## [Report 1961] / Medical Officer of Health, Salop / Shropshire County Council.

#### **Contributors**

Shropshire (England). County Council.

#### **Publication/Creation**

1961

#### **Persistent URL**

https://wellcomecollection.org/works/m2jdggzr

#### License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

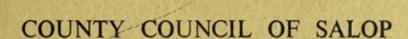
This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org

Add: 16/10/62.





# ANNUAL REPORT

OF THE

County Medical Officer of Health

1961



COUNTY HEALTH OFFICES . COLLEGE HILL . SHREWSBURY SEPTEMBER, 1962



## COUNTY COUNCIL OF SALOP



# ANNUAL REPORT

OF THE

County Medical Officer of Health

1961



## Contents

									Pa
Introdu	nction				77				ii
Health	Committee and Sub-Committees								1
Staff									2
District	t Medical Officers of Health								3
Admin	istration								4
Vital S	tatistics		1.						4
Infectio	ous Diseases								12
Venere	al Diseases	1.							13
	Health Services: National Health Service ction 22: Care of Mothers and Young			57:					14
	ursing Staff and Services								22
	ction 23: Midwifery								23
	ction 24: Health Visiting								29
	ction 25: Home Nursing								30
	ction 26: Vaccination and Immunisation								34
									41
	ction 28: Prevention of Illness, Care ar								45
	ction 29: Domestic Help								54
	Health Act, 1959								57
Registr	ation of Nursing Homes								60
Nurser	ies and Child Minders Regulation Act,	1948							61
Nation	al Assistance Acts, 1948-59: Welfare	Service	es						61
Inspect	ion and Supervision of Foods								63
Sanitar	y Circumstances								68
Statisti	cal Tables:								
I	Population, acreage and density of po	pulatio	n						85
II	Births, deaths and infantile mortality								86
Ш	Causes of death—Sanitary districts								87
IV	Causes of death—Sex and age groups								88
V	Notifiable infectious diseases								89
VI	Domiciliary confinements								90
VII	Home Nursing—Cases attended			**					91
VIII	Home nursing cases—Analysis by sex	and ag	ge group	os					92
IX	Home Nursing-Analysis of complete	d cases							93
X	Housing-Summary of answers to que	estionn	aires						94
Genera	ıl Index	-22				1010	12:21	0000	95

### 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 1961.

The Contents overleaf set out the order and format of this report, while the Index at the end is intended to help readers to find matters which interest them.

First come Statistics. What use are they? It was in 1837 that Births, Deaths and Marriages were made registrable for the whole of the Country, and probably for the first time in human history an accurate account of these milestones in human lives was made available for the whole Nation.

Dr. William Farr (1807—1883) was a notable statistician, and one of the greatest pioneers of social medicine, whose contribution to our national health "was accomplished wholly with the pen". Appointed to the Registrar-General's Office to sit and study the figures of the official returns, he did, as he said, "his little sums about human lives". In his first report to the Registrar-General in 1839 he wrote: "In the mining parts of Staffordshire and Shropshire, in Leeds and its suburbs, and in Cambridgeshire, Huntingdonshire, and the lowland parts of Lincolnshire, the deaths of infants under one year have been more than 270 out of 1,000 deaths of all ages". He went on to show that two out of every five children born alive were dead before 5 years of age.

Dr. Fraser Brockington, Professor of Social and Preventive Medicine in the University of Manchester, in his "Health of the Community" (Cassell, 1954), pictures Thomas Turner (1793—1873) of the Manchester Royal Infirmary, affected no doubt by what he had read in William Farr's reports, and unable any longer to bear the sight of the marasmic, dehydrated, puny creatures that came to spend their last few hours in his beds, suggesting the formation of the voluntary Visiting Association, and saying "Go out to the homes of these babies, seek out the cause of these wretched tragedies in the mishandling by their ignorant parents; do not wait till the evil is done and then bring them to die in my wards". By such a spirited call to social work he started the Manchester and Salford Sanitary Association, and 10 years later in 1862 the Ladies Sanitary Reform Association of Manchester and Salford. This marked the beginning of Health Visiting about which further comments are made below in this its Centenary year.

Table 2 shows that in Shropshire in 1961 Infant Deaths were 114. This is 19 more than in 1960, giving an Infantile Mortality Rate of 22.11, which was 2.7 per 1,000 more than in 1960, and higher than that of England and Wales (p. 6).

Table 6 shows that in 1961 Congenital Malformations caused 33 infant deaths—12 more than in 1960. Examination of the certificates shows no prima facie reason for thinking that any of these was associated with a happening of the first three months of pregnancy such as maternal infection or medication, but the possibility of more detailed medical study is worth considering.

Maternal Deaths, including one from Eclampsia, gave a Maternal Mortality Rate twice that for England and Wales.

Here are subjects which must interest the Local Maternity Liaison Committee, itself born in 1961, which brings together for the first time representatives of Practitioners, Consultants in Obstetrics and Paediatrics, and Midwives in Hospital and Local Health Authority practice, whereby all can contribute to better understanding of the several facets which go to make a good maternity service. Talks by Consultant Obstetricians and discussion sessions at Maternity Hospitals are offered for 1962/63 at which all Practitioners will be welcome.

Table 12 shows the causes of 88% of the deaths in Shropshire in 1961, which totalled 246 more than in 1960. Notable factors were 87 more deaths from Heart Disease and 77 more from Influenza, both probably concentrated in an outbreak in the late Spring of the year believed to be associated in some cases with strains of bacteria resistant to the usual antibiotics, and causing more deaths among elderly patients.

Coronary Disease notifications of death were 598 (Table 13) which is 64 more than in 1960: Accident Deaths in the home and at work maintained their high level at 69, only 2 less than in 1960; Motor Accident Deaths were the same at 50, and Suicides 10 more at 39. The note below Table 14 shows the sad feature that of the 60 deaths of young people aged 5—25, accidents caused 29. Of these, motor accidents killed 13 young men between 15 and 25.

Though the 73 new cases of Pulmonary Tuberculosis notified in 1961 were 20 fewer than in 1960 as shown in Table 15, reference to Table 22 on p. 12 shows that the largest number occurred in males between 25 and 45. Smoking evidently predisposes the lung to cancer. Since men between 25 and 65 have both more lung cancer and lung tuberculosis, smoking probably damages and lowers the resistance of the lung tissue.

Table 17 shows that the 102 deaths from Cancer of the Lung and Bronchus were 24 more than in 1960; the ratio of lung cancer deaths to all deaths for males in Shropshire in 1961 at 1 to 20 is the highest we have recorded.

Deaths from Leukaemia (p. 11) were double those in 1960; those from Cancer of the Breast and Uterus were fewer.

The three right hand columns of Table 20 still challenge our curiosity and effort.

Infectious Diseases were mostly benign, but the first clinical Diphtheria to be notified in Shropshire since 1952 is reported on pages 13 and 36. One death from Whooping Cough (at 2½ months), and three cases of Poliomyelitis, all unvaccinated, recall the importance of immunisation. Everyone is offered vaccination against Poliomyelitis, but in 1961 two small boys of 3 and 9 years old suffered paralyses likely to need unremitting care.

There have been 19 paralytic cases of Poliomyelitis in Shropshire between the beginning of 1958 and June, 1962. One of the three deaths (reported in 1958) was in a young expectant mother who had received her first dose of vaccine 6 days previously. Of the other 18 cases, 15, including 2 fatal cases, had had no vaccination protection, 2 had received two doses of vaccine, and 1 had received one dose. None of these latter 3 had serious residual paralysis.

#### The County Council Welfare Centres and Services are listed on page 18.

Nearly all the figures of attenders and attendances, given in Table 30 (p. 19) show a rise of between 10 and  $12\frac{1}{2}\%$ , and in some cases substantially more, over the corresponding figures for 1960. Public demand for and use of these social and preventive services is thus well maintained, despite the other advantages which the new National Health Service Act of 1946 brought to all as patients each with a personal family doctor. The Health Visitors are again referred to below.

#### Nursing Staff and Services are dealt with from p. 22.

In Midwifery, 5,424 confinements in 1961 were 227 more than in 1960; the number confined at home rose by 143, and in hospital by 84. (See also Admission of Maternity Cases to Hospital and Table 45 on p. 28).

If the number of births continues to rise, and the pleas for more hospital confinements continue, and if hospital maternity beds become fewer (and all three things seem likely), then the inevitable compromise may lie in reducing the length of stay in hospital after confinement. Such is the view of many Obstetric Specialists. The problem is far less acute in Shropshire than in the heavily populated cities of Birmingham and Wolverhampton. Some would allow mothers to return home 48 hours after a normal birth, still others think that a few hours is long enough for her to stay in hospital. Midwives are a governing consideration. If only 1 in 4 who qualifies as a midwife elects to practise, there is urgent need to discover why this is so. Such a vastly accelerated turnover in hospital confinements as would result from a "48 hour stay", or a "delivery only" policy, may still further reduce recruitment of midwives to the labour wards, or drive still more from any kind of midwifery to the many other branches of the nursing profession which are open to them. The goodwill of the Midwives must be woo'ed assiduously, if only because on them so much depends. Their counsel in the Local Maternity Liaison Committee is needed about this and other matters.

The County Council Midwives' work in 1961 is described from p.25. That Rhesus testing of mothers' blood has been done in 98% of cases in each of the last 4 years is good; and some details and an example of the procedure in these cases are given on pp. 26 and 27.

For Pre-Eclamptic Toxaemia (p. 28) 246 cases had special care. In these cases, the number of stillbirths were twice, and of neonatal deaths two-and-a-half times, those for the same number of toxaemia cases in 1960. This, and a maternal death from Eclampsia, underline how serious this complication of pregnancy can prove.

Still-births expressed as a percentage of 'toxaemic' births gave a rate more than twice that for all births; the same applied in respect of perinatal mortality; Neonatal deaths, too, were substantially more in toxaemia cases.

Under the heading of Statistics above, allusion has been made to the beginning of Health Visiting in Manchester and Salford 100 years ago. It was not immediately recognised as a task for a nurse. No less a person than Florence Nightingale pointed out in her "Notes on Nursing" (1858) that "The causes of the enormous child mortality are perfectly well known; they are generally want of cleanliness, want of ventilation, careless dieting and clothing, want of whitewashing; in one word defective household hygiene". She felt that the laws of health or of nursing should obtain among the well as among the sick; and that the work of "Household Hygiene" was a call to the nursing profession. From the bed to which she retired in her South Street home, and from which she wrote so prolifically to the leading men and women in all countries, she still pondered over the matter. At the age of 71 it occurred to her that the new local authorities (the County and County Borough Councils created in 1888) might be interested in this problem. She wrote to the Chairman of the Technical Instruction Committee of her County "The needs of home health bringing require different but not lower qualifications, and are more varied; they require tact and judgement unlimited to prevent the work being regarded as interference and becoming unpopular . . . (the visitor) must create a new work and a new profession for women". A special course of training was started and professional health visiting began (1892).

In Warwickshire in 1903 the Infantile Mortality Rate was 125, and there was appointed the first full-time Health Visitor. Dr. Bostock Hill, Medical Officer of Health, wrote in his Annual Report "The most memorable step taken by the County Council to guard public health was undoubtedly the appointment of a Health Visitor during the year. She found ample field for work. Her functions are rather those of a friend of the household to which she gains access . . . . In numerous instances she has been asked to return and aid the mothers and families by her help and counsel . . . . In this new departure of carrying sanitation into the homes I believe we have not only an important, but almost the only means of further improving the health of the people".

Today, 100 years from their beginnings, too many people don't know what Health Visitors do. They were called into being when lack of knowledge and care of young children were associated with an Infantile Mortality Rate of 200 or more, meaning that that number of babies died within their first year of life of every 1,000 babies born alive. Though Registration of Births begin in 1837, knowledge of the birth was not necessarily available for some weeks afterwards to the Health Department, who were outmatched by the rapidity with which diseases overtook most infants, who were in so many instances dead before the birth was known. Huddersfield made history (after an interesting initial pilot scheme with an economic incentive at the Mayor's expense) in securing the passing of a local Act of 1906, requiring the father to notify the birth to the Corporation within 48 hours. This in turn led to the Notification of Births Act of 1907 which gave every Authority power to adopt it, and Notification became compulsory in 1915.

Now a new meaning was given to infant visiting. Information of the birth occurring in an area could be sent to each nurse; visits were able to begin before the Midwife ceased attendance and in collaboration with her. As new staff became available, regular periodic visits to every new baby became standard practice.

So with the Notification of Births Acts of 1907 and 1915, Local Health Authorities became responsible for watching over child life. Their Infantile Mortality Rate became the accepted criterion of a Council's efficiency as a Health Authority. The national figure was about 60 per 1,000 live births in 1931 and, as noted, was 21.6 in 1961. Better environmental hygiene and the reduction of infectious diseases, in particular the "infantile diarrhoea" so dreaded 50 years ago, have played their part, and many babies born today, it may be agreed, are in little danger of serious trouble, much less early death. A minority, however, need watchful care more than ever; and this is a point which should be emphasized. Probably not many Medical Practitioners nowadays view the activities of Health Visitors with those suspicions of 'interference' which Florence Nightingale wrote of 70 years ago, but family doctors cannot themselves accept responsibility for the welfare of the many babies they may never see. The Notification of Births Acts had this very point in mind. Notification of every birth is sent to the Medical Officer of Health of the Local Health Authority so that he can deploy responsibility for the care of every child to one of his Health Visiting staff. He and she are statutorily charged with watching over each baby, visiting it periodically if it is not attending a Welfare Centre. Naturally nowadays visiting is largely confined to families where for some special reason the need is greater. It is to this extent selective, a very big proportion of the Health Visitor's time being spent on a very small proportion of families. The notes about such families at the bottom of page 51 and top of page 52 are very relevant to this subject; they are the families who need watchful care most, and this especially for the children whom a doctor might never be invited to see. The Health Visitor is a social worker par excellence, and the best of them have perfected in the fires of experience a knowledge of social medicine which others may envy. There have been suggestions of late years that doctors might have Health Visitor services directly, and a system has been developed in Hampshire of attaching Health Visitors to doctors' practices, which is said to work very well. This has too many difficulties to be applicable here, but I am very glad when any Practitioner tells us of an individual problem in which he thinks our Health Visitors might help. We certainly try to make their aid available when asked for, and the results seem satisfactory and acceptable to all concerned. Those Practitioners who know their local Health Visitors may certainly confer locally if they wish: alternatively and perhaps more often there may be advantages in writing to or ringing up the Health Department direct, when we may suggest alternative ways of trying to help, and can usually invoke the most appropriate Health Visitor or other helper the same day.

Expansion of 'social case work', which has been so greatly advocated of recent years, may be effected best by Health Visitors. If an additional 60 to 80,000 persons, perhaps mostly young married couples and their families, are to come into residence in Dawley New Town, and in any case in relation to the "Ten Year Plan" for the development of Local Health Authority services required by the Central Government in 1962, more Health Visitors must be sought to bring the numbers employed up to and beyond those provided for by our present establishment: and the Council in July, 1962, approved proposals to this end. As in Warwickshire 60 years ago, there will be ample work for them to do. Review is called for of their areas of operation, so as to try to equate case loads and relate them to population, distances and duties required, but such reviews are difficult to carry out successfully while Local Government boundaries are as yet unsettled, and while difficulties exist about recruiting medical officer and nursing staff.

The Tables 46 and 47 on page 29 are a little complicated, but mean in effect that we have only a total (whole-time equivalent) of 47 Health Visitors against an approved establishment of 52 at present.

Table 48 shows the number of visits in 1961, increasing—except for the figures for visits to the tuberculous—by more than 10% per annum. This again is evidence that the good work of Health Visitors is being maintained.

The Home Nursing Service is dealt with from page 30. The numbers of cases nursed, and of visits paid, decrease every year; and this must be a subject for thought. It would be nice to think that illness is less, but since the proportion of elderly people in the population is increasingit is said that the proportion of persons of pensionable age in the population will have increased by 28% by 1975—and the elderly unfortunately tend to be more liable to illness and accident, this is perhaps unlikely. Indeed Table 50 shows that the proportion of cases, and visits, devoted to the care of the aged in their own homes are, after a jump upward 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 is often conspicuous to us centrally. 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, but it is only by knowing all the needs that we can budget and secure and deploy enough nurses to meet them. Family doctors can help us if they will ask boldly for such nursing services as they consider their patients need.

Your indulgence is asked for the length of the section on Vaccination and Immunisation commencing on page 34. These are among the most important and topical subjects in preventive medicine today, and all who are interested in protecting people against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, and in the working of a Central Syringe Service will, I greatly hope, read these pages in full. Smallpox and Vaccination looming so largely in the early months of this year and being the subject of some rather confusing 'ex cathedra' statements in July, 1962, I have tried to re-state some fundamentals, and in doing so have included my acknowledgements to a work on Smallpox published at the beginning of this century and scarcely challenged since, by two wise epidemiologists—one of whom happily is still interested.

The report on the County Ambulance Services beginning on page 41 gives me the opportunity to record my appreciation of the County Ambulance Officer, which indeed 'age cannot wither nor custom stale'.

For him 1961 was a difficult and trying year, as his report evidences. He came through it with honour and with the confidence and affection of his colleagues for a job well done: his conduct of the County's Ambulance Services seemed to me, as always, beyond praise.

Prevention of Illness, Care and After-Care is one of the most important sections in Part III of the National Health Service Act of 1946.

The Report of the Consultant Chest Physician on page 45 makes interesting and agreeable reading with its original observations. The attention he draws to figures for new notifications, which might have seemed a pipe dream even a generation ago, is warranted: as can be vertified in Table 15 on page 10, which also shows that there were 155 deaths from Respiratory Tuberculosis in 1931, and 13 in 1961.

I am glad too that he has noted that the number removed from the Respiratory Tuberculosis Register as recovered during 1961 was greater than the new notifications; and still more that he refers to the need to see in proper perspective the use of 'Respiratory Tuberculosis' as a label or even as a cause of death. Only 6 out of 23 persons whose names were on the Respiratory Tuberculosis Register at the time of their deaths (and 20 were over 50, and 9 were over 70 years of age) he deems to have had active tuberculosis which was probably the direct cause of death.

The help of the Mass Radiography Units is recorded so modestly on page 46 as to be unobtrusive, but their Medical Directors and they are deeply appreciated as being invaluable in their co-operation and efficiency.

The Wolverhampton Unit operates at the Wrekin Hospital, Wellington, on the second and fourth Mondays from 10.30 to 11.45 a.m., and at Copthorne Hospital, Shrewsbury, on the same days from 2.15 to 3.30 p.m. The Stoke-on-Trent Unit is available at Whitchurch Child Welfare Centre on the first Friday of the month from 11.0 a.m. to 7.0 p.m., and at Oswestry on the first Tuesday of the month from 2.30 to 4.0 p.m. and from 5.0 to 7.0 p.m.

In connection with Health Education, so much recommended by the Ministries concerned for expansion by Health and Education Authorities, Mr. H. Harris has written a thoughtful report beginning on page 48. He has given devoted service to this difficult subject over some years now, and it is pleasant to record that his former garret of 6ft. by 6ft. has been replaced by a worthier office with communicating store in rented premises at I Swan Hill. The contributions of Mr. Blythe, former Lay Administrative Officer, and of Mr. Clarke, Principal Dental Officer, deserve special thanks, the sustained contributions to propaganda for the prevention of dental decay afforded by the last named being of conspicuously high quality and attracting much notice. That home accidents reported were only half the figures for 1960, and falls which we heard about were only one quarter, may not, one feels, be merely fortuitous as the modest writer suggests, and to him some credit must surely be due.

On the Mental Health Service, Mr. Ward has written so comprehensive and useful a report beginning on page 57 that everyone should read it in full.

