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COUNTY COUNCIL OF SALOP



ANNUAL REPORT

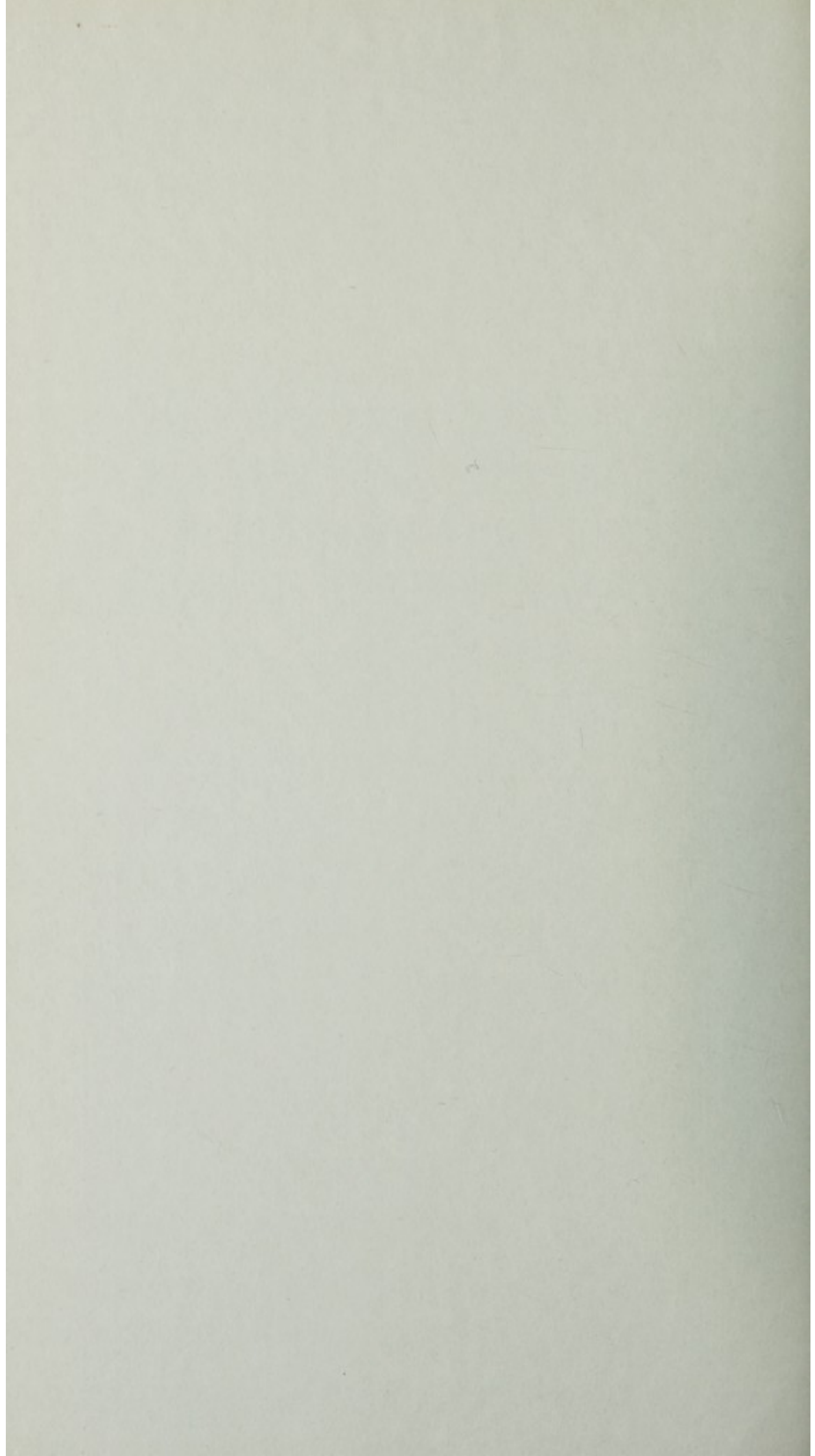
of the

*County Medical Officer
of Health*

1960

COUNTY HEALTH OFFICES . COLLEGE HILL . SHREWSBURY

October 1961



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To the Chairman and Members of the Salop County Council

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Council's Health Department for the year 1960.

The most important responsibilities of a County Council's Health Services are probably those which they undertake as a Local Health Authority under the National Health Service Act, 1946, Sections 22—29, as set out on the list of contents of this report on the previous page, and throughout its pages. These "Local Health Services" are also called "the personal services" of a Health Department because they relate to people, as distinct from the bricks and mortar, water pipes and sewers which, in greater or lesser measure, make up their environment. County Councils are not Housing Authorities. They are concerned, however, with environmental hygiene, not only because their Medical Officer is deemed in law to have an overall responsibility for advising them about everything affecting the health of their constituent ratepaying public, but also, of course, because of the not inconsiderable financial support that County Councils deploy to their several District Councils responsible for housing and sanitation.

These latter District Councils then, are statutorily responsible for Housing, Water, and Sewerage Schemes, but the County Councils are the statutory bodies to whom Parliament entrust responsibility for the personal services to people under Part III of the National Health Service Act, 1946, which latter became in 1948 the foundation of our current National Health Service.

The **Care of Mothers and Young Children** attracts the constant attention of the Health Departments of both Central and Local Government, and this interest is warranted by the importance of the subject, about which much can be found in the body of this report.

Where total or absolute figures are small, then a small variation can produce a startling change. The number of maternal deaths in Shropshire in 1960 was six, the highest since 1952. On the other hand there were *no* maternal deaths in Shropshire in 1959, giving a maternal mortality rate which could not be improved on. Areas which had high Infantile Mortality figures for two or three successive years in the early 50's, have had consistently low ones for the last two or three years.

None the less, the facts that in Shropshire our perinatal mortality figures show a steady rise (Table 9) and that our maternal mortality rate for 1960 was three times that for England and Wales, leave to none of us any room at all for complacency, and they are ample justification for our taking particular interest in our maternity medical services. The provisions of the Act of 1946, that the Minister shall promote a comprehensive Health Service (Part I) consisting of Hospital and Specialist Services (Part II), Local Health Authority Services (Part III), and General Medical Services (Part IV), mean that we may all work together and in concert for the benefit of the patient. A recent Ministry circular reiterates the virtues of co-operation, the use of Local Authorities' services, and, more particularly, the use of Consultant Obstetric Specialists to give domiciliary advice in cases of doubt, difficulty or danger, reminding readers that these Specialist Services are available for the benefit of and without cost to the patient, and that patients with late signs of toxæmia should be admitted to hospital.

It does not seem to me that any of the three parts of the Health Service—Hospital and Specialist Services, Local Health Authority Services, nor General Medical Services—should claim autonomy nor a monopoly in patient care: fortunately the view is generally held that all should be willing to work together in mutual respect for each other and with the patient's interest paramount.

The Cranbrook Committee which reported in 1959 recommended in their paragraph 310 as follows:

"We consider that in order to effect the co-ordination of the administrative arrangements of the maternity service provided by the three branches of the health service, local maternity liaison committees, with a professional membership, should be set up, whose task it would be to ensure that the local provisions for maternity care in the area, whether provided by the hospitals, the local health authority or the general practitioner obstetrician were used to the best advantage. This task would include making local arrangements to ensure that there was a proper selection of patients for hospital confinement, that a sufficient number of hospital beds was reserved for ante-natal care and that there was no over-booking. The Committee would have to ensure that there was the closest co-operation between the hospital and the local health authority as the latter would be responsible for assessing cases of social need and for providing health education both for patients booked for hospital confinement and for those booked under maternity medical services by general practitioner obstetricians. The liaison committee would have to make sure that the hospital and specialist services were available when necessary to general practitioner obstetricians".

These recommendations are, I believe, among the most valuable in the Cranbrook Report. It was suggested that they should be adopted probably on the basis of one such Local Maternity Liaison Committee for each appropriate Hospital Management Committee Group. That for No. 16 (Wolverhampton) Group held its first meeting on 24th May, 1961, and it is believed that the No. 15 (Shrewsbury) Group Hospital Management Committee Chairman may be inviting representatives of the three parts of the Health Service to inaugurate such a Committee in Shrewsbury in the Autumn of 1961.

The Cranbrook Committee also envisaged opportunities for the discussion of the clinical aspect of cases and the publication by hospitals of clinical reports, and added

"We ourselves are very much in favour of clinical meetings which could bring together for discussion of clinical cases all those persons responsible in a particular area for carrying out maternity care. We envisage the meetings being held in each maternity hospital at not too infrequent intervals, convened probably by the consultant obstetrician and attended by at least the consultant obstetrician, a medical representative of the Medical Officer of Health of the area, and any local general practitioner obstetricians who could attend".

This last idea was warmly commended by the Chairman at the first meeting of the Wolverhampton Group Local Maternity Liaison Committee, and periodical meetings are taking place during the winter of 1961-62.

The **Midwifery Services** of the County Council are dealt with on pages 33-37.

Of the 1,877 cases confined at home, blood tests for the Rhesus factor (p. 35) were carried out in 98%—the same percentage for the last 3 years as shown by interesting figures in Table 43. This refinement of ante-natal care, once the subject of some controversy, regularly saves infant lives. But we should try to find why there was no record of the mother's blood in 7 cases out of 25 confinements resulting in stillbirths. Continued interest in such problems is not a subject for apology; it behoves us all to be "curiouser and curiouser" about them.

Of the **Principal Causes of Death** (Table 12), deaths due to accidents (both those connected with motor vehicles and others) show a steady rise and suggest the need for more care, restraint and consideration.

It is interesting that Respiratory Tuberculosis has disappeared from this Table altogether; with an incidence of 0.026 deaths per 1,000 population—another "lowest ever"—it is not a principal cause of death at all.

Leukaemia (see page 16, and Table 17 on page 18) caused 4 deaths out of 20 between the ages of 5 to 15 and 2 deaths out of 33 between the ages of 15 to 25; accidents connected with vehicles caused 2 deaths in the former age group and 15 out of 33 in the latter.

These figures are a challenge.

Welfare Centre accommodation is recorded in detail on pages 27-28.

To study the figures, the number of babies born annually in the locality may be assessed from Tables II and VI and the number of "openings" (obtainable from the "Key" before the Table) gives a clue to the use made of the Services. Certainly these seem in demand by the public and it is probably a good thing that they are available complementary to the services provided by family doctors. If the individual representatives of the Part III and Part IV (Local Health Authority and General Medical) Services co-operate locally the patient can get better care.

The **Home Nursing Services** are described on pages 39 to 43 and the whole of this section deserves detailed study by those who read this report. The proportion of cases, and visits, devoted to the care of the aged in their own homes are, after a big jump forward in 1956, still tending to rise. The elderly in particular should have such nursing care as is adequate and necessary, and we much prefer that family doctors ask for it (and that our nurses be alert to offer it) than that it be denied from any fear of overworking the local nurse. The consideration and help afforded by individual practitioners to individual nurses was often conspicuous to us centrally in 1960. Practitioners may be assured that the interests, case load and commitments of their local nursing colleagues and the overall nursing situation, as set out in Tables VI and VII at the end of this report, are sympathetically watched in the Council's Health Department. In a partnership where practitioner and local nurse and our central administration work together in mutual confidence, the service to the patient is helped: and we have enjoyed a number of such happy experiences in 1960 and 1961.

As a large part of our "personal services" work at present is devoted to **Vaccination and Immunisation**, so the space devoted to these subjects in this report is considerable (pages 43-53). A great deal of this kind of work was done in 1960 with results which in 1960 seemed to be satisfactorily effective. Although much of what is written is in part technical, and in part speculative, I hope it may be of interest to and be understandable by readers without special medical or nursing training, and I invite the general reader, no less than the professional one, to study these pages.

As regards the new Syringe Service, I felt compelled to add the footnote to page 53, which augments the forecast of 1960 by reporting how the Syringe Service fared in the testing Summer term of 1961. In thanking the Council for accepting our advice about the need for this service, and for their kindly recognition of its initial success, I am glad to add my own congratulations to the very active and enthusiastic participants who conceived and did the work.

The **Report of the County Ambulance Officer** and some interesting tables of statistics are on pages 54 to 58.

Despite much national as well as local publicity it is still not uncommon for callers using the emergency 999 system to give incomplete or incorrect information and replace their receiver before they can be questioned. The Telephone Exchange staff are very helpful but even they cannot solve some of the problems so posed, and it behoves everyone when calling the emergency service to give their message carefully and unhurriedly, because time so used is never wasted.

Ambulance services require technical knowledge and experience for good administration. It is not good administration to deploy ambulances to Centres which are too small. Having "our own ambulance" in every village or at every race meeting may be agreeable to local patriotism, but under modern conditions it is not good practice. Either the ambulance is standing idle for long periods, or, if it is used for other purposes, it may be away and not available when required. To provide a single ambulance for a population of say 1,500 would require 5 times as many ambulances for Shropshire as the Government allow us.

A long term idea to which we are giving some thought is that future needs might best be met if we sought to cover the South-West of the County from a station at Craven Arms, and the North-East of the County from one at Prees.

I am quite seriously concerned at the hours worked by the County Ambulance Officer, whose continued efforts on behalf of Ambulance training are conspicuous locally and nationally. His modest reference in his Report (page 55) to work undertaken for Civil Defence is a characteristic understatement, and at the time of publication of this Report I am seeking authority to strengthen his small staff, as is necessary when heavy responsibilities are carried for twenty-four hours a day seven days a week. Visits to Ambulance Conferences, and Courses at Civil Defence Colleges are necessary and of much value to the Council's services, but they are no substitute for the more carefree holidays which the County Ambulance Officer is at present too reluctant to take while his staff resources are so limited.

Health Education is a task which Governmental circles urge us to pursue. It is difficult and exacting, not least because results are hard to assess. The argument against it, that those who listen are those already converted, has some substance, but this is true in greater or lesser degree of all preaching and teaching. New ways are sought of bringing information to the public in an attractive form. Health visitors and nurses do much in clinic and home and welcome the provision of visual aids. The County Dental Officer has assembled an admirable exhibition for display at local shows, which has compelled the attention of casual passers-by. Some must be the thinkers and guiding spirits in this branch of work, and the efforts of Mr. Blythe and Mr. Harris deserve our special thanks. Because of its current interest, and because (for one example) home accidents are a major cause of death and disability, I hope that all who receive this Report will spend some time reading the very full account these officers give on pages 62 to 67 of this developing work. As this is no easy subject, so theirs has been no easy task. A lot of thought lies behind what is written in these pages, and time devoted to the exercise of comprehending it will be found rewarding. Indeed the paragraphs on accidents in the home are among the most important in this Report, and deserve our closest attention and thought. Modesty and eagerness to learn characterise our efforts in this new field, and if readers and audiences will comment and criticise our efforts, it may help us to do better.

The work of the Council's **Mental Health Services** is described on pages 73 to 77. The new Mental Health Act, 1959, came into operation during 1960, with increasing emphasis on community care. In accepting their increasing responsibilities in this direction, the Council's staff have been augmented, training facilities for staff have been greatly extended, and two Mental Nursing Homes registered. While these establishments maintain high standards, the powers given to Local Health Authorities under Sections 14 to 18 of the 1959 Act to supervise and regulate Mental Nursing Homes are of much interest to Medical Officers, who have felt for some time that more thought might well be given to providing analogous facilities in respect of ordinary Nursing Homes. Discussions have been going on in 1961 at national level to try to assess what is necessary or desirable in this respect.

The new Act tends perhaps to blur the line of distinction between mental illness or disease on the one hand, and the condition formerly called mental deficiency on the other. "Mental disorder" is used as a comprehensive term to cover both illness and defect, and the latter is divided into "subnormality" and "severe subnormality", which terms are broadly used for those categories formerly called "backward" or "ineducable". Those in this last category are now classed as "unsuitable for education in school", reminding us that everyone can benefit from some kind of training. That afforded by the Council has been greatly increased, and still more far-reaching plans are ready for submission in 1961. Those who visit our present training centres appreciate the good work and benefit to those attending. So do their parents, whose continued help and support it is a real pleasure to acknowledge. Nowhere perhaps are co-operation and mutual interest more fruitful than in this field; in few fields in Shropshire are they more evident and enjoyed. Mr. Ward's report is an interesting and thoughtful one which deserves careful reading. The Council's work for the mentally disordered, largely administered by Dr. William Hall and our Mental Welfare Officers, is rapidly growing in scope and reputation under their continued and devoted care.

One of the prosecutions for breach of the **Food and Drugs Act, 1955**, in respect of milk resulted from a complaint received on the afternoon of Christmas Day, 1960, and test samplings undertaken on 25th, 26th and 27th December. The purchaser objected to the added water and the offender to its detection, but otherwise there was no complaint at this unseasonable activity, and our workers seemed to take the view that when facilities to protect the public are available, we are glad to have them used.

Pasteurised milk is preferred in Schools (page 84) and should be preferred generally and in Old People's Homes, to raw milk. Infectious diseases other than Tuberculosis are easily carried by raw milk and pasteurisation renders milk safer.

Sanitary circumstances in the County are dealt with on pages 86 to 89 with commentaries by the County Sanitary Officer. The latter has written in frank terms of the duties and responsibilities of the several District Councils who are Housing Authorities, but I do not think his implied criticisms of some less progressive Authorities are unjustified. Certainly some of the rural dwellings we see when appealed to are unnecessarily primitive by present day standards; and Mr. Coups, as well as knowing well what he is talking about, is a very reasonable and tolerant person neither given to exaggeration nor likely to overstate his case.

Similarly in his comments on Sewage disposal there is allusion (on page 88) to the apparent apathy of some Authorities; in Table 122 (as for many years) Borough, Urban and Rural District Councils are shown who offer scarcely any figures or information at all.

The returns furnished by courtesy of Severn River Board on page 98 in respect of the **Effluents from Sewage Works** show that only about 45% are satisfactory even on a fairly generous assessment. Responsibility lies between the Board and the District Councils; unsatisfactory results have for many years been the rule rather than the exception. Steps to follow up unsatisfactory reports are being taken by the Health Committee in 1961.

The report ends with the usual **Statistical Tables** which can be quite interesting and are certainly valuable for purposes of making comparisons.

Table III we must obviously relate to the populations given in Table I.

In Table IV one may look at the incidence of Lung Cancer in males and females and by age groups; one can see the Leukaemia deaths in young people; 50 deaths from motor accidents, 71 from other accidents, and 29 suicides are striking.

In Table V one may note some conspicuous decreases. There was no case of Poliomyelitis nor of Tuberculous Meningitis. There was an increase of notified Tuberculosis, respiratory and non-respiratory, but some comments on page 59 suggest that this may be because of better case finding.

Table VI is useful for observing the case load required of Midwives, and is often referred to throughout the year for this purpose. The Table evidences that the Council's Midwives play a large part in the Maternity services.

Table VII will, of course, be read with Table VI. In the Borough of Shrewsbury domiciliary nursing and midwifery are separate, and case loads are relatively easy to calculate. One must remember that these ladies when on duty are always on call, and allow for proper holidays and days off in calculating how many visits they pay in a day. Elsewhere, only Ludlow has a whole-time nurse who does no midwifery; everywhere else the nurse is also a midwife. Therefore one must add to her average daily case load of nursing visits her number of home confinements and visits to these and to ex-hospital confinement patients. The case loads in country areas may not usually seem heavy numerically, but one must consider the terrain, the geography of rivers and hills, and the need to consider times and lengths of journeys and density of population. The ladies at Oswestry look rather specially busy numerically but may not travel so far, and the fourth footnote below the table shows that their colleagues serving Morton and Trefonen (who in fact live in Oswestry) are helping them there also.

Table VIII relates to cases and not visits. Heart and vascular diseases seemed to trouble more females than males, possibly because the former tend to live longer. Diseases of the male and female genital urinary system are peculiar to each sex. Bronchial troubles again seem to be more in elderly ladies than in men of the same age.

Table IX shows the duration and frequency of visits. Diabetes, Anaemia, Mental and Nervous diseases, diseases of Bones and Joints, Senility and diseases of the Heart and Arteries usually involve frequent visiting over long periods.

To all who have contributed so much administrative and professional and technical work to produce this Report our thanks are due and notably perhaps to Mr. A. R. Brawn, whose continual pride it is to marshal and verify the material and guide it through the many processes that lead to publication.

To the many Voluntary Organisations thanks are due for their generous and valued contributions to the Local Health Services, and to the Council's other Departments for their continued co-operation and assistance so readily given.

The help and encouragement given by the Council in the Department's work is deeply appreciated and to the Chairman and Members of the Health Committee and Sub-Committees I express my gratitude for their ready understanding and support.

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 OFFICES,
COLLEGE HILL, SHREWSBURY, SHROPSHIRE
(Tel. No. Shrewsbury 52211)
October, 1961.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1960)

HEALTH COMMITTEE

CHAIRMAN :

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

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

ALDERMEN :

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

CROFT, E. H.

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

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STEVENTON, T. O.

THOMAS, E. B., J.P.

WAKEMAN, CAPTAIN SIR OFFLEY, Bt., C.B.E., J.P., D.L.
(Chairman of Council)

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HAMAR, DR. L. A.

HARRISON, MRS. E.

JONES, T.

JONES, T. H.

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

MORRIS, T. E.

MOTLEY, L.

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PHILLIPS, MRS. L., J.P.

RHAIADR-JONES, J. R.

SMITH, C.

STEPHENS, MRS. I. E.

WOOD, A. J.

CO-OPTED MEMBERS :

BECKETT, H. R.

ELLIS, F.

RYLE, DR. J. C.

POOLER, DR. W. R. H.

CHOLMONDLEY, MRS. V. M., J.P.
(Vacancy)

} Nominated by Shrewsbury Town Council

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

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

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VICE-CHAIRMAN OF COUNCIL

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BOYNE, DOWAGER THE VISCOUNTESS

FORESTER, THE LORD

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MORRIS, MRS. E. L.

MORRIS, T. E.

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POOLER, DR. W. R. H.

POWELL, T. P.

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PHILLIPS, MRS. L.

POOLER, DR. W. R. H.

RYLE, DR. J. C.

STEVENTON, T. O.

THOMAS, E. B.

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CHOLMONDLEY, MRS. V. M.

MACLEAN, MRS. G.

OSMOND, MRS. D.

STEPHENS, MRS. I. E.

WAKEMAN, MRS. P. L. A.

WOOD, MISS N.

HEALTH (WATER) SUB-COMMITTEE

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VICE-CHAIRMAN OF COUNCIL

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DAWSON, G. A.

FORESTER, THE LORD

GILES, REV. R. A.

JONES, T.

JONES, T. H.

PARRY-JONES, R. J. S.

RHAIADR-JONES, J. R. (Chairman)

STEVENTON, T. O.

THOMAS, E. B.

WOOD, A. J.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer of Health and Principal School Medical Officer :

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

Deputy County Medical Officer and Deputy Principal School Medical Officer :

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

Senior Medical Officer :

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

Administrative Assistant Medical Officer :

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

Assistant County, School and District Medical Officers :

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

CLEMENT B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.

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

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H. (appointed 5th September, 1960)

CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (retired 31st August, 1960)

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.

SHELLA M. G. CROSLAND, M.B., B.S. (Part-time)

BRYAN V. LLYWARCH, M.B., Ch.B. (resigned 31st August, 1960)

ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (Part-time)

FLORA MACDONALD, M.B., B.S., D.P.H.

VIOLET G. PRITCHARD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Part-time)

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

Assistant Dental Officers :

Whole-time :

NOEL GLEAVE, L.D.S.

JOHN W. REECE, B.D.S. (resigned 31st December, 1960)

GEOFFREY H. STOUT, L.D.S.

GEORGE B. WESTWATER, L.D.S.

Part-time :

RONALD CULLWICK, L.D.S., D.L.

JOHN R. HARRIS, B.D.S., L.D.S. (resigned 12th May, 1960)

ANTHONY HOLLINGS, B.Ch.D., L.D.S. (resigned 28th March, 1960)

ROY DENVILLE JONES, L.D.S., R.F.P.S. (appointed 14th December, 1960)

JOHN MCCORMACK, B.D.S., L.D.S. (resigned 24th February, 1960)

IAN MACPHERSON, L.D.S. (resigned 13th January, 1960)

REGINALD H. N. OSMOND, L.D.S.

DAVID A. REES, B.D.S., L.D.S. (resigned 20th April, 1960)

MYFANWY THOMPSON, L.D.S. (resigned 25th March, 1960)

Dental Technicians :

NORMAN J. RUSHWORTH

CLIVE EVERINGHAM (Apprentice)

Dental Hygienist :

NANCY SMITH

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.

Assistant Superintendent Nursing Officers :

VERLIE M. GEORGE, S.R.N., S.C.M., Q.N., H.V.

GLADYS M. WILLCOCKS, S.R.N., S.C.M., Q.N., H.V. (appointed 18th January, 1960)

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 Children's Psychiatrist (Part-time) :

JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M.

Psychiatric Social Worker :

KATHLEEN E. HUNT, B.A.

Senior Speech Therapist :

EDWARD PAULETT, L.C.S.T.

*Also District Medical Officer of Health

Speech Therapists :

JILL BELLIS, L.C.S.T. (appointed 1st September, 1960)
 SHIENA M. BOWEN, L.C.S.T.
 MAUREEN A. JAMES, L.C.S.T. (resigned 31st August, 1960)
 ANITA LEESON, L.C.S.T. (appointed 5th September, 1960)

Tuberculosis Health Visitor :

ENID THOMAS, S.R.N., H.V.

Senior Mental Welfare Officer :

ERNEST A. R. WARD

Mental Welfare Officers :

CHARLES T. FRANCIS
 KATHLEEN G. TEAGUE
 GEORGE WRIGLEY (appointed 13th July, 1960)
 KENNETH WYCHERLEY

Occupation Centre Supervisors :

MARY E. C. TYLER, Dip. N.A.M.H.
 ETHEL E. WARD, S.R.N., S.C.M., H.V.

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.

LOCAL GOVERNMENT ACT, 1933—SECTION 111**Medical Officers of Health of County Districts**

The table below shows the systems of "mixed appointments" and "combined districts" operating on 31st December, 1960. With the exception of the North-East Salop United Districts the whole of the County is covered by Medical Officers employed jointly by the District Councils and the County Council.

Table 1 : District Medical Officers of Health

Medical Officer	Districts	Acreage	Population	
			Census 1951	Estimated Mid-1960
<i>Mixed Appointments :</i>				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough ..	8,118	44,919	49,250
C. B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (retired 31st Aug., 1960) P. C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H. (appointed 5th Sept., 1960)	Oswestry Borough ..	2,173	10,712	11,270
	Oswestry Rural ..	61,524	20,746	19,240
				30,510
C. B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.	Ellesmere Urban ..	1,220	2,163	2,260
	Wem Urban ..	903	2,409	2,530
	Whitchurch Urban ..	6,053	6,856	7,050
	Ellesmere Rural ..	48,253	8,601	8,090
	Wem Rural ..	60,343	12,043	12,390
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	6,250	6,700
	Wenlock Borough ..	22,657	15,095	15,060
	Bridgnorth Rural ..	100,897	16,168	17,600
W. HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.	Bishop's Castle Borough	1,867	1,290	1,240
	Church Stretton Urban	6,198	2,580	2,800
	Atcham Rural ..	134,490	21,265	22,650
	Clun Rural ..	132,512	9,766	9,250
Ditto	Ludlow Rural ..	112,823	13,949	13,640
E. CAPPER, M.B., Ch.B., D.P.H.	Ludlow Borough ..	1,068	6,456	6,640
<i>Whole-time :</i>				
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	9,060
	Market Drayton Urban	1,216	5,644	5,730
	Newport Urban ..	768	3,744	4,090
	Oakengates Urban ..	2,396	11,656	11,580
	Wellington Urban ..	2,281	11,416	13,850
	Drayton Rural ..	54,058	10,625	10,120
	Shifnal Rural ..	39,562	13,548	14,710
	Wellington Rural ..	54,516	23,521	25,380
TOTAL ..		861,800	289,802	302,180

Annual Report for 1960

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 matters related to the Ambulance Service; 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 Designations) Regulations, 1960; 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 co-opted members nominated by the Health Committee	

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; vaccination and immunisation; 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 Local Government Act, 1958, and the Rural Water Supplies and Sewerage Acts, 1944—1955, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945—1948.

National Assistance Acts, 1948—1959 :

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

VITAL STATISTICS

To ensure uniformity and simplify comparison, the Minister of Health has requested that vital statistics relating to mothers and infants should be presented in the order following. Some repetition is, therefore, inevitable and explanation of these statistics follows in the same order.

Area of Administrative County (acres)		861,800
Rateable Value (at 1st April, 1960)		£3,310,638
Estimated product of 1d. rate (at 1st April, 1960)		£13,196

Table 2: General Statistics

	Urban Districts	Rural Districts	County
POPULATION:			
Estimated population (mid-1960)	149,110	153,070	302,180
BIRTHS:			
Live births	2,482	2,415	4,897
Rate per 1,000 population	16.65	17.78	16.20
Illegitimate live births	106	117	223
Percentage of total live births	4.27%	4.84%	4.55%
Stillbirths	66	52	118
Rate per 1,000 live and stillbirths	25.90	21.08	23.53
Total live and stillbirths	2,548	2,467	5,015
INFANT DEATHS:			
Deaths under one year	51	44	95
Mortality rates:			
All infants per 1,000 live births	20.55	18.21	19.40
Legitimate infants per 1,000 legitimate live births	20.20	16.97	18.61
Illegitimate infants per 1,000 illegitimate live births	28.30	42.74	35.87
Deaths under four weeks	37	35	72
Neo-natal mortality rate per 1,000 live births	14.91	14.49	14.70
Deaths under one week	34	33	67
Early neo-natal mortality rate per 1,000 live births	13.70	13.66	13.68
Deaths under one week and stillbirths	100	85	185
Perinatal mortality rate per 1,000 total live and stillbirths	39.25	34.45	36.90
MATERNAL DEATHS:			
Deaths (including abortion)	4	2	6
Rate per 1,000 live and stillbirths	1.57	0.81	1.20
DEATHS:			
Total deaths from all causes	1,799	1,438	3,237
Rate per 1,000 population	12.06	9.39	10.71

Population.—The Registrar-General's estimate for mid-1960 of the population of the County, inclusive of members of the Armed Forces, was 302,180, and this is the figure used for the calculation of birth and mortality rates.

The distribution of population throughout the County is shown in Table I on page 101, from which it will be seen that 149,110 persons were resident in urban areas and 153,070 in rural areas. The growth of the County population is shown by comparison with the census years in the table below:

Table 3: Population

	1931		1951		1960	
	Persons	%	Persons	%	Persons	%
Urban Districts ..	121,665	49.8	139,570	48.2	149,110	49.3
Rural Districts ..	122,491	50.2	150,232	51.8	153,070	50.7
County	244,156	100	289,802	100	302,180	100

The County population as a whole increased by 1,880 compared with 1,300 for 1959. Excess of births over deaths gave a natural increase of 1,660.

The density of population remained as previously at 0.35 persons per acre, with 2.37 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.45 persons per acre) in urban areas and Clun (0.07) in the rural areas.

Births.—The live births registered in and appertaining to this County during 1960 numbered 4,897, an increase of 115 compared with the previous year and the highest since 1949. Male and female births were 2,551 and 2,346 respectively.

The birth-rate per 1,000 of population was 16.65 in urban districts, 17.78 in rural districts and 16.20 for the County.

Adjusting these rates to allow for distribution of the population by sex and age gives standardised rates of 16.65 for urban areas, 19.74 for rural areas and 17.18 for the County, compared with a provisional rate of 17.1 for England and Wales.

Of the 4,897 live births, 4,674 were legitimate and 223 illegitimate. The latter figure was 39 more than in 1959 and represented 4.55 per cent of the live births (an increase of 0.70 per cent) or 45.5 per thousand live births, compared with a rate of 54 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on page 102.

Stillbirths.—In 1960 there were 118 stillbirths, giving a rate of 23.53 per 1,000 live and still births, as against 22.49 for the previous year, and that of 19.8 for England and Wales for 1960.

The rate per 1,000 population was 0.39.

The table below shows the stillbirth rates for Shropshire during the past two decades :

Table 4: Stillbirth Rates

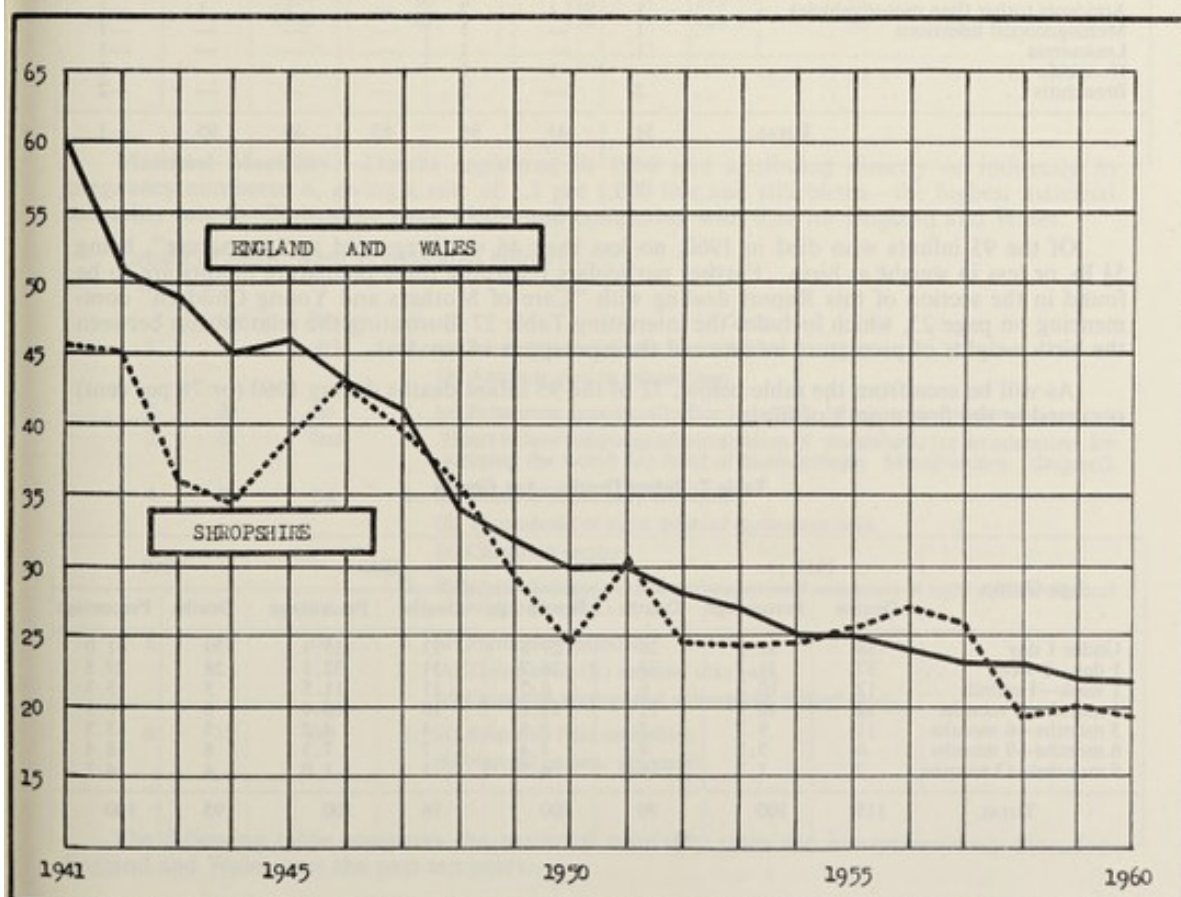
Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Still births
1941	160	4,489	4,649	34.42
1942	164	4,840	5,004	32.77
1943	170	4,915	5,085	33.43
1944	121	5,203	5,323	22.73
1945	121	4,621	4,741	25.52
1946	116	5,090	5,206	22.28
1947	138	5,538	5,676	24.14
1948	123	5,156	5,279	23.29
1949	107	4,945	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
1958	109	4,686	4,795	22.73
1959	110	4,782	4,892	22.49
1960	118	4,897	5,015	23.53

Illegitimate stillbirths numbered 10, giving a rate of 42.96 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1960 of infants who died before reaching one year of age numbered 95—a decrease of 1 compared with 1959.

The infant mortality rate per 1,000 live births was 19.40, compared with 21.9 for England and Wales. Despite increased numbers of births, the County rate shows an increase of 0.19 over that for 1958, which at 19.21 was the lowest recorded for Shropshire. Nevertheless, the position is favourable in relation to previous years, as the following graph illustrates.

DEATHS OF INFANTS UNDER ONE YEAR
MORTALITY RATES PER 1,000 LIVE BIRTHS



Deaths of illegitimate infants numbered 8 and 5 of these were in rural districts, giving a rate of 42.74 per 1,000 illegitimate live births, as against 35.87 for the County. The mortality rate for illegitimate infants is compared below with that for legitimate infants.

Table 5: Mortality Rates for Legitimate and Illegitimate Infants

Year	Legitimate			Illegitimate		
	Live births	Deaths	Rate per 1,000 births	Live births	Deaths	Rate per 1,000 births
1951	4,407	134	30.41	196	6	30.61
1952	4,463	114	25.54	207	1	4.83
1953	4,431	109	24.60	207	4	19.32
1954	4,289	102	23.78	199	8	40.20
1955	4,222	108	25.58	176	3	17.05
1956	4,248	111	26.13	176	9	51.14
1957	4,348	112	25.75	180	6	33.33
1958	4,472	85	19.01	214	5	23.36
1959	4,598	91	19.79	184	5	27.17
1960	4,674	87	18.61	223	8	35.87

Below are given the causes of infant deaths registered in 1960, with comparative figures for the previous year :

Table 6: Deaths of Infants under one year—Causes

Cause of Death	1959			1960			+ or —
	Males	Females	Total	Males	Females	Total	
Congenital malformations	6	12	18	8	13	21	+3
Gastritis, enteritis and diarrhoea	—	—	—	1	—	1	+1
Malignant and lymphatic neoplasms	—	—	—	1	—	1	+1
Other defined and ill-defined diseases (including prematurity)	36	23	59	40	19	59	—
Pneumonia	3	8	11	5	6	11	—
Influenza	1	—	1	—	1	1	—
Accidents (other than motor vehicle)	1	1	2	—	1	1	—1
Meningococcal infections	1	—	1	—	—	—	—1
Leukaemia	1	—	1	—	—	—	—1
Homicide	—	1	1	—	—	—	—1
Bronchitis	2	—	2	—	—	—	—2
TOTAL ..	51	45	96	55	40	95	—1

Of the 95 infants who died in 1960, no less than 46 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 23, which includes the interesting Table 27 illustrating the relationship between the birth weights of premature infants and their prospects of survival.

As will be seen from the table below, 72 of the 95 infant deaths during 1960 (or 76 per cent) occurred in the first month of life :

Table 7: Infant Deaths—Age Groups

Age Group	1957		1958		1959		1960	
	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage	Deaths	Percentage
Under 1 day ..	38	32.2	25	27.8	33	33.3	39	41.0
1 day—1 week ..	37	31.3	33	36.7	31	32.3	28	29.5
1 week—1 month ..	12	10.2	6	6.7	11	11.5	5	5.3
1 month—3 months ..	12	10.2	11	12.2	10	10.4	6	6.3
3 months—6 months ..	11	9.3	5	5.5	4	4.2	5	5.3
6 months—9 months ..	6	5.1	4	4.4	7	7.3	8	8.4
9 months—12 months ..	2	1.7	6	6.7	1	1.0	4	4.2
TOTAL ..	118	100	90	100	96	100	95	100

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

The neo-natal mortality rate for 1960 of 14.70 per 1,000 live births shows considerable improvement on previous years (although slightly higher than that for 1958, which was the lowest recorded for Shropshire) and compares favourably with that of 15.6 for England and Wales.

Table 8: 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
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
1958	90	19.21	64	71.1	13.66
1959	96	20.08	74	77.1	15.47
1960	95	19.40	72	75.8	14.70

Perinatal Mortality.—Perinatal deaths are those occurring near to birth and perinatal mortality is, therefore, based upon deaths of infants under one week and stillbirths.

Deaths under one week totalled 67 in 1960, and stillbirths 118, giving a mortality rate of 37 per 1,000 live and still births, compared with 35 in 1959. The provisional rate for England and Wales for 1960 was 32.9.

Table 9: Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and stillbirths
1958	56	108	164	34
1959	63	110	173	35
1960	67	118	185	37

Maternal Mortality.—Deaths registered in 1960 and attributed directly or indirectly to pregnancy numbered 6, giving a rate of 1.2 per 1,000 live and still births—the highest maternal mortality rate for Shropshire since 1952—and comparing with 0.39 for England and Wales.

