, 29, 38	— registers of cases ..	57
Prevention of break-up of families ..	58	— vaccination against ..	55
— illness, care and after-care ..	55	Typhoid fever ..	90
Propaganda—health ..	57		
Prosecutions—food and drugs ..	69	Ulcer of stomach and duodenum ..	18, 88, 89
Puerperal pyrexia ..	39, 90	Unmarried mothers and their children ..	32
Rateable value ..	16	Vaccination—influenza ..	48
Refuse collection ..	75	— smallpox ..	45
Regional Ambulance competitions ..	51	— poliomyelitis ..	49
Registration—blindness ..	66	— tuberculosis ..	55
— day nurseries and daily minders ..	66	Vascular lesions of nervous system ..	18, 88, 89
— nursing homes ..	65	Veneral Diseases ..	27
Respiratory diseases ..	42, 88, 89	Violence—deaths from ..	88, 89
Respiratory tuberculosis—death rates ..	18, 19, 20	Vital statistics ..	16, 87
— deaths ..	18, 19, 20, 25, 26, 88, 89	Voluntary organisations ..	57, 58, 65
— notifications ..	26, 90		
— register of cases ..	57		
Rhesus factor ..	37, 91	Wassermann and Kahn tests ..	37, 38, 91
Rural Water Supplies and Sewerage Acts, 1944-55 ..	75, 76	Water supplies ..	74, 75
		Welfare centres ..	30, 31
Sampling—food and drugs ..	68	Welfare foods ..	34
— milk ..	68, 70	Welfare services ..	66
— sewage effluents ..	84	Whooping cough—deaths ..	27
Sanitary districts ..	15, 74, 86-89, 95, 96	— immunisation ..	47
		— notifications ..	27, 90