The growth of the Council's contribution to Mental Health in the last 10 years can be assessed when we realise that in 1952 no Training Centre was even projected in Shropshire.

The energy and determination of Dr. William Hall and Mr. Ward and all their helpers are evidenced by the notes on page 59 relating to Training Centres and showing the great expansions operative and imminent in these fields. Relationships with the Hospitals for mental illness are constantly being extended to the benefit of all. The Council's Mental Welfare Officers' share in the care and after-care of patients is rapidly increasing, and more of these officers will very soon be required.

It is characteristic of the Mental Health section that the officer referred to on page 57 as undertaking a Course at the London School of Economics and Political Science has recently returned with the Diploma and rank of a Psychiatric Social Worker, which is a very high qualification indeed.

The work of the County Sanitary Officers is described from page 63 onwards. Their report is of interest and greatly to their credit and deserves full study.

Sampling under the Food and Drugs Act, 1955, follows a deliberate and comprehensive plan for all articles, and Milk sampling is on a large scale. The details and ramifications of recent legislation relating to Milk, which are of great interest, are clearly set out. The first case cited in Table 95 followed a complaint telephoned on the afternoon of Christmas Day.

The Sanitary Circumstances of the County occupy their usual position near the end of this report, commencing on page 68.

Comments on **Housing** on page 69 and the tables which follow underline a thesis propounded here before, that Housing Authorities might bring their information up to date about the properties in respect of which they collect rates. Even if capital grants and central sanction be restricted and progress thereby retarded, a period of relative prosperity gives to Housing Authorities the opportunity to pursue and muster all the information they can obtain so that factual knowledge can form a solid basis on which to build the sound sanitary amenities for the provision of which they are responsible.

The Minister of Housing and Local Government has recently in his Circular 42/62 on Improvement of Houses asked every Local Authority with houses worth improving to think how they can make better progress, and to let him know by the end of the year what action they propose to take.

These are indeed formidable tasks in respect of the very sparsely populated areas in some Rural Districts: it is the more creditable that not a few of the latter are so vigorously pursuing these objectives.

The reports on Sewage Effluents furnished by the Severn River Board speak for themselves. In very round figures, of rather more than half a gross of samples, about a dozen are thoroughly bad, less than a dozen are good, about 3½ dozen are unsatisfactory, and about 1½ dozen are fair.

The Reports of the Salop County Medical Officers of 60 and 50 years ago are robust and forthright and direct indeed in their comments on the subject of Water Supplies and Sewerage. The County Council had perhaps a more direct interest then. While they can scarcely regard these results in 1961 with equanimity, neither do they seem to be in a position to do very much to make matters better, the situation being one for the District Councils themselves and the River Board.

The usual 'big' Tables I—X come at the end of the Report. Space does not allow one to dilate on them, but they are as tremendous in interest as they are in detail.

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.

Reference is made in the previous page to Mr. T. R. Blythe as former Lay Administrative Officer of this Department, and this calls for explanation. I found, when I came here in 1953, a good administrative organisation, built up largely by Mr. Blythe, which has operated very well indeed. In his years since 1944 as senior lay officer Mr. Blythe had ever been forward-looking, and more recently had confided in me his altruistic intention of devoting his efforts after retirement to voluntary work for the aged and others. In more recent times he organised an efficient Health Education Service in the Department, himself taking an active part in talks to Old People's Clubs, Brains Trusts, etc., and in the Shropshire Old People's Annual Festival.

In this way his work became known to and appreciated by the County Welfare Department and in anticipation of the recent retirement of Mr. W. H. Hughes as Secretary of the Shropshire Old People's Voluntary Welfare Committee, the County Welfare Officer let it be known that he would welcome Mr. Blythe to take over this responsible position and other Welfare duties.

By general agreement, therefore, Mr. Blythe transferred to the County Welfare Department from 1st April, 1962.

The Welfare Department's gain has been the Health Department's loss, but the needs of the former seemed to be for an officer with some rather unusual qualities which Mr. Blythe rather conspicuously evinced, of sympathy and compassion and diplomacy, and the appointment seems to be working to advantage. For my part, and in saying how glad I am still to have Mr. Blythe near us in spirit and contact, in a work and Department with whom we enjoy so constant and frequent liaison, I record with the greatest sincerity my appreciation of his years of loyal and devoted work for the Health Committee and Department, and my personal gratitude for his great help to me.

The entire staff of the Health Department deserve great credit for their cheerful persistence and hard and efficient work through an exacting and testing year. To Mr. A. R. Brawn belongs credit for marshalling and editing and guiding me and the pages through the complex processes which lead to publication, and this is only one facet of his sterling work for the Health Services and Department in Shropshire.

Professor Fraser Brockington of Manchester has been good enough to allow me to quote from his admirable writings some of the historical and biographical details relating to Health Visiting, and his courtesy is acknowledged.

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

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

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE, COLLEGE HILL, SHREWSBURY.

September, 1962.

#### HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1961)

#### HEALTH COMMITTEE

#### CHAIRMAN:

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

#### VICE-CHAIRMAN:

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

#### ALDERMEN:

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

LL.D., D.G.St.J.

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

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

Morris, Mrs. E. L., J.P.

CROFT, E. H.

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

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

HAMAR, DR. L. A. POWELL, T. P.

STEVENTON, T. O. THOMAS, E. B., J.P.

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

COUNCILLORS:

MORRIS, T. E.

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

Powis, D. O.

RHAIADR-JONES, J. R.

SMITH, C.

STEPHENS, Mrs. I. E.

WOOD, A. J. (Deceased 23rd January, 1962)

CO-OPTED MEMBERS:

BECKETT, H. R.

DAWSON, G. A.

JONES, T.

JONES, T. H.

McDonald, L.

HARRISON, MRS. E.

JELLICOE-WALL, H.

RYLE, DR. J. C.

POOLER, DR. W. R. H.

CHOLMONDELEY, 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

#### HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

BEALE, REV. W. G.

BOYNE, DOWAGER THE VISCOUNTESS

DAWSON, G. A.

GILES, REV. R. A. (Chairman)

HAMAR, DR. L. A. MORRIS, MRS. E. L. MORRIS, T. E. PARRY-JONES, R. J. S. POOLER, DR. W. R. H. POWELL, T. P.

RHAIADR-JONES, J. R. STEPHENS, MRS. I. E. STEVENTON, T. O.

#### HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

ATTLEE, DR. W. O.

BOYNE, DOWAGER THE VISCOUNTESS

GILES, REV. R. A. HAMAR, DR. L. A. HARRISON, MRS. E.

Morris, Mrs. E. L. (Chairman)

PARRY-JONES, R. J. S. POOLER, DR. W. R. H. RYLE, DR. J. C. SMITH, C. STEVENTON, T. O.

Co-opted Members:

THOMAS, E. B.

BOROUGH, MRS. M. L. CHOLMONDELEY, 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

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

CROFT, E. H. DAWSON, G. A.

THOMAS, E. B.

GILES, REV. R. A. JONES, T.

JONES, T. H. McDonald, L.

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:

CLIZABETH 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.
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 (Retired 31st October, 1961)

AGNES D. BARKER, M.B., Ch.B.
SHEILA M. G. CROSLAND, M.B., B.S. (Part-time) (Resigned 24th June, 1961)

KENNETH E. JONES, M.B., Ch.B. (Appointed 20th November, 1961)

LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland) (Appointed 1st April, 1961)

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

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

VIOLET G. PRITCHARD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Part-time) (Resigned 17th November, 1961)

Principal Dental Officer: CHARLES D. CLARKE, L.D.S.

Assistant Dental Officers:

Whole-time PAUL H. BRITTEN, L.D.S. (appointed 20th February, 1961) NOEL GLEAVE, L.D.S. GEOFFREY H. STOUT, L.D.S. GEORGE B. WESTWATER, L.D.S.

Part-time:

RONALD CULLWICK, L.D.S., D.L. (Deceased 1st February, 1962)
ROY DENVILLE JONES, L.D.S., R.F.P.S.
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S. (appointed 14th February, 1961)

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. (resigned 11th February, 1961)

Constance M. Grierson, S.R.N., S.C.M., Q.N., H.V. (appointed 1st May, 1961)

Gladys M. Willcocks, S.R.N., S.C.M., Q.N., H.V.

Lay Administrative Officer:

THOMAS R. BLYTHE

Chief Clerk:

CYRIL PROPHET

County Sanitary Officer:

DAVID COUPS, Cert. R.S.I.

Assistant County Sanitary Officer: GEORGE R. HALL, Cert. R.S.I.

County Ambulance Officer:

Consultant Children's Psychiatrist (Part-time); BARBARA J. EVANS, M.D. (New York), M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Worker:

KATHLEEN E. HUNT, B.A.

Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T.

Speech Therapists:

CHRISTINE BROWNLOW, L.C.S.T. (resigned 31st March, 1961)
CHRISTINE BROWNLOW, L.C.S.T. (appointed 4th September, 1961)
ANITA LEESON, L.C.S.T.

\*Also District Medical Officer of Health

Tuberculosis Health Visitor: ENID THOMAS, S.R.N., H.V.

Senior Mental Welfare Officer: ERNEST A. R. WARD

Mental Welfare Officers:

DILLWYN B. DAVIES (appointed 10th June, 1961) IDRIS E. EVANS (appointed 1st March, 1961) CHARLES T. FRANCIS
ALBERT E. KENT (appointed 27th September, 1961)
KATHLEEN G. TEAGUE GEORGE WRIGLEY (resigned 16th April, 1961) 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.

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, 1961. 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.

With the retirement in October, 1961, of Dr. W. A. M. Stewart as whole-time District Medical Officer of Health to the North-East Salop United Districts, negotiations were opened with the District Councils concerned to bring into operation arrangements formulated by the County Council in 1957 under Section 111 of the Local Government Act, 1933, whereby they would be served by "mixed appointment" Medical Officers appointed jointly by the District Councils and the County Council.

At the time of writing, these negotiations are still continuing.

Table 1: District Medical Officers of Health

Medical Officer	Districts	Acreage		Population
Medical Officer	Districts	Acreage	Census 1961	Estimated Mid-1961
Mixed Appointments:				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough	8,118	49,726	49,810
P. C. Moore, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H.	Oswestry Borough Oswestry Rural	2,173 61,524	11,193 18,914	11,380 19,540 30,920
C. B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.	Ellesmere Urban Wem Urban Whitchurch Urban Ellesmere Rural Wem Rural	1,220 903 6,053 48,253 60,343	2,254 2,603 7,159 7,032 11,594	2,280 2,580 7,090 7,470 12,120
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough Wenlock Borough Bridgnorth Rural	2,645 22,657 100,897	7,552 14,929 14,865	7,510 14,950 15,100 37,560
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 Church Stretton Urban Atcham Rural	1,867 6,198 134,490 132,512	1,229 2,712 22,306 8,683	1,220 2,700 22,680 8,510 35,110
	Ludlow Rural	112,823	13,242	13,390
E. CAPPER, M.B., Ch.B., D.P.H.  Whole-time:	Ludlow Borough	1,068	6,774	6,690
W. A. M. STEWART, M.B., Ch.B., L.R.C.P., L.R.F.P.S., D.P.H., Barrister-at-Law (Retired 31st October, 1961)	Dawley Urban	3,259 1,216 768 2,396 2,281 54,058 39,562 54,516	9,553 5,853 4,370 12,158 13,630 9,291 14,234 25,457	9,540 5,840 4,460 12,170 14,040 9,760 14,800 26,290
	TOTAL	861,800	297,313	301,920

## Annual Report for 1961

#### 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
Chairman and Vice-Chairman of the Health Committee
Chairmen of the Nursing and Water Sub-Committees
Ten members of the Health Committee

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
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
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

Area of Administrative County (acres)			 	861,800
Rateable Value (at 1st April, 1961)			 	£3,390,712
Estimated product of 1d. rate (at 1st Ap	ril, 19	61)	 	£13,653

Table 2: General Statistics

					Urban Districts	Rural Districts	County
POPULATION: Estimated population (mid-1961)					152,260	149,660	301,920
BIRTHS:							
Live births				*:	2,611 17.15	2,545 17.00	5,156
Illusidants the blocks					118	104	222
Percentage of total live births					4.52%	4.09%	4.31
Stillbirths					62	50	112
Rate per 1,000 live and stillbirths					23.19	19.26	21.26
Total live and stillbirths					2,673	2,595	5,268
INFANT DEATHS:							
Deaths under one year Mortality rates:					61	53	114
All infants per 1,000 live births					23.36	20.83	22.11
Legitimate infants per 1,000 leg Illegitimate infants per 1,000 ille	itimate egitimai	te live	rths births		22.46 42.37	20.89 19.23	21.69
Deaths under four weeks		200			39	43	83
Neo-natal mortality rate per 1,000	live bi	rths			14.94	16.90	15.90
Deaths under one week					35	34	69
Early neo-natal mortality rate per					13.40	13.36	13.38
Deaths under one week and stillb Perinatal mortality rate per 1,000	irths total liv	e and	stillbirt	hs	97 36.29	84 32.37	181 34.36
MATERNAL DEATHS:							
Deaths (including abortion) Rate per 1,000 live and stillbirths					0.75	0.77	0.76
	**	**		**	0.75	0.77	0.76
DEATHS: Total deaths from all causes			7.		1,934	1,549	3,483
Rate per 1,000 population					12.70	10.35	11.54

**Population.**—The Registrar-General's estimate for mid-1961 of the population of the County, inclusive of members of the Armed Forces, was 301,920, 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 1 on page 85, from which it will be seen that 152,260 persons were resident in urban areas and 149,660 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 Census		1951 Census		1961 Ce	1961 Census		1961	
	Persons	%	Persons	%	Persons	%	Persons	%	
Urban Districts Rural Districts County	 121,665 122,491 244,156	49.8 50.2 100	139,570 150,232 289,802	48.2 51.8 100	151,695 145,618 297,313	51.0 49.0 100	152,260 149,660 301,920	50.4 49.6 100	

The County population as a whole decreased by 260 compared with the previous year. Excess of births over deaths, however, gave a natural increase of 1,673.

The density of population remained as previously at 0.35 persons per acre, with 2.42 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.44 persons per acre) in urban areas and Clun (0.06) in the rural areas.

**Births.**—The live births registered in and appertaining to this County during 1961 numbered 5,156, an increase of 259 compared with the previous year and the highest since 1948. Male and female births were 2,722 and 2,434 respectively.

The birth-rate per 1,000 of population was 17.15 in urban districts, 17.00 in rural districts and 17.08 for the County.

Adjusting these rates to allow for distribution of the population by sex and age gives standardised rates of 16.98 for urban areas, 18.87 for rural areas and 18.10 for the County, compared with a provisional rate of 17.4 for England and Wales.

Of the 5,156 live births, 4,934 were legitimate and 222 illegitimate. The latter figure was one less than in 1960 and represented 4.31 per cent of the live births (a decrease of 0.24 per cent) or 43.1 per thousand live births, compared with a rate of 59 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on page 86.

Stillbirths.—In 1961 there were 112 stillbirths, giving a rate of 21.26 per 1,000 live and still births, as against 23.53 for the previous year, and that of 19.1 for England and Wales for 1961.

The rate per 1,000 population was 0.37.

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

Table 4: Stillbirth Rates

Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Still births
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
1961	112	5,156	5,268	21.26

Illegitimate stillbirths numbered 9, giving a rate of 38.9 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1961 of infants who died before reaching one year of age numbered 114—an increase of 19 compared with 1960.

The infant mortality rate per 1,000 live births was 22.11, compared with 21.6 for England and Wales.

Deaths of illegitimate infants numbered 7 and 5 of these were in urban districts, giving a rate of 42.37 per 1,000 illegitimate live births, as against 31.53 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

		Legitimate			Illegitimate	
Year	Live births	Deaths	Rate per 1,000 births	Live births	Deaths	Rate per 1,000 births
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
1961	4,934	107	21.68	222	8 7	31.53

Below are given the causes of infant deaths registered in 1961, with comparative figures for the previous year:

Table 6: Deaths of Infants under one year

Cause of Death		1960			1961		+
Cause of Death	Males	Females	Total	Males	Females	Total	or _
Congenital malformations Other defined and ill-defined diseases (including	. 8	13	21	16	17	33	+12
managed transfer b	. 40	19	59	40	22	62	+3
Pneumonia	. 5	6	11	8	5	13	+2 +1
Castaltia antasitis and diambasa	. 1	-	1	1	1	2	+1
Decarabitie		_		1		1	+1
Whoming Cough		_		_	1	1	+.
Dishetes				_	1	1	+1
A coldents (ather then mater schiele)	_	- 1	1	_	1	1	-1
Malianant and lumphatic paoplasms	. 1		1		_	_	-1
Influence	-	1	1	-	-	-	—i
TOTAL	. 55	40	95	66	48	114	+19

Of the 114 infants who died in 1961, no less than 47 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 14, 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, 82 of the 114 infant deaths during 1961 (or 72 per cent) occurred in the first month of life:

Table 7: Infant Deaths-Age Groups

Age Groups -	195	59	196	50	196	51
Age Groups	Deaths	%	Deaths	%	Deaths	%
Under one week 1—4 weeks 1—12 months	63 11 22	65.6 11.5 22.9	67 5 23	70.5 5.3 24.2	69 13 32	60.5 11.4 28.1
Total	96	100	95	100	114	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 1961 of 15.90 per 1,000 live births is higher than for three years and compares unfavourably with that of 15.5 for England and Wales.

Table 8: Infant Mortality Rates

Year	Infar	nt Mortality	Neo-Natal Mortality					
rear	Deaths	Rate per 1,000 Live Births	Deaths	% of Infant Deaths	Rate per 1,000 Live Births			
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			
1961	114	22.11	82	71.9	15.90			

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 69 in 1961, and stillbirths 112, giving a mortality rate of 34 per 1,000 live and still births, compared with 37 in 1960. The provisional rate for England and Wales for 1961 was 32.2.

Table 9: Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births
1958	56	108	164	34
1959	56 63 67	110	173	35 37
1960	67	118	185	37
1961	69	112	181	34

Maternal Mortality.—Deaths registered in 1961 and attributed directly or indirectly to pregnancy numbered 4, giving a rate of 0.76 per 1,000 live and still births, compared with 0.33 for England and Wales.

Causes of death were as indicated below:-

	Age		Cause
1.	23	1.	Pulmonary embolism.
		2.	Femoral and pelvic venous thrombosis.
2.	22	1.	(a) Cardio-renal failure. (b) Complete anuria due to
			(c) Post parturition renal necrosis.
_			

3. 32 1. Eclampsia.

33 1. Pulmonary embolism associated with pregnancy.

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

Vene	Deaths -	Rate per 1,000	live and still births
Year	Deaths -	Shropshire	England and Wales
1952	6	1.25	0.72
1953	2	0.42	0.76
1954	2 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
1961	4	0.76	0.33

Thus our maternal mortality rate in Shropshire was more than twice that for England and Wales in 1961, as it had been three times that for England and Wales in 1960, when I wrote on the subject at some length. In 1961, a Local Maternity Liaison Committee for the Shropshire Area was formed and the Obstetric Consultants are providing periodical reviews on clinical midwifery subjects much appreciated by those who attend.

It was in 1961 that Ministry of Health Circulars LHAL. 3/61 and E.C.N. 34 reiterated 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 toxaemia should be admitted to hospital.

Deaths—General.—The number of deaths registered in 1961 as appertaining to Shropshire was 3,483—an increase of 246 compared with 1960. Male and female deaths were 1,805 and 1,678 respectively.

The crude death rate for the year was 11.54 per 1,000 population for the County as a whole and the standardised rate 11.66, compared with 12.0 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.

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

	1959	1960	1961
Urban Districts	 11.62	11.34	11.94
Rural Districts	10.84	10.33	11.28
Shropshire	 11.32	10.92	11.66
England and Wales	 11.6	11.5	12.00

Full information with regard to deaths registered in 1961, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages 87 and 88, but while these are of interest, the temptation to interpret such small numbers too seriously should be resisted.