Causes of death were as indicated below:—

	Age	Parity	Cause
1.	31	4th	1. (a) Acute left ventricular heart failure. (b) Anaemia due to miscarriage.
2.	30	1st	1. (a) Eclampsia (puerperal) after induction of labour for hypertension.
3.	32	2nd	Heart failure following administration of anaesthetic for an operation for scraping the womb for relief of haemorrhage. Misadventure. (Inquest).
4.	33	1st	1. (a) Massive pulmonary embolism. (b) Thrombosis of right internal saphenous vein. (c) Caesarian section. 2. Polycystic kidneys with hypertension and aneurysm of right middle cerebral artery. (Inquest).
5.	25	1st	1. (a) Pulmonary embolus. (b) Thrombosis (R) internal iliac vein. (c) Caesarian section and subsequent wound sepsis.
6.	35	6th	1. (a) Amniotic fluid embolism. (b) Natural causes. (Inquest).

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

Table 10: Maternal Mortality

Year	Deaths	Rate per 1,000 live and stillbirths	
		Shropshire	England and Wales
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
1958	2	0.42	0.43
1959	—	—	0.38
1960	6	1.20	0.39

Table 10 shows that while in six of the last ten years Shropshire has had a maternal mortality rate lower than the national one, 1960 was a bad year. In dealing with small numbers like this, the figures for any particular year must not be regarded as unduly significant, but when they are unfavourable they must give us cause for thought. General Practitioner Obstetricians, Hospital and Specialist Services and Local Health Authority Services must all search their consciences and consider whether all are co-operating in the fullest possible way to help one another for the good of mother and baby. It is hoped that there may be general support for the forming of a Local Maternity Liaison Committee as envisaged in the findings of the Cranbrook Report on Maternity Services quoted in my introduction.

It is not suggested that any of these maternal deaths was preventable, but the human tragedies behind their stark records cannot but sadden us. Every maternal death is the subject of the most painstaking and meticulous scrutiny locally and nationally to try to assess whether it was preventable or not—and rightly so, for surveys of all the maternal deaths in England and Wales in 1952/54 and 1955/57 suggested that the proportion of deaths due to avoidable factors was of the order of 40 per cent. Toxaemia is a principal cause, and may account for a fifth of the maternal deaths nationally. Avoidable factors were believed to be present in more than half the 434 deaths from toxaemia in two successive national surveys; its early signs and symptoms are very easily discoverable. Our midwives are elaborately trained and instructed in its signs and symptoms. Anaemia during pregnancy seems a danger which may sometimes be under-estimated. For many years now we have urged midwives' attention to blood tests, and concerned ourselves about toxaemia.

While I am in some doubt as to the value of the fairly recent custom of publishing the detailed causes of death as on page 13, it may be of interest to professional readers to record that the second patient listed (who apparently had every possible care from everyone concerned) developed puerperal eclampsia after having had no signs of pre-eclamptic toxaemia during pregnancy until just prior to term when she was admitted to hospital with blood pressure figures of 140/95—figures which some would like to argue are of little significance. Some figures far in excess of these, recorded in a number of patients at the end of the year under review, occasioned tremendous concern at the time, and have been the subject of considerable scrutiny since. The affairs of one early toxaemia patient occupied my attention and that of half-a-dozen other officials for substantial parts of Christmas Day and Boxing Day, 1960, on the urgent representations of her General Practitioner Obstetrician, and we were certainly glad to be used in this way and to try to help.

Deaths—General.—The number of deaths registered in 1960 as appertaining to Shropshire was 3,237—a decrease of 97 compared with 1959. Male and female deaths were 1,685 and 1,552 respectively.

The crude death rates for the year were 12.06 per 1,000 population in urban areas, 9.39 in rural areas and 10.71 in the County as a whole. Standardised rates were 11.34, 10.33 and 10.92 respectively, compared with 11.5 for England and Wales.

Deaths in chronic sick and mental hospitals have been assigned to the area of occurrence where the deceased has been resident there for six months or more. This has the effect of inflating the mortality rates for districts such as Bishop's Castle, Wenlock, Whitechurch and Oswestry Rural, and to correct this the area comparability factors by which the death rates per 1,000 population are adjusted to enable comparison with other areas have been specifically lowered.

Table 11 below shows the standardised death-rates for Shropshire for the past three years, with comparable rates for England and Wales.

Table 11: Standardised Death-rates

	1958	1959	1960
Urban Districts ..	11.07	11.62	11.34
Rural Districts ..	10.47	10.84	10.33
Shropshire ..	10.81	11.32	10.92
England and Wales ..	11.5	11.6	11.5

Full information with regard to deaths registered in 1960, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages 103 and 104, but while these are of interest, the temptation to interpret such small numbers too seriously should be resisted.

Table 12: Principal Causes of Death

Cause of Death	1960			1959			1958		
	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	1,066	3.53	32.93	1,128	3.76	33.83	1,199	4.01	35.96
Vascular lesions of nervous system .. .	588	1.95	18.17	549	1.83	16.47	595	1.99	17.85
Cancer	540	1.79	16.68	552	1.84	16.56	513	1.72	15.39
Diseases of circulatory system (other than heart disease) .. .	153	0.51	4.73	117	0.39	3.51	131	0.44	3.93
Bronchitis	128	0.42	3.95	159	0.53	4.77	137	0.46	4.11
Pneumonia	127	0.42	3.92	128	0.43	3.84	110	0.37	3.30
Accidents (other than motor vehicle) .. .	71	0.23	2.19	63	0.21	1.89	62	0.21	1.86
Motor vehicle accidents	50	0.17	1.54	44	0.15	1.32	43	0.14	1.29
Diabetes	31	0.10	0.96	22	0.07	0.66	23	0.08	0.69
Suicide	29	0.09	0.90	41	0.14	1.23	33	0.11	0.99
Congenital malformations	29	0.09	0.90	26	0.08	0.78	25	0.08	0.75
Ulcer of stomach and duodenum .. .	24	0.08	0.74	14	0.05	0.42	23	0.08	0.69
Other diseases of respiratory system (excluding Tuberculosis) .. .	23	0.08	0.71	31	0.10	0.93	19	0.06	0.57
Nephritis and nephrosis	20	0.07	0.62	20	0.06	0.60	22	0.07	0.66
TOTAL ..	2,879	9.53	88.94	2,894	9.64	86.81	2,935	9.82	88.04

Table 12 above shows the principal causes of death for 1960 in order of importance, with comparative figures for the two preceding years. In total, deaths were 97 less than in 1959, but there was increased mortality from vascular lesions of the nervous system (39 more), diseases of the circulatory system (36 more), ulcer of the stomach and duodenum (10 more). Noticeably, more deaths were caused by accidents, those in homes and factories reaching a new high of 71—an increase of 8 over 1959—while 50 died in consequence of motor vehicle accidents—an increase of 6.

Lower mortality resulted from influenza (69 less), heart disease (62 less), bronchitis (31 less) and cancer (12 less).

Coronary disease and angina.—While the overall figure for deaths from heart disease (which includes coronary disease and angina, hypertension with heart disease and other cardiac conditions) was lower than in 1959, coronary disease took the same toll (534 deaths). Table 13 below shows how mortality from this disease has increased by over 50 per cent in the past 10 years.

Table 13: Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
1951	230	129	359	1.22
1952	227	119	346	1.17
1953	224	133	357	1.19
1954	293	147	440	1.48
1955	285	153	438	1.47
1956	279	140	419	1.41
1957	282	144	426	1.43
1958	343	172	515	1.73
1959	339	195	534	1.78
1960	344	190	534	1.77

Respiratory diseases.—Deaths from respiratory diseases were all less in 1960 than in the previous year. In particular, bronchitis took the lowest toll since 1952, as will be seen from the graph on page 16.

Age groups.—The table below shows the percentage of deaths by age groups and, by comparison with figures for 1931, indicates the extent to which mortality below 65 years has decreased.

Table 14: Deaths by Age Groups

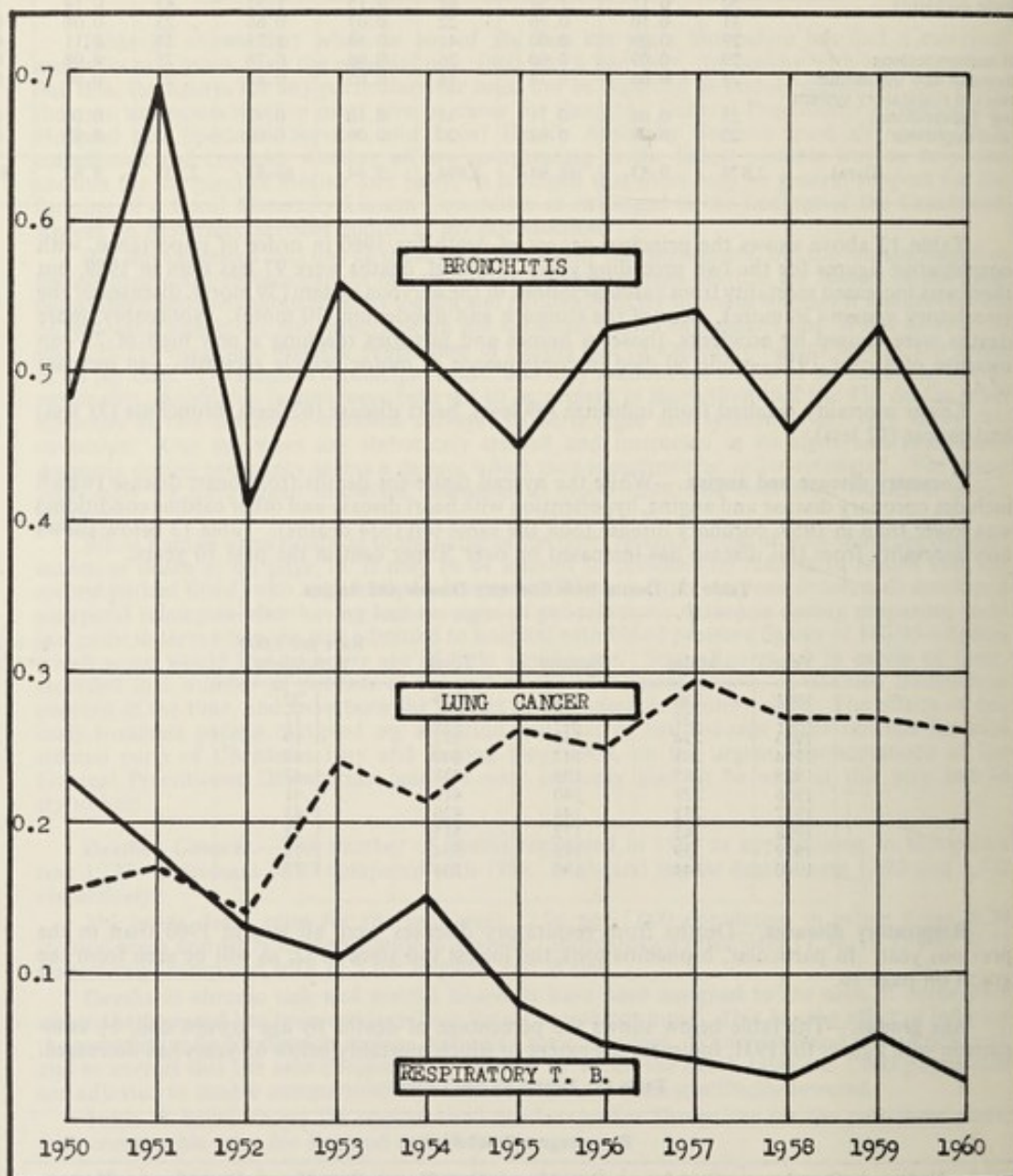
Year	Percentage of total deaths							
	Under 1 year	Over 1—under 5	Over 5—under 15	Over 15—under 25	Over 25—under 45	Over 45—under 65	Over 65—under 75	75 years and over
1960	2.93	0.62	0.59	1.02	3.43	22.24	25.05	44.12
1959	2.88	0.48	0.42	0.93	3.27	21.63	24.86	45.53
1958	2.70	0.45	0.48	1.05	3.15	22.17	24.21	45.82
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
1951	3.76	0.81	0.38	1.64	4.28	19.17	25.25	44.71
1931	6.56	2.62	1.78	3.01	9.21	23.08	22.98	30.76

All age groups except the highest (75 years and over) show increased mortality in 1960. In the 1 to 5 years group, there were 20 deaths, of which 6 resulted from cancer and 2 in consequence of motor vehicle accidents. In the 5 to 15 years group (19 deaths), cancer caused 5 deaths (4 of these due to leukaemia) and accidents 3. In the 15 to 25 years group (33 deaths), accidents accounted for almost two-thirds of the mortality (15 on the roads and 5 elsewhere) and there were 2 deaths from leukaemia.

In the older groups a similar pattern prevails. Of 111 deaths amongst the 25—45 group, cancer caused 34 deaths (including 2 from leukaemia), motor vehicle accidents 8 and other accidents 5. In addition, there were 16 deaths from coronary disease.

In the 45—65 groups, cancer accounted for 198 deaths (including 41 from cancer of the lung, coronary disease 140, vascular lesions of the nervous system 98, bronchitis 32 and accidents 29 (17 on the roads and 12 elsewhere).

SHROPSHIRE : RESPIRATORY DISEASES : MORTALITY RATES PER 1,000 POPULATION



Tuberculosis.—During the year 8 deaths were registered from Respiratory Tuberculosis—9 less than in the previous year—giving a death rate of 0.026 per 1,000 of population.

There was in addition one death from Non-Respiratory Tuberculosis—the same as for 1959—giving a death-rate of 0.003.

For both forms of this disease, the death-rate for 1960 was 0.029 per 1,000 of population, compared with a rate of 0.075 for England and Wales.

The following table shows the notification and death-rates per 1,000 of population attributable to this County from 1920 onwards for both forms of Tuberculosis; and the graph on page 18 indicates the extent to which incidence of Respiratory Tuberculosis, and particularly mortality from this disease has declined in the past fifty years.

Table 15: Tuberculosis—Respiratory and Non-Respiratory. Notification and Death Rates

Year	RESPIRATORY				NON-RESPIRATORY			
	New cases	Deaths	Rate per 1,000 population		New Cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
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	191	129	0.66	0.53	131	44	0.54	0.18
1928	162	126	0.87	0.52	129	41	0.53	0.17
1929	214	147	0.79	0.60	138	33	0.57	0.14
1930	194	106	0.76	0.44	119	34	0.49	0.14
1931	184	155	0.87	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.51	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	0.08
1939	156	91	0.62	0.36	101	30	0.40	0.12
1940	133	76	0.52	0.29	102	27	0.40	0.11
1941	197	93	0.72	0.34	139	31	0.50	0.11
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.39	0.12
1946	106	65	0.40	0.25	64	21	0.24	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	116	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.027
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010
1957	110	13	0.37	0.044	39	3	0.13	0.010
1958	105	8	0.35	0.027	34	1	0.11	0.003
1959	81	17	0.27	0.057	18	1	0.06	0.003
1960	93	8	0.31	0.026	32	1	0.11	0.003

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 21 and "Prevention of Illness, Care and After-Care" on page 58.

Cancer.—Deaths from cancer during 1960 numbered 540—a decrease of 12 compared with the previous year. The death-rate per 1,000 of population was 1.787—a decrease of 0.051 below the rate for 1959.

Table 16: Deaths from Cancer

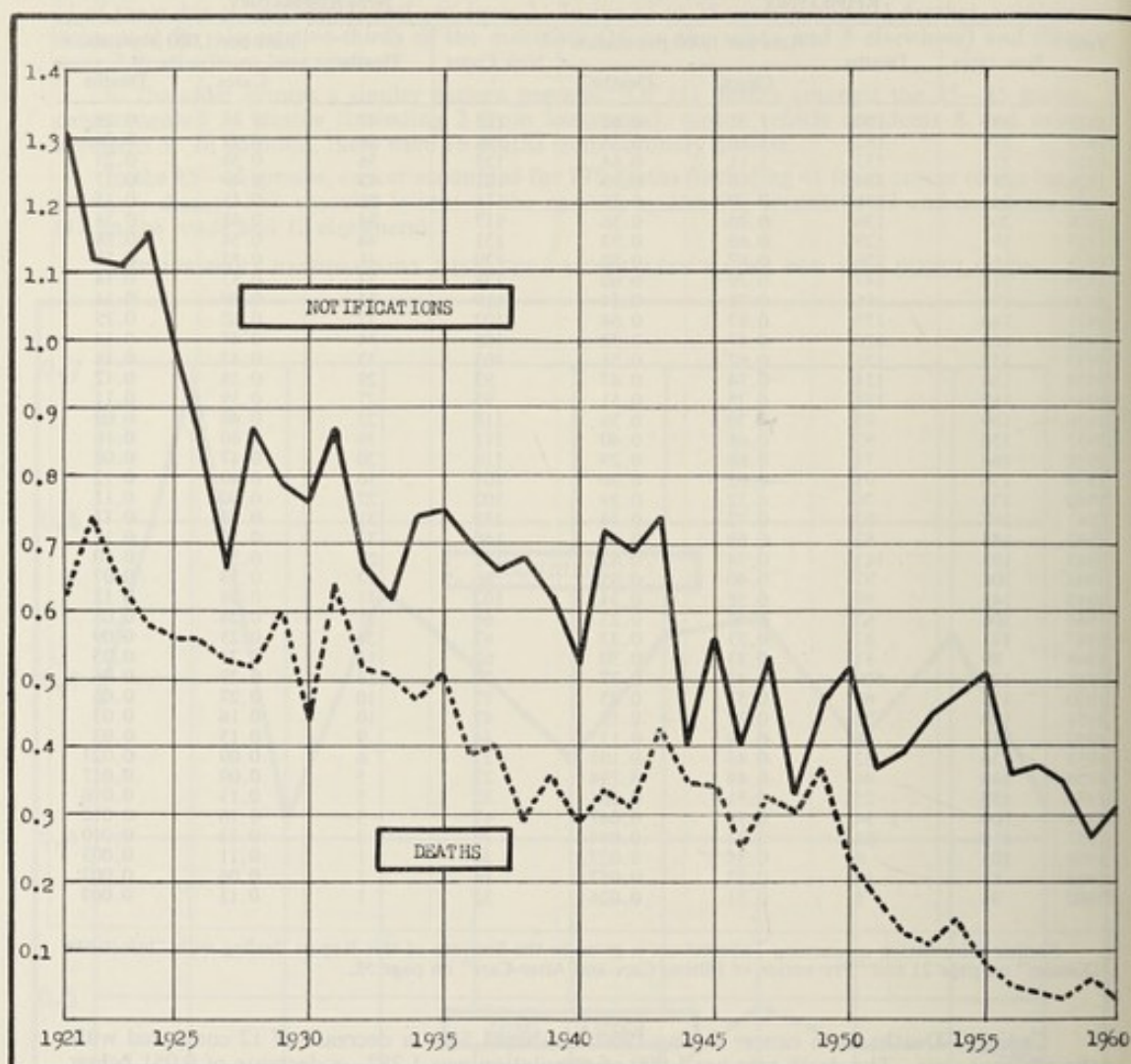
Age Groups	1957			1958			1959			1960		
	M	F	T	M	F	T	M	F	T	M	F	T
Under 15 years	2	3	5	4	—	4	1	2	3	8	4	12
15 to 45 years	9	15	24	8	17	25	11	13	24	17	19	36
45 to 65 years	109	96	205	107	85	192	128	100	228	109	89	198
Over 65 years	132	150	272	161	131	292	158	139	297	150	144	294
TOTAL	252	264	516	280	233	513	298	254	552	284	256	540

The table below lists the deaths from cancer since 1951, according to the location of the disease:

Table 17: Cancer Deaths—Sites

Year	Malignant neoplasm															Leukaemia, aleukaemia			Total		
	Stomach			Lung, br'chus			Breast			Uterus			Other			M	F	T	M	F	T
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
1951	42	44	86	43	8	51	1	45	46	—	22	22	166	131	297	8	5	13	260	255	515
1952	58	33	91	37	4	41	—	39	39	—	24	24	152	133	285	13	5	18	260	238	498
1953	47	41	88	62	11	73	1	56	57	—	19	19	146	126	272	10	10	20	266	263	529
1954	40	36	76	58	6	64	—	42	42	—	25	25	166	146	312	9	4	13	273	259	532
1955	43	37	80	69	9	78	—	51	51	—	17	17	157	158	315	5	4	9	274	276	550
1956	38	29	67	64	11	75	—	48	48	—	26	26	159	135	294	8	8	16	269	257	526
1957	45	36	81	83	4	87	—	50	50	—	24	24	118	145	263	6	5	11	252	264	516
1958	48	29	77	74	7	81	—	59	59	—	19	19	150	117	267	8	2	10	280	233	513
1959	35	33	68	73	8	81	—	51	51	—	28	28	182	130	312	8	4	12	298	254	552
1960	53	23	76	69	9	78	—	58	58	—	24	24	155	136	291	7	6	13	284	256	540

SHROPSHIRE : RESPIRATORY TUBERCULOSIS
NOTIFICATION AND MORTALITY RATES PER 1,000 POPULATION



There were in 1960 no significant variations in the numbers of deaths from the various types of cancer, but noticeably there were more than twice as many deaths as in previous years of children up to 15 years of age. Twelve deaths occurred in this group, as follows:—

	Age	Cause of death
Males:	3 days	Nephroblastoma.
	3 years	Nephroblastoma.
	3 "	Cerebral metastases. Retino blastoma.
	4 "	Hypernephroma.
	4 "	Cerebral and general metastasis. Cancer of nasopharynx.
	6 "	Thoracic metastases. Wilms tumour left kidney. Left nephrectomy.
	11 "	Acute lymphatic leukaemia.
Females:	14 "	Haemothorax. Chronic myeloid leukaemia.
	2 years	Reticulosis (Letterer-Siwe disease).
	2 "	Nephroblastoma.
	7 "	Acute myeloid leukaemia.
	12 "	Subacute lymphatic leukaemia.

Cancer of the Lung.—Deaths in Shropshire from cancer of the lung and bronchus in 1960 numbered 78—three less than in the previous year. Of these, 41 deaths occurred in males in the 45—65 age group and in urban and rural areas represented 1 in 10 and 1 in 15 respectively of the male deaths in that age group.

The first table following 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. Table 19 shows the ratios of male and female deaths from this disease to total deaths from all causes for each sex.

Shropshire's mortality rate for lung cancer compares favourably with the National rate, as the graph below illustrates.

Table 18: Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
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
1958	0.371	0.176	0.271	0.439
1959	0.291	0.248	0.270	0.464
1960	0.335	0.183	0.258	0.481

CANCER OF THE LUNG AND BRONCHUS
MORTALITY RATES PER 1,000 POPULATION

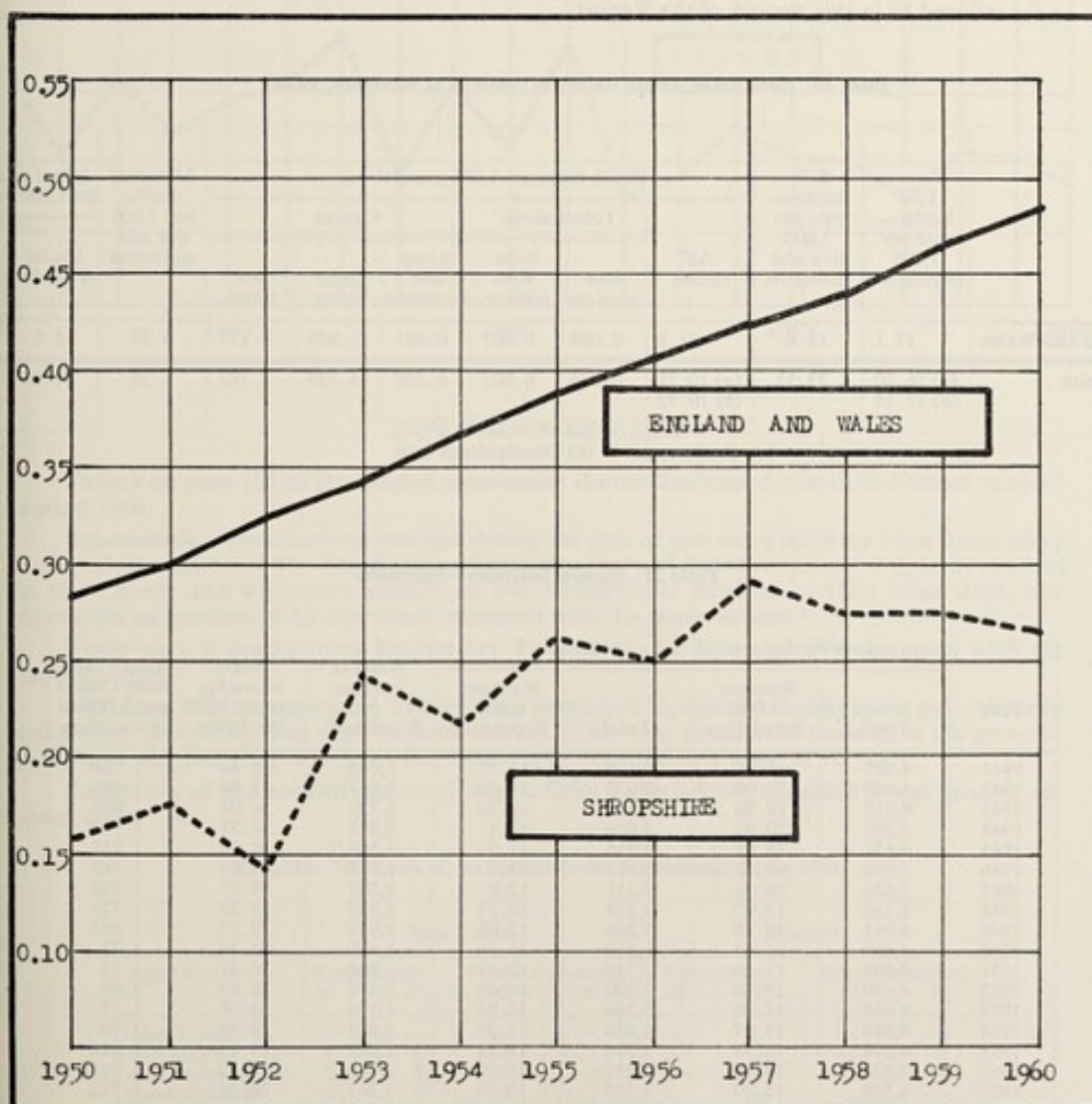


Table 19: Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
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
1958	1 : 20	1 : 148	1 : 31	1 : 709	1 : 24	1 : 228
1959	1 : 24	1 : 227	1 : 25	1 : 165	1 : 24	1 : 196
1960	1 : 21	1 : 151	1 : 32	1 : 216	1 : 25	1 : 173

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterized by uncontrolled increase of the white blood cells) numbered 13 in 1960, of which 6 occurred in persons under 25 years of age. Concern has been expressed in some areas of the country with regard to increasing numbers of deaths from this disease and the possible connection with increased radiation "fall-out". In Shropshire, deaths from Leukaemia in 1960 are about average for the past eleven years (13 compared with an average of 13.4).

General.—The following tables and graph summarise and compare the various vital statistics so far referred to in this section of the Report.

Table 20: Birth Rates, Death Rates and Analysis of Mortality, 1960

	Live births—rate per 1,000 population	Still-births—rate per 1,000 live and stillbirths	Death rates per 1,000 population						Maternal deaths per 1,000 live and stillbirths	Infant death rate per 1,000 livebirths	
			All causes	Tuberculosis		Cancer				Under 4 weeks	Under 1 year
				Respiratory	Non-Respiratory	Lung and bronchus	Other forms	All forms			
England and Wales	17.1	19.8	11.5	0.068	0.007	0.481	1.676	2.157	0.39	15.6	21.1
Shropshire	(a) 16.20 (b) 17.18	23.53	(a) 10.71 (b) 10.92	0.026	0.003	0.258	1.529	1.787	1.20	14.70	19.1

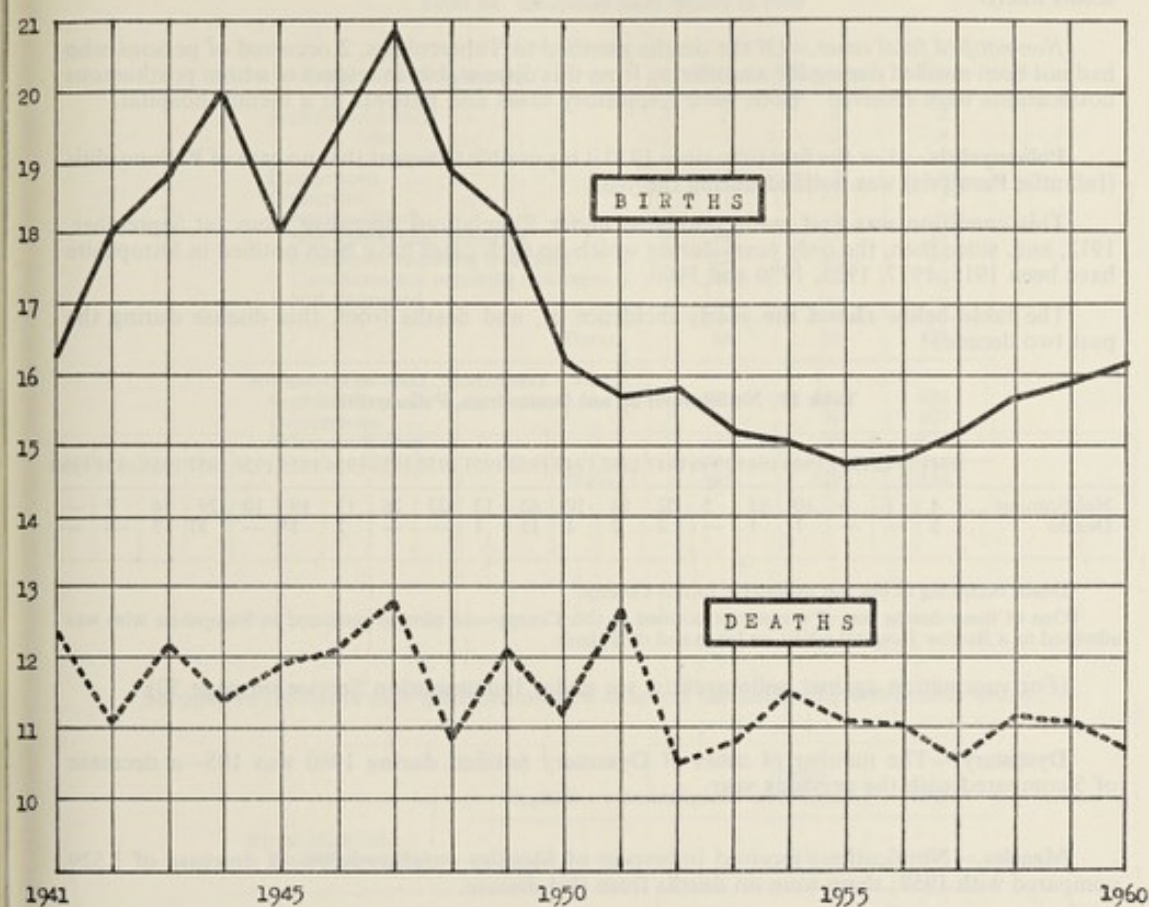
(a) Crude rate. (b) Standardised rate.

Table 21: 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			
1941	4,489	16.26	3,426	12.37	1,063	45.44	1.726
1942	4,840	18.00	2,973	11.05	1,867	45.04	1.680
1943	4,915	18.80	3,186	12.24	1,729	36.01	1.893
1944	5,203	20.02	2,969	11.4	2,234	34.21	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	1.893
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	15.20	3,244	10.84	1,394	24.36	1.77
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
1958	4,686	15.67	3,334	11.15	1,352	19.21	1.716
1959	4,782	15.92	3,334	11.10	1,448	20.08	1.838
1960	4,897	16.20	3,237	10.71	1,660	19.40	1.787

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

SHROPSHIRE : BIRTH AND DEATH RATES
PER 1,000 POPULATION



INFECTIOUS DISEASES

Table V on page 105 of this Report summarises the notifications of infectious diseases received during 1960.

Tuberculosis.—Notifications received during the year of new cases suffering from Respiratory Tuberculosis numbered 93. This figure excludes Hospital and Service cases not ordinarily resident in the County and who were already on the Tuberculosis Register in their home area, and represents an increase of 12 new cases compared with the previous year.

There were 8 deaths from Respiratory Tuberculosis, a decrease of 9 compared with the previous year.

New cases of Non-respiratory Tuberculosis numbered 32, again excluding those not ordinarily resident in Shropshire, and were 14 more than in 1959. One death—the same as in the previous year—was ascribed to this form of the disease and occurred in a male of 70 years.

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

Table 22: New cases of, and deaths from, Tuberculosis during 1960

Age Groups	New Cases				Deaths			
	Respiratory M	Respiratory F	Non-Respiratory M	Non-Respiratory F	Respiratory M	Respiratory F	Non-Respiratory M	Non-Respiratory F
Under 1 year ..	—	—	—	—	—	—	—	—
1 and under 5 ..	1	2	1	1	—	—	—	—
5 and under 15 ..	2	7	1	3	—	—	—	—
15 and under 25 ..	1	7	4	3	—	—	—	—
25 and under 45 ..	26	7	3	4	—	—	—	—
45 and under 65 ..	29	5	4	6	6	1	—	—
65 and over ..	6	—	1	1	1	—	1	—
TOTAL ..	65	28	14	18	7	1	1	—
	93		32		8		1	

New cases of respiratory disease continue to predominate in the middle-aged and older men. One cannot help noting (Table IV, page 104) the preponderance of incidence of lung cancer in this same age and sex group and wondering whether smoking, which we know to be a principal associated cause of lung cancer, can contribute towards respiratory tuberculous infection—it seems likely.

Non-notified fatal cases.—Of the deaths ascribed to Tuberculosis, 2 occurred of persons who had not been notified during life as suffering from this disease, but in respect of whom posthumous notifications were received. Both were respiratory cases and patients in a mental hospital.

Poliomyelitis.—For the first time since 1930 it is possible to report that no case of Poliomyelitis (Infantile Paralysis) was notified during the year.

This condition was first made notifiable under Regulations operative from 1st September, 1912, and, since then, the only years during which no such cases have been notified in Shropshire have been 1915, 1917, 1929, 1930 and 1960.

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

Table 23: Notifications of, and Deaths from, Poliomyelitis

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Notifications ..	4	1	5	10	13	5	32	13	10	62	13	27	26	13	19	10	29	16	7	—
Deaths ..	2	—	—	1	1	—	2	2	1	11	1	—	—	2	1*	—	3†	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 50).

Dysentery.—The number of cases of Dysentery notified during 1960 was 105—a decrease of 5 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 396—a decrease of 3,529 compared with 1959; there were no deaths from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 241, or 63 more than in the previous year. No death from this disease was registered during 1960. (See also under Immunisation Service on page 46).

Food Poisoning.—The number of cases of Food Poisoning notified was 21, compared with 18 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in this County during 1960 (see also under Immunisation Service on page 44).

Smallpox.—There was no notified case of Smallpox in this County during 1960.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 136—145 less than in 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 have been made available through the kindness of the Venereologists, Dr. J. P. G. Rogerson (male clinic) and Dr. E. M. McCarter (female clinic):

Table 24: Shropshire cases treated in 1960

NEW CASES FROM SHROPSHIRE	Males	Females	Total
Syphilis—primary	1	1	2
late	1	3	4
congenital	—	1	1
Gonorrhoea	4	2	6
Chancroid	1	—	1
Other conditions:			
Non-gonococcal urethritis	19	—	19
Conditions requiring treatment ..	22	14	36
Conditions not requiring treatment ..	40	12	42
Not diagnosed	—	—	—
TOTAL ..	88	33	121
ATTENDANCES—ALL SHROPSHIRE CASES:			
Syphilis	191	433	624
Gonorrhoea	31	76	107
Other conditions	343	80	423
TOTAL ..	565	589	1,154

Shropshire residents also attended as new cases at the following out-county clinic:

	Syphilis	Gonorrhoea	Other conditions	Total
Royal Hospital, Wolverhampton ..	1	5	33	39

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births.—Particulars are given in the following table of the births which were notified as occurring in Shropshire during 1960, with corresponding figures for the preceding four years:

Table 25: Notifications of Births

Year	Live Births	Stillbirths	Total
1956	4,533	122	4,655
1957	4,656	100	4,756
1958	4,855	106	4,961
1959	4,922	118	5,040
1960	5,194	121	5,315

The births in 1960 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows:

	Live Births	Stillbirths
Domiciliary	1,890	28
In Hospitals and Institutions ..	3,079	89
In Private Nursing Homes ..	225	4
TOTAL ..	5,194	121

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

	Live Births	Stillbirths
Actual	5,194	121
Transfers—Out	472	9
In	234	11
Adjusted	4,956	123

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 1960, whose mothers were normally resident in this County, together with corresponding figures for the preceding five years:

Table 26: Premature Infants

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 %
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
1958	90	221	*20	331	15	19	34	297	89.7
1959	82	267	*17	366	31	16	47	319	87.2
1960	92	292	*20	404	32	13	45	359	88.8

*Includes births at R.A.F. Hospital, Cosford. All Nursing Home cases in 1960 survived (Table 27).

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1960 are summarised in Table 27 opposite.

Table 27: Premature Live Births and Stillbirths, 1960

Weight at Birth	PREMATURE LIVE BIRTHS										PREMATURE STILLBIRTHS							
	Born in Hospital			Born at Home				*Born in Nursing Home				Born in Hospital	Born at Home	Born in Nursing Home				
				Nursed entirely at Home		Transferred to Hospital on or before 28th day		*Nursed entirely in Nursing Home		Transferred to Hospital on or before 28th day								
	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	29	15	11	—	—	—	5	1	4	—	—	—	—	—	—	18	9	2
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs.	62	8	52	2	—	2	9	2	7	1	—	1	3	—	3	16	7	2
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs.	67	2	63	11	—	11	7	1	6	2	—	2	—	—	—	3	1	—
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs.	134	3	127	50	—	50	8	—	6	14	—	14	—	—	—	6	1	1
TOTAL	292	28	253	63	—	63	29	4	23	17	—	17	3	—	3	43	18	5

Of 404 children who were born prematurely in 1960, a total of 359 (or 88.8 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.

*Includes R.A.F. Hospital, Costord.

Phenylketonuria.—This term denotes a rare condition (the suggested distribution being one case in 20,000 general population which might give an expectation of not more than one case in 10,000 births) wherein an inborn error of metabolism results in failure to convert Phenylalanine in protein to Tyrosine, with consequent excretion of Phenylpyruvic acid in the urine.

Research in the United States and this country has led eminent medical authorities to the view that if these cases are detected early enough (preferably under the age of four months) treatment with phenylalanine-restricted diet will almost certainly lead to a child of normal mentality instead of the severe mental affliction which would otherwise attend this condition.

Towards the end of 1959 a reagent strip became available whereby, at nominal cost, all young babies in the County could be tested for this condition, and the Council decided that such routine testing should be introduced from 1st January, 1960, and performed in all babies between the ages of six and ten weeks thereafter.

Taking the case distribution suggested above one would not expect to find more than one or two cases in five years with a birth-rate such as that in this County, but it is considered that the arrangements outlined above are well worthwhile to ensure the detection of even one case over such a period.

The following are particulars of the routine tests, all of which were found to be negative, performed by County Council Health Visitors on children born in 1960:

Table 28: Testing of Shropshire Children born in 1960

	Born in County	Born out of County	Total
Not tested	17	3	20*
Died before test .. .	66	8	74
Left County before test ..	112	14	126
Tested	4,527	209	4,736
TOTAL ..	4,722	234	4,956

*Of the 20 children not tested, 12 had removed to addresses unknown, 4 were seriously ill in hospital, 2 were of no fixed abode, and in the remaining 2 cases parental consent for the test was refused.

In one of the cases tested it was thought necessary to have a laboratory report on a specimen of urine taken from the child, but this additional investigation revealed no abnormality.

Birth Control Clinics.—Birth Control clinics, at which advice is available only to married women in whom pregnancy would be detrimental to health and who are referred to the clinic by their family doctor, were held during 1960 at Shrewsbury and Wellington.

During the year, the County Council granted facilities to the newly-formed Shrewsbury and District Branch of the Family Planning Association for a weekly clinic at the Welfare Centre, Murivance, Shrewsbury. In acknowledgment of free accommodation for their clinic, the Association agreed to give advice free to Shropshire cases recommended on medical grounds. Because of the wider scope of the service offered by the Family Planning Clinic, which would inevitably reduce attendances at the Council's Clinic, it was decided to discontinue the latter when the Family Planning Clinic opened on 4th July, 1960.

The Council's Birth Control Clinic in Wellington operates from 2 to 4 p.m. on the third Wednesday in February, April, June, September and November. It was thought that the service offered by the Family Planning Clinic in Shrewsbury might reduce attendances at the Wellington Clinic, but these have been maintained and the Health Committee have decided that it shall continue.

Below are particulars of attendances at the Council's clinics in Shrewsbury and Wellington, from their commencement and up to the time of the closure of the former, and to 31st December, 1960, in respect of the latter.

Table 29: Attendances at Birth Control Clinics

Year	Sessions	Patients		Medical Supplies		
		New	Total Attendances	Prescribed	Issued free	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
1958	24	64	145	128	—	83 4 0
1959	24	70	149	138	1	88 18 10
1960*	13	49	108	104	2	59 19 11
<i>Wellington</i>						
1956	5	21	27	20	4	7 6 10
1957	5	23	34	23	5	10 5 6
1958	5	9	21	21	1	7 0 9
1959	4	6	32	32	7	8 1 6
1960	4	6	35	35	2	9 0 9

*Terminated 13th July, 1960.

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 28 gives information with regard to the attendance at these centres and other voluntary clinics of pre-school children and expectant mothers during 1960.

New Welfare Centres.—Proposals to build a new Welfare Centre at Whitchurch adjacent to the Cottage Hospital for joint use by local health and hospital services, which had been in abeyance for some years owing to limitations in capital expenditure, were approved by the Minister of Health during 1960, and following acceptance by the Council early in 1961 of a tender in the sum of £17,792, the work of erection is now in hand.

At the end of 1960, two projects for welfare centre provision remained outstanding, namely, at Donnington where it is hoped that welfare centre facilities will be included in a future Community Centre, and at Harlescote, Shrewsbury, where negotiations with the Borough Council for a site for a centre to serve the large housing development in the area are in hand.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority:

- a. Ante-natal (a/m — Midwives; a/g — G.P.s)
- au. Audiology
- b. Birth Control
- c. Child Guidance
- ch. Chiropody
- d. Dental
- e. Immunisation and Vaccination
- f. Domestic Help Office
- g. Child Welfare
- h. Group Training session
- 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
BASCHURCH	Mrs. Dawson's Room	(R) e, g	2nd Tuesday
BISHOP'S CASTLE	Stone House	(R) e, g	2nd and 4th Fridays
BRIDGNORTH	(1) 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
	(2) Grove Estate	(R) e, g, m	4th Thursday
BROSELEY	Victoria Institute	(R) e, g	1st, 3rd and 5th Thursdays
CHURCH STRETTON	Silvester Horne Institute	(R) a, e, g	1st and 3rd Thursdays
CLEOBURY MORTIMER	Parish Hall	(R) e, g, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, a/g, d, e, g, j, l, m, n	Tuesdays
DONNINGTON	(1) Turrell Hall	(C) a, e, g, m	Wednesdays
	(2) Ordnance Depot	(R) e, g	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	(1) Cliftonville, Dinham	(C) a, a/m, au, d, e, f, g, l, m Gp. 15 H.M.C.: o	Mondays
	(2) East Hamlet Hall	(R) e, g	Thursdays
MADELEY	Church Street	(C) a, a/g, ch, 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	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
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	Wednesdays
PONTESBURY	Public Hall	(R) e, g	2nd and 4th Tuesdays

Centre	Address	Clinics	Frequency of Child Welfare Clinic
PREES	Polish Camp, Higher Heath	(R) g	1st and 3rd Tuesdays
SHAWBURY	Parish Hall	(R) e, g, m	Tuesdays
SHIFNAL	Senior Social Club, Currier's Lane	(R) e, g, l	Mondays
SHREWSBURY	(1) Harlescote (2) Murivance (3) White House (4) Monkmoor	(R) a, g, m (R) a, au, b, c, g, i, j, l, m, n (C) a, g, m (R) e, g	Tuesdays Tuesdays and Fridays Thursdays and Fridays 1st and 3rd Tuesdays
ST. MARTIN'S	Old C. of E. School	(R) e, g	1st and 3rd Tuesdays
WELLINGTON	Haygate Road	(C) a, au, 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, ch, d, e, g, m,	Thursdays
WHITCHURCH	27 St. Mary's Street	(C) a, a/m, au, d, e, f, g, h, l, m Gp. 15 H.M.C.: o, w	Thursdays

Table 30: Attendances at Child Welfare Centres during 1960

CENTRE	CHILDREN									EXPECTANT MOTHERS	
	CASES					ATTENDANCES				Total Cases (Post-natal in brackets)	Total Attendances (Post-natal in brackets)
	Made first attendance when under 1 year	Born in			Total	Under 1 year	1 but under 2	2 but under 5	Total		
		1960	1959	1958—55							
Baschurch ..	5	4	16	21	41	60	64	29	153	x	x
Bishop's Castle ..	30	22	26	10	58	195	108	136	439	x	x
Bridgnorth:											
Grove ..	19	16	16	41	73	70	58	126	254	x	x
Northgate ..	131	131	134	170	435	2,249	530	616	3,395	*65	170
Broseley ..	53	48	48	56	152	561	168	160	889	x	x
Church Stretton ..	44	39	48	54	141	274	161	129	564	—	—
Cleobury Mortimer ..	32	25	27	64	116	354	249	145	748	x	x
Dawley ..	182	139	69	163	371	2,032	411	631	3,074	—	—
Donnington:											
Turrell Hall ..	111	86	92	80	258	1,525	371	63	1,959	—	—
Depot ..	35	23	43	48	114	281	99	62	442	x	x
Ellesmere ..	66	56	50	65	171	687	232	296	1,215	1	1
Hadley ..	83	70	74	86	230	805	362	232	1,399	x	x
Highley ..	37	32	38	70	140	495	150	182	827	9(1)	9(1)
Ironbridge ..	54	38	35	39	112	663	131	126	920	—	—
Ludlow:											
Dinham ..	83	62	68	81	211	632	225	112	969	†28	110
East Hamlet ..	38	32	23	14	69	430	79	10	519	x	x
Madeley ..	73	51	41	58	150	750	154	117	1,021	—	—
Market Drayton ..	124	96	106	154	356	1,934	659	496	3,089	4	14
Much Wenlock ..	37	34	35	43	112	386	173	125	684	1	1
Newport ..	117	101	108	223	432	1,962	816	1,360	4,138	†52	133
Oakengates ..	103	81	83	72	236	1,078	285	229	1,592	—	—
Oswestry ..	141	135	63	39	237	1,155	108	113	1,376	—	—
Pontesbury ..	53	46	32	42	120	390	101	154	645	x	x
Prees ..	13	10	15	15	40	133	77	102	312	x	x
St. Martins ..	67	67	28	15	110	438	132	98	668	x	x
Shawbury ..	61	49	54	51	154	963	318	132	1,413	x	x
Shifnal ..	90	54	41	98	193	690	178	192	1,060	x	x
Shrewsbury:											
Harlescote ..	131	113	176	195	484	1,918	536	475	2,929	x	x
Monkmoor ..	125	74	59	58	191	669	150	80	899	x	x
Murivance ..	255	213	189	166	568	2,484	680	312	3,476	149(2)	208(2)
White House ..	141	130	123	165	418	2,348	654	662	3,664	126(11)	219(12)
Wellington ..	200	167	125	187	479	2,174	442	324	2,940	—	—
Wem ..	60	50	46	81	177	815	345	416	1,576	—	—
Whitchurch ..	89	72	62	98	232	1,154	294	302	1,750	†74	323
TOTAL ..	2,883	2,366	2,193	2,822	7,381	32,754	9,500	8,744	50,998	509(14)	1188(15)

R.A.F. Child Welfare Centres

Bridgnorth ..	41	26	22	77	125	426	105	421	952	x	x
Buntingsdale ..	106	93	74	53	220	1,876	343	117	2,336	x	x
Cosford ..	42	30	34	74	138	547	185	400	1,132	x	x
TOTAL ..	189	149	130	204	483	2,849	633	938	4,420	—	—

†District Nurse's Session.

*Including District Nurse's session.

xNo Ante-Natal Clinic.

Child Guidance : Pre-School Children

Recommendations made jointly in Circular 3/59 by the Ministries of Education and Health stressed the desirability of close co-operation between Local Education and Health Authorities in regard to advice on child guidance for children below school age.

The view is widely held that the causes of much emotional disturbance and maladjustment date back to the early years in a child's life. The recognition and treatment of early behaviour difficulties are facilitated by the staffs at maternity and child welfare centres seeking the advice of the Child Guidance Service in cases of possible emotional difficulty, enabling them, in appropriate cases, to deal themselves with more of the behaviour difficulties and other problems they encounter.

Medical Officers, after conferring with the Family Doctor and if he so wishes, send a report to the Central Department upon any case of emotional and behaviour difficulty in a pre-school child which they encounter in the course of their work at child welfare centres, so that advice may be obtained in suitable cases from the Child Guidance Service.

Care of Illegitimate Children and Unmarried Mothers

The responsibilities of a Local Health Authority towards the unmarried mother and her illegitimate child may be summarised as follows:

- (a) Wherever possible to persuade the girl to make known her circumstances to her parents and, if the home is likely to be a satisfactory one, to persuade them to make a home there for the child.
- (b) To advise the expectant mother as to suitable accommodation before and immediately after the confinement.
- (c) To assist the mother to find employment, preferably with her baby.
- (d) Where necessary to assist the mother to find lodgings for herself and the child where she desires non-resident work.
- (e) To find a suitable foster mother if it is necessary for mother and baby to be separated.
- (f) To arrange for places in a residential Nursery or Home for babies whose mothers cannot look after them and for whom accommodation cannot be found by other means.
- (g) To give advice, where necessary, about legal adoption.

To deal with the various problems associated with the care of unmarried mothers and illegitimate children the County Council have, since 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations, of which the former is registered as an Adoption Society. The County Council have representatives on the Councils of each of these bodies.

For these services, the Council pay annual grants to the Associations. In 1960, these amounted to £800 to Lichfield and £400 to Hereford but in the light of representations made during the year by the latter Association, their grant has been increased to £550 per annum from April, 1961.

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

Particulars are given in the following tables of the work undertaken during 1960 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 117 children came under supervision during the year, representing 52 per cent of the illegitimate births assigned to the County.

Table 31: Supervisory Work undertaken by Moral Welfare Workers

Association	Moral Welfare Workers	Case Visits	Unmarried expectant Mothers coming under supervision
Lichfield	1*	677	75
Hereford	2†	544	36
TOTAL	3	1,221	111

*Has the assistance of a part-time worker who carries out routine visits only.

†One of these officers also undertakes duties in the Hereford Archdeaconry, estimated to be equivalent to half her time.

Table 32: Children Supervised

	Lichfield	Hereford	Total
On Register on 1st January ..	191	70	261
Added during year	73	44	117
Removed during year	113	41	154
On Register on 31st December ..	151	73	224

Removals from the Register are accounted for as follows:

Attained school age	33
Mother married—child with mother	51
Left County with mother	20
To adopters—in Shropshire	10
—elsewhere	22
In care of Children's Officer	5
To Nurseries	6
Help refused	1
Died	6
	154

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 1960 these grants amounted to £350 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 Myford House Committee and of the Standing Committee of the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1960:

St. Martin's Home, Hereford	12
Chaddeslode, Shrewsbury	12
Myford House, Horsehay	4
Mrs. Hay Memorial Home, Wolverhampton ..	3
	31

Report of the Principal Dental Officer

(Relating to dental work for Expectant and Nursing Mothers and Children under 5)

It is a sad reflection that in this so called "enlightened day and age" an increasing number of children between the ages of 2—5 years are being brought to the Dental Clinics with severe toothache and grossly septic mouths. Upon examination these children are often found to have at least four or five of the deciduous or milk teeth partly decayed with probably two or three acute or chronic abscesses present. The treatment for this condition, presenting itself with such monotonous regularity, is extraction under a General Anaesthetic (Gas and Oxygen). This treatment can hardly be expected to induce a spirit of confidence in a human being of such a "tender" age, or in the parent for that matter. So what could be called a "psychological anti-dental treatment block" is being built up in the minds of both child and parent, leading to non-co-operation with regard to dental treatment in the future, and a vicious circle is created.

The only answer to this problem would be a full staff of Dental Surgeons, operating a scheme whereby regular inspection could be carried out on children who attend Local Authority Clinics for other reasons. Some day we might be enlightened enough to have fluorine in our water supplies, and to stand a chance of bringing dental disease under control.

The time devoted to Maternity and Child Welfare work was 0.85 of that of a full-time officer.

<i>Patients dealt with:</i>	1958	1959	1960
Expectant and Nursing Mothers—			
Examined	524	397	441
Treated	609	424	546
Pre-School Children—			
Examined	472	391	419
Treated	424	373	371
<i>Treatment carried out—</i>			
Expectant and Nursing Mothers—			
Fillings inserted	833	846	735
Extractions	2,185	1,710	1,991
Dentures supplied	315	270	303
Pre-School Children—			
Fillings inserted	343	237	183
Extractions	681	709	654

Evening Sessions.—Owing to the increased demand for dental treatment from expectant and nursing mothers, 184 evening sessions were worked during the year in Clinics at Shrewsbury, Bridgnorth, Wellington, Ludlow, Madeley and Dawley. Unless evening surgery sessions were worked, these patients would have to be "fitted in" to the normal day surgery time, so reducing time available for the treatment of children.

Table 33: Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1960

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers ..	441	436	546*	252
Children under five years	419	339	371*	340

*Includes cases brought forward from the previous year.

Table 34: Forms of Dental Treatment provided during 1960

	Scalings or Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	144	735	4	—	1,991	203	183	120	49
Children under five years ..	5	183	82	—	654	278	—	—	5

C. D. CLARKE,
Principal Dental Officer.

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, 1960, 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 were in operation as under:

County Council Welfare Centres ..	21
Services Welfare Centres	1
Chemists' Shops	3
Other Shops	18
Post Offices	22
Private Houses	14
Schools	8
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.

Statistical Report.—Particulars of the foods issued during the year ended 31st December, 1960, together with comparable figures for the previous year, are given below:

Table 35: Welfare Foods Issues

Items of Food	Average Weekly Issues		Total Issues	
	1959	1960	1959	1960
National Dried Milk—tins	1,755	1,559	91,234	81,068
Orange Juice—bottles	2,318	2,185	120,510	113,620
Cod Liver Oil—bottles	309	294	16,068	15,288
A & D Vitamin Tablets—packets ..	234	243	12,194	12,610
TOTAL ..	4,616	4,281	240,006	222,586

NURSING STAFF AND SERVICES

Nursing Staff employed by the County Council.—The following are particulars of the Nursing Staff establishment and of the numbers employed by the County Council on 31st December, 1960, with corresponding figures for the two preceding years:

Table 36: Staffing and Establishment

Whole-time Nursing Staff	Establishment	On 31st December		
		1958	1959	1960
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer ..	1	1	1	1
Assistant Nursing Officers	2	2	1	2
Tuberculosis Health Visitor	1	1	1	1
Health Visitors	41	29	32	34
School Nurses	3	3	3	4
Nurse-Midwives	74	70	70	69
Midwives	6	6	6	5
Home Nurses	8	7	8*	8*
Relief Nurses	6	4	2	5

*Includes one nurse undertaking both home nursing and school nursing duties.

Part-time staff employed on 31st December, 1960, are listed below with their whole-time equivalents:

	Staff	Whole-time equivalent
Relief nurse-midwives	8	5.2
Home nurses	5	2.2
Health visitors, school and clinic nurses	7	1.78

Part-time health visiting duties are also carried out by District Nurse-Midwives who are either qualified Health Visitors or working under a dispensation granted by the Minister of Health. Their whole-time equivalent for establishment purposes is regarded as 11, giving a total Health Visitor establishment of 52. (See footnote to Table 46 on page 38).

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 four 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 three months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, and then becomes eligible for a permanent appointment.

Only one candidate was recruited for training prior to 1954, but since then 14 candidates, including one recruited for a combined course of Health Visitor and District Training, have all passed their examination on the conclusion of their course.

Transport.—Practically all Nurses and Midwives, including full-time relief staff, use motor transport for duty purposes, and the position on 31st December, 1960, was as follows:

Table 37: Transport for Nursing Services

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (82)	51	29	2
Midwives (5) ..	2	2	1
Home Nurses (8) ..	2	4	—

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. A bungalow at Dorrington was completed during the year.

Particulars of the accommodation occupied by nurses and midwives in the Council's employment on 31st December, 1960, are as follows:

Houses and bungalows	owned by the Council	22
	rented by the Council	25
	owned or rented by nursing staff or their relatives ..	28
Flats ..	rented by nursing staff or their relatives	2
Rooms ..	rented by nursing staff	2
		79

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 Stowe, 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 has been paid by the Council. This was increased in 1960 to £330 in the light of increased expenditure arising from salary awards to nursing staff.

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. Payment for nursing services is made to Montgomeryshire on a population basis and is in the region of £50 per annum; and for Domestic Help by refund of actual costs.

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 all midwives practising in the County 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 1960.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1960:

Table 38: Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Directly employed	87	86
Agency arrangement	3	3
Hospitals—National Health Service	50	50
Other	10	10
Nursing Homes	5	5
Private domiciliary practice	1	1
	156	155

Confinements.—The table below shows the numbers of confinements attended by midwives during 1960:

Table 39: Confinements attended by Midwives

Midwives	Domiciliary Confinements (Total 1,900)				Institutional Confinements (Total 3,297)	Total
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Not present at delivery	Doctor present at delivery	Not present at delivery		
County Council	5	25	316	1,545	5†	1,896
Agency	—	—	—	—	—	—
Private practice	—	—	5	—	—	5
N.H.S. hospitals	—	—	—	1*	2,771	2,772
Other hospitals ..	—	—	—	3*	328	331
Nursing Homes	—	—	—	—	193	193
TOTAL ..	5	25	321	1,549	3,297	5,197

*Deliveries attended at home by hospital midwife accompanying ambulance.

†Deliveries by County Council midwives in ambulances en route to hospital.

Administration of Analgesics.—Particulars of the domiciliary cases in which analgesics (gas-air, trilene and pethidine) were administered during 1960 are as follows:

Table 40: Analgesics

Midwives	Gas/Air		Trilene		Pethidine	
	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present
Council ..	196	671	101	635	257	1,024
Agency ..	—	—	—	—	—	—
Private ..	—	—	—	—	—	—
TOTAL ..	196	671	101	635	257	1,024

NOTE.—Analgesics were given to 90% of those confined at home (see page 35).

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required by the Rules of the Central Midwives Board to send to the County Council as Local Supervising Authority and which were received during 1960 with comparative figures for the preceding two years:

Table 41: Notifications issued by Midwives

Year	Medical Aid (1)	Stillbirths (2)	Death of mother or child (3)	Artificial Feeding (4)	Liability to be a source of infection (5)	Having laid out a dead body (6)
1958	790	50	11	605	67	20
1959	687	64	8	619	52	13
1960	613	79	12	471	41	11

Amended Rules of the Central Midwives Board, which came into operation on 1st July, 1960, remove the necessity to submit to the Local Supervising Authority notifications of "Artificial Feeding" and of "Having laid out a Dead Body".

Work performed by County Council Midwives.—Information about domiciliary confinements attended by County Council and agency midwives is compiled from case reports submitted immediately after the midwife ceases attendance.

Deliveries.—During 1960, there were in all 1,909 domiciliary confinements, of which 32 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 1,877 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 106 shows the distribution of these 1,877 cases throughout the Nursing Districts of the County. Attendance on these cases involved 18,980 ante-natal, 5,753 maternity and 27,068 midwifery post-natal visits—a total of 51,801 visits. On average each case received 10 ante-natal and 17.5 midwifery or maternity visits from the midwife.

The 6 whole-time Midwives in the Borough of Shrewsbury attended 365 cases, or an average of 61 each; in the remainder of the County, where midwifery is combined with home nursing, and excluding cases attended by agency midwives, whose work in Shropshire is only part of their duties, the district nurse-midwives averaged 21 cases each.

In addition, 1,937 cases were attended following discharge from hospital after confinement, involving 9,228 visits. This work, one feels, is less satisfactory to the domiciliary midwife, who may feel "slightly slighted" and that she has been denied the chances of exercising her professional skill at the confinement. It is hard to see how this sharing can be avoided; and our domiciliary midwives play their part well, and for the most part philosophically, in such cases.

Ante-natal care was also afforded by the domiciliary midwives to 89 cases booked for confinement in hospital, involving 791 visits.

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

Table 42: Cases attended by Domiciliary Midwives

Year	Staff		Domiciliary Confinements						Discharged Institutional Cases	
			Cases	Visits				Cases	Visits	
				Ante-natal	Maternity	Midwifery	Total			
1959	Midwives	.. 6	318	3,240	727	4,955	8,922	379	1,857	
	Nurse-Midwives	77	1,441	14,794	5,406	22,490	42,690	1,761	8,152	
	TOTAL	..	1,759	18,034	6,133	27,445	51,612	2,140	10,009	
1960	Midwives	.. 6	365	3,748	833	5,177	9,758	281	1,354	
	Nurse-Midwives	77	1,512	15,232	4,920	21,891	42,043	1,656	7,874	
	TOTAL	..	1,877	18,980	5,753	27,068	51,801	1,937	9,228	

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 1,877 confinements, a doctor had been booked to provide maternity medical services in 1,847 cases (98.4 per cent); a doctor was present at delivery in 316 (17.1 per cent) of these cases.

Of the remaining 30 cases (1.6 per cent) in which no doctor had been booked, one was present at delivery in 5 cases (16.6 per cent).

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

By agreement with the Local Medical Committee, 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 specimen, 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. This is a useful test, recommended and approved by knowledgeable experts. It saves lives, and to criticise it seems to me a disservice to patients and to good obstetric practice.

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 to be taken in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination in the following circumstances:

- when the laboratory investigations have shown that the child is likely to be born suffering from haemolytic disease; OR
- if the child at birth appears jaundiced, anaemic or oedematous; OR
- 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
- in all cases where the mother's blood has not been examined ante-natally.

The reports for 1960 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 1,845 cases (98.3 per cent) and for Wassermann and Kahn reactions (for Syphilis) in 1,607 cases (85.6 per cent). This shows a considerable improvement on previous years, when the appropriate figures were as indicated in the table below.

Table 43: Results of Blood Tests

Year	Rhesus Factor			Wassermann and Kahn		
	Tested	Positive	Negative	Tested	Positive	Negative
1960	1,845 (98%)	1,607 (87%)	235 (13%)	1,607 (86%)	2	1,605
1959	1,716 (98%)	1,491 (85%)	225 (15%)	1,486 (85%)	—	1,486
1958	1,833 (98%)	1,584 (86%)	249 (14%)	1,548 (83%)	1	1,547
1957	1,669 (90%)	1,460 (88%)	200 (12%)	951 (51%)	5	946
1956	1,225 (63%)	1,061 (87%)	164 (13%)	658 (34%)	2	656

Both cases in which positive Wassermann results were obtained were known to be receiving treatment.

Coombs tests were performed in 243 cases. In 17 of these Rhesus groupings were not known and one of these cases produced a Coombs positive result. In the remaining 226 cases, a positive result was obtained in 3 cases.

In 2 of these 4 cases, there was evidence of jaundice. One infant was admitted to hospital for exchange blood transfusion and was discharged home in a satisfactory condition after 4 days. One was admitted to hospital for observation and further blood tests and haemoglobin estimation and discharged home, improved, after 10 days. One progressed satisfactorily under medical observation at home. In the fourth case, despite the positive result, no special action or observation was undertaken since the child was apparently normal and healthy in all respects. All four cases have progressed satisfactorily.

Analgesics.—Twenty-two sets of apparatus for the administration of Trilene were in use during 1960 by selected midwives in the busier areas.

All but one of the Council's midwives have been trained in the use of the Minnitt apparatus for the induction of Gas/Air analgesia and 77 apparatuses were in use during the year.

Pethidine was administered, on its own, in 107 cases and in conjunction with trilene and/or gas/air in a further 1,174 cases—a total of 1,281 confinements or 68 per cent.

Trilene was given in 150 cases and in conjunction with pethidine or gas/air in a further 586 cases—a total of 736 cases or 39 per cent of the domiciliary confinements.

Gas/air was given in 261 cases, and with pethidine or trilene in 606 cases—in 867 confinements in all or 46 per cent.

Analgesics, singly or combined with others, were therefore given in 1,695 cases—90.3 per cent of the total domiciliary confinements attended by County Council midwives.

Births.—Domiciliary confinements attended by County Council midwives resulted in the birth of 1,845 live infants, 7 pairs of live twins, 2 pairs of twins of which one infant was alive and one stillborn and 23 single stillbirths.

On the 25 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 14 cases, negative in 4 cases and in 7 cases was not known to have been tested. The stillbirth rate per 1,000 domiciliary live and still births was 13.3, compared with 23.5 for domiciliary and institutional births in the County generally.

Premature births.—Eighty-three of the 1,877 confinements resulted in the birth of a live infant weighing $5\frac{1}{2}$ lb. or less.

Parity.—Of the 1,877 confinements, 274 or 15 per cent, were primigravida.

General.—Complications, either during or after pregnancy, arose in 347 cases.

For one reason or another, removal to hospital was necessary in 79 cases, as under:

Mother	..	..	56
Child	..	..	11
Both	..	..	12

From the date of booking by the midwife to the termination of the puerperium, these 1,877 cases involved 235,684 days under care, or an average of 126 per case.

Relief arrangements.—There are 56 nursing districts in the County and for the purposes of relief during sickness and holidays these are grouped together in convenient areas of three to four districts to provide mutual relief.

In the busier districts with a heavy case load, which are limited in number, a relief nurse is available to help, supplemented by assistance from neighbouring districts.

No night rota system has been deemed necessary since the annual average case load is no more than 21 where midwifery is combined with home nursing, and 61 in areas where it is carried on independently.

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 1960, the number of cases of Puerperal Pyrexia notified was 9 (none of which proved fatal), compared with 16 in the previous year.

Ophthalmia Neonatorum.—During 1960, 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.

Pre-Eclamptic Toxaemia.—Cases confined in 1960 in whom Toxaemia had been reported and who had been the subject of special ante-natal care—visits by the midwife weekly or more frequently and progress reported on each occasion to the Health Department—numbered 244, of whom 170 were subsequently confined at home and 74 in hospital. There were 6 stillbirths, representing 2.5 per cent of these confinements, and 2 babies died shortly after birth. In addition 29 of the confinements resulted in a “premature” weight birth ($5\frac{1}{2}$ lb. or less).

Allusion is made to this subject in the introduction (page 2) and on page 14.

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 is held in the County Health Department for issue to cases in the Borough of Shrewsbury.

During 1960, a total of 2,062 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 arrangements for admission are made through the Medical Officer of Health of the Local Health Authority for the area in which the patient lives.

Applications to the County Health Department by general practitioners for the admission of patients to hospital on “social” grounds are referred to the Bed Bureau for the reservation of a hospital bed, but direct applications from patients or midwives are 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 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 1960, applications were received in respect of 964 maternity patients for admission to hospital on "social" grounds (compared with 892 patients in the previous year). Of these, 11 were withdrawn by the patients before beds were reserved and the remaining 953 cases are accounted for as follows:

Recommended for hospital confinement and accepted by hospitals concerned (Of these 23 patients cancelled their reservations)	..	..	953
Recommended, but refused by hospital on account of non-availability of beds	..	..	Nil
Not recommended	..	..	Nil
			953

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, 1958 and 1959, but in 1960 were the same as in 1959.

Table 44: 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%
1958	4,895	1,893	3,002	39%
1959	4,977	1,781	3,196	36%
1960	5,250	1,909	3,341	36%

Medical Practitioners (Fees) Regulations, 1948.—Under the Rules of the Central Midwives Board a midwife is required in certain defined circumstances to seek medical assistance by the issue of a Medical Aid Form, and this remains a Rule of the Board and a firm instruction to our Salop midwives. The fee payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations is not claimed where a medical practitioner has already undertaken to provide maternity medical services under Part IV of the National Health Service Act, 1946; in this latter case payment is made by the Local Executive Council.

The position for the thirteen years 1948 to 1960 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 45: 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
1958	21	68
1959	28	77
1960	23	65

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 Society of Health, 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, 1963.

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

Table 46: Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1958	1959	1960
Tuberculosis Health Visitor	41	1	1	1
Health Visitors		29	32	34
District Nurse-Midwives (with Health Visitor's qualifications) ..	11	11	13	12
" " " (without Health Visitor's qualifications) ..		20	20	19
	52	61	66	66
	—	—	—	—

Note.—The 31 District Nurse-Midwives undertaking part-time Health Visiting duties on 31st December, 1960, were regarded as equivalent to 5.6 whole-time staff, giving a total of 39.6 whole-time Health Visitors, against an establishment of 52.

Health Visitor Training Scheme.—The Council's Training Scheme, originally adopted in March, 1947, 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) ..	387	0	0
Tuition fee (average)	30	0	0
Examination fee	8	8	0
Travelling allowance (5/- per week)	9	15	0
	<u>£435</u>	<u>3</u>	<u>0</u>

Since the inception of the Scheme in 1947, until 31st December, 1960, the number of students accepted for training was 38, of whom 34 were successful in obtaining their Certificates.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 16,251 families in this County, compared with 16,532 families visited in 1959. Most of their visits were to children under 5 years of age, of whom 23,436 individual children were visited, as against 23,814 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1958 and 1959:

Table 47: Visits paid by Health Visitors

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	637	1,251	4,038	25,580	11,926	18,649	56,155	2,575	5,939	65,920
Part-time	—	—	837	8,176	3,885	5,014	17,075	190	1,333	18,598
Total for 1960	637	1,251	4,875	33,756	15,811	23,663	73,230	2,765	7,272	84,518
“ „ 1959	419	817	4,740	31,522	14,740	21,278	67,540	2,875	7,353	78,585
“ „ 1958	484	818	4,632	28,155	14,521	21,672	64,348	2,767	6,913	74,846

In addition, ineffective visits to all categories of cases during the year totalled 9,955, or 10.5 per cent of the total visits.

The above table does not include the work of the whole-time Tuberculosis Health Visitor, who made 457 effective and 22 ineffective visits to tuberculous households, attending also out-patient sessions at the Chest Clinics held in different parts of the County under Hospital Management Committee arrangements, and thereby facilitating and maintaining close contact therewith.

The agency arrangement with Montgomeryshire referred to on page 33 also covers health visiting in the parish of Brompton and Rhiston and during 1960 agency Health Visitors carried out 18 visits, involving 5 children under 5 years in 5 families.

HOME NURSING SERVICE

As in the case of the domiciliary midwifery service, the Council provide home nursing by the direct employment of nursing staff, except in the parishes of Brompton and Rhiston, and Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which are covered by agency arrangements with the Counties of Montgomery and Radnor respectively.

Of the 7 full-time Home Nurses in the Council's service at the end of 1960, six were employed in Shrewsbury and one in Ludlow. Elsewhere in the County, home nursing is combined with midwifery and undertaken by the 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 31st December where the patient is still on the nurse's books. From these reports punched card statistics are obtained for the purposes of official returns and study of the various aspects of the service.

During 1960, home nursing was provided for 6,710 patients, who received 143,830 visits—an average of 21 per case. Compared with the previous year, cases decreased by 235, but visits increased by 674.

The table below compares work undertaken in 1960 with that for the previous year. The 7 whole-time Home Nurses each attended on average 140 cases for 4,146 visits or 30 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 78 cases for 1,566 visits—an average of 20 visits per case.

Table 48: Home Nursing Cases

Year	Staff	Cases attended	Total Visits
1960	Home Nurses .. 7	978	29,025
	Nurse-Midwives 77	5,732	114,805
	TOTAL ..	6,710	143,830
1959	Home Nurses .. 7	932	27,487
	Nurse-Midwives 77	6,013	115,669
	TOTAL ..	6,945	143,156

The decrease in cases attended annually, which has been noted each year since the present statistical methods were introduced in 1956, continued in 1960. In particular, less cases were attended for conditions such as upper respiratory diseases (127 less) and diseases of the digestive system (91 less). Diseases of the heart and arteries, however, accounted for 103 more cases than in 1959.

Table VII on page 107 gives information about the various categories of cases attended in 1960 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,710 cases attended:

3,023 (or 45.1 per cent) were 65 years or over when first visited during the year and received 94,652 visits (65.8 per cent of the total);

567 (or 8.5 per cent) were children under 5 years and received 3,931 visits (or 2.7 per cent of the total) and

1,392 (or 20.7 per cent) received more than 24 visits during the year and accounted for 106,815 visits (74.3 per cent of the total).

The increasing use of this Service for the aged is shown in the table below and, with the provision of Home Help for the elderly and chronic sick as indicated in Table 98 on page 72, it is clear that the Local Health Services are playing a major part in reducing the numbers who would have to be admitted to hospital or homes for the aged in the absence of these domiciliary services.

Table 49: Home Nursing of the Aged

Year	Cases		Visits	
		%		%
1953	2,558	23.4	69,210	41.5
1954	2,827	22.7	69,325	41.6
1955	2,877	22.4	78,800	40.6
1956	3,072	39.1	93,863	60.4
1957	3,033	39.5	96,088	61.0
1958	3,119	43.5	99,388	64.8
1959	3,035	43.7	92,228	64.4
1960	3,023	45.1	94,652	65.8

Diseases.—Table VIII on page 108 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, injuries (690), upper and other respiratory diseases (excluding tuberculosis) (556), diseases of the breast and female genital organs (545), anaemia (539), diseases of the heart and arteries (520) and diseases of the skin and subcutaneous tissue (479), were the most common types of cases necessitating nursing at home and accounted for 50 per cent of all such cases.

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 50: Referral

Source of Referral	Cases	Percentage
General Practitioners	4,901	73.0
Direct application by patient or relatives	989	14.8
Hospitals	767	11.4
Local Authority	25	0.4
Chest Clinic	3	—
Miscellaneous	25	0.4
TOTAL	6,710	100.0

Nurses attend patients only with the concurrence of the family doctors concerned.

Occupations.—Female patients formed the bulk of those attended—4,389 (65.4 per cent) against 2,321 males (34.6 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 51: Occupations

Occupation	Males	Females	Total	Percentage
Pre-School	352	215	567	8.4
School	236	220	456	6.8
Actively employed	820	345	1,165	17.4
Housewives	—	3,371	3,371	50.2
Retired	817	173	990	14.8
Others (independent means, etc.)	96	65	161	2.4
	2,321	4,389	6,710	100.0

The percentage of retired persons may seem rather contradictory in relation to Table 49, but the simple explanation is that housewives do not retire !

Treatments.—Of the 6,710 patients visited, 5,125 or 76 per cent, were attended for one particular purpose; 1,085 patients (16 per cent of the total) were attended solely for injections, 1,432 (21 per cent) solely for dressings and 1,002 (15 per cent) for general nursing care only.

The statement below indicates the types of treatment given and the cases treated, those receiving more than one type of treatment being classified under that constituting the main reasons for nursing attendance.

Table 52: Treatments

<i>Treatment</i>						<i>Cases</i>	<i>Total</i>	<i>Visits</i>	<i>Total</i>
Injections	..	..	..	..	..	1,085		28,334	
..	with dressings	..	..	..	..	178		5,329	
..	with general nursing care	..	..	..	..	192		5,889	
..	with other treatments	..	..	..	..	306		10,329	
						—	1,761	—	49,881
Blanket Baths	..	..	..	..	..	239		6,520	
..	with general nursing care	..	..	..	..	225		9,137	
..	with other treatments	..	..	..	..	53		2,164	
						—	517	—	17,821
Enemas	..	..	..	..	..	299		1,543	
..	with other treatments	..	..	..	..	100		1,799	
						—	399	—	3,342
Dressings	..	..	..	..	..	1,432		24,592	
..	with general nursing care	..	..	..	..	126		4,954	
..	with other treatments	..	..	..	..	105		3,311	
						—	1,663	—	32,857
Changing of pessaries	..	..	..	..	..	185		619	
..	with washouts, douches, etc.	..	..	..	..	79		304	
..	with other treatments	..	..	..	..	5		149	
						—	269	—	1,072
Washouts, douches, etc.	..	..	..	..	..	196		1,098	
..	with other treatments	..	..	..	..	81		1,486	
						—	277	—	2,584
General nursing care	..	..	..	..	..	1,002		27,787	
..	with other treatments	..	..	..	..	113		2,248	
						—	1,115	—	30,035
Preparation for diagnostic investigations	..	..	..	..	..	171		233	
						—	171	—	233
Eye, ear, nose and throat treatments	..	..	..	..	..	106		3,164	
						—	106	—	3,164
Others	..	..	..	..	..	432		2,841	
						—	432	—	2,841
							6,710		143,830

Injections.—It will be seen from the above figures that 1,761 patients (26 per cent of all cases) received injections during 1960, and that 1,085 of these (62 per cent of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 49,881 visits (35 per cent of the total) and those who had injections only without any other form of treatment received 28,334 visits (20 per cent of all visits).

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

Table 53 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates anaemia, respiratory diseases, diseases of the heart and arteries, and diseases of the skin to be the principal conditions necessitating home nursing attention for injections.

Table 53: Nursing cases receiving injections

Diseases	Cases receiving Injections				Visits
	Injections only	With general nursing care	With other treatments	Total	
Tuberculosis	23	1	7	31	1,242
Other infectious diseases	13	—	9	22	431
Parasitic diseases	—	—	1	1	5
Malignant and lymphatic neoplasms	9	19	36	64	3,690
Asthma	17	3	1	21	379
Diabetes mellitus	59	7	29	95	11,785
Anaemia	488	17	32	537	14,554
Vascular lesions affecting central nervous system	2	14	9	25	1,323
Other mental and nervous diseases	19	2	8	29	995
Diseases of the eye	—	—	3	3	24
Diseases of the ear	14	—	13	27	228
Diseases of the heart and arteries	112	44	47	203	6,952
Diseases of the veins	3	1	13	17	231
Upper respiratory diseases	51	6	40	97	604
Other respiratory diseases	40	52	50	142	1,549
Constipation	—	—	1	1	8
Diseases of the digestive system	23	1	17	41	834
Diseases of the urinary system and male genital organs	9	2	4	15	296
Diseases of the breast and female genital organs	38	5	21	64	684
Complications of pregnancy and the puerperium	24	12	8	44	413
Diseases of the skin and subcutaneous tissues	69	2	74	145	1,208
Diseases of the bones, joints and muscles	28	—	10	38	683
Injuries	11	—	43	54	592
Senility	2	2	5	9	342
Other defined and ill-defined diseases	29	2	3	34	809
Diseases not specified	2	—	—	2	20
	1,085	192	484	1,761	49,881

Nursing of Children.—The report of a Committee of the Central Health Services Council on "The Welfare of Children in Hospital" states that when the nature of a child's illness and conditions permit, mothers should be encouraged to nurse a sick child at home under the care of the family doctor and assistance where necessary from the home nurse and the home help service. Co-operation between the family doctor and the local health authority services with the help of the hospital and specialist services can prevent in suitable cases the removal of the child from home. For children in hospital, the health visitor should keep in touch with the family and encourage the parents to visit the child. A report of the health visitor on the home and family circumstances can be a useful factor in determining the best means of after-care and the prevention of a recurrence of illness. On discharge of a child from hospital, use should be made of the full range of local health authority services in consultation and co-operation with the family doctor.

No special arrangements are in force for the nursing of sick children, other than for premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottles and special feeder are held by nurse-midwives in strategic parts of the County for use in such cases. Excellent liaison continued during the year between the Department and Dr. Macaulay, Consultant Paediatrician, the Monkmoor Children's Hospital, Copthorne Hospital and Dr. V. Mary Crosse, Consultant Paediatrician at the Sorrento Maternity Hospital, Birmingham, now retired, and her successor, Dr. B. D. Bower.

Figures in Table VIII on page 108 show that 567 children under 5 years and 431 under 15 years received home nursing treatment during 1960. Of those under 5 years, 295 were referred to the nurses by the family doctor and 69 by hospitals. Of those dealt with in this age group, 21 were subsequently admitted to hospital and 22 referred by the nurses either to the family doctor or to hospital out-patient departments.

The principal conditions necessitating home nursing treatment for children are summarised in the table below.

Table 54: Principal conditions necessitating Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	155	105	260
Diseases of the skin and subcutaneous tissue	64	77	141
Upper respiratory diseases	48	59	107
Other respiratory diseases	43	27	70

When notifications are received from hospitals of the discharge of children, these are passed on to the health visitors, who visit and ensure that full advantage is taken of the local health services. While some hospitals co-operate fully, it is apparent that many hospital discharges are never notified and in certain cases information as to the condition under treatment is withheld.

Completed Cases.—Of the 6,710 cases attended, 5,634 (or 84 per cent) were removed from the books for varying reasons during the year. Table IX on page 109 gives particulars of these cases by diseases, length of time on the books, visits, etc.