Table 12: Principal Causes of Death

		1961			1960			1959	
Cause of Death	Deaths	Rate per 1,000 population	% of total deaths	Deaths	Rate per 1,000 population	% of total deaths	Deaths	Rate per 1,000 population	% of total deaths
Heart disease	1,153	3.82	33.10	1,066	3.53	32.93	1,128	3.76	33.83
Vascular lesions of nervous system	564	1.87	16.19	588	1.95	18.17	549	1.83	16.47
Cancer (including leukaemia)	557	1.84	15.99	540	1.79	16.68	552	1.84	16.56
Diseases of the circulatory system									
(other than heart disease)	145	0.48	4.16	153	0.51	4.73	117	0.39	3.51
Pneumonia	142	0.47	4.08	127	0.42	3.92	128	0.43	3.84
Bronchitis	126	0.42	3.62	128	0.42	3.95	159	0.53	4.77
Influenza	85	0.28	2.44	8	0.03	0.25	77	0.26	2.31
Accidents (other than motor vehicle)	69	0.23	1.98	71	0.23	2.19	63	0.21	1.89
Motor vehicle accidents	50	0.17	1.44	50	0.17	1.54	44	0.15	1.32
Congenital malformations	46	0.15	1.32	29	0.09	0.90	26	0.08	0.78
Contactal.	39	0.13	1.12	29	0.09	0.90	41	0.14	1.23
Other diseases of respiratory system)	33	0.15	1.12	27	0.03	0.50	-41	0.14	1.40
Const. Dr Pr. b de de de	36	0.12	1.03	23	0.08	0.71	31	0.10	0.93
Ulcer of stomach and duodenum	27	0.09	0.78	24	0.08	0.74	14	0.05	0.42
Minchestele and machinesis	24	0.08	0.69	20	0.07	0.62	20	0.05	0.60
Nephritis and nephrosis	24	0.08	0.09	20	0.07	0.02	20	0.00	0.00
TOTAL	3,063	10.15	87.94	2,856	9.46	88.23	2,949	9.83	88.46

Table 12 shows the principal causes of death for 1961 in order of importance, with comparative figures for the two preceding years. In total, deaths were 246 more than in 1960, with increased mortality from heart disease (87 more), influenza (77 more), cancer (all sites including leukaemia 17 more), congenital malformations (17 more) and pneumonia (15 more). Deaths in consequence of accidents in the home and at work maintained their high level at 69—only 2 less than in 1960—and road accident deaths were the same (50).

Mortality from vascular lesions of the nervous system showed the only appreciable decrease, 564 deaths or 24 less than in 1960.

Coronary disease and angina.—Deaths from heart disease (which includes coronary disease and angina, hypertension with heart disease and other cardiac conditions) increased by 87 over the previous year, coronary disease taking a higher toll than ever before (598 deaths). Table 13 below shows how mortality from this disease has increased by over 70 per cent in the past 10 years.

Table 13: Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
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
1961	372	226	598	1.98

Respiratory Diseases.—Deaths from respiratory diseases showed no significant fluctuation, other than in the case of influenza which caused 85 deaths—77 more than in the previous year when mortality from this condition was noticeably low. Pneumonia deaths were 142 and bronchitis 126, the latter being the lowest recorded since 1952.

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

		Percentage of total deaths											
Year	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					
1961	3.27	0.55	0.80	.920	3.02	20.79	26.18	44.47					
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					
1959	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					
1931	6.56	2.62	1.78	3.01	9.21	32.08	22.98	30.76					

Increased mortality is shown in 1961 in the youngest (infant and school-child groups) and the oldest (over 65). The latter is to be expected, but higher mortality in infants and children is regrettable. Deaths under one year are dealt with fully on page 6; in the 5 to 15 age group, there were 28 deaths of which the main causes were cancer (6 including 3 from leukaemia), accidents other than motor vehicle (6) and motor vehicle accidents (5). (Table IV, page 88).

In the 15-25 age group, there were 32 deaths, of which 18 were due to accidents-15 on the road and 3 at home or work.

In the 45—65 age group, there were 724 deaths. Cancer accounted for 193 deaths (including 52 from cancer of the lung and bronchus and 11 from leukaemia), coronary disease 160, vascular lesions of the nervous system 88, bronchitis 29, suicide 16 and accidents 15 (11 on the roads and 4 elsewhere).

Tuberculosis.—During the year 13 deaths were registered from Respiratory Tuberculosis—5 more than in the previous year—giving a death rate of 0.043 per 1,000 of population.

There was in addition one death from Non-Respiratory Tuberculosis—the same as for 1960, giving a death-rate of 0.003.

For both forms of this disease, the death-rate for 1961 was 0.046 per 1,000 of population, compared with a rate of 0.072 for England and Wales.

The following table shows the notification and death-rates per 1,000 of population attributable to this County from 1922 onwards for both forms of Tuberculosis.

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

		RESPIR	LATORY			Non-Re	SPIRATORY	
Year	New cases	Deaths	Rate per 1,00	00 population	New Cases	Deaths	Rate per 1,0	000 population
	New cases	Deatils	Cases	Deaths	New Cases	Deaths	Cases	Deaths
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
	184	155	0.76	0.64	102	37	0.42	
1931				0.52				0.15
1932	163	126	0.67		108	34	0.44	0.14
1933	152	125	0.62	0.50	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	106	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	0.134	32	5	0.11	0.017
1956	109	14	0.36	0.084	47	3	0.16	0.010
		13		0.047	39	3		
957	110		0.37			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
961	73	13	0.24	0.043	19	1	0.06	0.003

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 12 and "Prevention of Illness, Care and After-Care" on page 45.

Cancer.—Deaths from cancer during 1961 numbered 557—an increase of 17 compared with the previous year. The death-rate per 1,000 of population was 1.84—an increase of 0.05 above the rate for 1960.

Table 16: Deaths from Cancer

And Cons	Age Groups			1958			1959			1960			1961		
Age Gro	ups		M	F	T	M	F	T	M	F	T	M	F	Т	
Under 15 years 15 to 45 years 45 to 65 years Over 65 years			4 8 107 161	8 17 107 85	7 25 192	1 11 128 158	2 13 100 139	3 24 228 297	8 17 109 150	4 19 89 144	12 36 198 294	5 13 104 187	61 89 139	9 29 193 326	
	TOTAL		280	233	513	298	254	552	284	256	540	309	248	55	

The table below lists the deaths from cancer since 1952, according to the location of the disease:

Table 17: Cancer Deaths-Sites

					M	falign	ant r	neopl:	asm							Les	ıkaer	win			
Year	St	oma	ch	Lun	g, br	chus	1	Breas	t	ı	Jteru	s		Othe	r		ukae			Tota	ıl
	M	F	Т	M	F	T	М	F	Т	M	F	T	M	F	T	M	F	Т	M	F	1
1952	58	33	19	37	4	41	_	39	39	_	24	24	152	133	285	13	5	18	260	238	49
1953	47	41	88	62	11	73	1	56	57	-	19	19	146	126	272	10	10	20	266	263	52
1954	40	36	76	58	6	64	-	42	42	-	25	25	166	146	312	9	4	13	273	259	53
1955	43	37	80	69	9	78	-	51	51	_	17	17	157	158	315	5	4	9	274	276	55
1956	38	29	67	64	11	75	-	48	48	-	26	26	159	135	294	8	8	16	269	257	52
1957	45	36	81	83	4	87	_	50	50	-	24	24	118	145	263	6	5	11	252	264	51
1958	48	29	77	74	7	81	-	59	59	-	19	19	150	117	267	8	2	10	280	233	51
1959	35	33	68	73	8	81	-	51	51	_	28	28	182	130	312	8	4	12	298	254	55
1960	53	23	76	69	9	78	-	58	58	_	24	24	155	136	291	7	6	13	284	256	54
1961	53	26	79	90	12	102	-	46	46	_	18	18	152	133	285	14	13	27	309	248	55

Although deaths from cancer generally increased in 1961 by only 17, there were significant increases in mortality from cancer of the lung and bronchus (24 more than in 1961) and leukaemia (14 more), both being the highest so far recorded in this County.

Cancer of the Lung.—Of the 102 deaths from this disease, 47 occurred in males in the 45—65 age group and in urban and rural areas represented 1 in 8 and 1 in 13 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 areas 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.

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

Year		Shropshire		England
rem	Urban Districts	Rural Districts	Whole County	and Wales
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
1961	0 459	0.214	0.338	0.494

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

Year	Urban	Districts	Rural	Districts	Whole County			
1 car	Males	Females	Males	Females	Males	Female		
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	1:127	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		
1961	1:15	1:138	1:31	1:142	1:20	1:140		

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterised by uncontrolled increase of the white blood cells) numbered 27 in 1961. In the past decade mortality from this disease has averaged 13.5 deaths per annum and the figure for 1961 of 27, being twice this average, gives cause for concern.

General.—The following tables 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, 1961

		Still-		Death r	ates per l	,000 popu	lation		Maternal deaths	Infant d	
	Live births—	er 1,000 live and		Tubercu		culosis		Cancer		per1,000l	iveoirths
	1,000 population		All	Res- piratory	Non- Res- piratory	Lung and bronchus	Other	All	live and stillbirths	Under 4 weeks	Under 1 year
England and Wales	17 4	18.7	12.0	0.065	0.007	0.494	1.670	2.164	0.33	15.5	21.4
Shropshire	(a) 17.08 (b) 17.18	21.26	(a) 11.54 (b) 11.66	0.043	0.003	0.338	1.507	1.845	0.76	15.9	22.11

(a) Crude rate. (b) Standard rate.

Table 21: General Statistics-Shropshire

	Live	Births	D	caths	Natural	Infant	Death rates
Year	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population	increase in Population	Mortality rate per 1,000 live births	from Cancer per 1,000 of Population
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	1.839
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	9,287	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
1961	5,156	17.08	3,483	11.54	1,673	22.11	1.845

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

#### INFECTIOUS DISEASES

Table V on page 89 of this Report summarises the notifications of infectious diseases received during 1961.

Tuberculosis.—Notifications received during the year of new cases suffering from Respiratory Tuberculosis numbered 73. 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 a decrease of 20 new cases compared with the previous year.

There were 13 deaths from Respiratory Tuberculosis, an increase of 5 compared with the previous year.

New cases of Non-respiratory Tuberculosis numbered 19, again excluding those not ordinarily resident in Shropshire, and were 13 less than in 1960. One death—the same as in the previous two years—was ascribed to this form of the disease and occurred in a female of 54 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 1961

		New	Cases	ases De					
And Course	Respiratory		Non-Respiratory		Resp	iratory	Non-Respirator		
Age Groups	M	F	M	F	M	F	М	F	
Under I year	-	-	-	-		-	-	-	
1 and under 5	1	1	-	1	-		-	-	
5 and under 15	1		2	1		-	-		
15 and under 25	21	8	1	3		-		-	
25 and under 45	21	10		5	-	-	-	-	
45 and under 65	13	5	2	3	4 5	1	-	1	
65 and over	8	3	1	-	5	3	-	-	
TOTAL	46	27	6	13	9	4	-	1	
	73		1	19		13		1	

New cases of respiratory disease, although 20 less than in 1960, continue to predominate in the middle-aged and older men. One cannot help noting (Table IV, page 88) 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 Respiratory Tuberculosis, 3 occurred of persons who had not been notified during life as suffering from this disease, but in respect of one of these a posthumous notification was received.

Poliomyelitis.—Last year, for the first time since 1930, it was possible to report that there had been no case of poliomyelitis (Infantile Paralysis) notified in the County during 1960.

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

Three cases of the paralytic\* form of this disease were, however, notified during 1961 and while none of these terminated fatally, two boys of three and nine years respectively were severely affected, and a married woman of 52 years was only slightly affected

These three cases, none of whom had been vaccinated against poliomyelitis, were notified as follows:

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

The 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	1961
Notifications Deaths	4 2	1	5	10	13		32 2					27	26 —	13 2	19	10	29 3†	16 3	7	=	3

<sup>\*</sup>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 39).

Dysentery.—The number of cases of Dysentery notified during 1961 was 46—a decrease of 59 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 5,651—an increase of 5,255 compared with 1960; there was no death from this disease.

Whooping Cough.—Notified cases of Whooping Cough totalled 198, or 43 less than in the previous year. One death from this disease was registered during 1961 and occurred in an unprotected child of 2½ months who had suffered from bronchitis for one month prior to death. (See also under Immunisation Service on page 38).

Food Poisoning.—The number of cases of Food Poisoning notified was 34, compared with 21 in the previous year, and none is known to have proved fatal.

**Diphtheria.**—There was one notified case of Diphtheria in this County during 1961, a boy of 13, fully immunised against the disease, who developed a sore throat with exudate some days before the onset of a mild palatal palsy. The patient made a good recovery after treatment and there were no further cases. Throat swabs from contacts at home and school proved negative.

Smallpox.—There was no notified case of Smallpox in this County during 1961.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 153—seventeen more 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 at Wolverhampton and Stafford.

Sessions are held at the Shrewsbury Clinic as under:

Females .. Mondays .. 3.30 to 5.30 p.m.
Thursdays .. 5.00 to 7.00 p.m.

Males .. Tuesdays Fridays .. 6.00 to 8.00 p.m.

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 1961

NEW CASES FROM SHROPSHIRE		Males	Females	Total
Syphilis—late			2	2
-cardio-vascular		1		1
Gonorrhoea		7	3	10
Non-gonococcal urethritis		11		11
Conditions requiring treatment		30	9	39
Conditions not requiring treatment	700	49	14	63
Not diagnosed		1	_	1
TOTAL		99	28	127
ATTENDANCES—ALL SHROPSHIRE CASES:			The same	
Syphilis		211	305	516
Gonorrhoea		35	155	190
Other conditions		322	54	376
TOTAL.		568	514	1,082

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

	Syphilis	Gonorrhoea	Other conditions	Total
Royal Hospital, Wolverhampton	 2	4	28	34

#### CARE OF MOTHERS AND YOUNG CHILDREN

Notifications of Births.—Particulars are given in the following table of the births which were notified as occurring in Shropshire during 1961, with corresponding figures for the preceding four years:

Table 25: Notifications of Births

Year	Live Births	Stillbirths	Total
1957	4,656	100	4,756
1958	4,855	106	4,961
1959	4,922	118	5.040
1960	5,194	121	5,315
1961	5,385	97	5,482

The births in 1961 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	 2,026	24
In Hospitals and Institutions	 3,267	72
In Private Nursing Homes	 92	1
Total	 5,385	97

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		7.0	 	5,385	97
Transfers-	Out		 	435	8
	In		 	237	11
Adjusted			 	5,187	100

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed  $5\frac{1}{2}$  lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1961, whose mothers were normally resident in this County, together with corresponding figures for the preceding five years:

Table 26: Premature Infants

		I	BORN			DIED	SURVIVED		
Year	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Surviva rate %
1956 1957 1958 1959 1960 1961	95 115 90 82 92 85	*230 *262 221 267 292 251	6 7 *20 *17 *20 *18	331 384 331 366 404 354	33 32 15 31 32 30	16 18 19 16 13	49 50 34 47 45 40	282 334 297 319 359 314	85.2 86.9 89.7 87.2 88.8 88.7

<sup>\*</sup>Includes births at R.A.F. Hospital, Cosford.

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1961 are summarised in Table 27 overleaf.

Table 27: Premature Live Births and Stillbirths, 1961

IRTHS		Born	Nursing Home	1	4	1	-	5	
STILLB		-	Home N	5	4	-	-	11	
PREMATURE STILLBIRTHS			Hospital H	14	10	9	7	17	
Ь				1	1	_	1	-	
		Transferred to Hospital on or before 28th day	Died within Survived 24 hours 28 days of birth	1	1	1	1		
	g Home	ransferred on or befo	Total 24	1	2	-	1	3	
	*Born in Nursing Home			-	1	8	6	14	
	*Born ii	*Nursed entirely in Nursing Home				_			
		*Nursed entirely in Nursing Home		1	1		1		
	rn at Hor		ed Total		1	9	6	15	
22		Hospital 28th day	Survived rs 28 days		7	7	7	33	
PREMATURE LIVE BIRTHS			Transferred to Hospital on or before 28th day	Died within 24 hours of birth		7	1	60	3
ATURE L		Trans on or	Total	3	6	00	27	27	
PREM		cly	Survived 28 days	1	73	00	54	5.4	
	3	Nursed entirely at Home	Died Survived 24 hours 28 days of birth	+	1	1	1	4	
		ž	Total	4	2	00	44	88	
		ital	Survived 28 days	10	46	52	1115	223	
		Born in Hospital	Died survived 24 hours 28 days of birth	12	7	1	т.	22	
		Borr	Total	24	¥	55	118	156	
		Weight or Dieh	weight at bitti	3 lb. 4 ozs. or less	Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs.	Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs	Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs.	Torat	

Of 354 children who were born prematurely in 1961, a total of 314 (or 88.7 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, Cosford.

Phenylketonuria.—This term denotes a rare condition (the suggested distribution being 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 could be tested for this condition, and routine testing is now undertaken in all babies between the ages of six and ten weeks.

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 1961:

Table 28: Testing of Shropshire Children born in 1961

	Born in County	Born out of County	Total
Not tested	7 78 114 4,751	10 8 219	7* 88 122 4,970
TOTAL	4,950	237	5,187

\*Of the 7 children not tested, 2 had removed to addresses unknown, and in 5 cases parental consent for the test was refused.

As in 1960, 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.—Following the opening of a Family Planning Clinic in Shrewsbury on 4th July, 1960, the County Council Birth Control Clinic at Murivance Welfare Centre was closed but that at Wellington has continued in operation. This clinic which was opened in 1956 is held from 2 to 4 p.m. on the third Wednesday in February, April, June, September and November.

It was thought that the wider scope of the service offered by the Family Planning Clinic in Shrewsbury might reduce attendances at the Wellington Clinic but these have been maintained reasonably well and the Health Committee have decided that it shall continue for the time being, the future of the clinic to be reviewed again.

Below are particulars of attendances at the Wellington Clinic from its commencement to 31st December, 1961:

Table 29: Attendances at Birth Control Clinics

	Continue	Pa	itients	Medical Supplies				
Year	Sessions	New	Total Attendances	Prescribed	Issued free	Cost Recovered		
1956 1957 1958 1959 1960 1961	5 5 5 4 4 5	21 23 9 6 6	27 34 21 32 35 38	20 23 21 32 35 38	4 5 1 7 2	7 6 10 10 5 6 7 0 9 8 1 6 9 0 9 11 5 6		

Welfare Centres.—Particulars are given below of the Welfare Centres provided by the County Council and of the services available; and table 30 on page 19 gives information with regard to the attendance at these centres and other voluntary clinics of pre-school children and expectant mothers during 1961.

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 was nearing completion by the end of the year.

At the end of 1961, 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 Harlescott, 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

Loc	al Health Authority:	Ho	spital and Specialist Services, etc.:
a.	Ante-natal (a/m - Midwives; a/g - G.P.s)	n.	Ante-natal exercise
au.	Audiology	0.	Chest
b.	Birth Control	p.	Gynaecological
C.	Child Guidance	q.	Medical
ch.	Chiropody	r.	Ministry of Health examination sessions
d.	Dental	S.	Ophthalmic
e.	Immunisation and Vaccination	t.	Orthopaedic
f.	Domestic Help Office	u.	Paediatric
g.	Child Welfare	v.	Physiotherapy
h.	Group Training session	w.	Psychiatric
i.	Minor Ailments	x.	Skin
j.	Mothers Club	y.	Surgical
k.	Refraction	Z.	Welsh Board examination sessions
1.	Speech Therapy		
m.	Welfare Foods		
	(C) Pramises owned	by Con	nty Council

(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
BAYSTON HILL	Memorial Hall	(R) e, g, m	1st and 3rd Mondays
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	Mondays
	(2) Grove Estate	Gp. 16 H.M.C.: p, q, s, t, u, v, x, (R) e, g, m	4th Thursday
BROSELEY	Victoria Institute	(R) e, ch, g	1st, 3rd and 5th Thursdays
CHURCH STRETTON	Silvester Horne Institute	(R) a, e, g	1st and 3rd Thursdays
CLEOBURY MORTIMER	Parish Hall	(R) c, g, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, a/g, d, e, g, j, l, m, n	Tuesdays
DONNINGTON	(1) Turreff Hall (2) Ordnance Depot	(C) a, e, g, m (R) e, g	Wednesdays 2nd and 4th Fridays
ELLESMERE	Brownlow Road	(C) a, d, e, g, ch, l, m	Tuesdays
HADLEY	Old People's Rest Room	(R) e, ch, g, m	2nd and 4th Tuesdays
HIGHLEY	Miners' Welfare Annexe	(R) a, ch, e, g, m	1st and 3rd Tuesdays
IRONBRIDGE	Severn Bank House, The Wharfage	(C) a, ch, e, g, m	Fridays
Ludlow		(C) a, a/m, au, d, e, f, g, l, m, n Gp. 15 H.M.C.: o	Mondays
	(2) East Hamlet Hall	(R) e, g	Thursdays
MADELEY	Church Street	(C) a, a/g, au, 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
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, 1	Mondays
SHREWSBURY	(1) Harlescott (2) Murivance (3) White House (4) Monkmoor	(R) a, g, m (R) a, au, b, e, 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 Others: r	Thursdays
Wem	The Shrubbery	(C) a, ch, d, e, g, h, 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 1961

				C	HILDREN						CTANT
CENTRE			CASES				ATTEN	DANCES		MO	THERS
CENTRE	Made first attendance		Born in			Under	1 but	2 but		Total Cases	Atten dance
	when under 1 year	1960	1959	1958—55	Total	1 year	under 2	under 5	Total	70.000	natal ckets)
Baschurch	13	13	7	18	38	40	35	25	100	X	x
Bayston Hill	6	6	4	1	11	18	4	1	23	X	X
Bishop's Castle Bridgnorth:	26	19	25	14	58	139	110	84	333	X	X
0	24	20	13	36	60	142	21	100	272	-	-
	1.00	159	141		69	143	21	109	273	2	201
Photo I am a series of the ser				214	514	2,521	678	580	3,779	†62	301
Broseley	677	51 42	44 48	76	171	674	151	191	1,016	X	X
PR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	32	26	51	141	372	166	144	682	-	-
	220	156		82	140	425	211	259	895	X	X
Dawley Donnington:	220	130	131	203	490	2,369	808	815	3,992		-
70	121	98	88	103	289	1.778	400	135	2.313		
	10	31	31		-					=	-
FILL	61			58	120	362	150	104	596	X	X
Ellesmere	nn.	50 77	62 57	114	226	740	364	293	1,397	2	13
Hadley		32	29	122	256	705	426	275	1,406	X	X
Highley	0.0	28	36	92 63	153	471	191	224	886	9	9
Ironbridge Ludlow:	38	28	36	6.5	127	596	191	140	927	_	_
Dinham	93	76	57	79	212	840	181	138	1.159	**46	145
East Hamlet	41	31	34	20	85	484	54	16	554	x	X
Madeley	4.7	33	44	73	150	639	176	208	1.023		
Market Drayton	160	115	121	197	433	2.185	637	708	3,530	_	_
Much Wenlock	27	22	32	64	118	280	113	137	530	_	_
Newport	126	105	119	207	431	2,159	1,050	1,293	4,502	153	189
Oakengates	99	69	88	77	234	1,491	287	293	2,071	1220	_
Oswestry	184	155	115	45	315	2,277	302	239	2,818		_
Pontesbury	51	38	44	40	122	396	127	111	634	-	_
Prees	14	11	10	10	31	130	83	82	295	X	X
St. Martins		69	95	57	221	583	248	156	987	X	X
Shawbury		64	52	62	178	1,142	270	189	1,601	X	X
Shifnal Shrewsbury:	59	54	47	51	152	877	250	135	1,262	X	Х
11-1	173	152	222	145	519	2,696	627	581	3.904	x	x
A Constitution of the Cons	0.0	58	50	33	141	729	145	169	1.043	X	X
Murivance	200	225	192	177	594	2,347	466	279	3.092	207(2)	300(2)
NAME OF THE OWNER OWNER OF THE OWNER	149	148	134	170	452	2,853	718	682	4,253	185(2)	278(2)
Wallington	105	172	159	162	493	2,239	697	292	3,223	100(2)	2/0(2)
117	72	57	59	95	211	794	259	460	1,513		
Whitchurch	01	71	73	121	265	1,138	402	434	1,974	**127	423
TOTAL	3,132	2,539	2,489	3,132	8,160	37,632	10,973	9.981	58,586	693(4)	1,660(4

#### R.A.F. Child Welfare Centres

Bridgnorth	::	35	30	26	72	128	504	117	348	969	x	x
Buntingsdale		117	94	107	29	230	1,751	444	135	2,330	x	x
Cosford		39	30	37	83	150	453	135	335	923	x	x
TOTAL		191	154	170	184	508	2,708	696	818	4,222	-	-

<sup>\*\*</sup>District Nurse's Session.

#### 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.

During the year, the cases of 8 pre-school children were referred to the Child Guidance Clinic.

<sup>†</sup>Including District Nurse's session.

xNo Ante-Natal Clinic.

<sup>\*</sup>Opened 16th October, 1961.

#### Care of Illegitimate Children and Unmarried Mothers

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, to deal with the various problems associated with the care of unmarried mothers and illegitimate children, for whom the Local Health Authority have certain responsibilities. 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 1961, these amounted to £800 to Lichfield and £550 to Hereford.

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 1961 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 128 children came under supervision during the year, representing 58 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 Expectar Mothers coming under supervision		
Lichfield Hereford	1* 2†	687 234	71 27		
TOTAL	3	921	98		

<sup>\*</sup>Has the assistance of a part-time worker who carries out routine visits only.

Table 32: Children Supervised

		Lichfield	Hereford	Total
On Register on 1st January	::	151	73	224
Added during year		86	42	128
Removed during year		80	33	113
On Register on 31st December		157	82	239

Removals from the Register are accounted for as follows:

Attained school age			27
Mother married-child with mother			31
Left County with mother			17
To adopters—in Shropshire			10
elsewhere			20
In care of Children's Officer			2 2
To Nurseries			2
Admitted to Hospital for Sub-normal	is	2.5	1
Died			3
			113

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 1961 these grants amounted to £350 and £450 respectively, while an additional grant of £130 was made to Myford House in respect of much needed improvements and re-decoration.

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. This arrangement seems to operate perhaps unfairly to the Council's financial interests and is being reviewed at the time of writing.

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.

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

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1961:

St. Martin's Home, Hereford				7
Chaddeslode, Shrewsbury				8
Myford House, Horsehay				2
Mrs. Hay Memorial Home, V	Wolverha	mpton		3
Mrs. Legge Memorial Home,	Wolver	hampto	n	1
				21

#### Report of the Principal Dental Officer

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

During the year 1961 we have tried to maintain a dental service for the maternity and child welfare side of our responsibilities without any detrimental effect on School Health work. This policy has been fairly successful but only because officers and chairside assistants have volunteered to carry out evening sessions. A total of 442 sessions has been devoted to this work, and of these 64 were worked in the evenings.

There has been a slight decrease in the number of mothers seeking treatment and a corresponding decrease in total work done for them, but this has been more than offset by a substantial increase in the number of under-school-age children treated. This I feel is a very encouraging sign, as young mothers are now becoming very keen on dental treatment and are tending to bring their children along to the clinics for advice and treatment long before school age, and so saving themselves and their children trouble later on in life.

In many cases this awakened awareness of the importance of Dental Health is directly attributable to talks given to young mothers' organisations by Miss Smith, our Oral Hygienist, and myself. A most encouraging sign! If only we had sufficient professional staff to be able to do more!

Dental Care of Expectant and Nursing Mothers and Children under School Age

### No. of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service: (i) Senior Dental Officer

(ii) Dental Officers .			 **	 	 	0.6
No. of officers employed at end of to the maternity and child we						
No. of dental clinics in operation	on at end o	f year	 	 	 	12
Total number of sessions (i.e. welfare patients during year				maternity		442

No. of dental technicia	ins	employed	by	the Local	Health	Au	thority's	own	laborate	ories	
at end of year											

Patients dealt wit	h:					1959	1960	1961
Expectant and Examined Treated	Nursin	ng Mot	hers—	**	**	397 424	441 546	360 500
Pre-School Ch Examined Treated	ildren-	:				391 373	419 371	438 412

1 apprentice

Treated

reatment carried out:						
Expectant and Nursing Fillings inserted	Mot	hers—	 	846	735	696
Extractions			 	1,710 270	1,991	1,327 276
Pre-School Children— Fillings inserted			 	237	183	197
Extractions			 	709	654	822

Table 33: Expectant and Narsing Mothers and Pre-School Children provided with Dental care during 1961

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers .	. 360	356	500*	213
Children under five years	. 438	392	412*	289

<sup>\*</sup>Includes cases brought forward from the previous year.

Table 34: Forms of Dental Treatment provided during 1961

	Scalings		Silver				Dentures provided		
	or Gum Treat- ment	Fillings	Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Full Upper or Lower	Partial Upper or Lower	Radio- graphs
Expectant and Nursing Mothers	175	696	-	-	1,327	166	170	106	65
Children under five years	17	197	99	-	822	358	_	-	8

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, 1961, 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, 89 smaller selling points were in operation, and thanks are due to all who voluntarily distribute the foods at these points and in many cases also allow their premises to be used.

Statistical Report.—Particulars of the foods issued during 1961, together with comparable figures for the previous year, are given below:

Table 35: Welfare Foods Issues

Items of Food	Average W	cekly Issues	Total Issues	
items of rood	1960	1961	1960	1961
National Dried Milk—tins	1,559 2,185 294 243	1,340 1,473 211 194	81,068 113,620 15,288 12,610	69,654 76,620 10,978 10,106
TOTAL	4,281	3,218	222,586	167,358

From 1st June, 1961, the price of Orange Juice was increased from 5d. to 1/6d. per bottle and Cod Liver Oil and Vitamin tablets, previously issued free of charge, were priced at 1/- and 6d. respectively. These charges are more representative of the true cost of these items, but are undoubtedly responsible for the decrease in sales.

#### 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, 1961, with corresponding figures for the two preceding years:

Table 36: Staffing and Establishment

Whole tim	. Nim	olna Ct	off.		Establish	On 31st December			
Whole-time Nursing Staff					ment -	1959	1960	1961	
Superintendent N Deputy Superinte				COF	1	1	1	1	
Assistant Nursing			ng Om	cer	2	1	2	2	
Tuberculosis Hea			-		) (	1	1	1	
Health Visitors					41	32	34	33	
School Nurses					) (	3	4	4	
Nurse-Midwives					74	70	69	69	
Midwives					7	6	5	7	
Home Nurses					8	8*	8* .	8*	
Relief Nurses				4.4	6	2	5	5	

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

Part-time staff employed on 31st December, 1961, are listed below with their whole-time equivalents:

				Staff	Whole-time equivalent
Relief nurse-midwives				8	5.13
Home nurses			 	6	3.0
Health visitors, school and	clinic	nurses		10	4.12

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.

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 19 candidates (5 in 1961, 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, 1961, was as follows:

Table 37: Transport for Nursing Services

Numina Staff	Number	C	ars	Dimedae
Nursing Staff	Number	County Council	Privately Owned	Bicycles
Nurse-Midwives	7 (5)	46 (51) 4 (2) 3 (2)	36 (29) 2 (2) 4 (4)	2 (2) 1 (1) — (—)

The figures in brackets are those for 1960.

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.

Particulars of the accommodation occupied by nurses and midwives, including Supervisory Nursing Officers and Health Visitors, in the Council's employment on 31st December, 1961, are as follows:

and flats	rented by owned or	the Council the Council rented by nu nursing staff	rsing	staff or	their	relatives	28 24 32 2
							86

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the 'tome 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 £330 is paid by the Council.

An arrangement exists with the Montgomery 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 1961.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1961:

Table 38: Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority— Directly employed	 89 3 52 10 4 1	88 3 52 10 4 1
	159	158

Confinements.—The table below shows the numbers of confinements attended by midwives during 1961:

Table 39: Confinements attended by Midwives

	Dom	Institutional				
Midwives	Doctor not	booked	Doctor bo	ooked	Confinements (Total 3,381)	Total
Midwives	Doctor present at delivery	Not present at delivery	Doctor present at delivery	Not present at delivery		
County Council	7	17	417	1,592	4†	2,037
Agency	_	-	7	_	-	-,
N.H.S. hospitals				2*	2,950	2.952
Other hospitals	_	_	_	2* 1*	334	2,952 335
Nursing Homes	-	-	-	-	93	93
TOTAL	7	17	424	1,595	3,381	5,424

<sup>\*</sup>Deliveries attended at home by hospital midwife accompanying ambulance.

Administration of Analgesics.—Particulars of the domiciliary cases in which analgesics (gas-air, trilene and pethidine) were administered during 1961 are as follows:

Table 40: Analgesics

		s/Air	Tri	lene	Pethidine		
Midwives	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not presen	
Council Agency Private	241	673	162 —	639	341 	1,077	
TOTAL	241	673	162	639	341	1,077	

Note.—Analgesics were given to 90% of those confined at home (see page 27).

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 1961, 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)
1959 1960 1961	687 613 588	64 79 42	8 12 7	619 471	52 41 41	13 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".

<sup>†</sup>Deliveries by County Council midwives in ambulances en route to hospital.

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 1961, there were in all 2,046 domiciliary confinements, of which 19 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 2,027 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 90 shows the distribution of these 2,027 cases throughout the Nursing Districts of the County. Attendance on these cases involved 20,087 ante-natal and 30,957 midwifery post-natal visits—a total of 51,044 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 6 whole-time Midwives in the Borough of Shrewsbury attended 416 cases, or an average of 69 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 22 cases each.

In addition, 1,260 cases were attended following discharge from hospital after confinement, involving 5,001 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.

Compared with the previous year, these cases show a reduction by one-third, which is accounted for by the fact that from 1st July, 1960, the lower limit of the "lying-in" period was reduced by the Central Midwives Board from 14 to 10 days.

The following table, showing these hospital maternity discharges classified according to the "in-patient" period in days between delivery and discharge, may be of interest.

In-patient post-natal period (days)	Cases	Total visits by domiciliary midwife
1 2	75	765
3-5	175	1,213
6— 8 9—10	596 357	2,054 806
After 10th day	357 57	163
TOTAL	1,260	5,001

Table 42: Discharged Hospital Maternity Cases

Ante-natal care was also afforded by the domiciliary midwives to 141 cases booked for confinements in hospital involving 917 visits.

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

			Domiciliary Confinements				Discharged Institutional Cases	
Year	Staff				Visits	histitutional Cases		
			Cases	Ante-natal	Post-natal	Total	Cases	Visits
10.00	Midwives	6	365	3,748	6,010	9,758	281	1,354
1960	Nurse-Midwives	77	1,512	15,232	26,811	42,043	1,656	7,874
	TOTAL		1,877	18,980	32,821	51,801	1,937	9,228
	Midwives	6	416	4,063	5,914	9,977	210	798
1961	Nurse-Midwives	76	1,611	16,024	25,043	41,067	1,050	4,203
	TOTAL		2,027	20,087	30,957	51,044	1,260	5,001

Table 43: Cases attended by Domiciliary Midwives

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 2,027 confinements, a doctor had been booked to provide maternity medical services in 2,003 cases (98.8 per cent); a doctor was present at delivery in 416 (20.8 per cent) of these cases.

Of the remaining 24 cases (1.2 per cent) in which no doctor had been booked, one was present at delivery in 4 cases (16.6 per cent).

Blood examinations.—Ante-natal blood testing of an expectant mother is necessary to detect anaemia; to determine Wassermann 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.

Anaemia.—Minor degrees of anaemia are common in women. In pregnancy, the urgent demands of the foetus convert a slight deficiency into a gross deficiency, so that the mother's anaemia becomes much more serious. A severe anaemia may become a very dangerous condition when a moderate post-partum haemorrhage complicates the third stage of labour.

It is important, therefore, in ante-natal work to recognise cases of anaemia and to treat them appropriately. In the iron-deficiency anaemia, large doses of iron rapidly cause improvement, the haemoglobin value of the blood may rise by as much as 30 per cent in a month, and the corresponding improvement in the patient's condition is nearly always obvious.

A County Council midwife felt concern because two young mothers approaching their expected dates of delivery were discovered to have haemoglobin figures of 55 per cent only. Both patients were admitted to hospital and transfused with two pints of blood (packed cells)—after which "they both looked and felt better". One of these patients had a haemoglobin figure of 75 per cent six days later. She was delivered the day after this latter test and had a normal baby and a very slight loss. Two weeks after delivery her haemoglobin was 82 per cent.

Rhesus Factor.—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.

For prompt action in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination by the Coombs test in the following circumstances:

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

The reports for 1961 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 2,007 cases (99 per cent) and for Wassermann and Kahn reactions (for Syphilis) in 1757 cases (87 per cent). This shows a continuing improvement on previous years, when the appropriate figures were as indicated in the table below.

Table 44: Results of Blood Tests

Year		Rhesus Factor		Wasser	mann and I	Kahn
rear	Tested	Positive	Negative	Tested	Positive	Negative
1961	2,007 (99%)	1,707 (86%)	290 (14%)	1,757 (87%)	2 2	1,755
1960	1,845 (98%)	1,607 (87%)	235 (13%)	1,607 (86%)	2	1,605
1959 1958	1,716 (98%)	1,491 (85%) 1,584 (86%)	225 (15%) 249 (14%)	1,486 (85%)	1	1,486 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 277 cases. In 6 of these Rhesus groupings were not known and one of these cases produced a Coombs positive result. In the remaining 271 cases, a positive result was obtained in 2 cases.

In one of these cases, despite the positive result, there was no evidence of jaundice and the infant's condition was apparently satisfactory and has remained so. The second case showed no signs of jaundice until the age of one month, but the mother did not think this was bad enough to need a doctor's attention, and the baby has since progressed satisfactorily and is normal in all respects.

The third of these cases is another instalment of the story told at some length in my Annual Report for 1958 (pp. 36 and 37). During this seventh pregnancy the mother was again the subject of the greatest concern because of high blood pressure and albuminuria and of the great risk to her baby, and everybody except the parents became increasingly anxious. Consultants offered hospital accommodation, but appeals by everyone to have this accepted were resisted. The Practitioners used all the specialist and laboratory services and allowed me to visit the family to add my plea for hospital admission. These were ineffectual, though I did not suffer the physical bombardment which had been accorded to one consultant trying to help with a domiciliary visit on the previous occasion, and which he nevertheless gallantly offered to repeat.

The parents remained adamant and certain that all would be well. When the baby was born on a Sunday evening in February, 1961, at home, precipitately and showing danger signs, the midwife sent it to hospital within half-an-hour. There, like its siblings, it had an exchange transfusion and was back home in good order in two days, which seemed to cause its parents satisfaction but no surprise, as they had always been certain that nothing would go wrong.