The reasons for cessation of home nursing attendance are given in the table below:

Table 55: Cases removed from the Nursing Registers

	Cases	Percentage
Recovered, relieved or convalescent	3,491	61.9
Admitted to hospital or nursing home	723	12.8
Died	611	10.8
Referred to out-patients, own doctor, etc. .. .	478	8.5
Gone away	235	4.2
Treatment undertaken by patient, relative, etc. ..	56	1.0
Discontinued	26	0.5
Others	14	0.3
	5,634	100.0

Of the 611 patients who died, major causes were vascular lesions affecting the central nervous system (24 per cent), diseases of the heart and arteries (24 per cent), cancer (23 per cent) and senility (10 per cent).

Each patient was attended on the average for 65 days and required 27 visits, or 2.9 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 0.2 per cent of the total visits.

VACCINATION AND IMMUNISATION

The Council's scheme under Section 26 of the National Health Service Act, 1946, provides for immunological protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, to be given by general medical practitioners or by Assistant County Medical Officers at welfare centres and schools.

The addition in recent years of protection against Poliomyelitis and the advocated use of single antigens in preference to "combined" or "triple" antigens, with the corresponding increased number of injections, has made necessary a revision of the immunisation programme and the following arrangements were recommended to our own doctors from January, 1960.

	<i>Age of child</i>
Whooping Cough (three injections at monthly intervals)	2 months
Diphtheria (two injections with one month's interval)	6 to 8 months
Poliomyelitis (two injections with three weeks' interval)	9 months
Smallpox	12 months
Poliomyelitis (booster)	16 months
Tetanus (two injections with one month's interval and a third four to six months later) ..	18 months

A letter giving details of these facilities is handed to the parents of newly born infants by the Health Visitor on her first visit. She is thus able to answer on the spot any queries a parent may have and in many cases the consent form for the child to be given protection against any or all of the various diseases is completed there and then. This procedure supersedes that under which an explanatory letter advocating vaccination against Smallpox was sent by post to the parents of infants whose births were recorded on the monthly lists received from the local registrars; and recommending protection against Diphtheria in the form of a birthday letter at one year. Not only will this change of procedure save time and money, as far as the Central Department is concerned, but it is anticipated that better results in numbers protected against the various diseases will be obtained after it has been in operation for sufficient time.

The whole arrangements and "timings" are, however, under review again at the time of correcting proofs of this report in September, 1961, following fresh suggestions from the Ministry of Health. Allusion is made to Triple Antigen on page 49: practitioners have been advised that supplies of this are now available to them, and it may prove best to give Poliomyelitis vaccination at about 7 to 8 months of age, either preceded ('P') or followed ('Q') by Triple Antigen at the discretion of the doctor, with Smallpox vaccination either at about 4 months or a year.

With the introduction of a complete vaccination and immunisation record on the reverse of each birth card, health visitors can be advised of children who have not been protected and so facilitate their follow-up.

Vaccination against Smallpox.—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 early childhood. 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.

With the change in immunisation and vaccination procedure, introduced from 1st January, vaccination against Smallpox was, in 1960, being performed by County Council Medical Staff when a child was one year old. Consequently, in 1960, fewer children were vaccinated under one year of age than in previous years.

The table below gives particulars of persons of all ages who were vaccinated or re-vaccinated in this County during 1960:

Table 56: Persons Vaccinated or Re-vaccinated

	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 ..	100	88	204	199	39	39	10	10	353	336
	General Practitioners	1,771	1,734	222	214	56	53	143	140	2,192	2,141
	TOTAL ..	1,871	1,822	426	413	95	92	153	150	2,545	2,477
Re-Vaccinations	Medical Officers ..	—	—	1	1	102	102	161	160	264	263
	General Practitioners	3	3	20	13	64	51	374	346	461	413
	TOTAL ..	3	3	21	14	166	153	535	506	725	676

P = Performed

S = Successful

Reference to the table above shows that 1,822 infants were successfully vaccinated before attaining one year of age, and this represents approximately 37 per cent. of the 4,897 births registered in and applicable to this County during 1960. These two figures (1,822 and 4,897) are not strictly comparable, but their comparison is the only means of giving an estimate of the infant vaccination state during 1960.

Particulars are given in the table below of the distribution in the areas of Local Authorities within the County of all persons vaccinated or re-vaccinated during 1960.

Table 57: Primary Vaccinations and Re-Vaccinations performed

Area	Local Authority	Births 1960	Under 1 year		1—4 years		5—14 years		15 years and over		Total	
			P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	39	6	5	2	2	3	3	3	3	14	13
	Ellesmere Rural ..	110	45	45	9	9	23	22	19	18	96	94
	Wem Urban ..	36	45	44	17	14	12	8	9	9	83	75
	Wem Rural ..	192	81	80	22	18	10	8	14	14	127	120
	Whitchurch Urban ..	125	76	76	20	20	8	8	17	16	121	120
North-East Combined Districts	Dawley Urban ..	179	70	67	10	10	3	2	17	16	100	95
	Market Drayton Urban ..	102	46	43	15	15	3	3	6	6	70	67
	Drayton Rural ..	212	98	96	20	18	3	3	4	4	125	121
	Newport Urban ..	69	44	44	8	7	4	4	17	17	73	72
	Oakengates Urban ..	172	115	114	12	12	5	5	12	9	144	140
	Shifnal Rural ..	235	138	133	20	18	19	17	26	22	203	190
	Wellington Urban ..	248	45	42	9	8	3	3	22	19	79	72
	Wellington Rural ..	460	109	103	23	22	6	6	18	17	156	148
South-West Combined Districts	Atcham Rural ..	372	147	146	30	30	11	11	36	32	224	219
	Bishop's Castle Borough ..	14	40	39	3	3	—	—	3	3	46	45
	Church Stretton Urban ..	37	37	37	2	2	3	3	8	8	50	50
	Clun Rural ..	135	40	40	5	5	1	1	5	5	51	51
—	Ludlow Borough ..	117	45	43	14	11	1	1	15	15	75	70
—	Ludlow Rural ..	179	107	103	22	21	7	5	26	25	162	154
—	Bridgnorth Borough ..	144	18	18	23	23	2	2	10	8	53	51
—	Bridgnorth Rural ..	213	55	55	23	23	4	4	21	21	103	103
—	Wenlock Borough ..	231	71	68	40	39	9	8	19	17	139	132
—	Oswestry Borough ..	183	88	83	7	7	1	1	44	43	140	134
—	Oswestry Rural ..	307	127	124	14	14	100	100	209	207	450	445
—	Shrewsbury Borough ..	786	181	177	77	76	20	17	108	102	386	372
	TOTAL ..	4,897	1,874	1,825	447	427	261	245	688	656	3,270	3,153

Diphtheria.—No case of Diphtheria has been notified in this County in the last 8 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 58: Notifications of, and Deaths from, Diphtheria

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Notifications ..	237	121	53	25	7	10	17	1	5	2	—	1	—	—	—	—	—	—	—	—
Deaths ..	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.

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 1960, with the corresponding figures for 1959; and the table on page 46 shows the distribution of these children in the areas of the various Sanitary Districts according to their places of residence.

Table 59: Children Immunised against Diphtheria

Immunised by	Primary Immunisations						Re-inforcing Injections	
	Under 5 years		5—14 years		Total			
	1959	1960	1959	1960	1959	1960	1959	1960
Medical Officers ..	1,151	1,501	114	436	1,265	1,937	1,223	3,261
General Practitioners ..	2,154	2,760	116	248	2,270	3,008	607	1,725
TOTAL ..	3,305	4,261	230	684	3,535	4,945	1,830	4,986

In this County, 3,048 children were immunised during 1960 when under one year of age and 1,228 of these children were born in that year. If the optimum age for completion of immunisation against Diphtheria is accepted as 8 months, only one-third of the children born during 1960 would reach the age for immunisation and this figure of 1,228 represents 75 per cent of those eligible. This is the percentage regarded by the Ministry of Health as essential for effective control of this disease. The attainment of this target is a worthy achievement and all concerned are to be congratulated, with the hope that their future efforts will continue to maintain if not improve this level of immunity.

Generally, the numbers of children receiving primary immunisation and re-inforcing injections increased in 1960 by 1,410 (40 per cent) and 3,156 (172 per cent) respectively over the previous year.

The tables below show 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 years 1946 to 1960; and the distribution of children immunised during 1960 according to the Local Authority areas in which they reside.

Table 60: Immunisation in relation to Child Population

	Age Groups and Year of Birth				Total
	Under 1 year (1960)	1 to 4 years (1959—1956)	5 to 9 years (1955—1951)	10 to 14 years (1950—1946)	
Immunised in:					
(i) 1956 to 1960	1,228	11,705	10,220	6,557	28,482
(ii) 1955 or earlier	—	—	6,229	14,946	21,175
Estimated mid-year (1960) child population	4,650	18,050	48,700		71,400
Immunity index	26.4%	64.85%	(a) 34.45% (b) 77.9%		(a) 39.89% (b) 69.56%

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

(b) Percentage of children immunised since 1946.

Table 61: Children Immunised against Diphtheria in the various County Districts

Area	Local Authority	Births 1960	Primary Immunisations				Re-inforcing
			Under 1 year	1—4 years	5—14 years	Total 0—14 years	
North-West Combined Districts	Ellesmere Urban ..	39	45	20	10	75	66
	Ellesmere Rural ..	110	81	37	42	160	209
	Wem Urban ..	36	46	11	9	66	81
	Wem Rural ..	192	132	52	36	220	247
	Whitchurch Urban ..	125	67	23	13	103	168
North-East Combined Districts	Dawley Urban ..	179	124	50	40	214	264
	Market Drayton Urban ..	102	60	47	26	133	186
	Drayton Rural ..	212	117	61	13	191	117
	Newport Urban ..	69	47	30	7	84	115
	Oakengates Urban ..	172	133	34	50	217	383
	Shifnal Rural ..	235	171	32	15	218	87
	Wellington Urban ..	248	108	80	42	230	234
	Wellington Rural ..	460	265	113	65	443	506
South-West Combined Districts	Atcham Rural ..	372	195	85	31	311	234
	Bishop's Castle Borough ..	14	18	2	—	20	15
	Church Stretton Urban ..	37	25	9	3	37	19
	Clun Rural ..	135	62	30	10	102	72
—	Ludlow Borough ..	117	78	27	9	114	64
—	Ludlow Rural ..	179	123	46	12	181	228
—	Bridgnorth Borough ..	144	79	27	4	110	73
—	Bridgnorth Rural ..	213	156	35	23	214	97
—	Wenlock Borough ..	231	163	56	30	249	128
—	Oswestry Borough ..	183	94	54	24	172	72
—	Oswestry Rural ..	307	149	53	49	251	236
—	Shrewsbury Borough ..	786	510	199	121	830	1,085
TOTAL ..		4,897	3,048	1,213	684	4,945	4,986

Whooping Cough.—Notifications of cases of Whooping Cough received during 1960 numbered 241, 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 and parents have been encouraged to have children protected by immunisation at the early age of 2 or 3 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 twenty years, and of the children immunised against this disease during 1960 with corresponding figures for 1959:

Table 62: Notifications of, and Deaths from, Whooping Cough

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Notifications ..	986	351	705	609	483	591	465	1068	478	465	1308	678	934	950	871	332	868	345	178	241
Deaths ..	14	6	11	6	4	4	2	9	4	1	4	4	4	—	—	1	—	—	—	—

The 1956 death was of a baby of one month; the four deaths in 1953 were of children aged 3 months, 17 months, 23 months and 3 years respectively. We know the first was unvaccinated.

Table 63: Children Immunised against Whooping Cough

Immunised by	0—4 years		5—14 years		Total	
	1959	1960	1959	1960	1959	1960
Medical Officers ..	1,241	1,520	10	22	1,251	1,542
General Practitioners ..	2,112	2,691	46	140	2,158	2,831
TOTAL ..	3,353	4,211	56	162	3,409	4,373

Table 64 shows the distribution in the areas of Local Authorities of children immunised against Whooping Cough in 1960. Children immunised when under one year of age totalled 3,404, or 69 per cent of those born in 1960.

Table 64: Children Immunised in Sanitary Districts

Area	Local Authority	Births 1960	Under 1 year	1—4 years	5—14 years	Total
North-West Combined Districts	Ellesmere Urban	39	46	11	3	60
	Ellesmere Rural	110	85	24	4	113
	Wem Urban	36	47	8	9	64
	Wem Rural	192	144	43	19	206
	Whitchurch Urban	125	57	13	3	73
North-East Combined Districts	Dawley Urban	179	138	50	22	210
	Market Drayton Urban	102	82	14	—	96
	Drayton Rural	212	148	30	1	179
	Newport Urban	69	53	8	2	63
	Oakengates Urban	172	141	24	19	184
	Shifnal Rural	235	197	24	8	229
	Wellington Urban	248	151	103	3	257
	Wellington Rural	460	267	88	17	372
South-West Combined Districts	Atcham Rural	372	213	57	4	274
	Bishop's Castle Borough	14	19	1	—	20
	Church Stretton Urban	37	26	2	1	29
	Clun Rural	135	82	17	3	102
—	Ludlow Borough	117	78	14	2	94
—	Ludlow Rural	179	155	24	4	183
—	Bridgnorth Borough	144	93	15	3	111
—	Bridgnorth Rural	213	181	27	9	217
—	Wenlock Borough	231	179	30	4	213
—	Oswestry Borough	183	103	46	7	156
—	Oswestry Rural	307	170	43	7	220
—	Shrewsbury Borough	786	549	92	7	648
	TOTAL	4,897	3,404	808	161	4,373

Twelve years of immunisation against Whooping Cough are only now showing effect upon the incidence of Whooping Cough in the County, cases notified in 1960 being slightly more than in 1959, which was the lowest ever, while mortality from this disease is now negligible. The following figures show the average numbers of notified cases and deaths over five-yearly periods since 1946; the one death in the last period, occurring in 1956, was that of an unvaccinated infant at the age of one month:

Table 65: Whooping Cough—Five-year Averages

	1946—50	1951—55	1956—60
CASES			
Total ..	3,067	4,741	1,964
Average ..	613.4	948.2	392.8
DEATHS			
Total ..	20	12	1
Average ..	4	2.4	0.2

The special enquiries begun in 1958 into all notified cases of Whooping Cough in an endeavour to ascertain the extent to which immunisation reduces the severity of attacks where complete protection against the disease has not been conferred by the vaccine, continued in respect of cases notified during 1959 and 1960. In each case the Health Visitor was asked to visit and obtain the following information:

- Date of birth;
- Whether to the Health Visitor's knowledge the child had been immunised against Whooping Cough; and
- Whether the attack was "mild", "moderate" or "severe."

In classifying the severity or otherwise of an attack the following factors were taken into account:

- Number and frequency of spasms;
- Frequency of vomiting;
- Number of coughing bouts, particularly during the night; and
- The duration of the illness.

Cases reported upon during the three years covered by this review numbered 725 of the 764 cases notified (the remaining 39 being accounted for by families leaving the district, illness being denied by parents, etc.) and comprised:

Age	1958	1959	1960
Under 1 year	31	15	25
Between 1 and 4 years	112	61	82
Between 5 and 15 years ..	182	84	122
Over 15 years	4	6	1
	329	166	230
	725		

Of these, 302 or 41.7 per cent were reported to have been immunised against Whooping Cough. Each case was checked against the Health Department records, but in only 127 (17.5 per cent of the total cases) was it possible to confirm that immunisation had in fact been performed.

In the light of information obtained during the first survey in 1958, a check was made of the 184 cases stated in 1959 and 1960 to have been immunised, but of which there was no record of a completed course.

Cases reported to have been immunised	184
Immunisation (complete course) confirmed	80
Immunisation incomplete (part course only)	2
Diphtheria Immunisation only	36
No record of any immunisation	66

My report for 1958 recorded that in a number of cases "single" immunisation procedures against other diseases, such as Diphtheria, seemed to have been taken as covering Whooping Cough and that there may well have been cases in which immunisation had been carried out, but no record submitted. Nothing further has, therefore, been brought to light to contradict these impressions.

In the three years covered by the survey, all anomalous reports have been excluded from the analyses below. Table 66 classifies, according to the severity of the attack, all the cases, immunised or unimmunised, for whom full information is available; it shows that 95 per cent of the "severe" cases and 88 per cent of the "moderate" cases were children who had not been immunised; and also that a "severe" attack was experienced in only 5 per cent of the immunised children as against 27 per cent of those not immunised.

Table 66: Degree of Attack

Degree of Attack	Immunised			Not Immunised			Total		GRAND TOTAL
	1958-59	1960	Total	1958-59	1960	Total	1958-59	1960	
Mild	48	36	84	69	48	117	117	84	201
Moderate	23	14	37	148	43	191	171	57	228
Severe	5	1	6	89	26	115	94	27	121
TOTAL	76	51	127	306	117	423	382	168	550

The 127 immunised cases reported upon during the three years are further analysed below according to the type of antigen used. In estimating the interval between immunisation and onset of the disease, the date of the former has been taken as that of the last injection of the course, or of the "booster" where this has been given.

Table 67: Antigens Used

Antigen	Mild		Moderate		Severe	
	Cases	Average Months to Onset	Cases	Average Months to Onset	Cases	Average Months to Onset
H. Pertussis ..	17	29.6	14	47.15	3	23.5
"Combined" ..	29	55.7	13	60.2	1	24.0
"Triple"	38	23.05	10	50.85	2	12.0

In last year's report emphasis was laid upon the small number of cases comprised in this survey and this consideration must be stressed when attempting any assessment of the value of a particular type of antigen, although, as was the case in the 1958 and 1959 parts of the series, the protection conferred by the Whooping Cough element in triple antigen still tends to show in a less favourable light than is the case with the other antigens.

The use of Combined and Triple Antigens is discussed more fully below. It will also be appreciated by practitioners how speculative such studies are. As one said to me, many cases of Whooping Cough are "practically undiagnosable nowadays", and many such possible cases are therefore not notified. This, however, is still an argument for the protection given by immunisation. Were such cases notified, the percentages quoted just before Table 66 would be improved in favour of immunisation.

Reactions to Whooping Cough antigen may be sharp and even occasionally serious. It is felt that a child should not be given Whooping Cough Antigen if it is febrile, if it is suspected of having a cold or otherwise being out of sorts, or if there is any history in the family of allergy such as eczema, or of convulsions of anomalous attacks which might be of nervous origin.

The very young infant at risk may gain indirect protection if older children in the household are protected by (previous) immunisation. An offer was made some years ago to receive into hospital the older sibling developing Whooping Cough in a household where a new baby was expected shortly and if alternative accommodation could not be found.

Tetanus.—The following table shows the numbers of children who received immunisation against this disease under the Council's scheme during 1960, with corresponding figures for 1959:

Table 68: Primary Immunisation against Tetanus

Immunised by	0—4 years		5—14 years		Total	
	1959	1960	1959	1960	1959	1960
Medical Officers ..	30	139	46	130	76	269
General Practitioners ..	1,031	1,941	179	224	1,210	2,165
TOTAL ..	1,061	2,080	225	354	1,286	2,434

It has long been agreed that routine protection against Tetanus should be given to all, and especially perhaps to children in rural counties. This should prevent deaths from casual infections and there were 25 deaths from Tetanus in England and Wales in 1959. In Shropshire, no case was reported in 1959 and only one in 1960.

Routine active immunisation with Tetanus Toxoid has been recommended because patients who sustain a wound likely to give rise to Tetanus and are treated with Antitoxin, may, especially if they have received it on some previous occasion, be subject to serum reaction, the dangers of which increase with repeated use of Antitoxin. Furthermore, the immunity conferred by Antitoxin is known to be short-lived and such injections, if repeated, may not ensure adequate protection. Active immunisation with Tetanus Toxoid will obviate these dangers and provide sufficient protection.

Arrangements have been made, in 1960, for particulars of every child receiving a course of injections against Tetanus from the Council's medical staff to be supplied to the family doctor in the form of a gummed slip for attaching to the child's medical records.

Use of Combined and Triple Antigens.—In 1956, the Medical Research Council stated that the use of combined antigens was more liable to "provoke paralytic poliomyelitis"; and the Local Medical Committee in June, 1957, agreed with me that we should forego its use. Though I promised to keep and have kept the subject constantly under review, and despite the fact that many individual practitioners, and many big Health Authorities continued to use it, I have not hitherto felt willing to resume its issue.

This for three reasons—the categorical advice of the Medical Research Council endorsed by the Ministry of Health and (after protests) by my own Association of County Medical Officers and the Shropshire Local Medical Committee, the fact that I did not want the County Council to be party to provoking even one case of paralytic poliomyelitis, and my inability to equate the giving of triple antigen doses at say three, four and five months with the advice of Paediatricians and Bacteriologists that Whooping Cough vaccine should be given in early infancy (at say two, three and four months of age) while Diphtheria antigens are more useful and effective if given later—say at nine and ten months. A fourth reason has been the fact which seems to have emerged from studies (admittedly on very small numbers) in my Department reported in my Reports for 1958, 1959 and this year, that the Whooping Cough element, given in a mixed vaccine, seemed substantially less effective as an antigen than when given singly.

Nevertheless, there is an increasing tendency on the part of practitioners to revert to the use of combined antigens obtained from other sources and this in some degree is undoubtedly one of the reasons for the increase in the numbers of persons immunised against Diphtheria, Whooping Cough and Tetanus in 1960, as will be seen from the figures below showing the proportions in which single and combined antigens were used:

Antigens	Diphtheria	Whooping Cough	Tetanus
	%	%	%
Single ..	57	52.5	19.5
Combined ..	4	3.5	1.5
Triple ..	39	44	79

It now seems that there may be a case for the re-introduction of the issue by the Health Department of Triple Antigen, for five years' work have brought about changes in the situation.

Vaccination against Poliomyelitis began in Shropshire in the early months of 1956 and has, for infants and children certainly, proved very acceptable to the public; so that pretty well every baby born is protected against Poliomyelitis. Again, we had in the years 1957—58 45 cases of Poliomyelitis with 6 deaths. In 1959 we had 4 paralytic cases and no deaths. In 1960 we have had no cases at all of Poliomyelitis in Shropshire. One must be careful not to assume this is a matter of "propter hoc", because there have been no cases in the unvaccinated who are such a big proportion of all adolescents and young adults. Nevertheless, it seems that either Poliomyelitis is less prevalent or dangerous, or that protection by vaccination is substantial, or both. If so, and if every baby can be protected by poliomyelitis vaccination first, it has long seemed attractive to resume the use of Triple Antigen after such protection has been given.

Hitherto this did not help at all to solve the problem of when to give Triple Antigen, on the assumption that to give it very early for Whooping Cough was too early for useful protection against Diphtheria, while to give it at say ten months, while useful for Diphtheria protection left the very young baby on whom Whooping Cough has a specially lethal effect (4 deaths in 1953) unprotected when most susceptible. It is not easy to afford protection to the very young baby at risk. Thus the only death from Whooping Cough recorded in Shropshire since 1954 was that of an infant one month old and of course unvaccinated.

However, in mid 1961 and shortly before I write this, a paper by one of the principal scientific authorities on these matters suggests that since the babies who catch Whooping Cough *usually do so from older children*, it may be as useful or better to prevent Whooping Cough among the older children, greatly increasing their resistance by systematic immunising in the later months of their first year. This would get over the "time" or "period" difficulty, and the giving of Poliomyelitis protection earlier, and combined vaccine to protect against Whooping Cough, Diphtheria and Tetanus later, in the first year might be for the greatest satisfaction of the greatest number and would still leave the young infant a degree of protection against Whooping Cough which might in practice be no less effective for being indirect.

It is no use (though it is understandable) for the British Medical Association delegates in their Annual Representative meeting at Sheffield in 1961 to grumble that advice about immunisation programmes keeps changing! Things are indeed always changing; one might quote the old tag that "Perfection is finality, and finality is death". That there is no such thing as finality is at once the feature and the frustration and the challenge of preventive Public Health work. Meanwhile we may take some consolation in the fact that we are not experiencing deaths from Poliomyelitis, nor Whooping Cough, nor Diphtheria, nor Tetanus, in Shropshire of recent years, so perhaps our methods have not been useless.

If the situation has not changed by the beginning of the fourth quarter of 1961 and if my Paediatric and other colleagues agree, I would feel inclined I think to try a policy of the exhibition of earlier poliomyelitis vaccine and later Triple Antigen which I feel so many would greatly welcome.

The above paragraphs were in print before the Ministry of Health Circular of September, 1961, suggested the use of Triple Antigens again, before ('P') or after ('Q') Poliomyelitis vaccination. It will be seen that I personally preferred 'Q' above.

Vaccination against Poliomyelitis.—Since February, 1960, facilities for vaccination against Poliomyelitis have been extended by the Minister of Health to include persons up to the age of forty years and also the following special classes:

Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.

Practising dental surgeons, etc.

Practising nurses not working in hospitals and their families.

Public Health staff who might come into contact with Poliomyelitis cases, and their families.

The response to vaccination amongst the younger groups, i.e., children up to the age of 15 years, has been exceptionally good, but in the older groups, particularly those to whom the scheme was last extended, the response has not been so good, only about 17 per cent of those in the 28—40 years age group having come forward for vaccination.

The experiment of holding evening sessions in Child Welfare Centres, which was started in October, 1958, continued during 1960, although the number of sessions held (135) was 65 less than in 1959. The average attendance per session was 179, compared with 178 in the previous year.

The following is a summary of attendances at evening clinics during 1960:

Table 69: Vaccinations performed at Evening Sessions

Injections	1—17 years (1943—1960)	18—27 years (1933—1942)	28—40 years (1920—1932)	Others	Total
First	383	1,168	5,559	238	7,348
Second	438	1,373	5,350	209	7,370
Third	1,354	4,938	2,662	494	9,448

Arrangements were also made for County Council Medical Officers to visit various industrial undertakings, etc., for vaccination purposes. Seventy-two such visits were made during the year and the injections given are summarised in the following table:

Table 70: Vaccinations performed at Industrial Undertakings

Injections	1—17 years (1943—1960)	18—27 years (1933—1942)	28—40 years (1920—1932)	Others	Total
First	34	458	1,307	61	1,860
Second	30	322	1,014	33	1,399
Third	13	392	197	12	614

During 1960, a total of 18,438 persons received the initial course of two injections and just over two-thirds were vaccinated by County Council medical staff, as will be seen from the table below:

Table 71: Cases completed with two injections in 1960

Vaccinated by	Under 1 year	1—4 years	5—17 years	18—27 years	28—40 years	Others	Total
Medical Officers ..	1,102	1,210	939	2,052	7,110	471	12,884
General Practitioners ..	914	779	417	720	2,351	373	5,554
TOTAL ..	2,016	1,989	1,356	2,772	9,461	844	18,438

Since the beginning of the vaccination programme in 1956, no less than 107,696 persons have been protected with two injections up to the end of 1960. The table below shows the numbers so protected annually by age groups:

Table 72: Cases completed with two injections since 1956

Age Groups	Vaccinated in					Total
	1956	1957	1958	1959	1960	
Born 1960—1943 ..	240	2,081	50,536	11,976	5,361	70,194
Born 1942—1933 ..	—	—	6,532	10,778	2,772	20,082
Born 1932—1920 ..	—	—	—	—	9,461	9,461
Others	—	—	3,521	3,594	844	7,959
TOTAL ..	240	2,081	60,589	26,348	18,438	107,696

Third, or “booster”, injections were given during the year to 22,574 persons, of whom about 70 per cent were dealt with by County Council medical staff. The tables below show the cases completed with three injections in 1960, and those from the previous year, by age groups.

Table 73: Cases completed with three injections in 1960

Vaccinated by	1—4 years	5—17 years	18—27 years	28—40 years	Others	Total
Medical Officers ..	2,776	3,162	5,779	3,214	892	15,823
General Practitioners ..	1,606	1,457	2,153	1,039	496	6,751
TOTAL ..	4,382	4,619	7,932	4,253	1,388	22,574

Table 74: Completed Cases in 1960 by County Districts

Area	Local Authority	1—4 years (1959—1956)	5—17 years (1955—1943)	18—27 years (1942—1933)	28—40 years (1932—1920)	Others	Total
North-West Combined Districts	Ellesmere Urban ..	48	49	67	34	13	211
	Ellesmere Rural ..	111	152	148	61	21	493
	Wem Urban ..	38	41	58	18	54	209
	Wem Rural ..	180	202	271	122	51	826
	Whitchurch Urban ..	78	114	128	102	27	449
North-East Combined Districts	Dawley Urban ..	189	108	234	174	48	753
	Market Drayton Urban ..	93	100	162	173	32	560
	Drayton Rural ..	125	114	260	155	22	676
	Newport Urban ..	56	66	192	58	14	386
	Oakengates Urban ..	193	146	395	198	88	1,020
	Shifnal Rural ..	219	231	320	112	73	955
	Wellington Urban ..	183	141	419	370	56	1,169
	Wellington Rural ..	384	449	826	359	98	2,116
South-West Combined Districts	Atcham Rural ..	303	388	643	275	94	1,703
	Bishop's Castle Borough ..	23	9	11	7	13	63
	Church Stretton Urban ..	28	33	52	25	18	156
	Clun Rural ..	113	103	219	67	39	541
—	Ludlow Borough ..	89	82	198	244	44	657
—	Ludlow Rural ..	224	203	451	157	63	1,098
—	Bridgnorth Borough ..	136	152	252	155	31	726
—	Bridgnorth Rural ..	239	262	397	135	29	1,062
—	Wenlock Borough ..	185	186	271	150	56	848
—	Oswestry Borough ..	175	264	252	126	77	894
—	Oswestry Rural ..	245	381	306	100	90	1,122
—	Shrewsbury Borough ..	725	643	1,400	876	237	3,881
	TOTAL ..	4,382	4,619	7,932	4,253	1,388	22,574

Table 75: Cases completed with three injections since 1959

Age Groups	Vaccinated in		Total
	1959	1960	
Born 1960—1943 ..	47,453	9,001	56,454
Born 1942—1933 ..	10,339	7,932	18,271
Born 1932—1920 ..	—	4,253	4,253
Others ..	2,680	1,388	4,068
TOTAL ..	60,472	22,574	83,046

Table 76 below shows the position with regard to other cases at the end of the year:

Table 76: Other Cases

	Children born 1960—1943	Young Persons born 1942—1933	Older Persons born 1932—1920	Others	Total
Awaiting first injection ..	1,430	57	261	27	1,775
Received one injection and awaiting second ..	269	161	276	37	743

Vaccination against Yellow Fever.—Travellers to certain countries in the East and in South America are required, as a condition of entry, to produce an International Certificate of Vaccination against Yellow Fever.

Facilities for such vaccination were, until 1st July, 1960, provided under Part II of the National Health Service Act, 1946, as part of the Hospital and Specialist Services at nineteen Regional Blood Transfusion Centres throughout the Country.

In Circular 19/59, the Ministry of Health informed Local Health Authorities that a type of freeze-dried vaccine had been developed suitable for storage in an ordinary refrigerator and asked whether Authorities would be prepared to provide this Service as part of their arrangements for the prevention of illness under Section 28 of the Act; the intention being to designate some forty Local Authority Centres for this purpose.

In the light of the geographic situation of Shrewsbury, in relation to existing vaccination centres at Birmingham and Liverpool and being the road and rail junction for Wales, the Health Committee agreed to provide this service and following confirmation by the Minister of Health the Council's proposals under Part III of the Act were amended accordingly.

From 1st July, 1960, therefore, the County Health Department has been a designated Yellow Fever Vaccination Centre where travellers are vaccinated by appointment and an International Certificate issued on payment of a fee of eleven shillings, irrespective of whether they reside in the County or elsewhere.

By the end of the year fifty-eight persons had been vaccinated against Yellow Fever at this Department.

Travellers and their family doctors are asked to take note that the accepted time for Yellow Fever immunisation is 3.0 o'clock in the afternoon of the first and third Mondays in the month. Attendance should preferably be preceded by appointment; in cases of emergency, an attempt will be made to provide the service at other times if notice is given, preferably by enquiry which is best made at about 9.15 a.m.

Immunisation Equipment—Central Syringe Sterilization Unit.—From 1945 onwards the yardstick for the preparation and sterilization of equipment for mass immunisation clinics has been the Medical Research Council's War Memorandum No. 15, which was reprinted in 1957.

Following experience of improved methods a Working Party was appointed by the Medical Research Council to consider the whole question of the sterilization and servicing of syringes and needles with a view to producing a report which is intended to supersede the War Memorandum.

In February, 1960, the Working Party found it necessary to publish an interim memorandum which forecast that their report would emphasise two points, namely, that a separate sterile syringe and needle should be used for each injection given and that, in general, the safest syringes and needles are those produced by a well organised central syringe service.

The strongest possible emphasis was laid by the Working Party on the "separate syringe and needle for each injection" principle on the grounds that *all other procedures they had studied carried some risk of transferring infection.*

Since the inception of mass immunisation procedures necessitated by the introduction of vaccination against Poliomyelitis, the Health Department had been providing a separate sterile needle for each injection, but not separate syringes. In May, 1960, the Chief Fire Officer drew attention to the serious fire risk inherent in the use of inflammable solvents for cleaning immunisation equipment which, at that time, had of necessity to be undertaken in grossly overcrowded office rooms totally unsuited to the purpose.

After considering the implications of the most up-to-date information on the preparation and sterilization of syringes and needles and the accommodation needs of the Department, the Health Committee authorised the provision of a Central Syringe Service Unit and arrangements were also made to provide additional temporary office accommodation.

At the end of the year arrangements had been completed to provide the temporary building for the offices and the sterilizing unit, the aim of the Authority being to provide for the ratepayers services of the highest order and in accordance with principles acknowledged as best.

NOTE—This arrangement and Syringe Service, by singular good fortune, were just ready to start operations in April, 1961, when the Ministry of Health announced that fourth doses of Poliomyelitis vaccine were to be given to all children of 5 to 11 years inclusive and preferably by the end of the Summer term. This undertaking proved a challenge to those responsible. The Service had been designed to produce up to 300 units per day, each "unit" being a dry, sterile, assembled syringe with fitted needle and a sterile swab, in a sealed metal container. Between 8th May and 25th July, 1961, nearly 18,000 children were given their fourth doses at Schools. For this purpose, and for Poliomyelitis vaccination day and evening sessions at Welfare Centres, the Syringe Service produced in that period 36,358 units, an average of 522 units a day, and with a maximum production on 8th June, 1961, of 1,296 units.

The Council were good enough to give public acknowledgment to this effort at their meeting on 15th July, 1961, by passing a resolution expressing their grateful thanks for the efforts of those concerned in the success of the anti-poliomyelitis vaccination measures and for the magnitude of the task they had undertaken in such a short time and despite trying conditions.

In the four months from May to August, the Service produced for general immunisation procedures, Yellow Fever and B.C.G. Vaccination, Mantoux and Blood testing, a total of 37,338 units, at an average of 415 per working day.

While this story belongs, of course, to 1961, it will interest those who are concerned with syringe services to know that the assessed cost of the first four months' running has been £1,085, equivalent to 6.96d. per unit, with a breakage rate of 0.4 per cent, as compared with the Nuffield Trust Report "target" of 1.3 to 1.5 per cent for breakages. The estimated cost of disposable units is 6d. for a 2 m.l. and 9d. for a 10 m.l. sterile unit and to this figure might be added the costs of packing, transporting and disposal. It has not usually been believed that the disposable units are as reliable or satisfactory. Moreover, our assessed costs include a figure of £360 for overtime worked by additional staff, due to the urgent task imposed, and also one major breakage incident, but for which our low breakage rate would have been infinitesimal.

AMBULANCE SERVICE

Report of the County Ambulance Officer

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

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

Operation.—The Service throughout the County is operated from a Central Control at Ambulance Service Headquarters in Shrewsbury (Telephone No. Shrewsbury 6331) to which all enquiries should be made, and which is manned throughout the twenty-four hours so that effective action can be taken at any time, vehicles being despatched as most convenient from the main central station at Shrewsbury or from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle.

Despite much national as well as local publicity it is still not uncommon for callers using the emergency 999 system to give incomplete or incorrect information and replace their receiver before they can be questioned. The Telephone Exchange staff are very helpful but even they cannot solve some of the problems so posed, and it behoves everyone when calling an emergency service to give their message carefully and unhurriedly, because time so used is never wasted.

Radio-Telephony.—Two-way radio-telephone equipment has been installed in 32 vehicles, with a main transmitter at Abdon Burf (height 1,795 feet), the highest point of the Brown Clee Hill, and a reserve transmitter situated at Lyth Hill (height 560 feet) on ground made available by the Atcham Rural District Council.

Rail Transport.—Every effort is made to use this means of transport whenever possible, as it is not only more economical but often more suitable than travel by ambulance; recumbent patients remain on the same stretcher throughout the journey, transport from bed to station on entrainment and from train to final destination being undertaken by the Ambulance Service of the Local Health Authority for the area concerned.

Co-operation with other Services.—Direct telephone lines exist between the Police and Ambulance Service control rooms, and a similar line links up with the Royal Salop Infirmary. A scheme prepared by the Chief Constable in consultation with the Hospitals and the Ambulance Service ensures the co-ordination of their various activities in the event of any major disaster.

In June, 1960, at the request and for the benefit of the Orthopaedic Hospital at Gobowen an exercise was held involving the Hospital, the Police, and the Ambulance Service.

It is hoped to stage somewhat similar exercises from time to time to help to ensure that all services are kept up to date and practical and that any necessary amendment to the "Major Disasters" Scheme in the light of experience thus gained can be made.

Accidents.—As was stated last year, although accident cases represent only a small percentage of the patients carried in Salop (*vide* Table 81), the severity of the injuries caused by high speeds on the road and high speed and complicated machinery elsewhere necessitates speedy transport to Hospital if death or total incapacity of the victim is to be avoided.

Nationally the medical profession is becoming increasingly alive to the special problem of accident surgery and the importance of the Ambulance Service in the chain of treatment, and the County Medical Officer of Health and County Ambulance Officer represent their various respective professional Associations on a Committee set up in the Midland Region to investigate and recommend upon the extension of some suitable advanced training for ambulance personnel.

Arrangements with other Ambulance Authorities and the National Coal Board.—The reciprocal arrangements in operation in border areas have continued to work well.

The National Health Service (Amendment) Act, 1957, enables 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. 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 the Ambulance Service establishment cannot be increased to meet these extraneous needs.

Education Committee.—Transport is provided when required, and when within the capacity of the Ambulance Service to give it, for the conveyance of children requiring speech therapy or other special educational treatment, the cost of such transport being reimbursed in accordance with the terms of the Education Act, 1944.

Staff.—Although previously there have been two retirements as a result of ill health, this year saw the first retirement as a result of age, a reminder that the Service is now becoming long established, twelve years having elapsed since the "appointed day". Whilst in themselves medals are of little moment, the advent of long service medals for Civil Defence volunteers does encourage the hope that the members of a service which over the Country as a whole carries a total of 16,764,189 patients and travels 106,021,572 miles a year may also in due time be similarly rewarded for work which is occasionally exacting, but almost invariably well done.

Training.—For the first time since the inception of the National Competition for Ambulance Services, Shropshire did not enter a team. Nationally, however, there was an increase in the number of teams competing and it is hoped to take part in 1961.

Civil Defence.—Little prominence has been given in this report during the past few years to this quite important side of our activities, and perhaps this should be remedied.

In the event of war the Ambulance Service will be expanded to form the Ambulance and First Aid Party Section of the Civil Defence Corps. Under an amended arrangement announced during the year, this Section will now be organised into columns, each consisting of an Ambulance Company and a First Aid Company with staff cars and motor cycle dispatch riders, one hundred vehicles in a complete column. The war duty establishment for this section of the Shropshire Division of the Civil Defence Corps is three columns, with a personnel establishment of over one thousand persons. Recruitment at present lags very far behind this figure.

The Ministry of Health are purchasing centrally for training purposes a number of simple ambulances with standard Civil Defence stretcher gear and supplying them to Civil Defence Corps Authorities on loan. The first to reach Shropshire was received late in December, 1960, but when this is followed as is hoped by one or two more, the old and heavy ambulances transferred from the County Ambulance Service can be disposed of without regret.

Training, which is the responsibility of the County Ambulance Officer assisted by the officers and instructors of the Service, both whole and part-time, is mainly carried out at nights and weekends and occupies the time of those principally concerned to a greater extent than may be generally realised.

On the administrative side, a successful one-day Study of Civil Defence Operations was organised at Ambulance Service Headquarters for the Ambulance Officers of the Midland Region and my thanks are due to the members of the staff who assisted for their efficient and willing efforts.

County Council owned Health Service Cars.—The Ambulance Service central administration is responsible for the Council's motor cars used by District Nurses, Midwives and Health Visitors. At 31st December, 1960, such nursing service cars numbered 80.