It must be emphasised that the above statistics refer only to babies delivered by County Council midwives at home. That only one such infant needed exchange transfusion (and one in 1960) does not mean that the condition is very rare. It means rather that the great majority of the babies at risk were born in hospital, as is the recommendation of the specialists concerned. The object of carrying out Rhesus testing in all pregnancies is to discover what babies will be in danger at birth, and to safeguard their lives by having them born in hospital where the best facilities are quickly available. Exchange transfusions were given to at least a dozen 'Rhesus' babies following hospital delivery in 1961, and several times this number had the safeguard of being in hospital had they needed transfusion.

Analgesics.—Twenty-five sets of apparatus for the administration of Trilene were in use during 1961 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 135 cases and in conjunction with trilene and/or gas/air in a further 1,283 cases—a total of 1,418 confinements or 70 per cent.

Trilene was given in 156 cases and in conjunction with pethidine or gas/air in a further 645 cases—a total of 801 cases or 40 per cent of the domiciliary confinements.

Gas/air was given in 252 cases, and with pethidine or trilene in 662 cases—in 914 confinements in all or 45 per cent.

Analgesics, singly or combined with others, were therefore given in 1,828 cases—90.2 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 1,999 live infants, 4 pairs of live twins, and 24 single stillbirths.

On the 24 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 18 cases, negative in 4 cases and in 2 cases was not known to have been tested. The stillbirth rate per 1,000 domiciliary live and still births was 11.8, compared with 21.26 for domiciliary and institutional births in the County generally.

Premature births.—Eighty-three of the 2,027 confinements resulted in the birth of a live infant weighing 5½ lb. or less.

Parity.—Of the 2,027 confinements, 305 or 15 per cent, were primigravidae.

General.—Complications, either during or after pregnancy, arose in 389 cases.

For one reason or another, removal to hospital was necessary in 85 cases, as under:

Mother .. .. 47 Child .. .. 14 Both .. . . . 24

From the date of booking by the midwife to the termination of the puerperium, these 2,027 cases involved 255,346 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 1961, the number of cases of Puerperal Pyrexia notified was 7 (none of which proved fatal), compared with 9 in the previous year.

Ophthalmia Neonatorum.—This is 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.

No case of Ophthalmia Neonatorum was notified in 1961.

Pre-Eclamptic Toxaemia.—Cases confined in 1961 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 246, of whom 161 were subsequently confined at home and 85 in hospital. There were 12 stillbirths, representing 4.9 per cent of these confinements, and 6 babies died shortly after birth. In addition 28 of the confinements resulted in a "premature" weight birth (5½ lb. or less).

Maternity Outfits.-Under the National Health Service Act, 1946, maternity outfits are

supplied by the County Council, without charge, to domiciliary confinement cases.

A supply of these outfits, and a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. Outfits are 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 1961, a total of 2,196 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 1961, applications were received in respect of 985 maternity patients for admission to hospital on "social" grounds (compared with 964 patients in the previous year). Of these, 5 were withdrawn by the patients before beds were reserved and the remaining 980 cases are accounted for as follows:

(Of these 17 patients cancelled their reservations)	**	**	980
Recommended, but refused by hospital on account of non-availability of beds			Nil
Not recommended			Nil
			980

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 decreased in 1957, 1958 and 1959, but in 1960 the decrease was arrested and the trend reversed by an increase of 2% in the domiciliary proportion of total confinements for 1961.

Table 45: Domiciliary and Institutional Confinements

		Confin	ements	Percentage of Domiciliary
Year	Total	Domiciliary	Institutional	Confinements
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%
1961	5 427	2,046	3,381	38%

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.

In 1961, only three claims were made by Practitioners on the County Council, and only £10 was paid out by the latter for medical aid.

### 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 posses 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	On 3	1st Decen	nber
		Establishment	1959	1960	1961
Tuberculosis Health Visitor Health Visitors District Nurse-Midwives (with Health Visitor's qualifications) ,, ,, (without Health Visitor's qualifications)	::}	41 11 (whole-time equivalent)	1 32 13 20	1 34 12 19	1 33 13 19
		and .	name.		-
		52	66	66	66
				1000	

In addition to the above, 4 whole-time School Nurses and 10 part-time staff undertaking duties as health visitors, school and clinic nurses were also employed. Practically all Health Visitors, whole-time and part-time do school nursing and the following table shows their whole-time equivalent in terms of Health Visiting and School Nursing:—

Table 47: Health Visiting Staff: Whole-time equivalents

					Whole-time e	equivalent for
				Staff	Health Visiting	School Nursing
Tuberculosis Health Visitor Health Visitors		::		 8 25	1 8 18	=
Health Visitors/School Nurses District Nurse Midwives School Nurses			- 11	32 4	3.94	1.82
Part-time Health Visitors, scho	ool a	nd clini	c nurses	 10 80	3.61	0.51
				80	34.55	13.33

Health Visitor Training Scheme.—The Council's Training Scheme 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:—

During training (75% of minimum	salar	y)		£ 387	s. 0	d. O	
Tuition fee (average)			::	30 8 9	0 8 15	0 0	
stateming and make (5)- per meen)				£435	3	0	

Since the inception of this Scheme in 1947, until 31st December, 1961, the number of students accepted for training was 40, of whom 34 were successful in obtaining their Certificates. Two students were in training at the end of the year.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 16,481 families in this County, compared with 16,251 families visited in 1960. Most of their visits were to children under 5 years of age, of whom 24,941 individual children were visited, as against 23,436 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1959 and 1960:—

Table 48: Visits paid by Health Visitors

	Fees	otont																
Hashb Visiting		ctant hers	Under 1 year		Under I year		Under 1 year		Under 1 year		Under 1 year					TD		All Visits—
Health Visiting Staff	First Visits	Total	First Visits	Total	1 and under 2 years	2 and under 5 years	Total Visits	T.B. House- holds	Other Cases	Total								
Whole-time	852	1,788	4,076 845	30,396 8,590	14,076 3,617	20,889 4,926	65,361 17,133	2,631 239	6,218 1,535	75,998 18,907								
Total for 1961 ,, ,, 1960 ,, ,, 1959	852 637 419	1,788 1,251 817	4,921 4,875 4,740	38,986 33,756 31,522	17,693 15,811 14,740	25,815 23,663 21,278	82,494 73,230 67,540	2,870 2,765 2,875	7,753 7,272 7,353	94,905 84,518 78,585								

In addition, ineffective visits to all categories of cases during the year totalled 11,253, or 10.6 per cent of the total visits.

The above table does not include the work of the whole-time Tuberculosis Health Visitor, who made 409 effective and 82 ineffective visits to tuberculous households, attending also outpatient 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 23 also covers health visiting in the parish of Brompton and Rhiston and during 1961 agency Health Visitors carried out 17 visits, involving 5 children under 5 years in 6 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 full-time Home Nurses in the Council's service at the end of 1961, six were employed in Shrewsbury and one in Ludlow. Eleswhere 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 1961, home nursing was provided for 6,256 patients, who received 137,869 visits an average of 22 per case. Compared with the previous year, cases decreased by 454, and visits by 5,961.

The table below compares work undertaken in 1961 with that for the previous year. The 7 whole-time Home Nurses each attended on average 135 cases for 4,210 visits or 31 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 73 cases for 1,500 visits—an average of 20 visits per case.

Table 49: Home Nursing Cases

Year	Staff		Cases attended	Total Visits
1961	Home Nurses Nurse-Midwives	7 76	946 5,310	29,468 108,401
	TOTAL		6,256	137,869
1960	Home Nurses Nurse-Midwives	7777	978 5,732	29,025 114,805
	TOTAL		6,710	143,830

The decrease in cases attended annually, which has been noted each year since the present statistical methods were introduced in 1956, continued in 1961. In particular, less cases were attended for conditions such as diseases of the breast and female genital organs (76 less), injuries (77 less) and diseases of the heart and arteries (46 less). Increased cases resulted from diseases of the upper respiratory system (48 more) and diseases of the ear (26 more).

Table VII on page 91 gives information about the various categories of cases attended in 1961 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,256 cases attended:

- 3,032 (or 48 per cent) were 65 years or over when first visited during the year and received 92,637 visits (67 per cent of the total);
- 488 (or 8 per cent) were children under 5 years and received 3,089 visits (or 2 per cent of the total) and 1,378 (or 22 per cent) received more than 24 visits during the year and accounted for 103,278 visits (75 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 86 on page 56, 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 50: Home Nursing of the Aged (over 65)

Year	Cases		Visits			
		%.		%		
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		
1961	3,032	48.5	92,637	67.2		

Diseases.—Table VIII on page 92, 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 (613), upper and other respiratory diseases, excluding tuberculosis (611), anaemia (511), diseases of the heart and arteries (474), diseases of the breast and female genital organs (469) and diseases of the skin and subcutaneous tissue (435) were the most common types of cases necessitating nursing at home and accounted for 50 per cent of all such cases.

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned: 73% of the cases attended were referred by Practitioners.

Occupations.—Of those attended—4,170 (or 67 per cent) were females.

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

Occ	upation		Cases	Percentage
Pre-School .			 486	8
School .			 371	6
Actively employ	yed	4.1	 1,054	17
Housewives .			 3,273	17 52
Retired .			 903	14
Others (indepen			169	3
		TOTAL	 6,256	100

The percentage of retired persons may seem rather contradictory in relation to Table 00, but the simple explanation is that housewives do not retire!

Treatments.—Of the 6,256 patients visited, 4,748 or 76 per cent, were attended for one particular purpose; 1,001 patients (16 per cent of the total) were attended solely for injections, 1,329 (21 per cent) solely for dressings and 940 (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

Treatment			Cases	Total	Visits Total
Injections			1,001		27,977
" with dressings			118		3,968
,, with general nursing care			182		5,207
,, with other treatments			219		8,451
				1,520	45,603
Blanket Baths			217		5,599
" with general nursing care			273		10,310
" with other treatments			52		2,021
				542	17,930
Enemas			291		1,907
" with other treatments			121		1,946
			-	412	3,853
Dressings			1,329		24,276
" with general nursing care			96		4,188
,, with other treatments			101		3,084
			_	1,526	31,548
Changing of pessaries		4.0	161		528
,, with washouts, douches, etc.			75		452
,, with other treatments			6		203
			-	242	1,183
Washouts, douches, etc			119		953
" with other treatments			107		1,341
			-	226	- 2,294
General nursing care			940		26,632
with other treatments			130		2,259
			-	1,070	28,891
Preparation for diagnostic investigation	15		179		260
				179	260
Eye, ear, nose and throat treatments			135		3,154
				135	- 3,154
Others			404		3,153
			-	404	3,153
				6,256	137,869
				_	-

Injections.—It will be seen from the above figures that 1,520 patients (24 per cent of all cases) received injections during 1961, and that 1,001 of these (66 per cent of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 45,603 visits (33 per cent of the total) and those who had injections only without any other form of treatment received 27,977 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

	C	ases receiv	ing Injections		100
Diseases	Injections only	With general nursing care	With other treatments	Total	Visits
Tuberculosis		-	4	22	1,059
Other infectious diseases	. 17	3	4	24	344
Parasitic diseases		-			
Malignant and lymphatic neoplasms		16	22	47	1,958
Asthma		1		17	265
Diabetes mellitus		10	18	94	10,656
Anaemia	. 464	14	27	505	14,795
Vascular lesions affecting central nervous system .		14	9	24	1,226
Other mental and nervous diseases		3	6	24	1,300
Diseases of the eye		-	-		
Diseases of the ear		-	15	42	292
Diseases of the heart and arteries		39	32	186	6,138
Diseases of the veins		1	11	15	872
Upper respiratory diseases	. 32	6	26	64	361
Other respiratory diseases		57	30	138	1,526
Constipation		-	-		-
Diseases of the digestive system		2	9 5	27	391
Diseases of the urinary system and male genital organs	5	1	5	11	193
Diseases of the breast and female genital organs .	22 25	3	27 5	52	646
Complications of pregnancy and the puerperium	. 25	7	5	37	299
		1	50	94	895
Diseases of the bones, joints and muscles		1	7	28	1,052
Injuries		1	22	33	600
Senility	. 4	2	22 5 3	11	338
Other defined and ill-defined diseases	. 22		3	25	394
Diseases not specified	-	-	_	-	_
	1,001	182	337	1,520	45,603

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. B. D. Bower, Consultant Paediatrician at the Sorrento Maternity Hospital, Birmingham.

Figures in Table VIII on page 92 show that 488 children under 5 years and 353 between 5 and 15 years received home nursing treatment during 1961. Of those under 5 years, 242 were referred to the nurses by the family doctor and 62 by hospitals. Of those dealt with in this age group, 17 were subsequently admitted to hospital and 20 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: 1	Principal	conditions	necessitating	Home	Nursing	for Children
-------------	-----------	------------	---------------	------	---------	--------------

Dissess		Chil	dren 0-15 y	years	
Diseases		Males	Females	Total	
Injuries		123	92	215	
Diseases of the skin and subcutaneous tissue	 	61	52	113	
Upper respiratory diseases	 1.1	43	50	83	
Other respiratory diseases	 	31	50 27	83 58	

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.

Completed Cases.—Of the 6,256 cases attended, 5,194 (or 83 per cent) were removed from the books for varying reasons during the year. Table IX on page 93 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, reli	eved	or conv	valescer	nt	 	3,128	60.2
Admitted to he					 	751	14.5
Died						562	10.8
Referred to ou	t-patie	ents, ov	vn doc		-	486	9.4
Gone away					 	196	3.8
Treatment und	ertake	en by p	atient.	relative		39	0.7
Discontinued					 	23	0.4
Others		1	11		 	9	0.2
						5,194	100.0

Of the 562 patients who died, major causes were cancer (24 per cent), vascular lesions affecting the central nervous system (23 per cent), diseases of the heart and arteries (22 per cent) and senility (11 per cent).

Each patient was attended on the average for 68 days and required 27 visits, or 2.7 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 0.15 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 outstanding features of work in Shropshire under this Section during 1961 were the establishment of the Health Department's central syringe service, the relaxation by the Ministry of Health of their recommendations against the use of triple antigen, the concerted effort which resulted in 18,000 children receiving their fourth dose of Salk polio vaccine by injection between the 8th May and the 25th July; and the certain prospect of the use in future against poliomyelitis of Sabin vaccine given by the mouth instead of Salk vaccine by injection.

All these features marked great steps forward. The syringe sterilising service greatly enhanced the safety of all our immunising procedures; the latter consummations reduced by one half the number of 'jabs' inflicted upon protesting babies. All together, besides making safety greater, saved not only the latter but everyone else concerned much time and effort to be profitably used in other ways.

County Central Syringe Service.—After considering the implications of the most up-to-date information on the preparation and sterilisation of syringes and needles, the Health Committee in 1960 authorised the provision of a central syringe service unit. By singular good fortune this unit was 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—11 years inclusive and preferably by the end of the Summer term in July. This undertaking proved a challenge to those responsible.

The Service was designed to produce up to 300 outfits per day, each outfit consisting of a lubricated interchangeable syringe with needle mounted, enclosed in an aluminium tube with a cotton wool swab at the open end; the tube is sealed with a heavy aluminium foil cap and sterilised for not less than one hour at a temperature of not less than 160°C, the process being checked by chemical indicators. Following sterilization, a self-adhesive label is attached to the cap of each tube indicating that the outfit is sterile and bearing the batch number. In this way the indication of sterility is automatically removed to extract the syringe, so that used and unused items cannot be confused during mass immunisation sessions. No rinsing is required on the part of the user if the outfits are returned to the unit on the day of use. The used syringe (with needle still mounted) is returned to its tube after use.

When received back in the syringe unit the items are dismantled—tubes, syringe barrels and pistons into separate polythene bowls and needles into pads of cellulose foam to protect the points. The dismantled items receive a preliminary rinse in cold water to remove traces of injection material, following which they are left in a very hot weak solution of Sapo Mollis B.P. for at least ten minutes. Syringe barrels are cleaned by a rotary brush, pistons by soaking and hand brushing where necessary; and mounted in wire trays wherein they are conveyed to a rinsing tank and rinsed with five complete changes of water at 180°F., some two hundred syringes completing this latter procedure in less than fifteen minutes. Needles are cleaned by "hubbing" on a rotary nylon brush, then washed through with hot soap solution and rinsed in hot clean water, following which (still supported in foam sponges) they are boiled for two or three minutes.

All components are dried in a hot air cabinet, following which the needles are subjected to individual microscopic inspection and any defective point is reshaped by using a "lead lap" needle sharpener (needles repointed in this way are, of course, returned to the washing procedure before use); syringes are lubricated with a silicone fluid and the components re-assembled for sterilization.

Following these proceedings the assembled syringe and needle is sealed before sterilization and is, thereafter, not subject to handling or aerobic contamination until the outfit is opened for use.

Between 7th 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 for all services in that period, 36,358 outfits, an average of 522 per day, and with a maximum production on 8th June, 1961, of 1,296.

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 outfits, at an average of 415 per working day.

During the second period of four months from September to the end of the year two significant factors affected the operation of the service by reducing demand, namely a national shortage of Salk poliomyelitis vaccine and the impending re-introduction of "Triple" Antigen. Consequently output over this period dropped to 16,472 outfits—an average of 203 per working day.

Thus, over the last eight months of the year in which the service began operating, 53,810 outfits were sterilized at a cost of £1,562 8s. 0d., or 6.95d. per outfit. Of this sum £1,392 2s. 10d. was chargeable under the heading "staff"—this rather high figure resulting from the need for overtime and temporary staff in the initial period to service the poliomyelitis vaccination campaign.

The remaining £170 5s. 2d. was allocated to equipment and breakages, the latter accounting for £57 10s. 0d. or a rate of 0.285% of the turnover, compared with the "target" breakage rate of 1.3 to 1.5% which the Nuffield Foundation Studies recommended as acceptable.

Vaccination against Smallpox.—Writing in mid-1962, it would be unrealistic not to relate any remarks about Smallpox Vaccination to the events of the early months of 1962 in the Birmingham, Bradford and South Wales areas, where appreciable outbreaks of major Smallpox occurred, occasioning much vaccination activity even in places where the disease never appeared.

For many years our successive annual reports have recorded the same advice on this subject—that successful vaccination confers, after an interval, complete protection against death from Smallpox, and almost complete protection against catching the disease even when exposed to it; that this protection lasts for some years, that it is renewed safely and easily; and that vaccination is best done in early childhood. Nothing that occurred early in 1962 has, in my opinion, invalidated these conclusions.

Careful study of the epidemiology of Smallpox and of vaccination against it has always been handsomely repaid.

Among comparatively few authoritative books on the subject, that by Ricketts and Byles has remained the outstanding contribution of the twentieth century.

Remarkable features, for a book published in 1908, are the 110 excellent black and white plates "from photographs taken of patients with Smallpox or of patients whose illness had been mistaken for Smallpox"—a veritable treasury more valuable to the amateur diagnostician today, who may never have seen Smallpox, than they were 60 years ago. To these are added a dozen colour plates, of which the authors very truly say: "These, we think, will be of particular value in conveying accurate and life-like impressions of the subjects treated. It may be of interest to state that, with the exception of the frontispiece, these colour-plates are produced from triple negatives obtained by the Sanger-Shepherd process of colour-photography. We believe this to be the first medical work which has been freely illustrated by means of colour-photographs taken from life. Very obvious is the advantage in point of fidelity over the coloured illustrations of medical subjects ordinarily obtained by means of water colour drawings".

Then there is for frontispiece the colour reproduction of a microscopic section through a variolous skin, so superbly drawn that for many years I assumed it to be a colour micro-photograph; and the price of 21/-.

The latter was a lot of money in 1908; and of interest for comparison was the publication early in 1962, more than 50 years later, of the magnum opus of Professor Dixon on the same subject, this time at a price of 130/-.