Ministry of Health Costing Return.—Every year the Ministry of Health issue a return of the cost during that year of the ambulance services provided by Local Health Authorities under the National Health Service Act, 1946.

It is gratifying to record that for the year ended 31st March, 1960, the cost per vehicle mile of the Salop Ambulance Service (1/8d.) compared very favourably with the average of 2/4d. for the less urbanised counties, and the national average of 3/2d. Safety and adequacy of the Service should, however, outweigh too stringent economic considerations.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1960, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,

County Ambulance Officer.

Table 77 : Establishment of Ambulance Service Vehicles

Ambulance Station	At 31st December							
	Ambulances		Dual-purpose Vehicles		Sitting-case Cars		Total Vehicles	
	1959	1960	1959	1960	1959	1960	1959	1960
Shrewsbury	14	13	1	—	6	5	21	18
Oswestry	4	4	1	1	1	1	6	6
Whitchurch	3	3	—	—	—	—	3	3
Market Drayton	—	—	1	1	—	—	1	1
Donnington and Shifnal	2	1	4	5	—	1	6	7
Wenlock	1	—	—	1	—	—	1	1
Bridgnorth	2	2	—	—	—	—	2	2
Ludlow and Craven Arms	3	3	3	3	—	—	6	6
Bishop's Castle	1	1	—	—	—	—	1	1
TOTAL	30	27	10	11	7	7	47	45

(NOTE.—At the end of 1960 there were 4 ambulances retained additional to establishment for Civil Defence training purposes, the same as at the end of 1959).

Table 78: 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			Drivers	Attendants	Total
	M.	F.	M.	M.	F.	M.	M.	F.	Total			
1959	38	5	8½	2½	6½	46½	2½	11½	60½	47	29	76
1960	41	5	9	3	6½	50	3	11½	64½	47	29	76

Table 79: Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1959					31st December, 1960				
	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	24	5	1	—	4	26	5	1	—	—
Oswestry	6	—	2	2	7	6	—	2	6	—
Whitchurch	1	—	4	1	1	1	—	3	1	—
Market Drayton	—	—	3	—	—	—	—	3	—	—
Donnington and Shifnal	5	—	1	—	5	6	—	1	—	—
Wenlock	—	—	1	4	—	—	—	1	4	—
Bridgnorth	2	—	1	1	2	2	—	1	1	—
Ludlow and Craven Arms	—	—	8	4	12	—	—	8	3	—
Bishop's Castle	—	—	2	1	1	—	—	2	1	—
TOTAL ..	38	5	23	13	33	41	5	22	16	2

Table 80: 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	971,103
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
1958	58,951	692,059	14,526	252,725	1,745	39,550	75,222	984,334
1959	68,352	792,449	12,601	217,732	2,219	48,132	83,172	1,058,313
1960	78,899	845,703	13,708	215,323	2,556	61,619	95,163	1,122,645

*from 5th July

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

Table 81: Categories of Patients Conveyed

Maternity	1,187
Mental	199
Accident	1,804
Infectious	382
General	91,591
TOTAL ..	95,163

Table 82: Work performed by Ambulance Stations

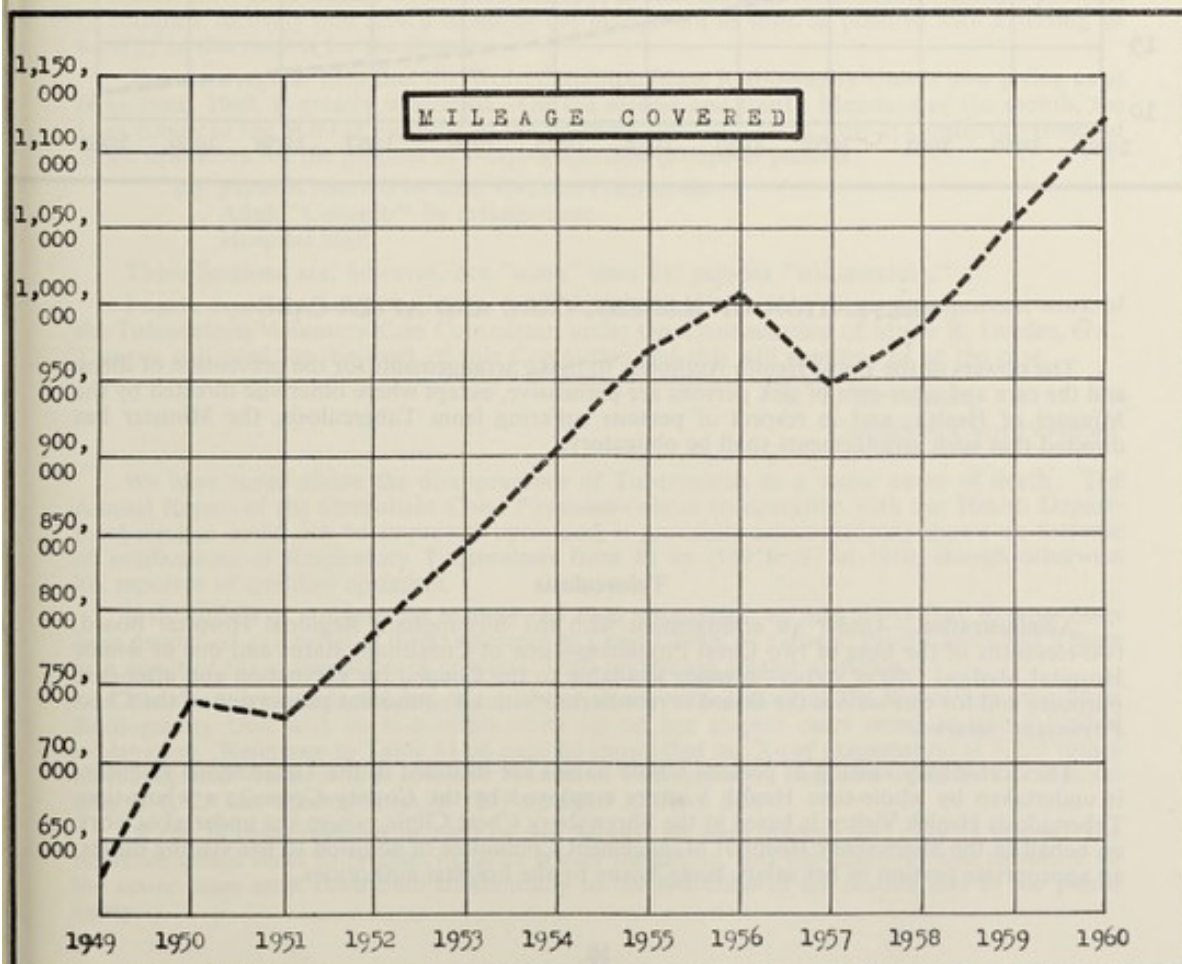
Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1960 (in terms of whole-time personnel)
Shrewsbury	14,838	34,573	411,910	32.56
Oswestry	2,648	15,547	141,969	7.92
Whitchurch	1,380	4,845	62,828	3.01
Market Drayton ..	469	2,552	30,101	1.62
Donnington	3,127	16,205	163,077	8.31
Shifnal	828	2,968	31,787	1.53
Wenlock	557	1,754	17,259	0.71
Bridgnorth	1,178	4,392	50,447	2.69
Ludlow and Craven Arms	3,547	9,411	146,125	5.89
Bishop's Castle ..	114	360	5,523	0.18
TOTAL ..	28,686	92,607	1,061,026	64.42

Table 83: 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	787,717	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
1958	75,222	984,334	13.1
1959	83,172	1,058,313	12.7
1960	95,163	1,122,645	11.8

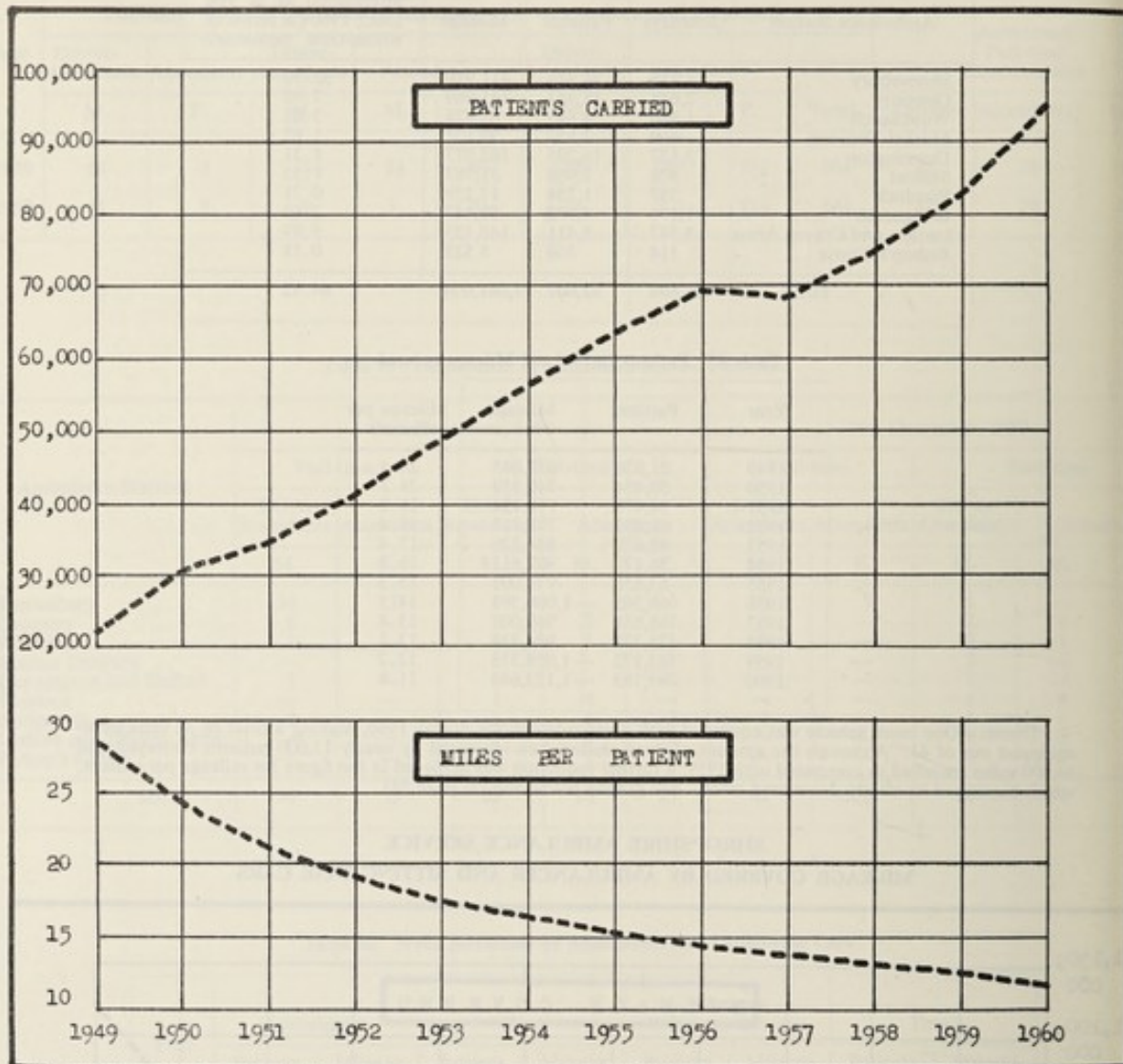
(NOTE.—One more vehicle was equipped with a radio-telephone during 1960, making a total of 32 vehicles so equipped out of 45. Although the amount of work undertaken increased by nearly 12,000 patients conveyed and 64,000 miles travelled as compared with 1959, a further reduction was achieved in the figure for mileage per patient, which continued its steady downward trend. See graphs below and on page 58).

SHROPSHIRE AMBULANCE SERVICE MILEAGE COVERED BY AMBULANCES AND SITTING-CASE CARS



SHROPSHIRE AMBULANCE SERVICE :

PATIENTS



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 whole-time Health Visitors employed by the County Council; a whole-time Tuberculosis Health 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 in 1959).

During the year 97 (81) persons were notified as having Respiratory Tuberculosis. Of these:

- 40 (30) were diagnosed as a result of direct reference to Chest Clinics by General Practitioners.
- 14 (14) were initially discovered by Mass Radiography Units. Of these two were x-rayed following being found to be positive tuberculin reactors. One was a "contact" of a twelve year old positive tuberculin reactor.
- 16 (11) were diagnosed as a result of examination of "contacts".
- 21 (20) were initially discovered at general or special hospitals.
- 2 had been previously under Chest Clinic "observation".
- 1 was transferred from the Non-Respiratory Tuberculosis Register.
- 1 was on the Hospital Staff.
- 2 were notified after death.

This total emphasises the fact that the impending closure of Shirlett Sanatorium must not be regarded as indicating that we have yet achieved the eradication of tuberculosis in Shropshire.

However, it is gratifying that the lowered incidence of tuberculosis in recent years and the success of modern anti-tuberculous treatment, which has shortened the period of necessary in-patient treatment and reduced the liability to relapse, have so reduced the need for in-patient beds that this closure is possible.

It has been arranged that such of our patients who cannot then be accommodated in our remaining forty beds, of which twenty are at Cross Houses Hospital and twenty at the Wrekin Hospital, will be able to be admitted to the Cheshire Joint Sanatorium at Loggerheads, near Market Drayton, only just outside our County boundary. By the kindness of Dr. A. Clark Penman, Medical Superintendent of the Cheshire Joint Sanatorium, excellent liaison is to be maintained between the Chest Physicians here and those at the Cheshire Joint Sanatorium. It is intended as far as possible that one of our Chest Physicians shall normally visit the Cheshire Joint Sanatorium once a week in order to take an active interest in those of our patients under investigation and treatment there.

I wish to take this opportunity of expressing my sincere thanks to all those who have taken part in the great work that has been done at Shirlett Sanatorium for tuberculous persons in Shropshire throughout its existence.

That period has seen dramatic changes as regards tuberculosis, especially in treatment and the resulting greatly improved prognosis. Indeed the whole attitude towards tuberculosis has been revolutionised. Tuberculosis is now an illness, infectious truly, or at least potentially so, firstly to be diagnosed as early as possible and, so far as attainable, before it has become infectious to others, then to be treated by modern therapy, so that the individual affected has the prospect of complete recovery and return to his or her occupation as soon as possible with a feeling of security in this respect for the future.

The extra regular help that the Wolverhampton Mass Radiography Unit is now giving us as from June, 1960, is greatly welcomed. On the second and fourth Mondays of the month, the Unit comes to the Wrekin Hospital in the morning and the Chest Clinic at Copthorne Hospital in the afternoon for the purpose of x-raying specified groups of persons:

- e.g. Persons referred by their General Practitioner.
- Adult "Contacts" by arrangement.
- Hospital Staff.

These Sessions are, however, not "open" ones for persons "volunteering."

I again express my sincere thanks to all those who take part in the most important work of the Tuberculosis Voluntary Care Committee, under the Chairmanship of Major R. Deedes, G.C. There is still need for the work of this Committee and this will continue to be the case.

A. T. M. MYRES,
Consultant Chest Physician.

We have noted above the disappearance of Tuberculosis as a major cause of death. The Annual Report of the Consultant Chest Physician (whose co-operation with our Health Department services could not be improved upon and is gratefully acknowledged) shows an increase of notifications of Respiratory Tuberculosis from 81 in 1959 to 97 in 1960, though otherwise his report is of qualified optimism.

If the details of notifications in 1959 and 1960 are studied, we find above that 10 more cases were diagnosed as a result of direct reference to Chest Clinics by General Practitioners and 5 more as a result of the examination of contacts: both evidencing greater vigilance.

His allusion towards the end of his report to the valued work of the Wolverhampton Mass Radiography Unit with its bi-monthly visits for ad hoc suspect cases seems to afford further explanation. Reference to Table 84 on page 60 shows that the X-ray examination of 8,253 rather more "selected" cases in 1960 revealed 79 cases of Tuberculosis. The same unit's X-ray examination of 6,325 less selected cases in 1959 revealed 39 cases only.

Of the 79 cases revealed in 1960 by this Service, 68 were inactive and only 11 active. The inference would seem to be that vigilance is ever increasing, and the discovery and treatment of the active cases must contribute substantially to the reduction of the disease and to the public safety.

Mass Miniature Radiography.—Visits to this County for the purposes of public, industrial and school surveys were made during 1960 by the Mass Miniature Radiography Units from Wolverhampton and Stoke-on-Trent; and the following results of these surveys have been supplied through the courtesy of Dr. J. T. Hutchison and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively:

Table 84: Mass Radiography results—Wolverhampton Unit

Source	Persons X-rayed			Tuberculosis revealed			Non-tuberculous abnormalities		
	M	F	Total	Active	Inactive	Total	Carcinoma	Others	Total
Factories and Mines ..	4,285	1,221	5,506	8	36	44	2	87	89
Schools	153	205	358	—	6	6	—	1	1
Public Surveys	308	342	650	1	2	3	1	17	18
Wrekin Hospital (G.P. referrals)	354	339	693	1	14	15	2	18	20
Copthorne Hospital (G.P. referrals)	481	565	1,047	1	10	11	1	15	16
TOTAL ..	5,581	2,672	8,253	11	68	79	6	138	144

Table 85: Mass Radiography results—Stoke-on-Trent Unit

Location	Persons X-rayed			Cases of active or clinically significant Tuberculosis
	Males	Females	Total	
Ellesmere	356	278	634	1
Market Drayton	84	72	156	1
Oswestry	178	416	594	1
Shawbury	911	86	997	—
Whitchurch	493	485	978	4
Wem	211	216	427	—
TOTAL ..	2,233	1,553	3,786	7

(Note.—A considerable number of non-tuberculous abnormalities was discovered, including three cases of carcinoma of the lung).

The 18 cases of active or clinically significant Tuberculosis discovered in the 12,039 persons investigated gives a rate of 1.49 cases per 1,000, which seems a very low figure when one considers that a substantial proportion of those investigated—perhaps one-sixth or possibly more—were sent because they were suspect.

Positive Reactors.—All positive reactors discovered during school testing and their home and school contacts were X-rayed by either the Stoke-on-Trent or Wolverhampton Radiography Units and the following table summarises the results of these investigations, which are already included in Tables 84 and 85 above.

	Pupils	Home contacts	Staff
Cases investigated	1,562	771	215
Recalled for large film examination	19	13	3
Cases of Tuberculosis discovered:			
Respiratory	—	2	—
Non-respiratory	—	—	—

The two cases of Respiratory Tuberculosis discovered represent a rate of 2.6 per 1,000 home contacts investigated and 0.78 for all cases.

All positive reactors to the Mantoux test *showing a large reading* (20 m.m. or more) have an *early large film* X-ray by the Mass Radiography Unit which visits the Shrewsbury and Wellington Chest Clinics twice monthly.

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home Helps and during 1960 assistance was provided through the Council's Domestic Help Service in 15 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (*vide* page 71).

During 1960, it was decided to offer B.C.G. vaccination to Home Helps attending, or willing to attend, tuberculous cases. Forty-four applied for vaccination and were skin-tested; four were negative reactors and were vaccinated. On the advice of the Consultant Chest Physician the remaining forty positive reactors, and those who had been vaccinated, will have a chest X-ray twice yearly.

Open-air Shelters.—The distribution on 31st December, 1960, of the 41 shelters owned by the County Council was as follows:

At patients' homes	40
In store	1

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—B.C.G. vaccination against Tuberculosis can be given to infants and other young contacts of tuberculous patients and to those who are at special risk by reason of their occupation.

During 1960, a total of 223 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 153 for the previous year.

Vaccination of School Children.—Vaccination is also given, with parental consent, to:

- school children in the year preceding their fourteenth birthday;
- children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and
- whole school classes, which may include a few children under 13 years, for convenience.

The following are the particulars of schools visited for B.C.G. vaccination purposes during 1960, with the comparative figures for 1959:

Table 86: B.C.G. Vaccination in Schools

	Maintained and Grant-aided Schools		Independent Schools	
	1959	1960	1959	1960
Schools visited	69	67	16	29
Children tested	4,951	5,593	479	1,398
Reactors—positive	882	770	119	269
negative	3,841	4,544	360	1,117
Not read	228	279	—	12
Children vaccinated	3,705	4,484	356	1,105
Negative reactors not vaccinated	136	60	4	12

The acceptance rate for B.C.G. vaccination has always been high and for 1960 was 85 per cent.

In addition, special surveys were made at three schools where children had been in contact with a known case of Tuberculosis:

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>	<i>Not Read</i>	<i>Negative Reactors Vaccinated</i>
Children (all ages)	566	137	407	22	138*
Staff	70	58	11	1	2*

*Those vaccinated were children and two teachers at two schools. The remaining negative reactors were either pupils under 13 years and therefore too young for vaccination or adults whose tests were not completed. All children will be retested and vaccinated where necessary.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1960 was as indicated below, with comparative figures for the previous year:

Table 87: Tuberculosis Registers

	1959		1960	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January	1,486	319	1,468	316
ADDED : New cases	81	18	97	32
Transfers in	42	2	40	2
Restored to register	6	2	7	—
REMOVED : Cured	54	16	63	17
Non-tuberculous	1	—	2	2
Died (all causes)	30	2	21	—
Transfers out	53	5	44	8
Recorded in error	1	—	3	—
Lost sight of	8	2	4	2
Inter-register transfer	—	—	—	1
On register on 31st December	1,468	316	1,475	320

On 31st December, 1960, the 1,475 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors	1,084
Not requiring supervision	331
In hospitals and sanatoria, as listed below	55
In Shelton Hospital, having treatment apart from Tuberculosis	5
	1,475

Table 88: Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	3
Cross Houses Hospital	9
Shirlett Sanatorium	16
Wrekin Hospital	18
Royal Hospital, Wolverhampton	1
Monkmoor Hospital	5
East Hamlet Hospital	1
Llangwyfan	1
Copthorne Hospital	1
	55

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 1960 assistance was given in this way to 117 tuberculous cases.

Tuberculosis Care Committee.—Under the Chairmanship of Major R. Deedes, G.C., the Shropshire Central Tuberculosis Care Committee continues to render assistance to necessitous Tuberculous patients and their families, and during the year they gave help in a variety of ways to 96 cases on which £606 was spent. This compares with 80 cases and £591 in 1959.

This Committee, a voluntary organisation formed in 1956, derived its income during the year mainly from the sale of Christmas Greetings Seals. A Flag Day in Shrewsbury resulted in an income of £160. The Committee are greatly indebted to, and appreciative of, the generosity of the public towards their work.

Health Education

The following reports on Health Education, Accidents in the Home and Home Safety have been contributed by Mr. T. R. Blythe, Lay Administrative Officer, and Mr. H. Harris, Health Education Clerk.

Health Propaganda.—The Health Department continue their activities in health education and to expand their visual aids facilities. Lectures and talks have been given in Child Welfare Centres, in Schools, and to outside and voluntary organisations, either as part of the normal routine or in response to special invitations, by Medical Officers, Dental Officers, Health Visiting, Nursing and lay staff.

Education that is designed to improve standards of health must begin at the top levels of intelligence and filter downwards. It is necessarily a slow process. When ultimately successful it results in a general realization that the maintenance of health calls for both positive and negative action and that good and hygienic personal habits and practices are desirable in the public interest, as well as that of the individual.

The welfare centres are the foci of local health teaching. The bases of County Council doctors, health visitors and nurses, they are visited by mothers and young children and are our own local offices or agencies. Although not used by all the population, nor even by all the mothers of the area, they still serve as points for the display of posters, distribution of leaflets, and setting up of displays, as well as a potential meeting place for allied activities, mothers' and other clubs and associations. In turn these last provide audiences interested in health matters who, with members and friends, can very considerably widen the effective scope of the normal Clinic or Centre.

At routine school medical inspections medical officers and health visitors give short talks on health subjects, especially on themes suggested by local conditions. It is becoming usual for special talks and demonstrations to be given in schools at the request of head teachers by members of the Department's staff.

So far as outside organisations are concerned we are always prepared to supply speakers on health topics in response to requests addressed either to the Health Department direct or to individual members of the staff. Demand for home safety demonstrations continues, as well as for other subjects, notably the Social Services, Smoking and Lung Cancer, Child Care and Management, Vaccination and Immunisation, general health matters such as "Care of the Feet", Home Nursing and First Aid, Mothercraft, and the work of a public health doctor, health visitor, and nurse-midwife. These talks are undertaken in and outside the sphere of the Child Welfare Centre and its allied organisations of the "Mothers' Clubs," and while the requests may be due to some kind of personal link between the centre and some members of the public health service this is not

invariably the case. The age-groups of the audiences range from 13 to 70 years and the organisations themselves include Young Wives' Groups, Girls' and Youth Clubs, Y.M.C.A., Mothers' Unions, Girl Guides, British Red Cross Cadets, St. John Ambulance and Civil Defence Units, Rotary Clubs, Women's Institutes, and Old People's Clubs. Talks on one subject lead to requests for further talks on other themes, and frequently a talk under one heading, e.g. the work of a public health doctor or health visitor inspires questions on more diverse aspects of the health services, e.g. care of the aged, cancer, immunisation, the whole field of public health.

Visual Aids.—Talks were supported by 16 m.m. sound films, film strips, photographic slides, flannelgraphs (standard or specially-produced), posters, charts and leaflets.

Displays of models, cut-outs, photographs, posters, have been set up in Child Welfare Centres, and in the Department's Reception Hall, and have been loaned to nine local authorities. Sets were obtained from the Central Office of Information (on loan), the Central Council for Health Education and other sources, or adapted and devised by ourselves.

Themes included food hygiene, smoking and lung cancer, dental health, home safety, and display sets were shown in 22 Centres or other sites, making a total in all of over 150 showings for periods of up to one month at each point.

Opportunities for Health Education.—All of us in public health are perforce engaged in health education, which is the handmaid of preventive medicine. Not all of us are qualified specialists, practised public speakers, dedicated enthusiasts, visual aids practitioners or people on the platform, but we must be active (positively or negatively) in this field, both in and out of workaday hours. Our own specialised functions must colour our lives and influence those around us. The informal talk, advice proffered on consultation, the clinic session (and display background), the casual encounter, comment on a poster, leaflet or news item, personal trials undergone or shared, are all part of the pattern of acquiring and imparting knowledge and ideas fundamental to our health.

Recurring problems or the more urgent common needs are those which suggest set talks and demonstrations, stimulate general interest and make even the more retiring among us either embark on formal lecturing or call in others to do it for us. There is always scope for practised speakers. A new face or a different approach in our own individual areas is often valuable both to ourselves and our audiences.

Larger and smaller groups have each their own special place in health education, and relative success is not simply a matter of size. The large audience calls for and justifies the use of more elaborate demonstration material and equipment. It consists of a wider cross-section of the public and provides a stimulus to the smaller units which are combined within it, but it should be remembered that it is based on these smaller units and would be relatively ineffective without them. The smaller group has an inherently close-knit communion in which question, answer and discussion are natural modes of communication. Both in the larger and smaller groups some kind of break for refreshment provides opportunity for exchange of views and discussion of individual problems. Even a group of two can provide a safety-valve for one or both, but it will not have the scope of knowledge and range of experience of one of three or more. The larger the group, the greater are the possibilities of organisation—and the difficulties of meeting all needs.

Exhibitions and Displays.—The Health Department mount exhibits or stands in various districts and as opportunities arise. This year exhibits have been offered to other local authorities in addition to the displays which are normally set up in our Child Welfare Centres. The latter are mainly the work of health visitors in charge and are occasionally supplemented by exhibits circulated from the Central Department. There are, in the entrance hall of the latter, facilities for poster and triptych displays which are topical and changed from time to time. These are on view to visiting members of the public and of the outside staff, and are frequently studied in detail. Occasionally they have given rise to further enquiry or comment.

The Health Department's stand at the Old People's Festival in October, a three-day function organised annually by the Shropshire Old People's Welfare Committee, this year portrayed the State and Local Health and Welfare Services available and dealt with the special problems of advancing years—diet, nutrition, loneliness, occupation, safety at home and outside.

An innovation this year was the Dental Health Stand staged at the one-day Oswestry Agricultural Show in September, in conjunction with the Shropshire branch of the British Dental Association. The exhibit, which included the Mobile Dental Clinic, occupied a space of 20ft. by 12ft. in the Chamber of Commerce Tent and was divided into two parts—(1) Causes and Consequences of Dental Decay, (2) Prevention of Decay and formation of good dentition. The twin themes were illustrated by posters, captions, slogans, and set pieces devised in the Department. Supporting cases of models, showing normal development of the teeth and carious conditions, and electrically-operated Flashing and Quiz Panels were loaned by the General Dental Council. The Quiz Panel was exceptionally popular with the youngsters, and the success of the venture could be gauged by the numbers of children who brought their parents to the stand, even while dismantling was in progress after the show had closed.

A travelling Food Hygiene Exhibit of the Ministry of Health was allocated to this County for the first six months of the year. It consisted of 12 very large photographs (30ins. by 20ins.) and 20 large photographs (15ins. by 20ins.), mostly mounted on thick board, and portrayed food handlers and handwashing facilities in the Restaurant, Kitchen, Food Factory, Mobile Sales Unit, Cafeteria; Hygiene, Cleansing and Ventilation of Premises, Utensils and Equipment, in Butchers, Poulterers, Fishmongers, Bakers, Grocers, Cafes, Kitchens; Food Inspection and Sampling. The exhibit was packed in a travelling case and could be mounted on the display pegboards provided on loan by the County Health Department.

The exhibit was offered to the twenty-five local authorities in the County, initially for one week each, the County Health Department to provide transport where necessary from one authority to another. Eleven authorities accepted the offer, the remainder being unable to show it owing to lack of suitable display premises and sparse populations. Ultimately it was put on view for periods of from 11 to 17 days each in Ludlow, Church Stretton, Wem (including Shawbury and Prees), Shrewsbury, Dawley, Wellington and Newport.

Another Food Hygiene Exhibit of the Ministry of Health was secured for April, May and June. This consisted of material for three display panels (the latter supports to be provided locally) and circulated for three weeks each to Child Welfare Centres in Newport, Madeley, Market Drayton and Wellington.

In the first six months of the year six model exhibits were obtained on loan from the Crusader Insurance Co., and circulated to six Child Welfare Centres for one month in each. The exhibits were entitled: Accidental Poisoning, Clean Food, Childish Ailments, Baby Safety, Winter Health, Fire and Flameproof Material. The Centres involved were: Bridgnorth, Oswestry, Madeley, Whitchurch, Oakengates and Market Drayton.

In the last six months four similar exhibits were obtained from the same source, viz: Christmas Safety, Safe Toys, Falls, Home Hazards, and sent in rotation for one month each to Centres in Shrewsbury, Ludlow, Wellington and Newport.

For four months in the year (April, May, August and September), by courtesy of the Borough of Shrewsbury, the Health Department has the use of bill boards on two sites in the County town. Each site accommodates a total of eight double crown posters, upright and side by side. During April this space was devoted to publicity for Poliomyelitis Immunisation and in August support was given to Mental Health, this being Mental Health Year.

General.—In addition to supplying stock items, such as standard flannelgraphs, display cards and units, posters, charts and leaflets, Headquarters collects and circulates information concerning films or film strips to be hired or loaned, devise and prepare flannelgraphs and displays, and on occasion makes special notes available on loan.

It also distributes monthly 1,300 copies of the magazine "Better Health" to Mothers (via Centres) to Health Visitors, medical, nursing and lay staff, and to all schools in the County (except Infants and Nursery Schools).

Health Education Talks

The following tables give particulars of Health Education talks given during 1960 and have been compiled from information supplied by 10 Assistant County Medical Officers, 2 Dental Officers, 10 Health Visitors, 8 Nurses and the Lay Administrative Officer and extracted from headquarters records. Some of the subjects, e.g. Mothercraft and Personal Hygiene, were dealt with as a routine in Child Welfare Centres and Schools. Others, notably Smoking and Lung Cancer and Home Safety, are themes of general public interest and were specially arranged by request of the groups concerned. Table 89 is a summary of the talks and the persons delivering them and Table 90 gives further particulars of themes, groups, numbers in audience and areas involved.

Table 89: Health Education Talks (Summary)

Given by	Lecturers	Talks delivered			Illustrated by	
		Total	In Schools	Elsewhere	Demonstrations, flannelgraphs, posters, etc.	Films, slides, or strips
Assistant County Medical Officers ..	10	22	21	1	14	8
Dental Officers	2	6	2	4	2	5
Health Visitors	10	100	27	73	64	46
Nurses	8	11	—	11	6	5
Others	1	24	8	16	20	21
TOTAL ..	31	163	58	105	106	85

Table 90: Health Education Talks

Subjects	No. of Talks	Total Nos. in Audiences	No. and Types of Groups	Nos. of Occasions on which Aids Used					Nos. and Description of Speakers	Areas	Nos. of Talks
				Films	Film-strips and Slides	Flannel-graphs	Demonstrations	Posters and Leaflets			
Smoking and Lung Cancer	10	788	4 Schools, Modern 1 " Private 2 " Junior 2 " Grammar 1 Youth Club	7	2	2	—	—	5 Medical Officers 1 Health Visitor	Shrewsbury Wellington, Dawley, Trench Whitchurch Craven Arms	3 3 3 1
Home Safety	27	808	6 Schools 5 B.R.C.S. Cadets 2 Women's Institutes 3 Old People's Clubs 4 Women's Clubs 1 Nursing Students	22	—	17	10	1	1 Lay Administrative Officer 2 Health Visitors	Shrewsbury Whitchurch Wellington, Dawley Baschurch Albrighton Cound Ludlow Market Drayton Wistanswick	4 5 5 7 1 1 2 1 1
Personal and General Hygiene	13	492	8 Schools 1 " Private 1 " Special 2 Women's Clubs	3	2	—	—	3	2 Medical Officers 2 Health Visitors	Whitchurch Ludlow, Church Stretton, Craven Arms Donnington Petton	8 3 1 1
Care of the Aged	5	85	2 Women's Institutes 2 Women's Clubs 1 Rotary (Inner Wheel)	1	4	—	—	1	2 Health Visitors 3 Nurses	Bishop's Castle Clee Hill Ironbridge Whitchurch	2 1 1 1
First Aid in the Home	14	156	1 Mothers' Union 1 Round Table (Ladies' Circle) 1 B.R.C.S. Cadets Course	—	2	—	12	1	1 Health Visitor 2 Nurses	Ludlow Bridgnorth Bomere Heath	12 1 1
Home Nursing	7	58	1 Housewives—Civil Defence 1 B.R.C.S. Cadets Course	—	—	—	7	—	1 Health Visitor 1 Nurse	Upton Magna Newport	5 2
Mothercraft	62	700	3 Mothers' Clubs 3 Schools, Modern 2 Ante-Natal 2 First Aid Cadets 1 Teachers	7	11	—	44	—	6 Health Visitors 1 Nurse	Whitchurch Dawley Ludlow Wem Shrewsbury Oakengates	27 17 10 6 1 1
General—Child Development, Diet and Exercises, Nutrition	15	163	3 Mothers' Clubs	3	—	1	—	1	5 Medical Officers 4 Health Visitors	Newport Shifnal, Madeley, Dawley, Hadley, Wrockwardine Wood Baschurch, Ellesmere, Oswestry Shrewsbury Millichope	3 6 4 1 1
Dental Health	10	383	2 Schools, Modern 2 " Junior 2 Mothers' Clubs 1 Women's Club 1 Ante-Natal 1 S.J.A.B. Cadets 1 B.D.A. Branch	10	3	1	—	5	1 Medical Officer 2 Dental Officers 2 Health Visitors 1 Oral Hygienist	Shrewsbury Newport Oakengates, Donnington Shawbury	5 2 2 1
TOTAL ..	163	3,633	—	53	24	21	73	12	—	—	163

Accidents in the Home

Table 91 below shows the home accident injuries known to have occurred in Shropshire during 1960. Seventeen of the cases were conveyed by ambulance to hospital. One hundred and fifteen were patients either in or attending hospitals, including fourteen children admitted for observation after they had had access to poisonous tablets or liquids. A further 114 cases were attended by District Nurses, who also gave after-care to the majority of hospital patients after their discharge.

The total numbers represent an increase of 25% on last year, and again it is probable that the increase is more apparent than real.

Two ladies died following home accidents. The injuries were a bottle burn of the foot suffered by a lady of 78 and a fractured ankle sustained by one of 50 who fell on the stairs. In both cases there was a sudden collapse a few days after the accidents.

This year there is an apparent increase of 84% in the total numbers of women and girls of 6 to 64 years who have become victims. In 1960 there are more than three women or girls sustaining falls for every one so reported during 1959. The numbers of accidents in the 65+ age group are fewer than one might expect from any analysis of national deaths statistics, but it must be remembered that we usually hear only of those cases requiring nursing, hospital, or ambulance attention. In the middle age group the victims were found mainly in the extremes. The five to fifteen and over fifties were at the greater risk, as also were the under-fives, which last show a 17% increase in numbers.

Table 91: Home Accidents

Category	Total	AGE GROUPS							
		0—5		6—64		65+		All	
		M	F	M	F	M	F	M	F
Burns and Scalds	157	51	38	10	37	3	18	64	93
Poisoning:									
(a) Aspirin, etc. .. .	10	6	4	—	—	—	—	6	4
(b) Paraffin and Liquids ..	4	4	—	—	—	—	—	—	4
Falls	84	18	10	10	33	1	12	29	55
Others	28	9	8	1	9	—	1	10	18
TOTAL ..	283	84	64	21	79	4	31	109	174

Once more the largest category is burns and scalds, and these in turn were frequently linked with falls. Hot water bottles gave rise to burns and scalds of two adults and four children. Accidents happened when rubber bottles were played with, sat or lain upon, and in one instance when filling was in progress.

Chairs and tables, and children climbing on to them, were associated with twenty-one accidents, viz: 8 burns or scalds, 8 falls and 5 poisonings. One 16 months child climbed a chair and put his hand into hot water being poured into the sink by his grand-mother. Three children overturned high chairs and fell or were burned as a result. Two children climbed on chairs and fell from unbarred windows. Others used chairs to reach stores or sink draining boards.

Aspirins were the main cause of poisoning. One child found aspirins in a neighbour's house. Two small sisters took a bottle of cough linctus from a table and drank 2 oz. each. A small boy swallowed tablets from an old handbag and other potentially dangerous tablets were found in drawers or left openly where children could get at them.

Wash-days, bath and bed-times had their hazards. Many children (2—4 years) were scalded or burned when they stumbled against or plunged limbs into vessels of hot water left on floors or hearths. Seven other toddlers were injured when they either pulled the connections of electric kettles or irons or came into contact with these. In the kitchen three children of 10 to 12 years were injured by burning or boiling fat when they were cooking in the absence of mothers. A boy of three cut himself when he took a knife and attempted to peel potatoes while mother attended to the fire.

Falls occurred when six ladies (56—58) climbed on chairs to attend to windows and home decorations. One was admitted to the Orthopaedic Hospital. Another lady fell from steps not fully extended and yet another from a tub. Twenty-four falls were on stairs. Four happened to children (2—7 years), two to blind persons, seventeen to middle-group normal adults. One adult slipped on a mat at the foot. In two cases poor light and haste could have been responsible. Slippery footwear, a ball-point left by a child, obscured vision when carrying trays, etc., tripping over clothing, these may have been the cause of six other accidents.

Ten children (1—2 years) were burned or scalded—by hot tea-pots left on hearth (3), pulled off tables (2), or stoves (3). Eleven were scalded by cups of hot liquid, mostly when mother's arm was knocked by child when drinking, but in four cases the cup was left in reach of the child.

Burns resulted when fireguards were either not provided or temporarily removed or not fixed to grates, stoves, coppers. Eleven children were so injured, one at grandmother's where there was no guard—nor in this instance was there one at home. A boy of 3 fell on an oil heater in the bathroom. A girl of 10 was severely burned when her dress caught fire as she was throwing a plastic plate on an unguarded fire. Two children (boy and girl, two years) were burned with fireguards in position. One knelt on an unnoticed burning ember on the hearthrug. The other

leaned over to take an ornament from grandmother's mantelpiece, fell forward and dislodged the guard. A 3 year old was burned when he took a piece of burning paper, lit over inadequate fireguard, from a younger brother. Girls, aged 5 and 7 years, were burned by nightdresses catching fire as they stood by temporarily unguarded fires.

A burning cigarette dropped from a window fell into the pram of a month-old baby, burned her neck and shoulder and left a scar. She was in hospital for five days.

Few of these accidents can be regarded as happening in abnormally careless households. Very few indeed were entirely unforeseeable or unpreventable. The victim was usually (though not always) directly responsible for the mishap but in far too many cases the precautions and supervision appear in the light of subsequent events to have been inadequate.

More accidents occur than are reported, nor is this summary comprehensive, but the statistics we have been able to compile do give an indication of where the dangers lie, who is concerned with them, what are their consequences—and how these may be averted.

Home Safety

Home Safety continues to be much in the public mind and our records seem to indicate that the numbers of home accidents in the age groups 0—15 and 50 plus are increasing steadily, more especially among females.

The Department's "illustrated talk and film show" has been given on request to a total of 21 groups, B.R.C.S. Cadets, Mothers', Women's and Old People's Clubs, Women's Institutes, several schools and an approved school. Some of these have been return visits after previous talks, others have resulted from the personal recommendations of members of previous audiences, and it is encouraging to find that the talks often pave the way for subsequent requests for other health themes.

Home safety and general physical and mental health are by no means unrelated. In fact, they are all symptoms of the ideal state of well-being.

T. R. BLYTHE

H. HARRIS

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 Act 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.

It was not found necessary to employ any paid Evening Visitors during the year under review, but on one occasion a paid Night Help was employed for three night sessions. This help was provided free of charge to the recipient.

It is realised that much voluntary and neighbourly help must have been given during the year to meet the needs of sick and infirm persons, both in the evenings and at night, and this help is acknowledged with grateful appreciation.

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 the 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 the 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 be best accomplished by the secondment from the N.S.P.C.C. of one of their specially trained women visitors for duty in Shropshire.

This was agreed by the N.S.P.C.C. and since October, 1956, the services of a trained woman visitor have been available in Shropshire. A contribution of £300 per annum (£200 from the Health Committee and £100 from the Children's Committee) is made towards the expenses of this appointment.

Miss F. E. Calvert, who commenced duty in this County in 1958, left in May, 1960, and was succeeded by Mrs. R. Winch.

Particulars of the work performed by the woman visitor in Shropshire during 1960 are as follows:

Cases open at 1st January, 1960	16	
New cases opened during the year	13	
		29
Cases closed as satisfactory	13	
Cases open at 31st December, 1960	16	
Number of children in new cases opened	55	
Total visits of supervision	580	
Total miscellaneous visits	623	

At the end of 1959 discussions took place between the Chief Officers concerned about the desirability of one Department holding a Central Register of Problem Families to facilitate exchange of information; and during 1960 an index of all such families known to the various Departments of the County Council was compiled and is being maintained in the Health Department.

The register comprises a simple alphabetical index of the names and addresses of the families concerned, with an indication of the Department holding the main file, and at the end of the year 848 families were so registered. This figure is interesting, for it represents about 1 per cent of all families, which is what provisional estimates had suggested.

After-Care of Cancer Cases—The Marie Curie Memorial Foundation

Area Welfare Grants Scheme.—The Marie Curie Memorial Foundation provides assistance, in kind, to meet the urgent needs of cancer patients being nursed at home and to 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 1957 the County Medical Officer was nominated as the Foundation's agent for administering the grants in Shropshire.

The first grant of £50 was received from the Foundation in June, 1957, and further grants totalling £200 have since been received and dispensed to the great benefit of all the sufferers.

Day and Night Nursing Service.—During the early part of 1960, the Marie Curie Memorial Foundation offered facilities for their Day and Night Nursing Service, which is a development of the Area Welfare Grants Scheme and had been introduced in the London area about 18 months previously. The purpose of the scheme is to assist with the care of necessitous cancer patients being nursed at home by helping relatives to obtain adequate rest periods from the responsibilities of nursing, in addition to caring for those who live alone.

The Foundation's offer was accepted and up to the end of 1960 nine nurses were enrolled for this Service. Such nurses are employed on a part-time basis and are paid at an hourly rate depending on their qualifications and experience.

No charge is made to the recipients of the service, but beneficiaries are at liberty to make a donation to the funds of the Foundation.

Particular of the one case assisted under this scheme in 1960 are included in the table below, which summarises the help given to cancer cases through the Marie Curie Memorial Foundation:

Table 92: Cases Assisted

Assistance Provided	1957—1959		1960	
	Cases	Amount Expended	Cases	Amount Expended
		£ s. d.		£ s. d.
Linen and Bedding ..	8	25 7 9	2	7 7 3
Personal Comforts, etc. ..	6	14 10 9	8	16 0 3
Extra Nourishment ..	25	43 5 2	9	44 4 0
Night sitters ..	6	29 9 6	1	15 0 0
Day and Night Nursing ..	—	—	1	14 19 3
				** 7 9 0
	*40	£112 13 2	*14	£105 0 9

*These are totals of individual patients helped. In 1960, three of the cases receiving extra nourishment were also provided with personal comforts and an additional one received personal comforts and bedding.

**Expenditure incurred in advertising for nursing staff for employment in the Day and Night Nursing Service.

Chiropody Service

When Circular No. 11/59 was issued by the Minister of Health inviting Local Health Authorities to formulate proposals for a Chiropody Service for the elderly, the physically handicapped and expectant mothers, several local chiropody schemes organised by Voluntary Old People's Welfare Committees and Clubs were operating in Shropshire. In considering the lines on which a County Service should be operated, the Health Committee appreciated the valuable contribution already made by these voluntary organisations and decided that they should continue to take part in such a service.

In view, however, of the rural nature of the County and the fact that large areas were not covered by local schemes, it was decided that in addition to such schemes a directly provided service by the employment of chiropodists, whole-time or part-time as circumstances dictated, would also be necessary. The following proposals were, therefore, submitted to and subsequently approved without modification by the Minister of Health:

"The Council propose to make available throughout the County a chiropody service where necessary and in the first instance for the aged, physically handicapped persons and expectant mothers, and for other classes of persons for whom it may subsequently be deemed desirable.

The service will be provided through the agency of voluntary organisations and/or by the direct employment of qualified chiropodists, whole-time or part-time as may be required. Treatment will be carried out at the chiropodists' surgeries, welfare centres, the premises of voluntary organisations or at the patients' homes as may be necessary.

Persons availing themselves of the service will be expected to pay a basic charge per treatment which may be remitted in cases of need."

For the purposes of this service, the eligible aged are regarded as persons of pensionable age (females aged 60 or more and males aged 65 or more) who are mainly dependent upon the old age pension and/or national assistance.

Because of the differing financial obligations of the voluntary schemes, both in the payments made to chiropodists and by the persons receiving treatment, it was decided that from 1st April, 1960, for one year, all voluntary organisations taking part in the County service should continue to operate their individual schemes without variation and receive a grant from the County Council based upon their known commitments. After the end of that year, all would be required to operate upon a common basis.

Some voluntary committees found themselves unable to accept persons into their schemes who were not members of their clubs and these have continued to operate independently. With one exception, the remaining organisations have extended their facilities to include handicapped persons and expectant mothers.

The basic scheme provides for treatment to be arranged for the priority classes on production of a certificate of need signed by a medical practitioner or officer of the Council's medical and nursing staff. In the case of the aged and handicapped, such certificates may also be signed by officers of the County Welfare Department and, in the case of the aged only, by officers of the Old People's Welfare Committee or Club.

Patients are expected to pay 2/6d. towards the cost of each treatment, but in necessitous cases free treatment is authorised by the County Health Department after investigation of the patient's financial circumstances.

Where a patient is physically unable to go to the chiropodist for treatment, transport is arranged, where necessary, by the Health Department through the County Ambulance Service. In the Shrewsbury area, where the Chiropody Service is organised by the Shrewsbury Old People's Welfare Committee, transport is supplied in necessitous cases by the Red Cross.

At the end of the year, nine voluntary organisations were acting as the Council's agents for the provision of a County Chiropody Service.

At the time of writing, ten voluntary schemes are in operation and a County Chiropodist, appointed in May, 1961, is undertaking chiropody sessions at Welfare Centres and treating domiciliary cases. Contractual arrangements have also been entered into with a private Chiropodist in the Ludlow area of the County. In short, treatment can now be provided for all members of the priority classes resident in Shropshire.

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 for dependent children when necessary, are greatly valued in domestic emergency, such as the 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. Applications should be made in office hours to the Health Department, 13 College Hill, Shrewsbury (Telephone No. 52211); 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, 1,843 issues of equipment were made to 1,170 patients, items being loaned direct from the Health Department in 790 cases and by nurses and midwives in 380 cases, as summarised below:

Table 93: Issues of Nursing Equipment

Item	Issued by		Total
	Health Dept.	Nurses	
Air beds	2	—	2
Air rings	26	92	118
Back rests	89	129	218
Bed pans	259	166	425
Bed cradles	33	15	48
Bed tables	6	2	8
Blankets	5	—	5
Bedsteads	16	—	16
Commode chairs	49	2	51
Crutches	14	—	14
Dunlopillo rings	58	10	68
Feeding cups	8	5	13
Hoyer patient lifter	15	—	15
Mattresses—Dunlopillo	46	1	47
Other	10	—	10
Rubber sheets	343	176	519
Urinals	36	63	99
Wheel chairs	139	—	139
Miscellaneous	13	15	28
TOTALS ..	1,167	676	1,843

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 1960, the following Convalescent Homes received 43 cases, at a total gross cost of £366 15s. 6d., of which £31 4s. 7d. was recovered from patients or their relatives, no charge being made in 19 cases:

Table 94: Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	31	—
"The Rest" Convalescent Home, Porthcawl ..	4	—
Copthorne Holiday Home, Surrey	1	1
Ormerod Home, St. Annes-on-Sea	—	1
Church Army Home, Southport	1	1
Church Army Home, Weston-super-Mare	1	2
	38	5

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, 1960, are given in the table below:

Table 95 : Home Help Offices

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON	Cottage Room, Silvester Home 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	42 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 their Nursing Sub-Committee.

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. Subsequent supervision is exercised through the medium of the Nursing Officers.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for Domestic Help—which was increased from 3/3d. to 3/8d. per hour from 1st August, 1960, representing the cost of wages and national insurance payments of the Home Helps—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 for a domiciliary confinement case is raised by £1 per week for 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 1960 were 3/3d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 3/2½d. 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 small number of whole-time Helps is 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, 1960, a total of 149 Home Helps was employed (7 full-time and 142 part-time) and the table below shows their distribution throughout the County:

Table 96: Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	12	12
Church Stretton ..	—	4	4
Ludlow ..	—	14	14
Market Drayton ..	2	2	4
Newport ..	—	8	8
Oswestry ..	—	21	21
Shrewsbury ..	5	42	47
Wellington ..	—	31	31
Whitchurch ..	—	8	8
Total for 1960 ..	7	142	149
Total for 1959 ..	7	140	147

Work Performed.—During 1960, a total of 965 cases was assisted, at an average of 486 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 171,608.

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 74.5 per cent of the cases and that 148,039 (or 86 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 or welfare accommodation.

Table 97: Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	57	1	7	1	1	—	67
Church Stretton ..	16	—	8	—	1	—	25
Ludlow ..	56	1	6	3	2	—	68
Market Drayton ..	20	1	11	—	—	—	32
Newport ..	26	4	5	2	—	—	37
Oswestry ..	86	3	11	5	2	1	108
Shrewsbury ..	237	27	79	12	5	4	364
Wellington ..	193	12	17	3	2	2	229
Whitchurch ..	28	—	4	1	2	—	35
Total for 1960 ..	719	49	148	27	15	7	965
Total for 1959 ..	597	59	142	27	13	7	845

Table 98: 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
1958	786	530	67	142,552	118,389	83
1959	845	597	71	154,251	130,564	85
1960	965	719	75	171,608	148,039	86

Recovery and Expenditure.—The sum recovered during 1960 from those taking advantage of the Service was £3,991, compared with £3,966 during 1959 and £3,546 during the previous year. The statement below indicates the numbers of hours attributed 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 1956 to 1959 are also given.

Table 99: Hours worked and travelled by Home Helps

	1956	1957	1958	1959	1960
Standard Rate	7,629 = 5.9%	9,491 = 6.7%	13,602 = 9.5%	15,111 = 9.8%	14,721 = 8.6%
Assessed Rate ..	68,739 = 52.6%	63,588 = 45.2%	57,302 = 40.2%	63,871 = 41.4%	76,855 = 44.8%
Free	54,228 = 41.5%	67,699 = 48.1%	71,648 = 50.3%	75,269 = 48.8%	80,032 = 46.6%
TOTAL ..	130,596	140,778	142,552	154,251	171,608

The County Council's assessment scale was modified in January, 1956, in January, 1958, and again in September, 1959, to the advantage of householders, following changes in the National Assistance Board's allowances, upon which the scale is based.

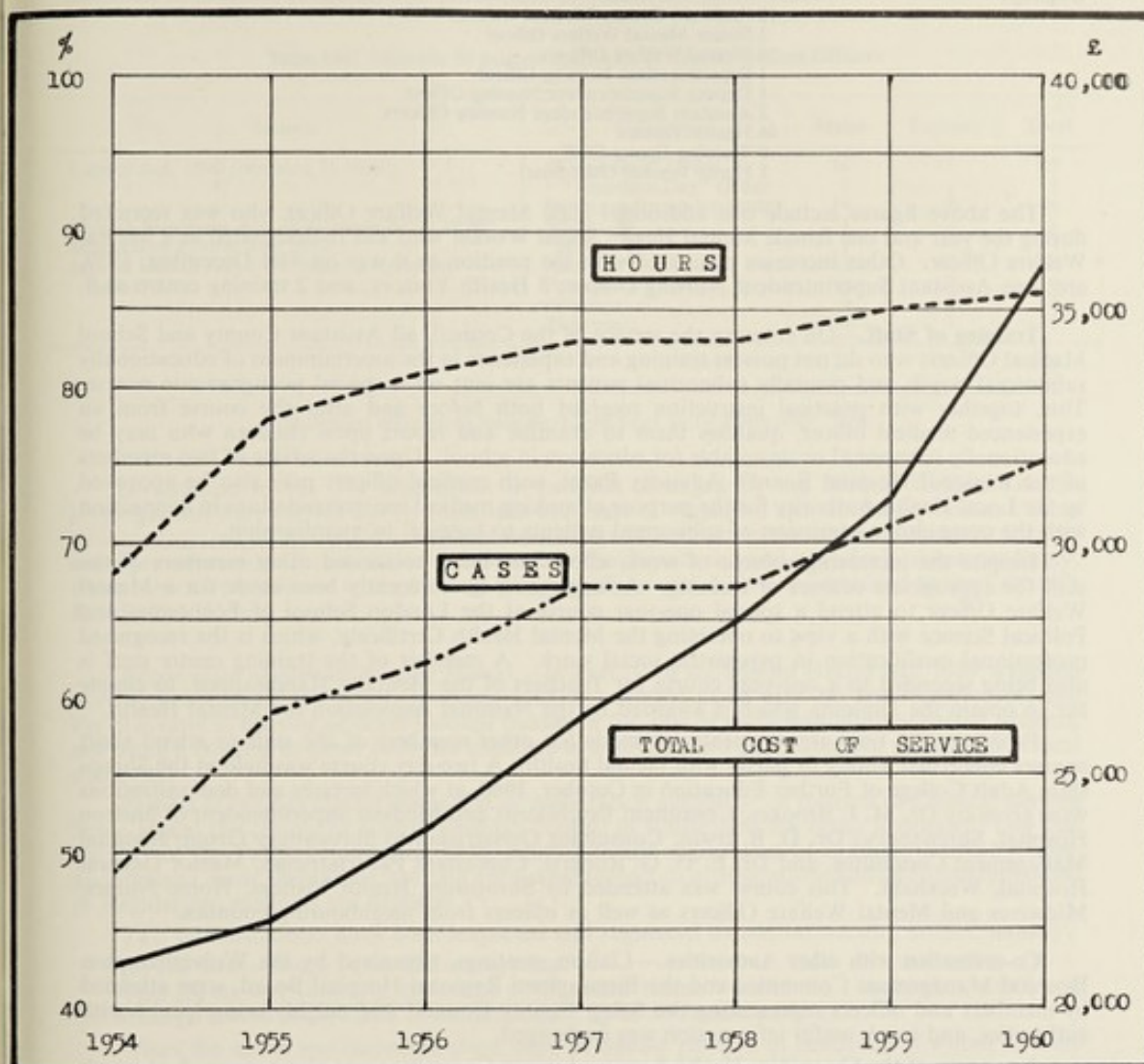
Particulars are given below of the expenditure incurred by the Council in the operation of the Service during 1960 with corresponding totals for the four preceding years:

Table 100: Cost of Domestic Help Service

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County- Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
	£	£	£	£	£	£	£	%
1956	1,234	5,119	16,512	927	23,792	2,629	21,163	11.1
1957	1,267	4,512	19,349	1,056	26,184	2,775	23,409	10.6
1958	1,493	3,399	22,301	1,017	28,210	3,546	24,664	14.4
1959	1,545	2,680	25,640	1,112	30,977	3,966	27,011	12.8
1960	1,649	2,906	29,954	1,267	35,776	3,991	31,785	11.2

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in March, 1956, May, 1957, July, 1959, and April, 1960, 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 98, as shown in the graph on page 73, 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.

**DOMESTIC HELP SERVICE
AGED AND CHRONIC SICK CASES**



MENTAL HEALTH SERVICE

Report of Senior Mental Welfare Officer

The functions of local health authorities for patients who are, or have been, suffering from mental disorder are very broadly stated in Section 6 of the Mental Health Act, 1959, to be:

- (a) the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in such accommodation;
- (b) the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;
- (c) the appointment of officers to act as mental welfare officers;
- (d) the exercise by the local health authority of their functions under the Act in respect of persons placed under guardianship; and
- (e) the provision of any ancillary or supplementary services for the prevention of mental disorder or for the care and after-care of mentally disordered persons.

Certain sections of the Act were brought into operation by Order during the summer of 1960, and on 1st November the Act became fully operational. The Council's Proposals for the provision of Mental Health Services had already been approved by the Minister and were printed in full in last year's Annual Report. They contain no very sharp changes in policy, but are rather an extension and intensification of the community care services for the mentally disordered which were begun and have been gradually developed since the National Health Service Act came into operation in 1948.

Staff.—On 31st December, 1960, the staff employed wholly or partly in the Mental Health Service consisted of the following officers, in addition to the County Medical Officer and his Deputy:

- 10 Assistant County Medical Officers
- 1 Senior Mental Welfare Officer
- 4 Mental Welfare Officers
- 1 Superintendent Nursing Officer
- 1 Deputy Superintendent Nursing Officer
- 2 Assistant Superintendent Nursing Officers
- 46 Health Visitors
- 9 Training Centre Staff
- 1 Home Teacher (Part-time)

The above figures include one additional male Mental Welfare Officer who was recruited during the year and one female Mental Health Social Worker who was re-designated as a Mental Welfare Officer. Other increases compared with the position as it was on 31st December, 1959, are: one Assistant Superintendent Nursing Officer; 3 Health Visitors; and 2 training centre staff.

Training of Staff.—On entering the service of the Council, all Assistant County and School Medical Officers who do not possess training and experience in the ascertainment of educationally subnormal pupils and mentally subnormal patients are sent on a special post-graduate course. This, together with practical instruction received both before and after the course from an experienced medical officer, qualifies them to examine and report upon children who may be educationally subnormal or unsuitable for education in school. Upon the advice of two members of the Regional Hospital Board's Advisory Panel, such medical officers may also be approved by the Local Health Authority for the purpose of making medical recommendations in connection with the compulsory admission of subnormal patients to hospital or guardianship.

Despite the increasing volume of work, efforts are made to second other members of the staff for appropriate courses of training. Arrangements have recently been made for a Mental Welfare Officer to attend a special one-year course at the London School of Economics and Political Science with a view to obtaining the Mental Health Certificate, which is the recognised professional qualification in psychiatric social work. A member of the training centre staff is also being seconded to a one-year course for Teachers of the Mentally Handicapped, to enable her to obtain the Diploma which is awarded by the National Association for Mental Health.

From time to time arrangements are made for other members of the staff to attend short courses concerned wholly or partly with mental health. A two-day course was held at the Shropshire Adult College of Further Education in October, 1960, at which lectures and demonstrations were given by Dr. M. J. Brookes, Consultant Psychiatrist and Medical Superintendent of Shelton Hospital, Shrewsbury; Dr. D. B. Irwin, Consultant Geriatrician to Shrewsbury Group Hospital Management Committee, and Dr. E. G. G. Roberts, Consultant Paediatrician, Maelor General Hospital, Wrexham. This course was attended by Shropshire Health Visitors, Home Nurses, Midwives and Mental Welfare Officers as well as officers from neighbouring counties.

Co-ordination with other Authorities.—Liaison meetings, organized by the Wolverhampton Hospital Management Committee and the Birmingham Regional Hospital Board, were attended by members and officers representing the Salop County Council and neighbouring local health authorities, and much useful information was exchanged.

A meeting of the Shropshire Health Services Liaison Committee was also convened, at which the County Council, the Salop Executive Council and the Shrewsbury Group Hospital Management Committee were represented. The discussions centred mainly on the Council's proposals for the further development of community mental health services; the degree of liaison existing between officers of the bodies concerned and with general medical practitioners (which was considered to be generally very satisfactory); and the integration of the local health and hospital services for the benefit of patients, which depends upon a sympathetic, sensible and just degree of give and take on all sides, and at all levels.

Mental Health Week.—Shelton Hospital was opened to the public and the Council's training centres held "Open" days, which were attended mainly by the relatives and friends of patients. The interest shown by the general public was a little disappointing, but perhaps understandable. It would seem that most people are content to observe through the medium of television something of how these services operate in a few selected, anonymous instances, rather than view at first hand the local provisions which they might suddenly need to use.

Mental Illness:

Liaison with hospital services.—The proximity of Shelton Hospital to the Council's Health Department facilitates day-to-day consultation between the Hospital Staff and the Council's Medical and Mental Welfare Officers. In addition, case conferences are held fortnightly at the Hospital, and are attended by Mental Welfare Officers, Psychiatric Social Workers and medical staff.

Psychiatric out-patient clinics for adults 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 the Wellington clinics are held in the County Council's Welfare Centres. Out-patient clinics for children are also held at Shrewsbury, Bridgnorth, Wellington and Oswestry. All these clinics are staffed medically by the Regional Hospital Board's Consultant Psychiatrists, and a Psychiatric Social Worker or a Mental Welfare Officer is also in attendance to deal with social problems. As far as practicable the attendance of the Psychiatric Social Workers and Mental Welfare Officers at these clinics is arranged in such a way as to secure an unbroken relationship between the officer and patient for as long as the latter requires help.

Admissions to Hospitals for Mental Illness.—The Mental Welfare Officers were concerned in the admission to hospital of 234 mentally ill patients during 1960, practically all of whom were admitted to Shelton Hospital, and particulars of whom are given below:

Table 101: Mentally ill patients dealt with by Mental Welfare Officers

Statute	Category	Males	Females	Total
Lunacy Act, 1890 (repealed 31.10.60)	"Three-Day" Order ..	36	47	83
	"Fourteen-Day" Order ..	1	—	1
	Summary Reception Order ..	18	8	26
Mental Treatment Act, 1930 (repealed 31.10.60)	Voluntary	1	—	1
Magistrates Courts Act, 1952	"Section 30"	1	—	1
Mental Health Act, 1959 (became operative 1.11.1960)	Informal*	41	47	88
	Emergency	4	2	6
	Observation	9	6	15
	Treatment	10	3	13
TOTAL ..		121	113	234

*Informal admissions were permitted prior to 1st November 1960

In addition to the 234 admissions to hospital arranged by the Mental Welfare Officers, investigations were carried out by them into 112 cases of suspected mental illness. Some of these patients required no special provision and were allowed to remain in the care of relatives or friends; some proved suitable for admission to hospital 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.

Registration of Mental Nursing Homes.—In Part III of the Mental Health Act, 1959, a mental nursing home is defined as any premises used or intended to be used for the reception of, and the provision of nursing or other medical treatment for, one or more mentally disordered patients, not being a hospital or other premises managed by a government department or provided by a local authority.

Part III of the Act further states that a "registration authority" in relation to a mental nursing home means the county or county borough council in whose area the home is situated; and that Part VI of the Public Health Act, 1936, relating to the registration of ordinary nursing homes, and Byelaws made thereunder, are also applicable subject to modifications and additions embodied in Regulations made by the Minister.

Two establishments have been inspected and registered as mental nursing homes, namely:

(a) *The Grove House (Church Stretton) Ltd.*

This Home was formerly known as a "Licensed House" under the Lunacy Act, 1890, and the Managers were empowered to accommodate up to 40 female patients.

When the home was inspected there were 24 female patients in residence of whom 15 were informal patients and the remainder compulsory patients.

The home has since been registered by the Local Health Authority for the reception of 30 mentally ill female patients who may, if necessary, be detained in accordance with the appropriate provisions of the Mental Health Act.

(b) *Loppington House, Wem.*

This establishment was formerly a home approved under the Mental Deficiency Act, 1913, by the Minister for the reception of 52 severely subnormal children of both sexes, of the age of 12 and under, who were suitable to live in association and none of whom was subject to detention.

There were 52 children in residence when the home was inspected.

The registration of this home by the Local Health Authority now provides for the reception of up to 59 children of both sexes, and of the age of 16 years and under, who are suitable to live in association and who do not require the use of compulsory powers of detention.

The Birmingham Regional Hospital Board maintain a number of children in Loppington House, while a few are sent there for short-term care by Local Health Authorities, the remainder being accommodated under private arrangements between their parents and the Managers of the home.

Residential Accommodation.—Accommodation may be required for a small number of mentally disordered persons who, upon discharge from hospitals, have no homes or unsuitable homes to which to return, and in whose case lodgings would be inappropriate or unobtainable. With patients of this kind in mind it is intended to give consideration to the future use of the house which is at present serving as a junior training centre in Shrewsbury.

Some former hospital patients, most of whom are elderly, are at present accommodated in the Council's Welfare Homes. One suggestion which is under consideration is whether some sort of hostel accommodation might be provided in association with the Welfare Homes for some patients who are still young enough to re-enter employment either on a whole-time or part-time basis, and who for one reason or another may need accommodation perhaps for an indefinite period. Some such arrangements, if feasible, might have economic advantages.

Subnormality and Severe Subnormality.

Care and After-Care.—Sixty-five new cases were reported during the year. In 34 instances the Local Education Authority recorded that the children were unsuitable for education in school and furnished reports to the Local Health Authority whose Mental Welfare Officers or Health Visitors make regular visits to the homes to give any necessary help or advice.

By arrangement with the Education Department a Mental Welfare Officer now always visits the home before a decision is recorded that a child is unsuitable for education in school, in order to explain the position to the parents and—if appropriate and possible—to arrange for the child to attend a training centre.

Of the remaining 31 cases reported during the year, 25 were educationally subnormal children who on leaving school were referred by the Education Authority to the Health Authority in order that the Health Visitors and Mental Welfare Officers might keep in touch with them while they are growing up and offer such assistance as may be needed.

The total number of subnormal and severely subnormal patients of all ages who on 31st December, 1960, were receiving home visits by the Local Health Authority's officers was 874.

Junior Training Centres.—All severely subnormal children who are not so seriously handicapped as to require admission to hospital and who can benefit from training should attend a training centre, in order to ease the burden upon parents while the children are growing up; to make the children more socially acceptable in the community; and to develop to the maximum whatever latent capabilities they may possess so that when they reach adult life they will be much less dependent on others than if they had received no formal training.

The Mental Health Act contains a provision enabling local health authorities in certain circumstances to compel the attendance of such children at training centres, but it is thought that this power will rarely if ever be used as most parents are only too eager for their children to receive training when it is offered and sometimes demand it before the facilities are available.

Owing to the lack of suitable accommodation and for geographical reasons it is not yet possible to provide training for all the children whose parents wish it, but on completion of the new Shrewsbury training centre, the erection of which is planned to start in 1961—62, with accommodation for 40 day children and 40 weekly boarders, and the adaptation of the Wellington Welfare Centre to accommodate 30 to 35 children, there should be adequate facilities for all who require them.

In the meantime 48 children (including 10 weekly boarders) attend the Shrewsbury Training Centre at Sutton Lodge, Betton Street; 18 attend the Wellington Training Centre which is situated in the grounds of the Vineyard Children's Home; and a total of 15 children attend the part-time centres which are held at the Welfare Centres at Wem (1 day per week), Whitchurch (2 days per week) and Oswestry (2 days per week). It is only since April, 1961, that it has been possible to extend the work of the part-time centres which previously had been very limited, and we were fortunate in securing the services of Mrs. Doris M. Evans on her return to Shropshire from Rugby. Her previous experience includes the teaching of educationally subnormal children at the Council's Petton Hall Special Residential School.

Adult Training Centres.—No adult training centres have so far been provided in Shropshire, but it is likely that such centres will have to be established having regard to the "swing away" from institutional to community care—which broadly interpreted means that many parents no longer wish for their subnormal offspring, if unemployable in the ordinary sense, to languish at home until eventually in many cases they become so enfeebled, or bored, or frustrated or even violent, that they require hospital care. This is not to say, however, that all adult subnormals who cannot be found some occupation in industry, agriculture or domestic pursuits as soon as they reach about 16 years of age should automatically be placed in training centres. Some are physically as well as mentally immature, but with patience and perseverance by parents, Youth Employment Officers and Mental Welfare Officers, it may be possible to find a niche for some of them. Others, even though they may not find employment, will become quite useful to their parents provided there is some channel in the home situation into which their controlled but unskilled energies can be guided.

It is envisaged that when the new junior centres at Wellington and Shrewsbury have been completed, adult training centres may be established in these towns, probably with associated hostel accommodation, in order to provide accommodation on a weekly basis for those patients whose homes are in distant or inaccessible parts of the county.

Guardianship.—The conception of guardianship under the Mental Health Act is that it can appropriately be used when, for example, it is necessary to exercise some degree of control over the residence or activities of a person. At present there would appear to be practically no scope for this form of care in Shropshire but when hostels are provided it may be appropriate in a few instances.

There are at present only 2 severely subnormal Shropshire patients under guardianship, both of whom reside in the County of Surrey, the Brighton Guardianship Society undertaking visits on the Council's behalf. The patients were recently seen by the County Medical Officer, who found that they were very well cared for. In neither case did he feel that release from guardianship was warranted.

Voluntary Organisations.—Both the Shrewsbury and Wellington branches of the National Society for Mentally Handicapped Children are vigorous and organize various outings and social activities. Each branch operates a social club for mental subnormals which is held fortnightly in the Council's Welfare Centres in Shrewsbury and Wellington. There is very good liaison between the Society and the Council's Officers.

Hospital Care.—During the year 15 patients were admitted to hospitals for the subnormal for care for an indefinite period, making a total of 380 Shropshire patients in such hospitals in various parts of the country, of whom 260 are accommodated in the Birmingham Regional Hospital Board's establishments.

In addition, arrangements were made through the Regional Hospital Board for 18 patients to receive short-term care for periods varying from 2 to 6 weeks. A short break is often of considerable benefit to the patient and his family, either to tide over some emergency, or to enable the rest of the family to take a holiday together, perhaps for the first time in their lives.

On 31st December, 1960, there were 31 subnormal or severely subnormal patients requiring care in and awaiting admission to hospitals for these cases, compared with 64 a year ago.

This improvement is rather striking and is accounted for by a combination of the following factors:

- (1) The admission of 15 patients during the year to appropriate hospitals.
- (2) Patients in any kind of hospital who are awaiting transfer to a hospital for subnormals are no longer included in the waiting list whereas 11 such patients were included in the number awaiting admission at the end of 1959.
- (3) *The effect of the training centres is showing itself, as some children who now attend and whose names had previously been placed on the waiting list for hospital care have been removed from that list because their conduct has improved so much under formal training that the need for hospital care has disappeared.*

Liaison with hospitals for the subnormal.—This is rather less easy than with Shelton Hospital owing to the fact that these hospitals are all situated at considerable distances from the County Headquarters. The position has, however, been considerably improved since the Regional Hospital Board defined "areas of responsibility" for their Medical Superintendents who also act as Consultants in Subnormality. Dr. T. Crowley, the Medical Superintendent of Stallington Hall Hospital, Stoke-on-Trent, is the Consultant for this area. In recent months, accompanied by the Deputy County Medical Officer and the Senior Mental Welfare Officer, he has visited all subnormal and severely subnormal Shropshire patients who were considered to require hospital care for an indefinite period, and agreement has been reached as to the necessity and degree of urgency of the cases. Except in special circumstances all such Shropshire patients will in future be admitted to Stallington Hall Hospital, instead of being sent as and when opportunity offers to any hospital in the region.

E. A. R. WARD,

Senior Mental Welfare Officer.

NURSING HOMES

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

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

Table 102: Nursing Homes

Accommodation provided	Nursing Homes	Beds available
General cases only	4	43
Maternity cases only	1	5
Maternity and General cases ..	5	43
TOTAL ..	10	91

Inspection.—Registered Nursing Homes are visited by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each home regularly; forty-seven inspections were made in 1960. In addition, Medical Officers of the Department visit the Homes periodically, and when application is made to increase the registered number of beds.

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

There was one application for registration during 1960, but this was subsequently withdrawn and, at the end of the year, there were no registered Nurseries or Child Minders in the County. A number of applications are being considered in 1961.

National Assistance Acts, 1948—59

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.

Register of Blind Persons.—On 31st December, 1960, the numbers of persons included in the Shropshire Register of Blind and Partially-Sighted Persons were as follows:

Table 103: Register of Blind and Partially-sighted Persons

	Males	Females	Children	Total
Blind	237	328	17	582
Partially-sighted	31	37	13	81
TOTAL	268	365	30	663

Additions to the Register.—During the year, the number of persons examined by Ophthalmologists at the request of the County Welfare Officer was 128; of these, 98 persons (41 males and 57 females) were certified as blind persons and included in the Register. In addition, 16 persons (7 males and 9 females) were certified as partially-sighted. Fourteen persons were found to be neither blind nor partially-sighted.

Of the 114 cases added to the Register during the year, 90 blind persons (35 males and 55 females) and 13 partially-sighted persons (5 males and 8 females) were 60 years of age or more.

Causes of Blindness.—A perusal of Forms B.D.8 completed in respect of the 98 persons certified during the year indicated that in 25 (or 25.5 per cent) of these cases the primary cause of blindness was cataract; 21 of these cases were all aged 70 years or more.

Other major cases of blindness were: Macular Degeneration, 20; Glaucoma, 17; Myopia, 8; Diabetic Retinopathy, 7; Optic Atrophy, 4.

The blind persons for whom treatment was recommended numbered 60, medical treatment being suggested in 39 cases, surgical in 15 cases, and optical in 6 cases. Hospital supervision was recommended in 19 cases. No treatment was suggested in 19 cases.

Of the above, six persons for whom surgical treatment had been recommended and two persons for whom medical treatment had been recommended refused treatment.

It would seem that, although treatment of one form or another or Hospital supervision was advised in 79 cases, it was anticipated that this would only result in the removal of three persons from the category of blind persons.

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

Table 104: 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 1960 in respect of which the relevant paragraphs of Form B.D.8 recommend:										
(a) No treatment	2	—	1	—	—	—	16	3	19	3
(b) Treatment (medical, surgical or optical)	20	2	11	—	—	—	29	7	60	9
(c) Hospital supervision	3	—	5	2	—	—	11	2	19	4
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	17	2	14	2	—	—	40	9	71	13

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, 1960, 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	16	21	37

(Of these 9 were accommodated in their own homes; 5 were in hospital; 9 were accommodated on behalf of the Council by voluntary organisations; and 14 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis ..	10	15	25

(Of this total, 18 were accommodated in their own homes; one was accommodated in the Royal Midland Counties Home for Incurables, Leamington Spa; two were in the Derwen Cripples' Training College, Gobowen, Oswestry; one was in the Manchester Cripples' Help Society Home, Tan-y-Bryn, Abergele; two were in hospital; and one was attending the Thomas Delarue School, Tunbridge Wells.

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	42	55	97
Spastic Paralysis ..	45	53	98
TOTAL	87	108	195

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 foods and drugs for analysis, with a view to ensuring compliance with 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.

Milk.—

Testing of Milk Samples.—Following approval by the County Council early in 1958 of the policy of testing milk samples within the Health Department, the following procedure with regard to milk sampling is adopted by the Department's Sampling Officers. In the course of routine sampling, two samples of the same grade of milk are obtained from the retailer. One is divided formally into three parts, and sealed and labelled in accordance with the procedure laid down under the Act; the other is treated as an "informal" or "comparative" sample, and is tested in the Health Department Laboratory, for Fat and Solids-not-Fat content. If this latter sample contains other than a trace of water by the "Hortvet Freezing Test" method or has more than a minimum deficiency in milk fat, the corresponding formal sample is forwarded to the Public Analyst for analysis, together with any other samples obtained from the same retailer which may be necessary to provide evidence if legal proceedings are instituted.

Individual samples received on complaint from members of the public are also submitted direct to the Analyst where it is not possible to obtain a corresponding sample.

During the year, 1,213 milk samples were tested in the Department's Laboratory; 52 of these were found to be below the legal standard and action was taken as follows:

- 22 were slightly deficient in fat and the vendors were notified.
- 1 was appreciably deficient in fat and "on delivery" samples were obtained from milk supplied to the vendor by three producers.
- 4 "on delivery" samples taken in this case were deficient in fat—2 from each of two producers. Only one sample was appreciably deficient in fat and "Appeal-to-cow" samples taken from the one supplier concerned showed that the cows were giving milk below the required standard.
- 1 was appreciably deficient and "on delivery" samples were taken from the vendor's two suppliers.
- 15 of these "on delivery" samples were deficient in fat (8 slightly and 7 appreciably). "Appeal-to-cow" samples taken from the supplier whose milk was appreciably deficient showed that the cows were giving milk below the required standard.
- 1 was appreciably deficient in fat and subsequent "Appeal-to-cow" samples showed that the cows were giving milk below the required standard. The vendor was notified.
- 1 informal sample was found to contain an appreciable amount of added water. Formal follow-up samples were taken (included below) in consequence of which legal proceedings were instituted.
- 7 contained extraneous water. The comparative formal samples were forwarded to the Public Analyst and are reported upon below.

Analyses by the County Analyst:

Twenty-one samples were analysed, of which 12 were reported to be genuine and 9 to be adulterated or below standard. The following are particulars of the action taken:

- 1 sample was found to contain a small amount of added water and a warning letter was sent to the producer concerned.
- 6 samples were found to contain added water of varying amounts and legal proceedings were instituted against the three producers concerned as indicated in the table below:

Table 105: Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
Whitchurch ..	5% added water ..	Case proved	£ s. d. 5 0 0	£ s. d. 10 0 0
Wellington	5.9% added water 10% added water	Case proved (plea of guilty)	20 0 0	7 0 0
Ellesmere	8.3% added water 7.1% added water 13.1% added water	Case proved (plea of guilty)	6 0 0	17 4 0

1 sample which was submitted following a complaint by a member of the public was found to contain solidified milk in the form of a coating at the inside base of the bottle to which dust had adhered. The milk in the bottle contained no dirt. As the milk had not been reported on analysis as non-genuine and the cleanliness of the bottle was the main point in question this matter was referred to the Local District Council who are the authority responsible for the enforcement of the Milk and Dairies (General) Regulations, 1959. It is understood that the Manager of the dairy premises concerned was interviewed by a Public Health Inspector of the local Council and certain recommendations were made to prevent the recurrence of this matter. The matter was later considered by the appropriate Committee of the authority who decided to take no further action.

1 sample which was also submitted following a complaint by a member of the public was found to contain two grey slugs. This matter was investigated by the Assistant County Sanitary Officer who interviewed the producer. The dairy premises were found to be satisfactory and it was not easy to see how the slugs could have gained access to the bottle. In view of the previous excellent record of this producer it was decided not to institute legal proceedings and a warning letter was, therefore, sent to him. The matter was also referred to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food.

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 presence of extraneous water is determined by the Hortvet Freezing Point Test, such samples are returned as "genuine" provided, of course, the fat content is satisfactory.

Of the 1,213 milk samples tested during the year, 52 were either adulterated or below the required standard, representing 4.3 per cent of the total.

Table 106 below gives particulars of the average fat and solids-not-fat content of the samples of milk, including adulterated and "appeal-to-cow" samples, and excluding Channel Islands and South Devon milk, which is dealt with separately in Table 107 below, taken during 1960, with comparative totals for the preceding five years:

Table 106: Average Composition of Milk Samples

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	83	3.50	8.60
February ..	86	3.39	8.65
March ..	92	3.38	8.57
April ..	105	3.32	8.65
May ..	95	3.12	8.65
June ..	58	3.41	8.63
July ..	70	3.33	8.56
August ..	63	3.55	8.60
September ..	74	3.52	8.65
October ..	121	3.76	8.67
November ..	113	3.79	8.82
December ..	116	3.91	8.60
1960 ..	1,076	3.50	8.64
1959 ..	1,084	3.45	8.65
1958 ..	1,100	3.60	8.65
1957 ..	1,087	3.60	8.80
1956 ..	1,231	3.69	8.68
1955 ..	1,239	3.62	8.54

As regards fat, it will be seen that April and May show the lowest figures and October, November and December the highest figures. This is a natural variation, the fat content usually being at its lowest during the Spring and early Summer and highest during the Autumn.