Being curious about the economics of producing such epoch-making works, the librarian of the British Medical Association, in affording me his usual generous help, referred me to Messrs. Cassells, the publishers of the Ricketts and Byles book, and to my delight to no less a person than Dr. Byles himself who had been responsible for the illustrations and who proved to be living in retirement in Kent. The manager of Cassells Medical Department was good enough to tell me that they printed 1,000 copies in 1908. By 1922 they had sold just under 600, and just over 200 more by 1951 when the book went out of print. The remaining 200 would include those lost by fire when the Publishers' premises were destroyed by enemy action in 1941. She added, "I am amazed that the demand for this excellent book should have remained so slight over such a long period".

Evidently, works on Smallpox are not likely to be "best sellers" nor, even at such prices, to make fortunes for either their writers or their publishers.

Dr. Byles for his part was good enough to tell me that my letter had given him great pleasure, that he was 94, and that he was glad for me to publish these comments.

Already much has been debated about vaccination campaigns and policy in the light of experiences in 1962, though one may wonder if anything will result which would have been new to Ricketts and Byles in 1908, save only the "ring" technique of vaccinating a limited number of people intimately concerned, in concentric circles around the original cases or contacts. Strenuously advocated by Dr. Killick Millard of Leicester in the early years of the twentieth century, these proposals, which involved their advocate in round abuse from so many for so long, have given excellent results in practice, and must be acknowledged as standard and accepted policy today.

A good deal has been heard against "mass vaccination", but if one believes in the killing power of Smallpox and relies on vaccination to protect those at risk, it is hard to defend the logic of vaccinating oneself while advising others that it is unnecessary.

Again, too much is perhaps being made of "post-vaccinal encephalitis", even to the extent of saying that the latter causes more deaths than Smallpox, which may be a dangerous over-simplification. The incidence of post-vaccinal encephalitis was calculated by Sir George Newman, then Principal Medical Officer to the Ministry of Health, to be about three per million vaccinations in 1931. Eight cases were reported in England and Wales in 1960, of whom five died, and this might represent a considerably higher incidence, perhaps as high as ten per million vaccinations; the latter might mean in Shropshire one infant death in twenty years.

In 1931, if vaccination had been called the disease and encephalitis the mortality, then the case mortality of vaccination might be regarded as three per million. Against this, however, are the facts that, as in 1931, so in 1961 and all the other '31s and '61s in history, the case mortality of major Smallpox is fairly constant at a figure of about 30% overall; this latter case mortality is about thirty thousand times as great as the latest estimated mortality rate for Encephalitis.

When this was pointed out at a meeting in London in 1962 the speaker cried with some warmth, "But there is no Smallpox in England".

There is, of course, plenty of major Smallpox elsewhere, and there was plenty in England before inocculation against it began in the eighteenth century, directly at first, and by Jenner (1798) with vaccinia or cowpox. Indeed it was the rule rather than the exception, and ravaged the community before the discovery of vaccination; and those who did not die of it were heavily disfigured.

Smallpox killed 67 people in Shropshire even in 1871, and 94 the following year—about twice as many deaths as from Diphtheria in each year—and this with a smaller population than now.

Sir George Godber, whose accession in 1961 to the chair of Principal Medical Officer to the Ministry of Health which Sir George Newman had occupied 30 years before was so welcome to his Medical Officer of Health colleagues, has said that the whole of these questions now "require rethinking".

Very full studies of the 1962 results of vaccination are promised, and will no doubt be published and debated, but unless and until they prove otherwise, the analogy and the figures cited above may be sufficient warranty for continuing to encourage the practice of routine vaccination in early childhood, and probably re-vaccination at 10 or 12 years of age as well.

In the year 1961 with which we are immediately concerned, and before the excitements of early 1962, there were performed in Shropshire 2,967 successful primary vaccinations in small children, of which 2,193 were carried out by General Practitioners. Of these 1,948 were under one year of age, and while it is difficult to relate this figure exactly to the number of babies born, nevertheless since there were 5,156 births in 1961 the percentage protected may have been a little short of 40, this is reasonable and could be increased with advantage, though more recent thought may crystallise in favour of primary vaccination in childhood, but after the first year.

In 1961, primary vaccinations against Smallpox totalled 3,592, of which 3,236 were successful, and re-vaccinations 682, with 564 successful. Of the total of 4,274 vaccinations performed, 3,316 were done by general medical practitioners and 958 by County Council medical staff. Successful primary vaccinations included 1,948 infants under one year of age.

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 1961.

Table 56: Primary Vaccinations and Re-Vaccinations performed

			Under	1 year	1-4	years	5—14	years	15 ye and c		To	tal
Area	Local Authority	1961	P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	111	. 135 . 35 . 204	45 73 41 100 49	38 67 39 95 44	22 39 13 43 13	22 36 5 38 11	8 19 53 42 11	7 2 31 27 11	7 18 19 20 13	6 3 16 16 16	80 149 126 205 86	73 108 91 176 78
North-East Combined Districts	Wellington Urban .	. 115 . 220 . 76	121 28 107 30 134 115 55 215	99 27 102 30 121 105 45 185	29 25 28 36 34 63 55 102	29 20 27 35 32 61 49 86	11 8 19 8 12 54 9 27	9 8 16 8 10 53 8 23	3 4 8 9 18 72 21 26	3 8 9 14 64 20 24	164 65 162 83 198 304 140 360	140 58 153 82 177 283 122 318
South-West Combined Districts	Atcham Rural Bishop's Castle Boroug Church Stretton Urbar Clun Rural	42	147 14 34 77	133 14 32 64	54 2 2 11	51 2 2 10	-4 -1 1	- 1 1	47 6 4 5	39 6 3 4	252 22 41 94	226 22 38 79
-	Ludlow Borough .	. 110	53	44	30	21	2	1	8	8	93	74
_	Ludlow Rural	. 207	141	121	40	31	5	4	26	25	212	181
-	Bridgnorth Borough . Bridgnorth Rural . Wenlock Borough .		38 65 57	31 58 50	57 72 52	46 66 50	2 5 16	2 5 15	4 6 8	4 5 8	101 148 133	83 134 123
-	Oswestry Borough . Oswestry Rural .	. 188	108 141	104 128	23 17	21 17	4 11	4 11	34 43	31 43	169 212	160 199
-	Shrewsbury Borough .	. 877	183	172	288	251	23	22	181	177	675	622
	TOTAL .	. 5,156	2,159	1,948	1,150	1,019	355	282	610	551	4,274	3,800

Diphtheria.—The one case of diphtheria notified in the County during the year was the first since 1952 and occurred in a male aged 13 years who had been immunised as a baby and had received a booster dose of Diphtheria/Tetanus prophylactic early in 1961. The boy was admitted to the isolation ward of the local paediatric department as a clinical case, having developed a severe sore throat with exudate some days before the onset of a mild palatal palsy. There was regurgitation of fluids down the nose and a "nasal voice". The boy had large doses of Penicillin before admission to Hospital and examination of a throat swab failed to reveal any organisms.

The patient recovered fully after penicillin therapy and the administration of diphtheria anti-toxin.

Throat swabs from home contacts proved to be negative, as did swabs subsequently taken from five persons following superficial examination of all children and staff at the school attended by the patient.

No contact was established with any known case of Diphtheria outside the County and no further cases followed this isolated instance.

Follow-up work at the school in question resulted in 290 children being given "booster" doses and arrangements made to give courses of primary immunisation to a further 80 children.

In 1941, there were 237 notifications of Diphtheria and 9 deaths. In the years 1951—61 there have been two notifications and one death, the latter of a woman of 72 years, due to syncope, toxaemia and throat infection, but without any bacteriological evidence.

In 1961, primary immunisations against Diphtheria numbered 5,379 and re-inforcing injections 4,340, County Council medical staff undertaking 1,965 of the former and 2,443 of the latter.

Primary immunisations included 1,383 children who were born in 1961 and this represents about 80 per cent of those eligible, for only one-third of the 5,156 infants born in 1961 would reach the age of 8 months, decreed as optimum for immunisation, during that year.

Table 57 below shows the immunisation state of school children in this County and Table 58 the distribution of all children immunised in 1961 according to the areas in which they reside.

Table 57: Immunisation in relation to Child Population

		Age Groups ar	nd Year of Birth		
	Under 1 year (1961)	1 to 4 years (1960—1957)	5 to 9 years (1956—1952)	10 to 14 years (1951—1947)	Total
Immunised in: (i) 1957 to 1961	 1,383	12,455	11,226	6,722	31,786
(ii) 1956 or earlier	 -		5,111	14,870	19,951
Estimated mid-year (1961) c population	5,060	18,440	48,5	00	72,000
Immunity index	 27 3%	67.5%	(a) 37. (b) 78.	0%	(a) 44.1% (b) 71.9%

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

Table 58: Children Immunised against Diphtheria in the various County Districts

	*	Dist.	Primary	Immunisatio	ns—Children	born in	De laferale
Area	Local Authority	Births 1961	1961	1960—1957	19561947	Total	Re-inforcin
North-West Combined Districts	Ellesmere Urban Ellesmere Rural Wem Urban Wem Rural Whitchurch Urban	42 135 35 204 105	12 51 16 77 21	22 94 42 121 47	7 37 25 58 3	41 182 83 256 71	24 130 121 187 90
North-East Combined Districts	Dawley Urban	199 115 220 76 203 237 233 491	82 24 30 21 90 58 54 121	103 60 105 71 120 165 173 287	32 25 47 12 68 42 40 54	217 109 182 104 278 265 267 462	233 84 138 67 203 626 267 295
South-West Combined Districts	Atcham Rural Bishop's Castle Borough Church Stretton Urban Clun Rural	357 16 42 176	78 9 3 43	189 7 21 61	46 1 3 5	313 17 27 109	238 20 25 56
100	Ludlow Borough	110	42	64	16	122	112
_	Ludlow Rural	207	72	115	32	219	176
-	Bridgnorth Borough Bridgnorth Rural Wenlock Borough	153 211 217	44 48 46	99 137 126	17 39 43	157 224 215	50 140 152
-	Oswestry Borough Oswestry Rural	188 307	51 33	143 176	33 44	227 273	117 92
-	Shrewsbury Borough	887	240	551	168	959	697
	TOTAL	5,156	1,383	3,099	897	5,379	4,340

<sup>(</sup>b) Percentage of children immunised since 1947.

Whooping Cough.—Notifications of Whooping Cough received during 1961 numbered 198 and there was one death, that of a two months old unvaccinated child, attributed to 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 two to three months, since the disease takes its greatest toll in very young infants.

In 1941, there were 986 notified cases of Whooping Cough and 14 deaths. In 1961, there were 198 cases and one death. Twelve years of immunisation against Whooping Cough are now showing effect upon the incidence of this disease in the County, cases in 1961 being only 20 more than in 1959, which was the lowest ever. The following figures show the average numbers of notified cases and deaths over five-year periods since 1947:

Table 59: Whooping Cough-Five-year Averages

	194751	1952—56	1957—61
Cases: Total Average	3,785 756.8	3,765 753	1,830 366
DEATHS: Total Average	20 4	9	1 0.2

During the year, 4,437 children were immunised against Whooping Cough, 3,042 by general medical practitioners and 1,395 by County Council medical staff. Children born in 1961 and immunised during the year totalled 1,773.

The table below shows the distribution in the areas of Local Authorities of all children immunised during the year.

Table 60: Children Immunised in Sanitary Districts

			1	Children	Immunised	
Area	Local Authority	Births 1961	Born 1961	1—4 years (60—57)	5—14 years (56—47)	Total
North-West	Ellesmere Urban	42	14	19	_	33
Combined	Ellesmere Rural	135	52	84	4	140
Districts	Wem Urban	35	16	40	3	59
	Wem Rural	204	85	114	6	205
	Whitchurch Urban	105	22	44	2	68
North-East	Dawley Urban	199	95	93	14	202
Combined	Market Drayton Urban	115	33	43		76
Districts	Drayton Rural	220	48	79	6 2 41	133
	Newport Urban	76	32 95	44	2	78
	Oakengates Urban .	203	95	102	41	238
	Shifnal Rural	257	93	111	11	215
	Wellington Urban	233	80	129	4	213
	Wellington Rural	491	149	222	21	392
South-West	Atcham Rural	357	96	161	15	272
Combined	Bishop's Castle Borough	16	9	6		15
Districts	Church Stretton Urban	42	14	16	-	30
	Clun Rural	176	45	47	2	94
_	Ludlow Borough	110	52	45	4	101
-	Ludlow Rural	207	98	93	8	199
_	Bridgnorth Borough	153	56	60	5	121
	Bridgnorth Rural	211	66	105	11	182
	Wenlock Borough	217	70	89	5	164
_	Oswestry Borough	188	58	119	18	195
	Oswestry Rural	307	64	175	14	253
_	Shrewsbury Borough	877	331	410	18	759
	TOTAL	5,156	1.773	2,450	214	4,437

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 or anomalous attacks which might be of nervous origin.

These dangers are real, but if such reasons suggest leaving a young baby unprotected, it may be some consolation to remember that the very young infant at risk may gain indirect protection if older children in the household are protected by (previous) immunisation, and that the Consultant Children's Physician some years ago expressed willingness 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.—Protection was given in 1961 to 2,814 children under 4 years of age (2,528 of whom were immunised by general practitioners) and to a further 551 children between 5 and 14 years.

With the re-introduction of Triple Antigen, these figures should increase substantially.

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 18 deaths from Tetanus in England and Wales in 1960. In Shropshire, no case was reported in 1959, only one in 1960, and one fatal case in 1961 of a male worker aged 66.

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.

Particulars of every child receiving a course of injections against Tetanus from the Council's medical staff are supplied to the family doctor in the form of a gummed slip for attaching to the child's medical records.

While the Whooping Cough antigen can cause upsets and even danger on occasion, we do not think that Tetanus antigen ever does; it should be remembered that we supply a combined Diphtheria-Tetanus antigen for primary or booster doses.

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 special classes requiring protection for some specific reason.

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.

During 1961, at 125 evening sessions, 17,715 attendances were made for vaccination against Poliomyelitis, an average of 142 per session.

As in previous years, visits were made by County Council medical staff to industrial undertakings for vaccination purposes and in eighteen such visits 1,059 injections were given.

Since the beginning of the vaccination programme in 1956, no less than 124,598 persons have been protected with two injections up to the end of 1961. The table below shows the numbers so protected annually by age groups.

Vaccinated in Age Groups Total 1958 1956 1957 1959 1960 1961 Born 1961—1943 Born 1942—1933 78,668 22,459 14,871 5,361 2,081 50,536 11,976 6,532 10,778 9,461 5,410 Under 40's 3,521 3,594 Others 8,600 60,589 240 2,081 26.348 16.902 TOTAL 18.438 124,598

Table 61: Cases completed with two injections since 1956

Third, or "booster" injections were given during 1961 to 15,330 persons, of whom about 63 per cent were dealt with by County Council medical staff. The first table below shows these cases by age groups and according to the area in which they reside; the second table shows the numbers completing protection with three injections since 1959.

Table 62: Completed Cases in 1961 by County Districts

Area	Local Authority	1—4 years (1961—1957)		18—27 years (1942—1933)		Others	Total
North-West	Ellesmere Urban	38	38	25	124	25	250
Combined	Ellesmere Rural	76	83	101	294	47	601
Districts	Wem Urban	52	42	15	68	32	209
	Wem Rural	145	152	103	288	62	750
	Whitchurch Urban	65	143	63	246	42	559
North-East	Dawley Urban	131	44	47	123	10	355
Combined	Market Drayton Urban	76	32	52	102	8	270
Districts	Drayton Rural	132	62	53	162	11	420
	Newport Urban	70	35	38	165	13	321
	Oakengates Urban		61	110	305	23	652
	Shifnal Rural	1.4.4	129	104	300	28	747
	Wellington Urban		54	80	277	32	579
	Wellington Rural	292	119	188	507	52	1,148
South-West	Atcham Rural	261	243	130	398	36	1,068
Combined	Bishop's Castle Borough	18	6	9	36	9	78
Districts	Church Stretton Urban	32	2	7	42	2	76
	Clun Rural	88	31	74	118	12	-323
-	Ludlow Borough	90	42	42	170	8	352
hand the	Ludlow Rural	137	86	77	288	25	613
_	Bridgnorth Borough	97	27	51	151	9	335
	Bridgnorth Rural	158	68	117	311	25	679
	Wenlock Borough	169	75	110	417	52	823
_	Oswestry Borough	111	71	62	240	28	512
	Oswestry Rural	190	186	112	387	51	926
-	Shrewsbury Borough	639	306	333	1,254	142	2,674
	TOTAL	3,533	2,137	2,103	6,773	784	15,330

Table 63: Cases completed with three injections since 1959

Age Groups		Vaccinated in	1	Total	
Age Groups	1959	1960	1961	Total	
Born 1942—1933 . Under 40's	47,453 10,339 2,680	9,001 7,932 4,253 1,388	5,670 2,103 6,773 784	62,124 20,374 11,026 4,852	
TOTAL .	60,472	22,574	15,330	98,376	

Table 64 below shows the position with regard to other cases at the end of 1961:

Table 64: Other Cases

Wan Tarke Street	Children born 1961—43	Young persons born 1942—33		Others	Total
Awaiting first injection	2,455	264	324	21	3,064
	93	29	33	1	156

During 1961, fourth doses were made available to school children on entering school (normally at the age of 5 years) and also to children of 5 and over who had not reached the age of twelve. The Minister of Health was advised to take this action by the Joint Committee on Poliomyelitis vaccine, because although three doses of vaccine give a high degree of protection, children in school are considered to be at a markedly greater risk.

In this County a total of 22,732 children received fourth doses between May and December, 1961, and of these 19,623 received their injections from County Council Medical Officers, while the remaining 2,994 were dealt with by General Practitioners.

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 the 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 1960, fifty-eight persons had been vaccinated against Yellow Fever at this Department and a further one hundred and twenty-four vaccinations were undertaken during 1961.

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 be preceded by appointment, but, 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.

### 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".

By Section 24 of the National Health Service (Amendment) Act, 1949, 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 in Salop 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.

The emergency 999 system is now almost universal and the procedure should be well known, but it is perhaps not out of place here to remind everyone 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 is installed in 33 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.

During the year the first stage of the programme for replacing radio equipment, the majority of which was first supplied in 1954, was carried out, and further annual replacement will continue until 1964.

Rail Transport.—This means of transport is used 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. Unfortunately, some of the most recent designs of railway rolling stock are not suitable for this purpose and it seems likely that this very useful adjunct to the Service may ultimately be lost to us and may need to be replaced by normal ambulance transport. The purchase of a converted motor car for this purpose is being considered.

Air Transport.—The advantage of this mode of conveyance in specific cases is accepted, but the arrangement made by the Service through a local travel agency for one such case was cancelled because of the patient's subsequent unfitness to travel.

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, Shrewsbury, which is the County's principal hospital. 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. Good communications are essential to any Ambulance Service and the possibility of using teleprinters and any other form of communication as they are developed is always under review. During the year the provision of a bell warning system for calling out a proportion of the staff in the event of a major disaster was approved, and was installed early in 1962.

Accidents.—As will be seen from statistics which follow, accident cases represent only a small percentage of the patients carried in Salop (vide Table 69), but the severity of the injuries caused by high speeds on the road and high speed and complicated machinery elsewhere necessitates rapid transport to Hospital if death or total incapacity of the victim is to be avoided.

Arrangements with other Ambulance Authorities.—The reciprocal arrangements in operation in border areas remain unchanged.

The National Health Service (Amendment) Act, 1957.—During the financial year 1961/62, the Service was reimbursed to the extent of £561 for attendance at industrial accidents and sporting events and for the conveyance of non-Section 27 cases, under the powers conferred by this Amendment Act.

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.—Tribute is due to both whole and part-time members of the staff, operational, control and administrative, and to the members of the W.V.S. Hospital Car Service for a worthwhile job in the main very well done. Inevitably there are mistakes and disputes but regarded in relation to the picture as a whole these are almost negligible. Our mistakes and those of the people with whom we work, Medical Practitioners, Hospital Staffs and others, teach us, we hope, how to improve the Service and often, certainly, help to improve our relationship with those concerned by bringing to light our respective difficulties.