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 examined during 1960, with comparative totals for the preceding three years:

Table 107: Channel Islands Milk—Average Composition

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	11	4.55	9.02
February ..	10	4.77	9.09
March ..	16	4.61	9.21
April ..	8	4.58	9.25
May ..	8	4.71	9.16
June ..	6	4.49	9.00
July ..	17	4.62	8.91
August ..	6	4.35	9.03
September ..	10	4.83	9.07
October ..	18	5.03	9.06
November ..	10	4.92	9.15
December ..	17	4.67	8.98
1960 ..	137	4.68	9.08
1959 ..	132	4.65	9.05
1958 ..	111	4.85	9.05
1957 ..	147	4.90	9.15

Other Foods and Drugs.—Table 109 on page 83 summarises the 424 samples of other Foods and Drugs which were examined by the Public Analyst and the following particulars indicate the action taken in respect of those samples found on analysis to be non-genuine:

- 1 sample of Dried Milk, taken at the request of the Secretary for Education, was found to have a mould growth and a high Lactic Acid content. The results of the Analyst's findings were communicated to the Secretary for Education, who obtained credit for 55½ lb. of the product.
- 1 sample of Bread, submitted following a complaint by a member of the public, was found to contain a small black lump of foreign matter which consisted mainly of oil and grease with some particles of bread embedded in it. A warning letter was sent to the proprietor of the Bakery who replied stating that he had only just taken over the premises and was now engaged in various alterations and improvements which he hoped would make the Bakery a "credit to all concerned".
- 1 informal sample of Tapioca Pudding submitted at the request of the County Education Department was found to have a distinct mouldy odour although no actual moulds were detected. This result was transmitted to the Secretary for Education in order that he might take such action as he considered necessary. It has since been reported that subsequent purchases of Tapioca at this kitchen have been satisfactory.
- 1 sample of Cough Mixture was found to be labelled incorrectly. Although the composition of the Cough Mixture agreed with the description, two of the ingredients, Lemon Juice and Purified Honey, were incorrectly described. The words Lemon Juice had the suffix "B.P.C." whereas this item was deleted from the British Pharmaceutical Codex in 1954. The words "Purified Honey" were followed by "B.P." whereas this item was deleted from the British Pharmacopoeia in 1953 and should now be described as Purified Honey B.P.C. This matter was taken up with the manufacturing chemists concerned who stated that all the alterations mentioned were made when their last batch of labels was printed and that the bottle of Cough Mixture purchased must have been in stock for some time.
- 1 sample of Pork Pie, submitted following a complaint by a member of the public, was found to have an extensive growth of black mould forming a layer between the meat and pastry portions of the pie. This matter was taken up with the supplier and the Assistant County Sanitary Officer interviewed the Manager of the firm who assured him that every effort was made to ensure that no stale pie was sold from his shops. After careful consideration it was decided not to institute legal proceedings in this case and a warning letter was sent to the firm.
- 1 sample of Rice was submitted following a complaint by the County Education Department and was found to contain twelve insect larvae, larval excreta and webbing. The larvae were alive and were said by the analyst to have the characteristics of the European Grain Moth. A warning letter was forwarded to the supplier of this commodity who then called at the County Health Department to apologise for the incident. He stated that he was satisfied that the infestation had not arisen in his warehouse and he would notify the Importers of the analyst's findings. He agreed, however, that as his firm had broken bulk supplies he was responsible for the matter.
- 1 informal sample of Mixed Dried Fruit was found to contain mites and insect parts and was considered by the Analyst to have an undesirable degree of infestation. This matter was taken up with the Wholesalers who in turn referred the matter to the Proprietors and Packers. The latter wished to obtain further samples for examination but it was found that the local Public Health Inspector had received surrender of all the remaining stock from the local shop. The matter was also referred to the Medical Officer of Health for the area in which the Wholesalers' Warehouse was situated and an inspection of the premises was made. The Inspector reported, however, the premises were clean and tidy and he was unable to find any further evidence of infestation.
- 1 informal sample of Rich Ruby British Wine was found to be deficient in proof spirit to the extent of 11.1% of the declared amount of 31.5%. In view of this analysis a formal sample was obtained and is referred to below.
- 1 formal sample of Rich Ruby British Wine was found to be deficient in proof spirit to the extent of 12.7% of the stated amount of 31.5%. This matter was carefully considered and the Clerk of the Council was requested to approve the institution of legal proceedings against the Wine Merchant who had bottled and sold this product. The Clerk considered, however, that this would be a difficult case to prove and he advised against proceedings being instituted. A warning letter was therefore sent to the bottler and this matter will be considered again in the light of a further formal sample which it is proposed to obtain.
- 2 samples of soft drinks (1 "Sparkling Lemonade" and 1 "American Ice Cream Soda") were found to contain foreign ingredients. These samples were analysed following a complaint by a retailer who had received them in a consignment from a local firm and had referred the matter to his local Public Health Inspector. The Analyst reported that the sample of "Sparkling Lemonade" contained several pieces of black vulcanised rubber of the same nature as the screw stopper of the bottle and that the "American Ice Cream Soda" contained fibres which were probably derived from a filter. This matter was taken up with the manufacturers and the County Sanitary Officer and a Public Health Inspector of the Local Authority visited the works in order to inspect the plant and interview the management. In the light of the County Sanitary Officer's report and the previous good record of this firm it was decided not to institute proceedings against them, but a warning letter was sent to them by the Clerk of the Council. The firm expressed regret for the incident and assured the Clerk that they would make every effort to ensure that it would not recur.
- 1 informal sample of Chopped Prime Chicken was reported by the Analyst as unsatisfactory because of its description. The Analyst found that the article contained added water and other ingredients. This matter was taken up with the manufacturers who replied that this present labelling was last used in 1957 when the shop keeper obtained his present stock from the firm. The product is now described as Chopped Chicken in Jelly and arrangements were therefore made for all the old stock at this shop to be withdrawn.
- 1 sample of Pork Pie, the subject of a complaint by a member of the public, was found to be contaminated with a mould growth. In view of a similar complaint against this firm which had been made quite recently it was decided to institute legal proceedings and these were successfully concluded as indicated below:

Table 108: Court Proceedings

Magistrates' Court	Analysis	Result	Fine	Costs
Bridgnorth	Contaminated with a mould growth	Case proved (plea of Guilty)	£10	—

Table 109: Food and Drug Samples taken in 1960 and Analysed by the County Analyst

Description of Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Milk	21	11	8	1	1
Baking Powder	3	—	—	3	—
Beverages	2	—	—	2	—
Blancmanges, Cornflour and Custard					
Powders	6	—	—	6	—
Bread	5	—	1	4	—
Butter	7	—	—	7	—
Cake, Pudding and Sponge Mixtures ..	11	—	—	11	—
Cakes, Puddings and Confectionery ..	8	—	—	8	—
Cereals	2	—	—	2	—
Cheese and Cheese Products	8	—	—	8	—
Chewing Gum	2	—	—	2	—
Coffee and Coffee Products	9	—	—	9	—
Flavoured, Condensed, Evaporated and					
Dried Milk	8	—	—	7	1
Condiments	26	—	—	26	—
Cream	7	—	—	7	—
Fats	5	—	—	5	—
Fish and Fish Products	10	—	—	10	—
Flavourings and Colourings	8	—	—	8	—
Flour	8	—	—	8	—
Fruit Dried	8	—	—	7	1
Fruit Juices	5	1	—	4	—
Fruit, Tinned and Fresh	7	—	—	7	—
Gelatine	4	—	—	4	—
Gravy Browning and Salt	4	—	—	4	—
Herbs, Spices and Stuffing	9	—	—	9	—
Honey	2	—	—	2	—
Ice Cream	11	—	—	11	—
Jam, Marmalade, etc.	14	—	—	14	—
Jelly and Jelly Crystals	6	—	—	6	—
Lemonade Crystals	3	—	—	3	—
Margarine	8	—	—	8	—
Marzipan and Almond Paste	3	—	—	3	—
Meat and Meat Products	38	1	1	34	2
Medicines and Drugs	42	—	—	41	1
Nuts	5	—	—	5	—
Olive Oil	3	—	—	3	—
Patent Foods	2	—	—	2	—
Pickles	9	—	—	9	—
Rice and Rice Products	6	—	—	5	1
Sago, Tapioca, etc.	5	—	—	4	1
Sauces	6	—	—	6	—
Sausage	8	—	—	8	—
Soft Drinks	16	—	—	14	2
Soups	4	—	—	4	—
Spreads	5	—	—	5	—
Sugar, Glucose, etc.	7	—	—	7	—
Sweets	2	—	—	2	—
Syrup and Treacle	4	—	—	4	—
Tea	6	—	—	6	—
Vegetables	8	—	—	8	—
Wines, Spirits, Beer, etc.	28	20	1	6	1
Yeast	1	—	—	1	—
TOTAL ..	445	33	11	390	11

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.

No such notifications were received in 1960.

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
Consents to sell undesignated milk in specified areas	Quarterly
T.T. milk	As occasion warrants
Consigned wholesale to Creameries	As occasion warrants
Supplied to County Welfare Homes	Quarterly
T.T. milk supplied to Schools	Quarterly
Produced at Hospital Dairy Farms	Quarterly

Table 110: Samples taken for Biological examination

Source	Grade	Samples			Cows dealt with under Tuberculosis Order
		Total	Positive	Negative	
Retail Supplies	Undesignated ..	48	—	48	—
*Consents	Ditto	35	—	35	—
County Welfare Homes	Tuberculin Tested ..	4	—	4	—
Hospital Dairy Farms ..	Ditto	3	—	3	—
School Supplies	Ditto	12	—	12	—
	TOTAL ..	102	—	102	—

*For explanation of this term see page 85.

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as “Pasteurised” or “Tuberculin Tested” and whenever “Pasteurised” milk is available this is supplied. The following are particulars of the numbers of maintained, grant-aided and independent Schools in the County receiving liquid milk and of the grades of milk supplied at the end of 1960:

Table 111: School Milk Supplies

Grade of Milk	Schools
Pasteurised	361
Tuberculin Tested ..	3
TOTAL ..	364

A census taken by the County Education Department in September, 1960, showed that 73.8 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. All samples are put to a Methylene Blue Colour test to determine the keeping quality of the milk and, in the case of “Pasteurised” milk, also to a Phosphatase test to determine whether the milk has been properly heat treated. The following table summarises the results of the examination of samples taken during 1960:

Table 112: Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised	285	228	11	46	284	1
Tuberculin Tested ..	16	16	—	—	—	—
TOTAL ..	301	244	11	46	284	1

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

The phosphatase test failure referred to in the table above was investigated by the Assistant County Sanitary Officer, but the cause of the failure could not be ascertained.

Milk (Special Designation) Regulations, 1960.—The County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury, which is an independent Food and Drugs Authority), are responsible for the licensing of premises used for the pasteurisation and sterilisation of milk.

The Milk (Special Designation) Regulations, 1960, which consolidate and re-enact with amendments the Milk (Special Designation) (Raw Milk) Regulations, 1949—54 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—53, were laid before Parliament on 30th August, 1960, and came into operation (in part) on 1st October, 1960.

The principal change in the new Regulations affecting the work of the County Council is that from 1st January, 1961, responsibility for the issue of Milk Dealers’ licences, with minor exceptions such as licences issued to the Milk Marketing Board, has been transferred from District Councils to the County Council as Food and Drugs Authority. This involves the licensing of approximately 130 dealers throughout the County and supervision and inspection of their premises by the County Sanitary Officer and his staff.

Various other changes made by the Regulations include a new form of licence for “pre-packed” milk where the milk is obtained by the licensed dealer in the container in which it is delivered to the consumer. Certain changes are also made in the application of the Phosphatase and Methylene Blue Tests. The licensing of producer-retailers remains with the Minister of Agriculture, Fisheries and Food.

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, 1960, licences in respect of five pasteurising establishments were renewed by the County Council. One licence was not renewed.

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.

Tests are made to determine the sterility of bottles and churns used at the various pasteurising plants. Of 43 tests made during the year, 9 were unsatisfactory.

Particulars are given in the table below of the results of examination of milk samples obtained during 1960 from pasteurising establishments licensed by the County Council.

Table 113: Testing of Pasteurised Milk Supplies

Licensed Establishments at 31st December	Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
5	255	219	—	36	255	—

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

Attested Area.—The whole of the County became an Attested Area on 1st October, 1959. This means that all the cattle in both dairy and beef herds are "Attested" animals, i.e. those which have been examined by a Veterinary Officer and found clinically free from Tuberculosis and also have not reacted to the single intradermal comparative Tuberculin Test. All Attested animals in the County are at present subjected to examination and test at least once every twelve months. Positive reactors found in any herd are sent for slaughter and the remaining animals are further tested after two months, six months and again after twelve months, and if no further positive reactors are found routine inspections are resumed. If further reactors are found, the procedure is repeated.

A farmer holding a licence to produce Tuberculin Tested milk must have only Attested animals in his herd and must also satisfy the Ministry of Agriculture, Fisheries and Food that his premises, water supply and handling and production methods meet the requirements governing the issue of such licences.

Even a producer of ordinary milk (i.e., not designated) in an Attested Area must have only Attested animals in his herd and they are subject to the same tests and examinations as those in a Tuberculin Tested milk producing herd.

The Milk (Special Designations) (Specified Areas) Orders, 1956—60.—When a "Specified Area" is declared by the Ministry, only "designated milk" (i.e., Pasteurised, Sterilised or Tuberculin Tested milk) may be sold by retail for human consumption (other than catering sales) in the districts in that area. Where, however, any part of a district cannot be supplied with milk from a designated source, the Ministry may grant a "consent" to a farmer to supply customers with non-designated milk; the customers are named on the consent form and permission to supply is for a packed" milk where the milk is obtained by the licensed dealer in the container in which it is limited period, usually one year. (See also Table 110).

Milk from an Attested herd which is not licensed for the production of Tuberculin Tested milk cannot be sold by retail in a Specified Area, unless it is either pasteurised or sterilised, or a consent has been granted by the Minister.

Cream is exempt from these requirements and may be sold within a Specified Area either as Pasteurised or Sterilised Cream, or without heat treatment even if it is produced by non-attested cattle outside the area or by attested cattle not forming part of a T.T. herd within the area.

With the exception of six County Districts, i.e., Bishop's Castle Borough, Bridgnorth Borough and Rural, Clun Rural, and Ludlow Borough and Rural, the County had been designated as a "Specified Area" by Orders which came into operation in 1956 and 1957; and with the issue of the Milk (Special Designations) (Specified Areas) (No. 2) Order which came into operation on 28th November, 1960, in respect of these six Districts, the whole of the County is so designated.

Samples are obtained regularly from the various retailers who trade in the districts affected by the Orders and particulars of those taken by Sampling Officers of the County Health Department during 1960 are given in the table following:

Table 114: 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 ..	469	469	—	469	401	1	67	—	—	—
T.T. (Pasteurised) ..	519	519	—	519	438	8	73	—	—	—
T.T. (Channel Islands Pasteurised) ..	165	165	—	165	140	1	24	—	—	—
T.T. (Channel Islands Farm Bottled) ..	—	—	—	175	154	21	—	—	—	—
T.T. (Channel Islands) ..	—	—	—	22	17	5	—	—	—	—
T.T. (Farm Bottled) ..	—	—	—	193	173	20	—	—	—	—
T.T. ..	—	—	—	103	81	22	—	—	—	—
Sterilised ..	—	—	—	—	—	—	—	346	346	—
TOTAL ..	1,153	1,153	—	1,646	1,404	78	164	346	346	—

*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 those retailers whose milk failed the Methylene Blue Test, the facts were reported to the appropriate licensing authority.

SANITARY CIRCUMSTANCES OF THE COUNTY

In accordance with the decision of the Public Health and Housing Committee in December, 1943, that fuller information regarding the sanitary circumstances in the various County Districts, and in the County as a whole, should be made available to them, the District Medical Officers of Health are requested annually to complete questionnaires relating to Water Supplies, Sewerage, Refuse Collection and Housing.

Housing.—The information supplied by District Medical Officers of Health relating to housing is summarized in Table X on page 110.

The County Sanitary Officer, Mr. D. Coups, comments as follows:

"The total number of houses demolished included in clearance areas is shown as 86 and other individually unfit houses demolished are shown as 160, giving a total of 246 or 0.27% of an estimated total of 90,290 occupied houses in the County. This would indicate that approximately 1 in every 367 houses has been demolished during the year. In addition 169 houses have been closed. Of the total number of houses demolished in clearance areas and those demolished as being individually unfit during the year there were 64 from 4 of the 6 Boroughs, 101 from 6 of the 9 Urban Districts and a total of 81 from all 10 of the Rural District Councils.

The figure of 169 for houses closed in the County is very high in relation to the number of houses demolished. There is always the danger that if houses are closed indiscriminately they adversely affect the adjoining properties and often become eyesores because of the mere fact that they are empty for long periods or because of wilful damage to them.

The number of notices served under the Housing Acts and Public Health Acts suggests that many authorities are not doing routine housing inspections. It is pleasing to note that 386 houses have been improved with standard or improvement grants, but it is essential that in addition to houses improved by grant an authority should programme its housing needs and have a complete housing policy, listing houses which can be rendered fit at a reasonable expense, as well as those which will have to be demolished as being unfit for human habitation.

To obtain this information it is necessary to have the facts of an up-to-date housing survey and to act on the results of the survey and not just use the survey for record purposes.

It will be seen that 6,961 houses are listed as being unfit for human habitation. This is 7.8% of the total number of houses in the county and of these 48% are listed to be dealt with by demolition. Eight authorities have not shown any houses as having been built during the year or at present being built to rehouse families from slum clearance properties.

It is difficult for most people to realise the appalling conditions under which some people in the county have to live. They are overcrowded, without water supplies or drainage and many are even without sinks. The houses are damp and dark, and the everyday facilities such as hot water and baths are mere dreams to the people occupying them. It is time that the backward authorities endeavoured to meet their obligations or made their voices heard as to the reasons why they cannot carry out their statutory duties. The people living under these conditions are usually those who by reason of their employment require frequent baths, hot water and proper sanitary facilities. These facilities are not even denied a prisoner in jail, but appear to be beyond the hope of many a honest citizen."

Housing Acts, 1936 to 1959.—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 1960:

Table 115: Grants paid by the County Council up to 31st December, 1960, under the Housing Acts, 1936—59

District	Houses eligible for grants	Grants	
		Paid in 1960	Total
		£	£
Atcham Rural ..	163	243	3,031
Bridgnorth Rural ..	78	149	1,478
Clun Rural ..	107	161	2,171
Dawley Urban ..	465	1,024	7,165
Drayton Rural ..	83	—	1,439
Ellesmere Rural ..	135	379	2,674
Ludlow Rural ..	44	78	846
Oswestry Rural ..	52	73	1,085
Shifnal Rural ..	20	30	378
Wellington Rural ..	82	112	1,745
Wem Rural ..	48	83	798
Wenlock Borough ..	16	27	305
TOTAL ..	1,293	2,359	23,115

Water Supply.—Table 116 below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their area.

Table 116: Water Supplies—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES				Other Supplies (Wells, Streams, Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Dr. Higgle						
Ellesmere Urban	†	†	†	†	†	†
Ellesmere Rural	2,117	562	121	†	†	†
Wem Urban	861	833	18	—	—	10
Wem Rural	3,218*	420	39	598	89	2,003*
Whitchurch Urban ..	2,299	2,186*	†	—	—	†
Dr. Moore						
Oswestry Borough	3,862	3,816	17	—	13	8
Oswestry Rural	5,165	3,572	26	†	†	†
Dr. Capper						
Ludlow Borough	2,188	2,026	161	—	—	1
Dr. Hall						
Atcham Rural	6,753	†	†	†	†	†
Bishop's Castle Borough	430	422	—	6	3	—
Church Stretton Urban ..	977	923	8	10	—	30
Clun Rural	3,093	1,330	12	321	†	1,430
Ludlow Rural	4,378	1,660	530	†	†	†
Dr. Turnbull						
Bridgnorth Borough	2,453	2,358	80	6	3	6
Bridgnorth Rural	4,222	1,924	†	†	†	†
Wenlock Borough	4,600	†	†	†	†	†
Dr. Stewart						
Dawley Urban	3,065	2,744	379	—	—	11
Drayton Rural	2,474	1,275	115	239		845
Market Drayton Urban ..	1,995	—	—	1,953	33	9
Newport Urban	1,372	1,316	55	1	—	—
Oakengates Urban	4,144	4,122	22	—	—	—
Shifnal Rural	3,519	2,812	15	268	—	424
Wellington Urban	4,270	4,231	39	—	—	—
Wellington Rural	7,285	5,927	120	184	—	†
Dr. Mackenzie						
Shrewsbury Borough ..	14,852	14,769	60*	—	—	23

*Approximate or estimated figures. †Figures not available or not known.

The County Sanitary Officer reports:

"It is disappointing to find so many authorities unable to furnish complete details in connection with the questionnaire relating to the water supplies in their districts.

May I also be allowed to repeat my observations from last year's report that it is most disappointing to see districts where public water supplies have been made available, where owners of properties are not connecting their properties to the mains. Authorities should insist that the owners of properties within a reasonable distance from their public mains should be made to provide a sufficient and satisfactory pure and wholesome water supply in accordance with legislation.

The figures for householders obtaining their water from public standpipes connected to local authorities' mains is still very high and every effort should be made to take a supply to all properties unless the property is scheduled for action under the Housing Acts as being unfit for human habitation."

Sewage Disposal.—Particulars of the Sewage Disposal facilities available in the various sanitary districts are summarized in Table 117 below.

Table 117: Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	SEWAGE DISPOSAL						Collection of night so	
		Connected to disposal works owned by local authority	Connected to satisfactory private disposal or treatment plants	Without satisfactory means of sewerage	Houses using chemical, pail, earth or privy closets		Houses	Frequency	
					With proper means of disposal	Without proper means of disposal			
Dr. Higgle									
Ellesmere Urban ..	†	†	†	†	†	†	†	†	†
Ellesmere Rural ..	2,117	265	1	1	†	†	None	—	Weekly
Wem Urban ..	861	825	30	6	15	—	4	—	—
Wem Rural ..	3,218*	467	†	†	†	†	—	—	—
Whitchurch Urban ..	2,299	†	†	†	†	†	None	—	—
Dr. Moore									
Oswestry Borough ..	3,862	3,808	43	11	—	—	None	—	—
Oswestry Rural ..	5,165	2,334	1,518	1,313	†	†	None	—	—
Dr. Capper									
Ludlow Borough ..	2,188	2,125	40	23	23	—	—	—	—
Dr. Hall									
Atcham Rural ..	6,753	†	†	†	†	†	†	†	†
Bishop's Castle Borough	430	414	4	12	6	6	—	—	—
Church Stretton Urban	977	773	68	136	†	†	—	—	—
Clun Rural ..	3,093	†	†	†	†	†	—	—	—
Ludlow Rural ..	4,378	718	650*	†	†	†	None	—	—
Dr. Turnbull									
Bridgnorth Borough ..	2,453	2,381	62	10	6	—	—	—	—
Bridgnorth Rural ..	4,222	1,023	†	†	†	†	—	—	—
Wenlock Borough ..	4,600	†	†	†	315	†	315	—	Weekly
Dr. Stewart									
Dawley Urban ..	3,065	2,118	244	†	700	—	361	—	Weekly
Drayton Rural ..	2,474	499	891	1,084	1,084		—	—	—
Market Drayton Urban	1,995	1,907	54	34	34	—	—	—	—
Newport Urban ..	1,372	1,356	2	14	14	—	—	—	—
Oakengates Urban ..	4,144	3,903	6	235	235	—	235	—	Weekly
Shifnal Rural ..	3,519	2,271	†	†	†	†	None	—	—
Wellington Urban ..	4,270	4,257	7	6	6	—	6	—	Weekly
Wellington Rural ..	7,285	5,150	†	†	†	†	132	—	Fortnight
Dr. Mackenzie									
Shrewsbury Borough ..	14,852	14,537	228	87	87	—	None	—	—

*Approximate or estimated figures. †Figures not available or not known.

The following are the comments of the County Sanitary Officer:

"The 'not known' figures submitted by many local authorities together with the other returns to the summary on sewage disposal facilities show the great need for sewerage and sewage disposal schemes in the rural districts of the county.

To get a more up-to-date picture it is necessary to look at the schemes submitted by local authorities and approved in principle by the County Council (see page 97).

Whilst it is appreciated that finance must be considered in relation to sewerage it is essential that authorities should not hide their heads in the sand. One rural district has no proper sewerage or sewage disposal scheme to any of its parishes or villages, and no schemes submitted for approval; the figure which is shown in the summary only represents the number of houses on a number of small disposal plants.

Looking at the returns of houses using pail, chemical or earth or privy closets and the method of disposal it is alarming to realise that thousands of families in the county are still using this type of closet and having to bury the contents in their gardens.

I need not add how very essential it is for authorities to have correct figures available for this return".

Refuse Collection and Disposal.—Table 118 below summarizes the position with regard to refuse collection and disposal during 1960.

Table 118: Refuse Collection and Disposal

District	Parishes or wards where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. . .	All	—	Fortnightly	Council	Controlled
Bishop's Castle B. . .	All	—	Weekly and fortnightly	Contract	Crude—into quarry
Bridgnorth B. . .	All	—	Weekly	Council	Controlled
Bridgnorth R. . .	All	—	Weekly and fortnightly	Council	Semi-controlled
Church Stretton U. . .	All	—	Centre—weekly; elsewhere— 2 weeks	Council	Soil covered when available
Clun R. . .	All	—	Weekly, fortnightly and monthly	Council	Semi-controlled
Dawley U. . .	All	—	Weekly	Council	Controlled
Drayton R. . .	All	—	16—18 days	Council	Controlled
Ellesmere U. . .	†	†	†	†	†
Ellesmere R. . .	All	—	Fortnightly	Council	Uncontrolled
Ludlow B. . .	All	—	Weekly and twice-weekly	Council	Controlled tipping
Ludlow R. . .	All	—	1, 2 and 4 times every 5 weeks	Council	Uncontrolled
Market Drayton U. . .	All	—	Weekly	Council	Controlled tipping
Newport U. . .	All	—	Weekly	Council	Semi-controlled tipping
Oakengates U. . .	All	—	Weekly	Council	Controlled tipping
Oswestry B. . .	All	—	Weekly	Council	Controlled tipping
Oswestry R. . .	12	1	Weekly and fortnightly	Council	Controlled tipping
Shifnal R. . .	All	—	9—10 days	Council	Semi-controlled
Shrewsbury B. . .	All	—	Weekly	Council	Controlled
Wellington U. . .	All	—	Weekly	Council	Controlled
Wellington R. . .	All	—	Weekly and fortnightly	Council	Controlled
Wem U. . .	All	—	Weekly	Council	Uncontrolled
Wem R. . .	All	—	Fortnightly	Contract	Uncontrolled
Wenlock B. . .	All	—	Weekly and fortnightly	Council	Controlled tipping
Whitchurch U. . .	All	—	Weekly	Council	Controlled tipping

†Information not available.

The County Sanitary Officer writes:

"There has been improvement by many authorities over the past few years regarding refuse collection. If comparison is made with the tables of previous years it will be noted that frequency of collection has been improved and the total number of properties from which collections are made increased.

It is not correct to assume that all properties throughout the county have a refuse collection service. Some are too far away from a main road to make collection practicable, but arrangements can and are usually made for refuse to be collected from a point near a main road.

The methods for ultimate disposal of refuse vary throughout the County. Authorities should ensure that no nuisance is created by lack of proper control at refuse tips and that the general appearance of the tip at any time does not become objectionable, especially to passing traffic where the tip is visible from the main road.

Birds (especially poultry) and animals (such as cattle and pigs) should not be allowed to forage near the tips, which should be properly covered with earth as the refuse is tipped in order to avoid danger from the spreading of Foot and Mouth Disease from waste food deposited at the tip."

WATER SUPPLIES

Local Government Act, 1958.—Table 120 on page 91 gives particulars of the grants which have been paid or promised by the County Council under Section 56 of the Local Government Act, 1958.

It will be noted that, up to the end of 1960, 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 only urban water supply scheme submitted for grant purposes by District Councils up to the end of 1960, and which the County Council had approved in principle for grant purposes, subject to the submission of final details.

District	Description of Scheme	Estimated Cost
Newport Urban	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 1960 are given in the table on page 92.

Note : Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1960, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given in the tables on pages 93 to 95.

SEWERAGE AND SEWAGE DISPOSAL

Local Government Act, 1958.—Under Section 56 of the Local Government Act, 1958, the County Council may make contributions towards urban sewerage and sewage disposal schemes. The Council adopted a report, however, in July, 1959, which recommended that in consequence of the introduction by the Government of the rate deficiency grant, no contribution be made to Borough or Urban District Councils in respect of such schemes, except those towards which the County Council were already contributing or schemes submitted for approval before 1st April, 1959, providing they are commenced before 31st March, 1962.

Particulars of grants which have already been *paid or promised* by the County Council to District Councils are given in the table on page 96.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1960, grants under these Acts had been *paid or promised* by the County Council in respect of sixteen sewage disposal schemes, particulars of which are contained in the following table:

Table 119: 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 31st 19
Atcham	Bayston Hill (Parts 1 & 2)	May '56	Not known	Not known	£ 17,781	£ 3,000	—	—	£ 478	30	£ 14,340	2,
Bridgnorth	Cross Houses	Nov. '50	123	580	17,590	8,750	—	—	393	30	11,790	4,
	Claverley	Nov. '56	Not known	Not known	42,300	—	480	30	1,180	30	35,400	4,
	Eardington	Sept. '58	Not known	Not known	12,900	—	165	30	454	30	13,620	—
	Highley (Stage 1)	Nov. '56	Not known	Not known	34,200	—	383	30	940	30	28,200	4,
Drayton Ludlow	Worfield	Sept. '60	27	Not known	3,830	1,000	—	—	1,000	Lump sum	1,000	—
	Hodnet	Nov. '49	124	1,521	14,220	2,400	—	—	152	30	4,560	1,
	Ashford	Sept. '57	58	170	20,650	—	175	30	540	30	16,200	—
	Carbonel	Sept. '58	Not known	Not known	28,000	—	480	30	1,064	30	31,920	—
	Clee Hill	Nov. '59	Not known	Not known	5,000	1,000	—	—	70	30	2,100	—
	Clee Hill (extension)	Dec. '49	285	1,140	32,000	14,000	—	—	288	30	8,640	2,
Oswestry	Mortimer	Nov. '54	138	680	16,763	3,500	—	—	220	30	6,600	1,
	Pant and Llanymynech	Sept. '60	375	1,688	73,395	—	475	30	950	30	28,500	—
	Weston Rhyn and Chirk (Revised)	Sept. '59	449	1,416	67,130	—	880	30	880	30	26,400	—
	Edgmond	Apr. '52	219	1,136	62,700	—	684	30	983	30	29,490	2,
Wellington	High Ercall	Nov. '54	78	Not known	10,623	6,500	—	—	242	30	7,260	1,
					£459,082				£8,834		£266,020	£24,

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1960, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on page 97, from which it will be observed that the capital cost of these schemes amounted to a total of £947,579.

Table 120: Local Government Act, 1958

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. 60
Aitcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ 14,820	30	£ 858	£ 698	50% annual deficit	£ 6,675	£ 4,803
	West Aitcham	2/5/36	1,876	7,596	75,100	15,000	1,480	15	4,285	700	"	24,000	16,850
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250	57,297	30	153	50	Block Grant	250	250
	Kinlet	6/11/37	27	100	1,350	150	3,100	30	48	30	"	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	"	1,245	761
Drayton Rural	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	3/11/34	137	524	4,080	—	{ 3,655	30	189	378	50% Annual deficit	885	465
Ludlow Rural	Hodnet	4/5/35	118	400	3,887 (Actual)	450	425	25	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
Oswestry Rural	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33 1/3% annual deficit	1,837	1,228
Wellington Rural	Weston Rhyn	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% Annual deficit	639	314
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	225	51
	Llynclwyd	7/11/36	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	1,287
	Edmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£32,017

Table 121: 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
Aitcham Rural	Condover	Sept. 60	Not known	Not known	£ 122,903	—	£ 785	30	£ 1,570	30	£ 47,100
	West Aitcham and Pimhill (Extension)	May, 47	2,209	11,444	138,402	58,000	—	—	3,047	30	91,410
	West Aitcham (Extension)	Nov. 56	Not known	Not known	22,500	—	200	30	600	30	18,000
	Uckington	Nov. 59	Not known	Not known	75,300	—	500	30	1,000	30	30,000
	Broughton	May, 53	16	Not known	1,844	600	—	—	83	12	996
Bridgnorth Rural	Claverley	May, 47	243	972	14,040	1,500	—	—	187	12	2,250
	Low Level Areas*	Mar. 54	2,340	8,000	353,000	70,000	2,014	30	10,525	30	315,750
	Low level areas (Branch mains)	Nov. 59	Not known	Not known	41,600	—	340	30	680	30	20,400
	Long Common	Mar. 54	11	Not known	1,850	300	—	—	49	12	588
	Worfield	May, 53	130	Not known	13,650	2,500	—	—	420	12	5,040
Clun Rural	Clungunford and Aston-on-Clun	Jan. 47	127	Not known	21,168	4,000	—	—	205	30	6,150
	Snailbeach	Nov. 54	116	Not known	29,600	—	170	30	340	30	10,200
Drayton Rural	Hodnet, Ightfield and Moreton Say	Feb. 59	369	Not known	38,320	4,750	137	30	679	30	20,370
	Nov. 54										3,374
East Shropshire Water Board	Aston	Mar. 52	26	103	3,700	800	—	—	38	30	1,140
	Kinnerley	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
	Clee Hill (Hill Top)	Dec. 50	16	Not known	2,270	1,200	—	—	60	20	1,200
Ludlow Rural	Coreley	Sept. 50	19	Not known	4,260	650	—	—	26	10	260
	Craven Arms	Sept. 50	63	Not known	6,480	600	—	—	58	30	1,740
	Little Isle and Studley	Sept. 50	27	81	2,641	550	—	—	79	30	2,370
	Little Sretton and Marshbrook	Mar. 51	23	62	4,780	1,900	—	—	40	30	1,200
	Rushbury	April, 55	60	Not known	14,238	—	130	30	121	30	3,630
	South-East Parishes	Nov. 59	Not known	Not known	134,868	—	880	30	310	30	9,300
	Ticklerton	April, 55	19	38	4,209	700	—	—	1,760	30	52,800
	Western area—Munslow section	Sept. 59	52	Not known	16,360	—	100	30	60	30	1,800
	Comprehensive Scheme (Priority Portion)	Nov. 54	2,174	Not known	133,248	36,000	116	30	2,499	30	74,970
	Llanyblodwel and Crickheath	Sept. 59	44	Not known	23,800	—	170	30	340	30	10,200
Oswestry Rural	Mardy Reservoir	Nov. 60	497	Not known	32,350	—	230	30	460	30	13,800
	Ruyton-xi-Towns	Sept. 59	Not known	Not known	127,460	—	485	30	970	30	29,100
					£1,408,162						£787,034
											£113,752

*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 122: Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1960, and approved in principle for grant purposes

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.
	East Atcham	177,000	For the extension of water mains from Pimhill to Astley and Uffington and a portion of Hadnall Parish in Wem Rural District linking up with Uckington.
	Picklescott	12,400	For renewing and extending the existing water supply to the village of Picklescott.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	West Atcham (Pontesford Hill) ..	8,044	For the extension of existing supplies to Pontesford Hill.
	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	323,000	For supplying the High Level Areas of the Bridgnorth and Ludlow Rural Districts.
	Low Level	5,300	For the provision of a piped water supply to Dye Lane and Low Lane areas of Alveley Parish.
	Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
Clun R.	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	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.
	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.
	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.
	Carried forward	£855,800	

(Continued on page 94)

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
	Brought forward ..	855,800	
Drayton R. (continued)	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.
	Wistanswick	13,000	For the provision of a piped water supply for the village of Wistanswick and a few properties in neighbouring parish.
East Shropshire Water Board	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Crudgington and Waters Upton ..	20,500	For the provision of a piped water supply to Crudgington, Crudgington Green and Stych Lane.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Farley	1,700	For providing a piped water supply to the hamlet of Farley.
	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.
	Much Wenlock	3,680	For augmenting the existing water supply at Much Wenlock.
	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.
	Pitchcroft	850	For the provision of a piped water supply to the hamlet of Pitchcroft.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sheriffhales	20,000	For an additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	Carried forward	£ 1,057,288	

(Continued on Page 95)

(Continuation of Table on page 94)

Authority	Scheme	Estimated Cost	Description of Scheme
	Brought forward	£ 1,057,288	
East Shropshire Water Board (continued)	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	Ellesmere Rural District	357,600	For the provision of piped water supplies throughout the whole of the Rural District.
Ludlow R. ..	Cleobury Mortimer	855	For the extension of water mains at Catherton Road and Pinkham.
	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Silvington and other parishes (distribution mains)	57,750	For tapping the trunk mains which will run through the Parishes of Silvington, Loughton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Scheme.
	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).
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.		
	South-east area, Stage II	175,200	For the provision of a piped water supply to hamlets and villages in the Parishes of Ruyton-xi-Towns, Knockin, Kinnerley and Melverley.
	Branch mains	12,800	For the provision of branch mains in the above-mentioned parishes.
	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	£2,625,378	

Table 123: Local Government Act, 1958
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	25,688
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 U.	Oakengates	Mar., 57	—	—	91,000	11 % of cost	10,010	7,000
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	406
	Harlescott	Feb., 53	6	—	2,985	—	1,000	1,000
	Shrewsbury	Dec., 57	—	57,000	500,345	5 % of cost	25,000	—
	Wellington (Stages 1 & 2)	Nov., 54	4,638	13,000	91,400	7 % of cost	6,400	11,592
Wellington U.	Wellington (Stage 3)	April, 55			81,002	7 % of cost	5,670	
	Brooklands Estate (Trunk Sewer)	Nov., 58	—	—	8,700	8 % of cost	696	400
	Railway Station and Herbert Avenue	Sept., 59	364	—	14,000	8 % of cost	1,120	620
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 nett cost of £23,500	2,350	1,819
	(2nd and 3rd portions)	Dec., 56	—	—	68,900	11 % of cost	6,480	5,500
Wenlock B.	Broseley	Feb., 39	540	2,200	8,800	15 % of cost	1,320	1,320
	Madeley (Hill Top)	Nov., 54	213	4,938	3,330	15 % of cost	500	433
Whitchurch U.	Whitchurch	Sept., 57	—	—	102,506	3 % of cost	3,075	—
					£ 1,554,826		£ 144,903	£ 87,709

*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 124: Rural Water Supplies and Sewerage Act, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1960 and approved in principle for grant purposes

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.
	Bomere Heath	28,000	For the provision of sewerage and sewage disposal facilities for the village of Bomere Heath.
	Pontesbury	26,897	For the improvement and extension of the sewage disposal works.
Bridgnorth R. . .	Alveley (Revised) . .	36,100	For the provision of sewerage and sewage disposal facilities for the village of Alveley.
	Ackleton and Stableford	48,550	For the provision of sewerage and sewage disposal facilities for the villages of Ackleton and Stableford.
	Morville	26,250	For the provision of sewerage and sewage disposal facilities for the village of Morville.
	Stottesdon	19,100	For the provision of sewerage and sewage disposal facilities for the village of Stottesdon.
	Woodhill	20,900	For the replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
Church Stretton U.	All Stretton and Little Stretton	185,000	For sewerage facilities in All Stretton and Little Stretton, the relaying of an outfall sewer and the construction of new sewage disposal works.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	18,800	For the extension and improvement of existing facilities.
Drayton R. . . .	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ludlow R.	Craven Arms	54,800	For the replacement of existing inadequate sewage disposal works.
	Clee Hill—Spring Farm	1,810	For the extension of sewers to serve Spring Farm area.
	—Craven Arms Inn	1,905	For the extension of the existing sewerage system to the Craven Arms Inn area.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
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. . .	Chetwynd Aston . . .	23,912	For the provision of a sewerage system for Chetwynd Aston.
	Hadley	90,150	For the extension and modernisation of the existing sewage disposal works.
	Lilleshall	62,500	For the provision of sewerage and sewage disposal facilities for the village of Lilleshall.
	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	45,000	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. . . .	Madeley (Aqueduct) . .	66,327	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL	£947,579	

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

Since April, 1951, the Severn River Board have undertaken the sampling of sewage effluents from sewage disposal works in the County, including trade effluents, and supply the County Medical Officer with copies of the analytical reports on all river water and sewage effluents obtained by their sampling officers as and when they become available.