It is certainly true to say that over the years since 1948 our relationship with others has developed to one of overall friendliness which is essential in work of this kind. In this respect our easy relationship with the Police, both in Salop and elsewhere, is of no mean value to the Service.

During the year the Staff Officer of the Service, Mr. G. E. Turner, was appointed Deputy County Ambulance Officer for Cheshire. His successor, Mr. T. H. Draper, took up duty on 1st May and resigned on 21st October on appointment as Ambulance Officer to the County Borough of Smethwick. Whilst we congratulate them on their success, these changes have in effect meant that the Service has been without one of its Senior Officers for the greater part of the year, the vacancy not being filled until early 1962. The effect of this was felt all the more because the year was an eventful one, as will be evident from the next paragraph.

Major Events.—In February, 1961, a mishap to a passenger train at Baschurch resulted in three deaths and a few minor casualties. The sight of the blazing coaches which greeted the emergency services on their arrival threatened a far more serious result, and those who escaped were fortunate. The incident proved that provided all concerned obey the instructions laid down in the Major Disaster Scheme, the latter is basically sound.

There followed in March a tragedy of concern to Ambulance Services everywhere.

As a result of a chain of circumstances following the loss of a rear wheel in transit a small dual-purpose ambulance conveying out-patients to Shrewsbury hospitals caught fire, and five people lost their lives. This is not the place for a technical report on the cause; sufficient to say that the inquest verdict concluded with the words "accidental death due to a metal failure, the cause of which was beyond the control of anyone concerned".

The commercial chassis upon which this vehicle was built has been in extensive use for a variety of purposes throughout the world for many years. Nevertheless, the Council decided to amend their purchasing programme to enable a different type of chassis to be used in future and as time goes on it is hoped to develop a suitable vehicle body to replace the very useful type lost to us as a result of this change.

General.—During the course of a year the Service deals with a variety of cases, many tragic, and some which have their humorous side. Few are without interest. One afternoon, in the space of about four hours, six premature babies were taken to Birmingham—not the first time we have almost been overwhelmed by unexpected arrivals.

Topically, a case of suspected ingested radiation was also conveyed to Birmingham.

Training.—Training is a continuous process but it was helped during the year by the interest of Mr. G. K. Rose, the Consultant Orthopaedic Surgeon, who gave time and trouble to setting and judging the County Competition, won by a Shrewsbury team, who unfortunately were not successful later in the Regional Competition at Hereford.

With only one or two exceptions members of the staff have been given instruction in the mouth-to-mouth method of artificial respiration using the special mannikin purchased for the purpose in September, which together with the services of our Staff Instructor has also been in demand by other Departments.

Civil Defence.—At the time of writing, this Authority have received on loan for training purposes three of the centrally purchased ambulances referred to in the report for 1960, and the old and cumbersome ambulances which they replaced have been sold.

During the summer the County Ambulance Officer and existing instructional staff ran a course of lectures for intending instructors and it is gratifying to report that of ten candidates who sat for the examination in December, nine were successful. These newcomers form a welcome addition to the original instructional staff, sadly depleted by promotion, transfers and removals over the past few years. The training of Ambulance and First Aid Section volunteers cannot but benefit when given by Instructors with the practical experience gained as members of the regular Ambulance Service.

The small group of Civil Defence volunteers attending regular training sessions at Shrewsbury, Oswestry, Donnington and Market Drayton have honoured their obligations extremely well, and if recruits of similar calibre and however small a number can be obtained at other places

progress can be made.

The County Ambulance Officer and the Staff Civil Defence Instructor were invited to judge the Ambulance and First Aid Section of the Annual Civil Defence Competition at Stoke-on-Trent and, accompanied by two Station Officers, gave similar service for the County of Cheshire. The time and trouble so willingly expended by the instructional staff is out of proportion to the result achieved because of public apathy and a lack of recruits.

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, 1961, such nursing service cars numbered 83.

Miscellaneous Activities.—During the year members of the staff staged two demonstrations, one at Walford Manor in connection with a Farm Safety Walk, and the second at the Medical School, Birmingham University, as a contribution to a Conference organised by the Regional Hospital Board for Local Authority representatives and officers in the Midland Region to discuss advanced training for Ambulance Service personnel.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1961, with a comparison with the previous

year or years, are set out in the following pages.

W. WALKER, County Ambulance Officer.

Table 65: Establishment of Ambulances, Dual-purpose Vehicles and Sitting-case Cars

				At 31st	Decem	ber		
Ambulance Stations	Ambu	Ambulances		Dual-purpose Vehicles		g-case irs	Total Vehicles	
	1960	1961	1960	1961	1960	1961	1960	1961
Shrewsbury		13	-	3	5	4	18	20
Oswestry	2	4 2		-		i	3	3
Market Drayton		-	1	1		-	1	1
Donnington and Shifnal .		3	5	3	1	1	7	7
Wenlock	-	-	1	1	-	-	2	5
Bridgnorth	2 3	2 3	-	-	-	-	6	5
Ludlow and Craven Arms .	. 3	3	3	2		-	0	1
Bishop's Castle	. 1	1		-				1
TOTAL .	. 27	28	11	11	7	7	45	46

(Note.—At the end of 1961 there was 1 ambulance retained additional to establishment for Civil Defence training purposes, compared with 4 at the end of 1960).

Table 66: Establishment of Ambulance Service Personnel on 31st December

Year	Full-	time	(in terms	ert-time of Full-t	time)	Personnel Employed				Authorised		
	Driver- Attendants	Attendants	Driver- Attendants	Attend	dants	Driver- Attendants	Atten	dants			Full-time Establishmen	t
	M.	M. F.	M.	M.	F.	M.	M.	F.	Total	Drivers	Attendants	Total
1960	41	5	9	3	61	50	3	111	641	47	29	76
1961	42	5	9	3 1	8	51	31	13	671	47	29	76

Table 67: Deployment of Ambulance Service Personnel

		31st D	ecember, 196	0			31st D	ecember, 196	1	
	Full-time		Part-time			Full-	time	Pa	art-time	
Ambulance Stations	Driver- Attendants	Attendants	Driver- Attendants	Atten	dants	Driver- Attendants	Attendants	Driver- Attendants		
	M.	F.	M.	M.	F.	M.	F.	M.	M. F	
Shrewsbury	6	5 _	1 2 3	- 6 1	4 2 1	25 7 1	5 =	1 2 3	6	4 2 1
Market Drayton	6	Ξ	1 1	- 4	5 1 2	$\frac{7}{2}$	Ξ	1	3	5 2 2 8
Aridgnorth	-	Ξ	8 2	3	8	Ē	Ξ	8 2		_
TOTAL	41	5	22	16	25	42	- 5	22	12	25

Table 68: Work performed by Ambulances and Sitting-case Cars

Year	Ambulances		Cars		Women's Services a Supplement		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
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
1961	84,007	886,018	12,791	193,912	4,128	87,466	100,926	1,167,396

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

Table 69: Categories of Patients Conveyed

Maternity		1,356
Mental	4.4	250
Accident		2,088
Infectious		138
General	**	97,094
TOTAL		100,926

Table 70: Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31s Dec., 1961 (in terms o whole-time personnel		
Shrewsbury	16,061	38,214	422,117	31.41		
Oswestry	2,399	17,817	159,826	9.43		
Whitchurch	1,407	5,203	66,927	3.62		
Market Drayton	519	2,594	33,562	2.09		
Donnington	2,681	14,586	146,822	10.17		
Shifnal	731	2,531	25,731	1.64		
Wenlock	524	1,686	19,223	0.86		
Bridgnorth	1,153	5,460	59,273	3.02		
Ludlow and Craven Arms	3,250	8,482	142,965	5.36		
Bishop's Castle	67	225	3,484	0.06		
TOTAL	28,792	96,798	1,079,930	67.66		

Table 71: Patients carried and Mileages covered

Year	Patients	Mileage	Mileage per Patient
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
1961	100,926	1,167,396	11.6

(Note.—One more vehicle was equipped with a radio-telephone during 1961, making a total of 33 vehicles so equipped out of 46. Although the amount of work undertaken increased by approximately 5,500 patients conveyed and 45,000 miles travelled as compared with 1960, a further reduction was achieved in the figure for mileage per patient, which continued its downward trend).

## 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 1960).

During the year 75 (97) persons were notified as having Respiratory Tuberculosis. Of these:

- 37 (40) were diagnosed as a result of direct reference to Chest Clinics by General Practitioners.
- 15 (14) were initially discovered by Mass Radiography Units.
- 11 (16) were diagnosed as a result of examination of "contacts".
- 9 (21) were initially discovered at general and special hospitals.
- 2 (2) had been previously under Chest Clinic "observation".
- notified whilst in Services.
- also I was notified after death.

This total figure of notifications is the lowest recorded in the last forty years, being approximately half that of 1955, a reduction in conformity with the National trend. Of these 75 newly notified cases, tubercle bacilli were obtained from 48 who were thus shown to have been actually or potentially infectious, whilst 27 were not proved thus bacteriologically.

It is noteworthy that the number of persons, namely 88, whose names were removed from the Respiratory Tuberculosis Register as recovered, significantly exceeded the number of newly notified persons.

Of the 23 persons whose names were on the Respiratory Tuberculosis Register at the time of death:

- 3 were over 80 years of age.
- 6 were between 70 and 80 years of age.
- 7 were between 60 and 70 years of age.
- 4 were between 50 and 60 years of age.
- 2 were between 40 and 50 years of age.
- 1 was between 30 and 40 years of age (a Pakistani, who had been in this country one week at the time of diagnosis).

None under 30 years of age.

Of these 23, the Respiratory Tuberculous disease was considered definitely active in six. One other was considered to have active miliary tuberculosis associated with a proven tuberculous abscess in the neck

The tuberculous disease was not active in nine, of which two in retrospect were most likely not to have been tuberculous.

The tuberculosis was of uncertain state of activitity in seven, of which two were likely to have been active and five were likely to have been not active.

The actual causes of death of these 23 persons were considered to be attributable directly to Active Pulmonary Tuberculosis in three

Miliary Tuberculosis in one

Cardiac Failure in thirteen, of which:

6 were attributed to Coronary disease

3 to Cor Pulmonale

4 to "Myocardial Failure"

Cerebro-Vascular Disease two.

### Other Causes:

- 1 Spontaneous Pneumothorax
- 1 Carcinoma of Stomach
- 1 Hepatic Failure (Active case)
- 1 Fibrosis of Lung (probably not tuberculous)
- 1 notified after death was attributed to Heart Failure and Pulmonary Fibrosis due to Tuberculosis.

So long as any persons continue to be found to be suffering from Tuberculosis, there is likely to be a need for the work of the Tuberculosis Voluntary Care Committee. All who are responsible for the care of these persons, are very grateful for the work of all on this Committee.

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

Mass Miniature Radiography.—Visits to this County for the purposes of public, industrial and school surveys were made during 1961 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. Hutchinson and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively:

Table 72: Mass Radiography Results

		Da.	V		Tuberculosis			
**	S	re	rsons X-ray	1	Active Inactive			
Unit	Sessions	M	F	Total	М	F	М	F
Wolverhampton	Public Industrial	8,524	1,020 3,643 1,148	1,714 12,167 2,033	10 4		3 70 8	3 7 6
	TOTAL .	10,103	5,811	15,914	14	4	81	16
STOKE-ON-TRENT	Public	958	2,822 943 54	5,145 1,901 129	3 1 —	Ξ	12 8 —	11 2
	TOTAL .	3,356	3,819	7,175	4	_	20	13

The 22 cases of active or clinically significant Tuberculosis discovered in the 23,089 persons investigated gives a rate of 0.95 cases per 1,000, which seems a very low figure when one considers that a large proportion of those investigated—perhaps 10 per cent or more—were sent because they were suspect.

The table below shows the cases of non-tuberculous abnormalities discovered by the Units during their visits to Shropshire in 1961:

Table 73: Other Conditions

Condition or Abnormality	Wolv	erhampton	Unit	Stoke-on-Trent Unit			
Condition or Abnormality	Males	Females	Total	Males	Females	Total	
Non-tuberculous fibrosis	9	1	10	5	2	7	
Pleural thickening	20	2	22	6	5	11	
Inflammatory lesions	19	15	34	1	1	2	
Bronchiectasis	12	5	17	8	5	13	
Abnormality of diaphragm	1	1	2	3	3	6	
Old empyema	5	2	7		-	-	
Emphysema	4	-	4	11	1	12	
Cardio-vascular lesions	20	10	30	27	29	56	
Congenital abnormality of bony thorax	5	6	11	-	_	-	
Acquired condition of ribs	4	1	5	-	-		
Pneumoconiosis	38		38	14	-	14	
Enlarged thyroid gland	3	3	6	4	1	5	
Enlarged glands of unknown etiology	2	-	2	-		-	
Sarcoidosis	1	3	4	5	2	7	
Bronchial carcinoma	4	2	6	1	-	1	
Metastases in lung	-	1	1	-			
Miscellaneous	4	-	4	3	1	4	
Cases referred for further investigation	25	20	45	3	2	5	
Total	176	72	248	91	52	143	

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home Helps and during 1961 assistance was supplied through the Council's Domestic Help Service in 11 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (vide page 55).

B.C.G. vaccination is offered to Home Helps willing to attend tuberculous cases and during the year 8 Home Helps were skin tested. Only one was a negative reactor and she was vaccinated.

Fifty-two Home Helps had chest X-rays and one of these was recalled for a large film examination at the Chest Clinic, but was subsequently cleared as fit for work.

Open-air Shelters.—The distribution on 31st December, 1961, of the 38 shelters owned by the County Council was as follows:

At patients' homes . . . . . . . . . . . . . . . . . . 6

**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 1961, a total of 203 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 223 for the previous year.

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

- (a) school children in the year preceding their fourteenth birthday;
- (b) 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
- (c) 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 1961, with the comparative figures for 1960.

Table 74: B.C.G. Vaccination in Schools

	Maintained and	Grant-aided Schools	Independent Schools		
	1960	1961	1960	1961	
Schools visited	67 5,593 770 4,544 279 4,484 60	76 4,337 484 3,637 216 3,595 42	29 1,398 269 1,117 12 1,105 12	25 592 102 488 2 473 15	

The acceptance rate for B.C.G. vaccination has always been high and for 1961 was 94 per cent.

In addition, a special survey was made at one school where children had been in contact with a known case of Tuberculosis:

	Tested	Positive Reactors	Negative Reactors	Not Read	Negative Reactors Vaccinated
Children (all ages)	68	8	60		_*
Staff	 1	1	-		-

\*The negative reactors were all pupils under 13 years and therefore too young for vaccination. All will be retested when they reach 13 years of age.

Positive Reactors.—All positive reactors discovered during school testing were X-rayed by the Mass Radiography Units and the following table summarises the results of these investigations which are also included in the table on page 46.

	Pupils	Home contacts*	Staff
Cases investigated	504	12	124
Recalled for large film examination	10	_	1
Cases of Tuberculosis discovered	-	-	

\*The X-raying of home contacts of positive reactors was discontinued at the beginning of 1961, as it was felt that this practice was not sufficiently productive for the amount of work involved. From September, 1961, however, it was decided to offer X-ray appointments for the home contacts of children who were found to have large positive reactions on skin testing.

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 Shrewsbury and Wellington Chest Clinics twice monthly.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1961 was as indicated below, with comparative figures for the previous year:

Table 75: Tuberculosis Registers

					1960	1961		
On register on 1st January .				Respiratory	Non-Respiratory	Respiratory	Non-Respirator	
				1,468	316	1,475	320	
ADDED :	Transfers in			97 40 7 144	32 2 34	73 35 6 } 114	19 2 2 2 2	
REMOVED :	Non-tuberculous Died (all causes) Transfers out Recorded in error			63 2 21 44 3 4	17 2 8 2 1	92 1 22 37 - 9	27 3 10 —	
On register	on 31st December			1,475	320	1,428	303	

On 31st December, 1961, the 1,428 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors		2445		1,104
Not requiring supervision		1.1	4.0	279
In hospitals and sanatoria, as listed below	_			33
In Shelton Hospital, having treatment apart from	Tu	berculo	SIS	12
				1,428

Table 76: Patients in Hospitals and Sanatoria

Cheshire Joint Sanatori	um	 	8
Cross Houses Hospital		 4.4	7
Wrekin Hospital		 	12
Monkmoor Hospital		 	1
East Hamlet Hospital		 	1
Morda Hospital		 	3
Tupsley Hospital		 	1
		- 7	33

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 an arrangement was made with the British Red Cross Society at the beginning of 1956 to provide a Library Service, books supplied by the Society being made available to patients through the medium of the Health Visitors.

Primarily because waiting lists for admission to sanatoria had largely disappeared during the last year or two, it was found in 1961 that the use being made of the service did not justify its continuation and in November the Health Committee decided to withdraw from the Scheme.

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 and during 1961 assistance was given in this way to 122 tuberculous cases.

Shropshire Tuberculosis Care Committee.—This Committee, a voluntary organisation formed in 1956, derives its income mainly from the sale of Christmas Greeting Seals, and under the able Chairmanship of Major R. Deedes, G.C., has continued to render assistance to necessitous tuberculous cases and their families. During 1961, the Case Committee met on 15 occasions and approved assistance in a variety of ways to 79 cases (of whom 30 were helped for the first time) at a total cost of £474, compared with 96 cases and £606 in the previous year.

# Health Education

The following reports on Health Education, Accidents in the Home and Home Safety are contributed by 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, and for other subjects, such as 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, 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 the requests may or may not be due to a personal link between the group and some member of the public health service. The age-groups of the audiences range from 10 to 70 years and the organisations themselves include Young Wives' Groups, Girls' and Youth Clubs, Mothers' Unions, Wolf Cubs, 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 can lead to requests for talks on other themes. 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 are supported by 16 m.m. sound films, film strips, photographic slides, flannelgraphs (standard or specially-produced), posters, charts and leaflets, drawn from our own and outside resources.

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 inevitably 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 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. The displays set up in our Child Welfare Centres are mainly the work of health visitors in charge, supplemented by exhibits 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, and requests for the supply of posters or leaflets for schools, private persons or doctors' surgeries.

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 dealt with the County's Chiropody Services.

The Dental Health Stand was again staged at the one-day Oswestry Agricultural Show in September, in conjunction with the Shropshire branch of the British Dental Association. The exhibit included the Mobile Dental Clinic and occupied a space of 30ft. by 12ft. in the Chamber of Commerce tent. The twin themes of (1) Causes and Consequences of Dental Decay and (2) Prevention of Decay and Formation of Good Dentition 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 an electrically operated Quiz Panel were loaned by the General Dental Council, the Quiz Panel being exceptionally popular with the youngsters. Sound films (16 m.m.) were shown on a daylight screen and an orthodontic exhibit also aroused great interest.

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

We also distribute 1,400 copies of the magazine "Better Health" to mothers (via Welfare Centres), to Health Visitors, medical, nursing and lay staff and to schools in the County (other than Infants' and Nursery Schools).

#### Health Education Talks

The following table gives particulars of Health Education talks given in 1961 and has been compiled from information supplied by 7 Assistant County Medical Officers, 3 Dental Officers, one Superintendent Nursing Officer, 17 Health Visitors, 16 Nurses and the Lay Administrative Officer, or 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, and the figures given are understated. 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.