The Health Committee have observed during recent years that a large number of unsatisfactory samples of sewage effluents are being obtained from disposal works towards the cost of which the County Council are making grants. The Committee decided that future cases of sub-standard effluents should be referred to the Health (Water) Sub-Committee for consideration and that the Clerk should be requested to approach the district councils concerned (in appropriate cases) drawing their attention to the position and asking that appropriate action be taken to remedy matters.

The findings of the Board's Analyst upon the samples of sewage effluents in Shropshire during 1960 are summarized in the table below:

Table 125: Sampling of Sewage Effluents

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Ludlow Sewage Works	1960 25th January	Satisfactory in respect of B.O.D. but high in suspended matter.
Sewage Pumping Station, Ludlow	25th January	Equivalent in strength to weak untreated sewage.
Market Drayton U.D.C. Sewage Works	4th February	Unsatisfactory in respect of Royal Commission recommended standards.
Bomere Heath School and Housing Site Sewage Works (Atcham R.D.C.)	10th February	An unsatisfactory and non-nitrified effluent.
Gobowen Sewage Works (Oswestry R.D.C.)	11th February	Unsatisfactory on account of suspended matter.
Bishop's Castle Borough Council Sewage Works	16th February	Unsatisfactory in respect of Royal Commission recommended standards. Copper and zinc negligible.
Knighton Sewage Works	24th February	Unsatisfactory in respect of Royal Commission recommended standards.
Lilleshall Housing Estate Sewage Disposal Works (Wellington R.D.C.)	1st March	Satisfactory in respect of Royal Commission recommended standards.
Lilleshall Old Village Sewage Works (Wellington R.D.C.)	1st March	Very unsatisfactory—virtually strong crude sewage.
Brockton Housing Site Sewage Disposal Works (Wellington R.D.C.)	1st March	Unsatisfactory in respect of Royal Commission recommended standards.
R.A.F. Camp, Stanmore, Bridgnorth	2nd March	Satisfactory except for suspended solids content which exceeds the Royal Commission recommended standard of 30 parts per million.
Sewage Works Effluent (Wellington U.D.C.)	7th March	Unsatisfactory in respect of suspended solids with regard to Royal Commission recommended standards.
Cleobury Mortimer Sewage Works (Ludlow R.D.C.)	7th March	Borderline B.O.D. value in respect of Royal Commission recommended standards. Satisfactory in all other respects with excellent nitrification. An acceptable sample.
Lawley Sewage Works (Wellington R.D.C.)	11th March	Borderline with regard to suspended solids in respect of Royal Commission recommended standards.
Oswestry Borough Council Sewage Farm	18th March	Unsatisfactory, particularly in respect of suspended solids.
Park Hall Sewage Works (Oswestry R.D.C.)	18th March	A well nitrified effluent with a satisfactory B.O.D. The suspended solids, however, were above the upper limit of the Royal Commission recommended standard.
Morda Sewage Works (Oswestry R.D.C.)	18th March	Unsatisfactory in respect of Royal Commission recommended standards.
Gobowen Sewage Works (Oswestry R.D.C.)	6th April	This sample does not conform to Royal Commission recommended standards, particularly in respect of suspended solids.
Bishop's Castle Sewage Works	20th April	Unsatisfactory in respect of Royal Commission recommended standards.
Market Drayton U.D.C. Sewage Works	21st April	An unsatisfactory effluent. This may to some extent be due to the earlier desludging of the one humus tank.
Snailbeach Housing Site Sewage Disposal Works (Clun R.D.C.)	27th April	Unsatisfactory.
Minsterley Housing Site Sewage Disposal Works (Atcham R.D.C.)	27th April	Very unsatisfactory—virtually fairly strong crude sewage.

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Stanbrook Road, Burford, Council House Estate Sewage Works (Ludlow R.D.C.)	1960 10th May	Most unsatisfactory, being virtually average strength crude sewage.
Market Drayton U.D.C. Sewage Works	9th June	An unsatisfactory effluent in respect of Royal Commission recommended standards. No significant toxicity detected.
Acton Burnell Sewage Works (Atcham R.D.C.)	20th June	Very unsatisfactory—virtually average strength untreated sewage.
Church Stretton Sewage Works	19th July	Unsatisfactory in respect of Royal Commission recommended standards. Nitrification negligible.
Bridgnorth Borough Council Sewage Works	17th August	An unsatisfactory effluent with particularly high suspended solids content and a cyanide content which approaches the limit of 0.1 p.p.m.
Wem U.D.C. New Sewage Works	23rd August	Unsatisfactory in respect of Royal Commission recommended standards.
Wellington U.D.C. Sewage Works	23rd August	Satisfactory.
Morda Sewage Disposal Works (Oswestry R.D.C.)	29th August	Unsatisfactory in respect of slightly high suspended solids.
Oswestry Borough Council Sewage Farm	29th August	Although nitrification has room for improvement this sample is unsatisfactory only in respect of suspended solids.
Marchamley Sewage Works (Drayton R.D.C.)	6th September	Satisfactory.
Ex R.A.F. Tilstock, Higher Heath Sewage Works (Wem R.D.C.)	6th September	Very unsatisfactory. Nitrification—nil.
Market Drayton U.D.C. Sewage Works	6th September	Unsatisfactory in respect of Royal Commission recommended standards.
Park Hall Sewage Works (Oswestry R.D.C.)	7th September	This sample is equivalent in quality to a clean stream. Doubtless the preceding heavy rain had some effect by dilution.
Gobowen Sewage Works (Oswestry R.D.C.)	14th September	Reasonably well nitrified but high in suspended solids.
Gobowen Sewage Works (Oswestry R.D.C.)	20th September	A well nitrified effluent; borderline in respect of Royal Commission recommended standards.
Wharf Meadow Sewage Works (Ellesmere U.D.C.)	20th September	Satisfactory.
New Oswestry Road Sewage Plant (Ellesmere U.D.C.)	20th September	High in suspended solids.
Old Oswestry Road Sewage Plant (Ellesmere U.D.C.)	20th September	High in suspended solids.
Gobowen Sewage Works (Oswestry R.D.C.)	27th September	Slightly high B.O.D. Very high suspended solids. If satisfactory settlement were achieved the effluent would, in all probability, conform to Royal Commission recommended standards.
Wem U.D.C. Sewage Works	29th September	A well nitrified and acceptable effluent.
Wellington U.D.C. Sewage Works	5th October	Satisfactory B.O.D. but the suspended solids exceed the standard limit of 15 p.p.m. imposed on this effluent.
Eardington Sewage Works (Bridgnorth R.D.C.)	6th October	Unsatisfactory in respect of Royal Commission recommended standards.
Madeley Sewage Works (Wenlock Borough Council)	31st October	A well nitrified effluent with satisfactory B.O.D. The suspended matter, however, is in excess of the Royal Commission recommended limit of 30 p.p.m.
Ironbridge (Hill Top) Sewage Works (Wenlock Borough Council)	31st October	A well nitrified effluent with a satisfactory B.O.D. The suspended matter, however, is in excess of the Royal Commission recommended limit of 30 p.p.m.
Broseley Wood (Fish Houses) Sewage Works (Wenlock Borough Council)	31st October	Unsatisfactory.
Broseley Sewage Works (Wenlock Borough Council)	31st October	A well nitrified effluent with a satisfactory B.O.D. The suspended matter, however, is in excess of the Royal Commission recommended limit of 30 p.p.m.
Market Drayton U.D.C. Sewage Works	1st November	Satisfactory B.O.D. Nitrification reasonable. Suspended matter is in excess of Royal Commission recommended standard limit of 30 p.p.m.

(Continued on page 100)

(Continuation of Table on page 99)

Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Cheswardine Sewage Disposal Works (Drayton R.D.C.)	1960 1st November	Unsatisfactory in respect of Royal Commission recommended standards.
Tibberton Sewage Disposal Works (Wellington R.D.C.)	21st November	Satisfactory B.O.D. Unsatisfactory suspended solids in respect of Royal Commission recommended standard limit.
Edmond Sewage Disposal Works (Wellington R.D.C.)	21st November	Unsatisfactory.
Maesbury Estate Sewage Disposal Works (Oswestry R.D.C.)	22nd November	Satisfactory.
Oswestry Borough Council Sewage Farm Effluent	22nd November	Unsatisfactory in respect of Royal Commission recommended standards.
Morda Sewage Works (Oswestry R.D.C.)	22nd November	Satisfactory B.O.D. Suspended solids slightly in excess of the Royal Commission recommended standards limit of 30 p.p.m.
Cheswardine Sewage Disposal Works (Drayton R.D.C.)	30th November	Unsatisfactory.

STATISTICAL TABLES.

TABLE I
Population, Acreage and Density of Population in the
various Districts of Shropshire in 1960 (mid-year)

Districts	Population (estimated mid-1960)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,240	1,867	0.66
Bridgnorth Borough	6,700	2,645	2.53
Church Stretton Urban	2,800	6,198	0.45
Dawley Urban	9,060	3,259	2.78
Ellesmere Urban	2,260	1,220	1.85
Ludlow Borough	6,640	1,068	6.22
Market Drayton Urban	5,730	1,216	4.71
Newport Urban	4,090	768	5.33
Oakengates Urban	11,580	2,396	4.83
Oswestry Borough	11,270	2,173	5.19
Shrewsbury Borough	49,250	8,118	6.07
Wellington Urban	13,850	2,281	6.07
Wem Urban	2,530	903	2.80
Wenlock Borough	15,060	22,657	0.66
Whitchurch Urban	7,050	6,053	1.16
TOTAL—Urban Districts	149,110	62,822	2.37
RURAL			
Atcham	22,650	134,490	0.17
Bridgnorth	17,600	100,897	0.17
Clun	9,250	132,512	0.07
Drayton	10,120	54,058	0.19
Ellesmere	8,090	48,253	0.17
Ludlow	13,640	112,823	0.12
Oswestry	19,240	61,524	0.31
Shifnal	14,710	39,562	0.37
Wellington	25,380	54,516	0.47
Wem	12,390	60,343	0.21
TOTAL—Rural Districts	153,070	798,978	0.19
ADMINISTRATIVE COUNTY	302,180	861,800	0.35

TABLE II

Deaths, Births and Infantile Mortality in Shropshire in 1960

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	34	27.42	9.60	12	2	14	11.29	12.76	1	—	—	—	—
Bridgnorth Borough	89	13.28	11.16	137	7	144	21.49	21.49	4	2	13.89	3	20.83
Church Stretton Urban	54	19.29	10.99	33	4	37	13.21	15.46	1	—	—	—	—
Dawley Urban	93	10.26	12.00	173	6	179	19.76	19.76	4	6	33.52	6	33.52
Ellesmere Urban	27	11.95	10.16	36	3	39	17.26	17.26	—	—	—	—	—
Ludlow Borough	101	15.21	11.41	114	3	117	17.62	17.62	2	2	17.09	2	17.09
Market Drayton Urban	76	13.26	11.93	95	7	102	17.80	18.33	2	2	19.61	2	19.61
Newport Urban	66	16.14	15.01	63	6	69	16.87	17.21	1	4	57.97	5	72.46
Oakenfold Urban	130	11.23	12.24	166	6	172	14.85	14.85	6	3	17.44	4	23.26
Oswestry Borough	119	10.55	10.56	181	2	183	16.24	16.08	4	1	5.46	2	10.93
Shrewsbury Borough	513	10.42	10.32	753	33	786	15.96	15.64	20	7	8.91	13	16.54
Wellington Urban	158	11.41	12.44	230	18	248	17.91	17.37	11	4	16.13	6	24.19
Wem Urban	33	13.04	11.48	35	1	36	14.23	15.08	3	—	—	—	—
Wenlock Borough	195	12.95	11.40	226	5	231	15.34	15.49	4	5	21.65	6	25.98
Whitchurch Urban	111	15.74	12.28	122	3	125	17.73	18.62	3	1	8.00	2	16.00
Aggregate	1,799	12.06	11.34	2,376	106	2,482	16.65	16.65	66	37	14.91	51	20.55
RURAL													
Atcham	236	10.42	10.52	359	13	372	16.42	17.90	10	6	16.14	7	18.82
Bridgnorth	127	7.22	9.24	205	8	213	12.10	14.88	3	7	32.86	9	42.25
Clun	104	11.24	10.57	122	13	135	14.59	16.78	4	4	29.63	4	29.63
Drayton	81	8.00	8.96	203	9	212	20.95	20.95	2	4	18.87	4	18.87
Ellesmere	71	8.78	10.10	106	4	110	13.60	15.50	1	—	—	1	9.09
Ludlow	134	9.82	9.23	168	11	179	13.12	15.09	8	—	—	—	—
Oswestry	243	12.63	12.25	299	8	307	15.96	18.67	6	4	13.03	4	13.03
Shifnal	99	6.73	9.42	221	14	235	15.98	17.90	7	2	8.51	2	8.51
Wellington	214	8.43	10.79	433	27	460	18.12	19.03	5	6	13.04	9	19.56
Wem	129	10.41	10.93	182	10	192	15.50	16.59	6	2	10.42	4	20.83
Aggregate	1,438	9.39	10.33	2,298	117	2,415	17.78	19.74	52	35	14.49	44	18.21
ADMINISTRATIVE COUNTY	3,237	10.71	10.92	4,674	223	4,897	16.20	17.18	118	72	14.70	95	19.40

TABLE III
Registrar General's Statistics
Causes of Death in Shropshire during 1960

DISTRICTS	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm						Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All Causes			
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																											
URBAN:																																									
Bishop's Castle Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	
Bridgnorth Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	89	
Church Stretton Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	
Dawley Urban	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93	
Ellesmere Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	
Ludlow Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	101	
Market Drayton Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	76	
Newport Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	
Oakengates Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	130	
Oswestry Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	119	
Shrewsbury Borough	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	513	
Wellington Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	158	
Wem Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33	
Wenlock Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	195	
Whitchurch Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	111	
TOTAL—Urban Districts	6	1	1	—	—	—	—	—	2	33	50	35	12	167	8	336	280	32	240	93	3	84	81	10	11	8	12	8	4	16	169	27	35	18	1	1	1	1799			
POP. 149,110																																									
RURAL:																																									
Ardham	1	—	—	—	—	—	—	—	—	10	6	4	3	22	—	38	48	4	28	6	2	10	4	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	236
Bridgnorth	—	—	—	—	—	—	—	—	—	6	5	—	—	16	—	14	17	2	22	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	127	
Clun	—	—	—	—	—	—	—	—	—	1	—	—	—	12	—	2	22	17	1	17	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	104	
Drayton	—	—	—	—	—	—	—	—	—	2	—	—	—	5	—	1	16	13	—	8	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	81	
Ellesmere	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	3	14	15	1	12	7	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	71	
Ludlow	—	—	—	—	—	—	—	—	—	5	2	1	—	18	—	3	25	25	3	18	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	134	
Oswestry	1	—	—	—	—	—	—	—	—	9	4	4	2	18	—	3	45	44	2	54	11	1	4	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	243	
Shifnal	—	—	—	—	—	—	—	—	—	2	2	7	2	17	2	1	33	41	5	35	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	99	
Wellington	—	—	—	—	—	—	—	—	—	—	2	4	2	17	2	1	33	41	5	35	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	214	
Wem	—	—	—	—	—	—	—	—	—	5	4	2	1	6	—	2	24	17	3	25	3	1	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	129	
TOTAL—Rural Districts	2	—	3	—	—	—	—	—	3	43	28	23	12	124	5	252	254	30	230	60	5	43	47	13	13	3	8	6	2	13	130	23	36	11	1	1	1	1438			
POP. 153,070																																									
TOTAL—County	8	1	4	—	—	—	—	—	5	76	78	58	24	291	13	588	534	62	470	153	8	127	128	23	24	11	20	14	6	29	299	50	71	29	2	2	2	3237			
POP. 302,180																																									

TABLE IV
Causes of death by sex and age groups in Shropshire during 1960

AGE GROUPS	Sex	All Causes	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasms						Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
URBAN DISTRICTS:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Under 1 year ..	M	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1 year and under 5 years	F	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE V
Return of Cases of Notifiable Diseases during 1960

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Dysentery	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	Tuberculosis (C.N.S. and Meninges)	Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Paratyphoid
URBAN AND BOROUGH :																		
Bishop's Castle ..	1	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgnorth ..	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Church Stretton ..	2	1	1	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Dawley ..	1	6	2	—	4	—	—	—	—	—	1	1	2	—	1	—	—	—
Ellesmere ..	2	—	—	5	2	—	—	—	—	—	—	—	2	—	—	—	—	—
Ludlow ..	—	14	9	1	2	—	—	—	—	—	2	1	1	—	—	—	—	—
Market Drayton ..	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—
Newport ..	8	1	—	19	1	—	—	—	—	—	1	—	2	—	—	—	—	—
Oakengates ..	2	1	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—
Oswestry ..	3	1	1	25	1	—	—	—	—	—	—	1	6	—	—	—	—	—
Shrewsbury ..	11	23	27	172	5	1	—	—	—	—	—	2	4	—	—	1	—	—
Wellington ..	8	1	5	3	1	—	—	—	—	2	3	—	7	—	—	—	—	1
Wem ..	3	—	—	—	2	1	—	—	—	—	1	—	7	—	—	—	—	—
Wenlock ..	2	5	—	2	13	—	—	—	—	—	—	—	1	—	—	—	—	—
Whitchurch ..	3	12	1	4	1	—	—	—	1	—	1	—	6	—	2	—	—	—
TOTAL ..	46	67	47	234	34	3	—	—	1	2	9	5	44	—	16	1	—	1
RURAL :																		
Atcham ..	8	45	6	67	10	1	—	—	—	1	1	3	13	—	5	1	—	—
Bridgnorth ..	3	2	2	32	21	—	—	—	—	2	—	1	3	—	—	—	—	—
Clun ..	7	12	1	3	3	—	—	—	—	—	—	5	1	—	1	—	—	—
Drayton ..	1	—	2	4	2	—	—	—	—	—	—	—	2	—	—	—	—	—
Ellesmere ..	4	—	—	1	1	—	—	—	—	—	—	3	5	—	2	—	—	—
Ludlow ..	19	10	5	15	9	—	—	—	—	—	—	2	5	—	1	—	—	—
Oswestry ..	14	1	34	21	4	—	—	—	—	—	—	—	5	—	—	—	—	—
Shifnal ..	18	62	1	13	34	—	—	—	1	4	—	—	2	—	2	—	—	—
Wellington ..	11	30	2	3	4	—	—	—	—	—	—	2	10	—	1	—	—	—
Wem ..	5	12	5	3	3	—	—	—	—	—	—	—	3	—	4	1	—	—
TOTAL ..	90	174	58	162	91	1	—	—	1	7	1	16	49	—	16	2	—	—
ADMINISTRATIVE COUNTY :																		
Total for 1960 ..	136	241	105	396	125	4	—	—	2	9	10	21	93	—	32	3	—	1
Total for 1959 ..	281	178	110	3,925	280	5	4	3	3	16	22	18	81	2	16	4	2	—
Increase (+) or Decrease (—) ..	—145	+63	—5	—3,529	—155	—1	—4	—3	—1	—7	—12	+3	+12	—2	+16	—1	—2	+1

—No notifications.

†Notifications exclude cases notified after death, and do not therefore compare with the numbers of new cases of Respiratory Tuberculosis reported on page 21.

TABLE VI
Midwifery Services—Domiciliary Confinements attended in 1960

Nursing District	Nurse Mid-wives	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
Alberbury	1	12	2	12	12	3	9	11	—	11	108	34	168	310	26	131
Albrighton	1	28	—	28	28	1	20	26	—	28	293	—	518	811	59	190
Ash	1	11	10	—	11	—	7	10	2	10	170	169	17	356	9	58
Atcham	1	29	4	27	29	5	24	24	—	26	266	67	405	738	27	132
Baschurch	1	17	7	15	15	3	13	17	—	17	167	124	181	472	16	79
Bishop's Castle	1	18	—	17	17	2	15	16	—	16	164	—	313	477	3	15
Bomere Heath	2	22	3	22	22	4	11	16	—	19	231	55	311	597	19	141
Bridgnorth	1	49	2	48	49	4	22	29	12	43	462	41	852	1,355	76	223
Burford	3	7	1	4	7	—	3	6	—	6	58	13	114	185	11	83
Chirbury	1	6	—	6	6	—	2	6	—	6	62	—	90	152	4	17
Church Stretton	2	28	8	27	27	1	19	22	5	25	313	150	342	805	38	184
Claverley	1	8	—	8	8	—	—	6	—	6	66	—	135	201	14	57
Clee Hill	1	9	—	4	9	1	5	5	—	6	110	—	161	271	6	21
Cleobury Mortimer	2	16	2	14	16	1	11	11	4	15	188	33	245	466	33	93
Clun	1	10	3	10	10	3	8	7	1	9	109	50	128	287	4	9
Craven Arms	1	13	1	12	12	2	10	10	—	11	138	18	231	387	11	46
Dawley	2	84	27	81	81	8	69	5	70	78	771	449	866	2,086	93	462
Donnington	2	68	2	12	65	9	43	2	43	58	631	27	1,158	1,816	43	170
Dorrington	1	15	2	7	15	2	10	12	1	12	121	39	230	390	9	47
Ellesmere	1	34	4	34	33	3	15	30	—	31	338	52	496	886	25	129
Gobowen	1	15	3	15	15	3	11	15	—	15	204	58	224	486	24	150
Hadley	1	43	—	42	43	2	28	3	37	40	377	—	768	1,145	48	280
Highley	1	11	—	11	11	2	5	9	3	9	151	—	192	343	26	102
Hinstock	1	18	5	18	18	1	10	12	—	14	222	88	242	552	18	124
Hodnet	1	13	6	13	13	—	8	2	—	10	231	107	118	456	13	56
Ironbridge	3	48	6	46	47	16	19	26	—	36	474	111	740	1,325	59	204
Kinnerley	1	11	6	11	11	—	9	11	—	11	98	82	69	249	18	98
Longden	1	16	—	16	16	3	8	15	—	15	160	—	321	481	23	128
Ludlow	2	27	8	26	27	3	15	12	10	23	252	150	373	775	81	321
Market Drayton	2	64	8	64	64	3	34	17	33	53	573	126	891	1,590	82	359
Moreton Corbet	1	21	7	21	21	3	14	20	—	21	210	126	246	582	27	131
Morton	§1	12	—	12	12	4	9	6	4	10	180	—	221	401	27	163
Much Wenlock	1	8	1	8	8	2	6	7	—	7	80	19	134	233	4	22
Munslow	1	9	—	9	9	1	6	6	—	7	85	—	168	253	12	65
Newport	2	46	3	42	43	9	30	23	7	38	355	64	670	1,089	60	284
Oakengates	3	113	7	112	112	12	79	13	89	108	983	151	1,872	3,006	66	361
Oswestry	3	89	—	89	89	13	65	41	39	83	997	—	1,694	2,691	94	435
Pontesbury	1	20	2	20	20	2	15	20	—	20	221	38	332	591	20	88
Prees	1	25	22	—	25	4	19	19	4	22	175	408	59	642	17	115
St. Martin's	1	32	2	25	30	6	11	27	—	27	288	33	509	830	23	128
Shifnal	2	23	1	22	23	3	18	23	—	23	225	13	359	597	39	195
Shrewsbury	*6	365	52	344	362	46	310	66	281	351	3,748	833	5,177	9,758	281	1,354
Stiperstones	1	6	2	6	6	1	3	4	—	5	80	31	71	182	11	63
Stoke-on-Tern	1	17	1	4	16	4	11	12	—	14	260	23	321	604	22	147
Stoke St. Milborough	1	3	—	3	3	—	3	3	—	3	28	—	52	80	22	91
Sundorne	1	29	5	27	27	5	17	22	2	23	252	86	402	740	22	92
Tibberton	1	16	—	16	16	2	8	13	—	13	233	—	282	515	23	98
Trefonen	§1	10	—	10	10	1	8	10	—	10	106	—	176	282	10	62
Wellington	2	108	5	105	105	15	71	5	75	93	1,325	94	1,957	3,376	108	512
Wem	1	34	23	32	33	5	25	25	4	32	298	393	203	894	18	102
Westbury	1	12	—	12	12	1	5	10	—	10	130	—	205	335	16	70
West Felton	1	21	4	19	19	3	10	20	—	20	212	59	286	557	7	33
Weston Rhyn	1	6	—	6	6	1	4	3	—	4	48	—	101	149	23	86
Whitchurch	2	77	60	8	76	11	51	59	10	70	703	1,273	363	2,339	25	188
Whixall	1	10	4	—	10	1	9	8	—	9	81	66	99	246	11	65
Wrockwardine	1	15	—	6	15	3	11	9	—	13	169	—	210	379	31	169
Agency—Radnorshire	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Agency—Montgomeryshire	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	83	1,877	321	1,607	1,845	243	1,281	867	736	1,695	18,980	5,753	27,068	51,801	1,937	9,228

*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.
§These nurse-midwives are also employed in the Oswestry Nursing District.
||Covered by the Burford Nurse w.e.f. 17th December, 1958.

TABLE VII
Home Nursing Service—Cases attended in 1960

Nursing District	Nurses	CASES—CATEGORIES AND VISITS														Children under 5 at first visit		Patients over 65 at first visit		Patients with more than 24 visits in year		Disposal of Cases			
		Medical		Surgical		Infectious Diseases		Tuberculosis		Maternal Complications		Others		Total		Cases	Visits	Cases	Visits	Cases	Visits	Removed from books	Under care on 31.12.60		
		Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits										
Alberbury	1	77	964	3	23	—	—	1	52	1	7	3	17	85	1,063	5	29	38	640	11	475	73	12		
Albrighton	1	43	1,933	6	165	—	—	—	—	6	49	1	14	56	2,161	—	—	34	1,266	21	1,804	42	14		
Ash	1	596	63	7	53	1	166	—	—	2	17	4	26	77	1,858	17	133	24	1,050	12	1,281	71	6		
Atcham	1	56	2,610	2	30	—	—	—	—	—	—	2	4	60	2,644	—	—	42	1,815	26	2,256	46	14		
Baschurch	1	127	1,018	9	84	4	12	—	—	4	22	9	33	153	1,169	56	299	15	200	5	264	147	6		
Bishop's Castle ..	2	54	2,091	8	93	—	—	—	—	3	9	2	3	67	2,196	6	125	39	1,924	19	1,800	55	12		
Bomere Heath ..	1	61	773	5	114	—	—	—	—	—	—	6	8	72	895	8	31	37	547	9	547	62	10		
Bridgnorth	3	178	3,806	26	390	2	10	5	122	8	44	7	9	226	4,381	6	32	123	3,031	49	3,274	192	34		
Burford	1	26	506	3	19	—	—	—	—	1	3	—	—	30	528	4	20	22	485	4	316	24	6		
Chirbury	1	29	682	1	11	—	—	—	—	1	12	—	—	31	705	2	11	13	533	7	540	26	5		
Church Stretton ..	2	313	4,374	24	640	6	23	1	3	3	27	34	62	381	5,129	57	239	131	3,565	50	3,501	342	39		
Claverley	1	45	1,947	1	15	—	—	—	—	1	202	—	—	49	2,166	1	4	36	2,074	23	2,030	38	11		
Clee Hill	1	35	863	2	14	—	—	—	—	3	12	1	1	41	890	1	7	25	668	12	737	27	14		
Cleobury Mortimer ..	2	92	1,277	11	372	—	—	—	—	2	5	6	7	111	1,661	6	53	45	970	16	1,163	102	9		
Clun	1	122	2,853	10	142	6	28	—	—	4	15	3	6	145	3,044	18	74	68	2,156	22	2,284	118	27		
Craven Arms	1	125	1,562	11	1,123	3	21	—	—	4	47	1	4	144	2,757	19	145	31	1,151	17	1,552	134	10		
Dawley	2	77	2,286	14	338	—	—	1	66	9	33	13	13	114	2,736	5	30	46	1,769	22	2,203	93	21		
Donnington	2	106	2,327	31	466	—	—	—	—	4	41	10	10	151	2,844	6	49	68	1,499	31	2,008	121	30		
Dorrington	1	82	1,309	5	71	—	—	—	—	2	28	6	7	95	1,415	19	124	44	864	13	873	85	10		
Ellesmere	1	79	1,867	5	56	1	26	—	—	4	34	5	5	94	1,988	—	—	45	1,554	21	1,464	76	18		
Gobowen	1	69	1,339	4	22	—	—	—	—	6	41	3	4	82	1,406	—	—	35	890	13	1,046	71	11		
Hadley	1	76	1,789	8	112	—	—	—	—	4	40	2	4	90	1,945	11	79	26	892	21	1,366	60	26		
Highley	1	39	1,117	6	248	—	—	—	—	1	15	1	2	48	1,374	7	102	22	700	16	1,180	40	8		
Hinstock	1	65	1,227	3	28	2	17	—	—	1	19	8	12	97	1,050	13	35	27	621	10	616	87	5		
Hodnet	1	79	927	3	68	—	—	1	3	64	109	8	57	8	22	188	4,496	7	80	104	3,315	48	3,412	161	27
Ironbridge	3	152	3,626	18	672	1	10	1	109	1	7	6	13	65	688	17	64	22	252	10	417	57	8		
Kinnerley	1	50	592	5	60	3	16	—	—	1	7	6	13	65	688	17	64	22	252	10	417	57	8		
Longden	1	43	1,121	5	192	—	—	—	—	4	13	4	6	56	1,332	5	13	25	1,020	9	1,002	52	4		
Ludlow	3†	116	3,587	16	242	3	23	—	—	3	43	14	69	152	3,964	10	73	93	2,587	47	3,073	107	45		
Market Drayton ..	2	107	2,204	13	177	—	—	1	117	5	22	6	6	132	2,526	7	44	66	1,664	25	1,630	105	27		
Moreton Corbet ..	1	45	901	3	37	1	4	1	29	1	12	2	5	56	1,046	1	5	33	769	10	799	43	13		
Morton	1†	73	1,891	2	13	—	—	4	1	97	1	2	5	79	1,947	2	6	45	1,212	13	1,329	60	19		
Much Wenlock ..	1	43	1,960	2	29	1	11	—	—	1	59	—	—	4	6	50	2,006	3	27	33	1,829	12	1,779	43	7
Munslow	1	68	715	6	53	1	18	—	—	1	11	1	1	77	798	13	89	21	280	5	271	71	6		
Newport	2	55	1,239	18	135	—	—	—	—	9	75	—	—	82	1,449	8	58	41	1,007	17	930	68	14		
Oakengates	3	187	4,704	28	522	2	21	4	186	4	18	10	40	235	5,491	16	112	108	3,613	72	4,095	180	55		
Oswestry	3	572	10,824	38	955	3	47	2	46	32	372	11	20	658	12,264	49	681	248	6,944	116	8,540	593	65		
Pontesbury	1	49	1,168	3	31	—	—	—	—	—	—	1	4	53	1,203	3	10	30	983	10	940	42	11		
Prees	1	58	970	8	230	1	18	2	7	—	—	2	3	71	1,228	5	21	29	727	14	748	54	17		
St. Martin's	1	85	1,186	3	60	—	—	—	—	5	48	3	4	96	1,308	3	12	34	729	15	785	83	13		
Shifnal	2	103	4,744	1	9	—	—	1	42	2	20	3	5	110	4,820	2	20	57	3,444	47	4,293	83	27		
Shrewsbury	6*	696	23,981	98	1,667	8	160	5	637	11	97	59	82	277	26,624	37	255	504	18,807	244	22,201	690	187		
Stiperstones	1	16	373	3	16	—	—	—	—	1	59	—	2	2	450	1	5	10	150	7	348	20	2		
Stoke-on-Tern ..	1	43	975	3	74	—	—	—	—	2	3	2	9	50	1,061	11	71	12	708	13	780	44	6		
Stoke St. Milborough	1	27	472	5	47	1	16	—	—	2	12	3	5	38	552	3	18	18	380	5	275	33	5		
Sundorne	1	58	1,031	4	112	1	5	1	79	—	—	3	10	67	1,237	4	9	38	846	14	860	52	15		
Tibberton	1	34	810	4	35	1	43	—	—	—	—	1	1	40	889	2	14	25	741	10	657	31	9		
Trefonen	1†	38	1,192	4	101	—	—	1	28	2	9	1	1	46	1,331	4	28	28	1,104	16	1,091	37	9		
Wellington	2	155	3,735	19	251	1	50	—	—	6	38	9	21	190	4,095	8	66	98	2,700	53	2,784	157	33		
Wem	1	66	1,950	9	153	—	—	2	36	2	17	3	4	82	2,160	2	7	49	1,654	18	1,630	65	17		
Westbury	1	48	1,085	4	70	—	—	1	25	5	29	—	—	58	1,209	4	21	27	952	12	932	48	10		
West Felton	1	98	1,015	4	40	12	44	3	221	2	20	3	4	122	1,344	25	121	19	516	8	716	117	5		
Weston Rhyn	1	69	799	4	40	—	—	—	—	3	11	2	6	9	78	854	14	64	26	4	438	7	8		
Whitchurch	2	88	2,639	3	72	2	10	—	—	6	92	5	13	115	1,477	12	71	27	742	12	897	100	15		
Whixall	1	98	1,360	9	72	1	72	—	—	2	22	—	—	8	4	44	1,318	3	35	19	799	10	1,116	35	9
Wrockwardine ..	1	37	1,292	2	14	—	—	—	—	—	—	2	6	4	489	2	17	9	205	6	275	38	4		
Agency—Radnorshire	2	34	449	3	28	1	2	—	—	2	—	—	—	4	42	—	—	—	—	—	—	—	—	—	
Agency—Montgomeryshire	2	3	14	—	—	—	—	—	—	—	—	—	—	3	14	1	7	1	3	—	—	—	—	—	
TOTAL	84	5,532	127,647	555	10,848	69	873	41	2,249	197	1,579	316	634	6,710	143,830	567	3,931	3,023	94,652	1,392	106,815	5,634	1,076		

*Whole-time Home Nurses.

†Includes one whole-time Home Nurse.

‡These Nurses are also employed in the Oswestry Nursing District.

§Area covered by Burford Nurse w.e.f. 17th December, 1958.

TABLE VIII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1960

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	22	19	41	—	1	5	5	2	6	2	—	1	—	2	—	4	4	5	1	3	—		
Other infectious diseases	25	44	69	1	10	1	1	2	2	2	—	2	5	12	2	1	1	1	4	5	8		
Parasitic diseases	8	5	13	2	4	2	4	—	—	—	—	—	2	2	—	—	—	—	—	—	—		
Malignant and lymphatic neoplasms	122	165	287	—	—	1	4	2	15	31	32	37	—	—	—	—	2	21	44	42	41		
Asthma	9	21	30	—	1	1	1	2	—	2	1	1	—	2	2	2	2	3	4	2	2		
Diabetes mellitus	40	83	123	—	4	1	—	4	4	7	7	13	—	—	1	—	1	3	12	37	29		
Anaemia	94	445	539	—	—	—	—	3	7	17	30	37	—	—	8	20	40	49	67	119	142		
Vascular lesions affecting central nervous system	152	245	397	—	—	—	1	—	6	26	38	81	2	—	—	1	2	5	26	72	137		
Other mental and nervous diseases	32	77	109	1	2	2	2	3	3	4	9	6	4	—	—	5	14	12	8	18	16		
Diseases of the eye	13	33	46	7	1	1	1	—	—	1	—	3	1	4	1	3	3	3	3	9	9		
Diseases of the ear	49	50	99	12	14	6	4	5	1	2	2	11	8	13	4	7	9	4	1	3	1		
Diseases of the heart and arteries	226	294	520	—	—	—	3	3	1	30	77	115	—	—	—	4	1	16	40	75	158		
Diseases of the veins	53	192	245	—	—	—	2	3	6	9	9	24	1	1	2	5	14	30	36	55	48		
Upper respiratory diseases	84	148	232	31	17	12	8	7	3	2	3	1	38	21	18	23	19	14	7	4	4		
Other respiratory diseases	150	174	324	35	8	5	2	6	7	18	26	43	19	8	5	12	10	17	13	28	62		
Constipation	107	157	264	13	5	2	6	4	9	17	21	30	12	7	11	8	5	15	21	28	50		
Other diseases of digestive system	152	189	341	16	10	7	8	15	29	15	31	21	14	9	16	12	18	25	33	34	28		
Diseases of urinary system and male genital organs	186	—	186	90	12	2	1	3	9	10	25	34	—	—	—	—	—	—	—	—	—		
Diseases of breast and female genital organs	—	545	545	—	—	—	—	—	—	—	—	—	2	2	51	67	47	39	59	139	139		
Complications of pregnancy and puerperium	—	197	197	—	—	—	—	—	—	—	—	—	—	—	39	115	41	2	—	—	—		
Diseases of skin and subcutaneous tissues	193	286	479	29	35	26	17	20	16	19	15	16	30	47	21	27	37	39	25	25	35		
Diseases of bones, joints and muscles	52	156	208	1	2	1	6	3	4	10	12	13	—	1	2	6	10	12	22	42	61		
Injuries	308	382	690	73	82	37	22	22	25	15	11	21	43	61	28	25	33	42	40	40	70		
Senility	57	191	248	—	—	—	—	—	—	—	9	48	—	—	—	—	—	—	—	13	176		
Other defined and ill-defined diseases	58	104	162	28	6	2	—	4	5	4	5	4	22	7	9	8	11	7	12	14	14		
Diseases not specified	129	187	316	13	10	3	—	16	19	37	19	12	12	7	9	25	23	36	41	19	15		
TOTAL	2,321	4,389	6,710	352	224	117	90	129	177	280	386	566	215	207	229	385	356	405	521	826	1245		

TABLE IX

Home Nursing Service—Cases Completed in 1960—Duration of Treatment, Visits and Disposal

DISEASE	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	34	4,758	140	2,166	—	64	14	10	—	7	—	1	2	—
Other infectious diseases	67	1,335	20	796	2	12	58	2	—	1	5	1	—	—
Parasitic diseases	13	124	10	79	—	6	10	1	—	2	—	—	—	—
Malignant and lymphatic neoplasms	251	17,265	69	11,415	77	46	44	50	142	8	4	2	—	1
Asthma	22	2,679	122	459	2	21	13	3	2	4	—	—	—	—
Diabetes mellitus	78	26,832	344	23,906	—	306	17	21	11	11	1	13	2	2
Anaemia	261	60,994	234	9,434	2	36	136	39	17	53	10	—	6	—
Vascular lesions affecting central nervous system	337	21,421	64	11,887	75	35	64	99	145	19	1	5	—	4
Other mental and nervous diseases	73	19,205	263	8,271	—	113	20	22	16	7	1	3	4	—
Diseases of the eye	34	1,785	53	1,370	—	40	32	1	—	—	1	—	—	—
Diseases of the ear	90	2,415	27	1,056	—	12	75	—	—	5	8	1	1	—
Diseases of the heart and arteries	416	54,933	132	18,264	59	44	128	104	149	24	4	2	2	3
Diseases of the veins	163	16,796	104	7,145	2	44	119	26	8	3	5	1	1	—
Upper respiratory diseases	229	1,421	6	1,396	5	6	217	1	—	2	8	—	1	—
Other respiratory diseases	299	12,135	41	6,091	16	20	226	30	31	7	3	1	1	—
Constipation	252	2,888	11	1,034	2	4	230	7	1	1	13	—	—	—
Other diseases of digestive system	316	11,818	37	5,930	4	19	227	33	4	17	31	3	1	—
Diseases of urinary system and male genital organs	169	5,198	31	2,612	2	15	135	21	9	2	2	—	—	—
Diseases of breast and female genital organs	489	16,053	33	2,810	—	6	405	11	2	7	54	7	3	—
Complications of pregnancy and puerperium	193	2,365	12	1,611	18	8	121	56	—	5	11	—	—	—
Diseases of skin and subcutaneous tissues	451	8,175	18	4,595	1	10	407	12	1	9	17	4	—	1
Diseases of bones, joints and muscles	119	26,567	223	8,387	—	70	55	39	4	14	3	3	1	—
Injuries	650	12,653	19	6,559	3	10	548	36	5	9	45	5	—	2
Senility	170	32,710	192	11,548	8	68	20	67	63	15	—	3	1	1
Other defined and ill-defined diseases	142	3,292	23	1,393	8	10	106	13	1	3	19	—	—	—
Diseases not specified	316	1,229	4	753	1	2	64	19	—	—	232	1	—	—
TOTAL	5,634	367,046	65	150,967	287	27	3,491	723	611	235	478	56	26	14

TABLE X: Housing—Summary of Answers to Questionnaires.

[illegible]

*Approximate or estimated figures. †Not available or not known. ‡No List.

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