Talks delivered Numbers Illustrated by films, slides or strips In Schools Elsewhere audience Given by Lecturers Total Assistant County Medical Officers 8 287 2 393 Dental Officers 6 Superintendent Nursing Officer 12 782 14 Health Visitors ... 52 38 9 102 Nurses Others 22 9 13 22 1,528 TOTAL 17 95 29 66 46 3,104

Table 77: Health Education Talks

## Accidents in the Home

Table 78 below shows the home accident injuries known to have occurred in Shropshire during 1961. Eight of the cases were conveyed by ambulance to hospital. Forty-one were patients either in or attending hospitals, including 15 children admitted for observation after they had had access to poisonous tablets or liquids. One hundred cases were attended by District Nurses, who also gave after-care to the majority of hospital patients after their discharge. Several burns and scalds cases were in-patients for from five to six weeks.

The total numbers represent a reduction of 50 per cent on last year, and again it is probable that this decrease is more apparent than real.

One lady of 91 years died in hospital following a home accident when she fell against a gas fire in her bedroom.

The numbers of accidents in all groups 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. The under-fives appear to be at the greatest risk, but are still well below the 1960 figures as reported.

					AGE G	ROUPS			
Category	Total	0-	-5	6-	-64	65	+	A	II
		M	F	M	F	M	F	M	F
Burns and scalds	102	20	25	8	35	1	13	29	73
(a) Aspirin, etc	12	4	8		-			4	1
(b) Paraffin and liquids	3	4 2	1	_		_	220	2	
(c) Other		-	1	-	-	-	-	-	
Falls	19	5	2	1	5	-	6	6	1
Others	7	4	1	-	1	-	1	4	

Table 78: Home Accidents

Once more by far the largest category is burns and scalds, notable perhaps because they are painful, require lengthy treatment and can result in severe scarring or disability. Hot water bottles caused burns and scalds, the latter on bursting or when children bumped against the person filling them. One bottle was left on a stair and led to the fall of a lady of 71 years.

Climbing children precipitated accidents, to themselves or others. An under-five got matches from a table in the early morning, set fire to a bed and burned his younger brother. Another climbed on to a washing machine, took off the lid and dipped his foot in boiling water when the machine was switched on. The result might have been worse. To the outside observer few of the accidents were completely inevitable. Very few indeed of those reported happened in conjunction with the frail or senile or the handicapped. Only two are known to have occurred in households that might be regarded as accident-prone.

The kitchen and the scullery were the danger spots for the 6—64 years old females, and to both sexes under 5. Forty-five persons of all ages were injured in accidents with buckets of hot water, kettles, pans and stoves, when they fell while carrying vessels of hot water or because toddlers came into contact with grates and stoves when guards were removed and attention was distracted. One infant was burned on a hot guard but this could be a salutary experience. Eleven infants were involved in accidental scalds at table, from teapots and cups that should have been out of their grasp.

Sixteen children under five ate aspirins or other tablets, drank paraffin or other liquids, and a tube of rubber solution, and in consequence fourteen were admitted to hospital for observation and precautionary treatment.

More accidents occur than are ever reported. By fortunate chance the majority may not be serious but we should always remember the risk. The figures available do give some indication of where the dangers lie, which of us is at risk—and the consequences of ignoring them.

## Home Safety

It is probably a coincidence that the apparent marked reduction in the numbers of reported home accidents in Shropshire has occurred in the year of publication of the Department's Home Safety Handbook and the further delivery of our illustrated talk and film show to a total of 18 groups, St. John Ambulance, British Red Cross, Mothers', Women's and Old People's Clubs, Women's Institutes and schools. None the less, it is curious that falls (which we have always stressed as the principal danger) should have fallen in Shropshire from 84 to 19 in this particular period while the national fatality rate remained roughly constant, and it is to be hoped that this trend is significant. We are encouraged to find that these talks often lead to requests for return visits and for other health themes.

Health has been defined as an ideal state of well-being and it is fairly certain that the incidence of home accidents and the general physical and mental states are very closely linked.

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 the equivalent of 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 Minister 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.

The present Visitor is Mrs. R. Winch, who commenced duty in this County in June, 1960, and particulars of the work performed by her during 1961 are as follows:

Cases open at 1st January, 1961				 	16
New cases opened during the year				 	6 22
Cases closed as satisfactory				 	1 22
Cases returned to Inspector for transf	er or	other re	eason	 	2
Cases open at 31st December, 1961				 	— 3 19
Number of children in new cases open	ned			 	32
Visits of supervision				 	962
Miscellaneous visits		**		 	852
Total visits				 	1,814

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 1961 695 families were so registered. This figure is interesting, for it represents just less than 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 use the County Medical Officer as their agent with discretion to provide 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.

The first grant of £50 was received from the Foundation in June, 1957, and with grants in subsequent years, including £200 in 1961, the total of their Shropshire grants amounts to £450.

The Marie Curie Foundation will also pay for a Day and Night Nursing Service for cancer patients. While very useful in certain circumstances, no occasion was found to use this particular service in 1961.

Table 79: Cases Assisted

Assistance	Amount expended in						
Assistance	Prov	ided		Cases	£	s.	d.
Domestic help	 2			10			
Special equipment for	comf	ort of	patients	 1	6	10	6
Extra nourishment				 7	47	13	10
Fuel	-			2	4	9	9
Miscellaneous needs				 ī	1	5	0
			TOTAL	 10*	111	12	11

\*This is the total of individual patients helped. Of the patients receiving extra nourishment, one was also supplied with fuel, one was provided with domestic help and one had repairs carried out to a fireplace.

## Chiropody Service

Proposals for a Chiropody Service for the aged, handicapped persons and expectant mothers, in accordance with Ministry of Health Circular No. 11/59, were adopted by the County Council in 1960 in the following terms:

"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 over and males of 65 or over) who are mainly dependent upon the retirement pension and/or national assistance.

Most of the Voluntary Old People's Organisations who have for some years operated local Chiropody schemes in Shropshire have accepted participation in the County scheme and receive an annual subsidy. During 1961, ten such schemes were in operation and all but one provide treatment for handicapped persons and expectant mothers in addition to the aged.

Contractual arrangements for the treatment of eligible cases were continued in 1961, with two private Chiropodists, one of whom withdrew from the scheme on retiring from practice.

To provide a service in those areas of the County not covered by local schemes or through contractual arrangements, the Council in May, 1961, appointed a whole-time County Chiropodist to carry out treatment at sessions arranged in Welfare Centres and in the homes of patients unfit to travel to such sessions. While it was at first thought that the number of such domiciliary cases would be small, it has been found more practicable, and certainly cheaper, for the Chiropodist to undertake treatment in their own homes of patients who, living in rural areas many miles from Welfare Centres, would have to be transported long distances by the Ambulance Service. At the same time, treatment at home has also been afforded to patients in these areas who, not being eligible for transport, would have found it impossible because of distance and inadequacy of public transport, to attend a Welfare Centre session. Consequently, the number of domiciliary cases dealt with has been far larger than originally anticipated.

Voluntary Organisations.—Patients treated under local Chiropody schemes during 1961 totalled 1,013 aged persons (3,149 treatments) and 30 handicapped persons (95 treatments).

Private Chiropodists.—During 1961, a total of 16 patients (all aged cases) received 63 treatments by private Chiropodists under the County Scheme. Free treatment was provided in one of these cases.

County Chiropodist.—Sessions at 14 Welfare Centres throughout the County were attended by the County Chiropodist since his appointment in May, 1961, who also undertook monthly sessions at Ellesmere House, a Welfare Committee home for the aged, and on behalf of two Old People's Voluntary Welfare Committees and Clubs. In all, 96 such sessions were attended.

The following are particulars of the cases treated:

Table 80: Cases Treated by County Chiropodist

		Aged	Handicapped Persons	Expectant Mothers	Total
Clinic Sessions (including Ellesmere House) Patients Treatments		216 470	9 25	3 4	228 499
Domiciliary Patients Treatments	::	124 342	5 15	=	129 357
TOTAL PATIENTS TOTAL TREATMENTS		340 812	14 40	3 4	357 856

A charge of 2/6d, per treatment is made, which can be remitted in cases of hardship. No charge was made in 178 treatments of aged persons and 24 of handicapped persons.

# 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 the Regional Hospital Board undertake to supply particulars of all discharged hospital patients requiring after-care 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, 1,613 issues of equipment were made to 1,120 patients, items being loaned direct from the Health Department in 718 cases and by nurses and midwives in 402 cases, as summarised below:

Table 81: Issues of Nursing Equipment

Item	Issued in	1961	Total
item	Health Dept.	Nurses	Total
Air beds	1		1
Air rings	27	87	114
Back rests	96	139	235
Bed pans	134	160	294
Dad oradlas	19	15	34
Bed tables	6	1	7
Bedsteads	16	1	17
Commode chairs	42	2	44
Crutches	14		14
Dunlopillo rings	69	17	86
Feeding cups	3	16	19
Hoyer patient lifter .	12	_	12 35
Matterson Decalesille	31	4	35
Other .	2	-	2
Rubber sheets	213	168	381
Urinals	37	83	120
Wheel chairs	129	_	129
Miscellaneous	60	9	69
TOTAL .	911	702	1,613

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 1961, the following Convalescent Homes received 57 cases, at a total gross cost of £571 1s. 0d., of which £34 15s. 10d. was recovered from patients or their relatives, no charge being made in 27 cases. The comparable figures for 1960 are shown in brackets.

Table 82: Convalescence Cases

		Adults	Children
Lady Forester Convalescent Home, Llandu	dno	 47 (31)	-(-)
"The Rest" Convalescent Home, Porthcawl		 - (4)	-(-)
Copthorne Holiday Home, Surrey		 -(1)	- (1)
Ormerod Home, St. Annes-on-Sea		 -(-)	3 (1)
Church Army Home, Southport		 -(1)	- (1)
Church Army Home, Weston-super-Mare		 3 (1)	1 (2)
Roseberry House, Blackpool	**	 1(-)	2 (-)
		51 (38)	6 (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, 1961, are given in the table below:

Table 83: Home Help Offices

Centre		Address			
BRIDGNORTH		Child Welfare Centre, Northgate			
CHURCH STRETTON		Cottage Room, Silvester Horne Institute			
LUDLOW		Child Welfare Centre, Dinham			
MARKET DRAYTON		Child Welfare Centre, Longslow Road			
NEWPORT		Child Welfare Centre, Beaumaris Road			
OSWESTRY		Child Welfare Centre, 30 Upper Brook Street			
SHREWSBURY		County Health Department, 3 Swan Hill			
WELLINGTON		42 Tan Bank			
WHITCHURCH	20	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 (since raised in 1962 to 4/1d. per hour), 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 1961 were 3/6\(^2\)d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 3/5\(^2\)d. 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, 1961, a total of 159 Home Helps was employed (6 full-time and 153 part-time) and the table below shows their distribution throughout the County:

Whole-time Centre Part-time Total 14 14 Bridgnorth Church Stretton 6 6 16 Ludlow 2 Market Drayton 6 6 6 20 Newport Oswestry Shrewsbury 20 52 4 48 Wellington 32 Whitchurch 153 159 Total for 1961 6 Total for 1960 142 149

Table 84: Home Helps employed on 31st December

Work Performed.—During 1961, a total of 1,074 cases was assisted, at an average of 538 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 172,622.

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 74.8 per cent of the cases and that 151,570 (or 88 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 85: Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post- operative	T.B.	Others	Tota
Bridgnorth	 64	3	7	-	1	-	75 23 70 48 38 125 377 269
Church Stretton	 14	1	7	-	1	_	23
Ludlow	 60	4	3	3	-	_	70
Market Drayton	 28	5	15	-	-	-	48
Newport	 28	1	7	1	-	1	38
Oswestry	 28 28 93	6	20 82 26	6	-	-	125
Shrewsbury	 248	30	82	8	6	3	377
Wellington	 228	9	26	3	2	1	
Whitchurch	 40	-	6	2	1	-	49
Total for 1961	 803	59	173	23	11	5	1,074
Total for 1960	 719	49	148	27	15	7	965

Table 86: Elderly and Chronic Sick Cases

	C	ases		Hours	Worked	
Year Total— all categories (1)	Elderly and Chronic Sick		Total—	Elderly and Chronic Sick		
		Number (2)	(3)	all categories (4)	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
1961	1.074	803	75	172,622	151,070	88

Recovery and Expenditure.—The sum recovered during 1961 from those taking advantage of the Service was £4,468, compared with £3,991 during 1960 and £3,966 during the previous year. The statement below relates the numbers of hours worked and travelled 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 1957 to 1960 are also given.

Table 87: Hours worked and travelled by Home Helps

	1957	1958	1959	1960	1961
Standard Rate Assessed Rate Free	9,491= 6.7% 63,588=45.2% 67,699=48.1%	13,602 = 9.5% 57,302 = 40.2% 71,648 = 50.3%	15,111= 9.8% 63,871=41.4% 75,269=48.8%	14,721 = 8.6% 76,855 = 44.8% 80,032 = 46.6%	14,672= 8.5% 84,543=49.0% 73,407=42.5%
TOTAL	140,778	142,552	154,251	171,608	172,622

The County Council's assessment scale was modified in January, 1958, in September, 1959, and again in April, 1961, 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 1961, with corresponding totals for the four preceding years:

Table 88: Cost of Domestic Help Service

	Wages and Insurance							
Year		Home	Helps	Overalls, Rentals, etc. Total Expenditure House-holders G    £ £ £ £ £ 26,184 2,775    22,301 1,017 28,210 3,546	Nett Cost	ost Receipts as Percentage		
rear	Clerical Assistants	Whole- time	Part- time	Rentals,	Expen-	House-	to County Council £ 23,409 24,664 27,011	of Ex- penditure
£ 1957	£ 1,267	£ 4,512	£ 19,349	£ 1,056	£ 26,184			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	11.1
1961	1,684	2,597	33,441	1,449	39,171	4,468	34,703	11.4

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in May, 1957, July, 1959, April, 1960, and in January and April, 1961, 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 86, seems to be evidence for the Health Committee's contention that the service is not abused and that the help goes to where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

#### MENTAL HEALTH SERVICE

## Report of 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.

Some of these functions are not entirely new to Local Health Authorities, as schemes for the community care of the mentally disordered have gradually evolved throughout the country since the National Health Service Act came into operation in 1948. Indeed, in a few areas model schemes have been developed and, although for geographical, financial and other reasons there will always be some variation in the services provided by one Local Health Authority compared with another, a levelling-up process was started as a result of the 1959 Act.

This process had barely gained momentum, much less had it been completed, when the Minister lately asked Local Health Authorities to prepare and submit to him for approval a ten year programme for the further development of their domiciliary "personal" health services, the need for which would inevitably arise consequent upon the Ministry of Health's ten-year plan for reducing the number of hospital beds.

Speaking a little over a year ago at the Annual Conference of the National Association for Mental Health, the Minister had declared that in the future he would have no use for the older type mental hospitals as we know them today.

It was not altogether surprising, therefore, to find that, in the Hospital Plan for the Birmingham Region which was published a few months ago, the number of beds at Shelton Hospital would ultimately be reduced from 1,012 to 448.

The plan actually showed an increase in the number of hospital beds for the subnormal and severely subnormal by 1975, but this should not give rise to any degree of complacency as there has been a serious shortage of such beds throughout the region since the end of the war. With a gradual rise in the subnormal and severely subnormal population due to increased longevity resulting from advances in the treatment of physical illness and with no corresponding breakthrough in the prevention of these forms of mental disease, Local Health Authorities will have to provide more community services for these patients, particularly for the adults.

Staff.—On 31st December, 1961, the staff employed wholly in the Mental Health Service consisted of the following officers:

- 1 Senior Mental Welfare Officer
- 6 Mental Welfare Officers
- 13 Training Centre Staff

The above figures include two additional Mental Welfare Officers and three training centre staff who were recruited during the year.

In addition, nine Assistant County Medical Officers, the Superintendent Nursing Officer and her Deputy, two Assistant Superintendent Nursing Officers and forty Health Visitors have various duties in the Mental Health Service.

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 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. Arrangements are also made to second other members of the staff for appropriate courses of training. One Mental Welfare Officer is at present attending a special one-year Course at the London School of Economics and Political Science with a view to obtaining the Mental Health Certificate and a member of the Training Centre Staff is concurrently attending a one-year Course for Teachers of the Mentally Handicapped to enable her to obtain the Diploma awarded by the National Association for Mental Health.

#### 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. One hundred patients were referred to the Local Health Authority during 1961 for after-care services to be provided and much useful information was exchanged at the fortnightly case conferences which are held at Shelton Hospital, and which 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 two 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.

Admissions to Hospitals for Mental Illness.—The Mental Welfare Officers were concerned in the admission to hospital of 299 mentally ill patients in 1961, practically all of whom were admitted to Shelton Hospital. Particulars of these admissions are given in the following table:

	1	52	111
Compulsory patients: (a) Emergency Orders (Section 29)	18	15	33
(b) Observation Orders (Section 25)		52	94
(c) Treatment Orders (Section 26) (d) Hospital Orders (Section 60)	1	37	60

Table 89: Mentally Ill patients dealt with by Mental Welfare Officers

In addition to the 299 admissions to hospital arranged by Mental Welfare Officers, investigations were carried out into 86 further cases of suspected mental illness. Some of these required no special provision and were allowed to remain in the care of relatives or friends; others were found to need geriatric services and were admitted to appropriate hospital accommodation; 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.

There are two registered Mental Nursing Homes in this County, namely:

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

This Home is registered for the reception of 30 mentally ill patients who may, if necessary, be detained in accordance with the appropriate provisions of the Mental Health Act, 1959.

(b) Loppington House, Wem.

Loppington House has been registered for the reception of 65 children aged sixteen years and under, of both sexes, who are suitable to live in association and who are not subject to detention. Most of the children in the Home are long-stay patients. Some of them are maintained by the Birmingham Regional Hospital Board, while others are accommodated under private arrangements between the parents and the Managers of the Home. A very few short-stay cases are sent by other local health authorities.

Both Mental Nursing Homes are inspected quarterly by officers of the County Health Department.

## Subnormality and Severe Subnormality:

Care and After-Care.—By arrangement with the Education Department a Mental Welfare Officer now always makes the initial visit to a child's home before a decision is recorded that he 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.

During 1961, the Local Education Authority recorded 24 such decisions and furnished reports to the Local Health Authority in order that the Mental Welfare Officers or Health Visitors might henceforth make regular visits to the homes for as long as necessary to give any help or advice which might be required.

In addition, 25 educationally subnormal school leavers were referred informally by the Education Authority to the Health Authority in order that the Mental Welfare Officers and Health Visitors 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 who on 31st December, 1961, were receiving home visits by the Local Health Authority's Officers was 878, who are classified according to sex and age in the following table:

Table 90: Subnormal and Severely Subnormal Patients Receiving Home Visits

	Age at 31st December, 1961						
	Under 5	5—15	16—30	3160	Over 60	Total	
Males Females	1 5	78 66	279 221	90 122	5 11	453 425	
TOTAL	6	144	500	212	16	878	

Employment.—Of the 728 adults receiving home visits, 348 were in paid employment, 227 were occupied to a certain extent helping in domestic or other work at home and 153 had no employment or occupation. Possibly 48 of the two latter categories would be suitable to attend Adult Training Centres which the Council intend to provide when the building of the Junior Centres have been completed.

A number of the patients who are shown as being in employment have difficulty in retaining a job and their resettlement in fresh employment frequently involves Mental Welfare Officers in painstaking and time-consuming enquiries.

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, to develop to the maximum whatever latent capabilities they may possess, so that when they reach adult life they will be much less dependent upon others than if they had received no formal training; to make the children more socially acceptable in the community; and to ease the burden upon parents while the children are growing up.

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 facilities are available.

The average number of children during the year on the register of the present Shrewsbury Training Centre at Sutton Lodge, Betton Street, was 48, including 10 girls who boarded on a weekly basis; the average at Wellington Centre, which is situated on the grounds of the Vineyard Children's Home, was 22. A further 15 children attended the three part-time Centres which are held at the Welfare Centres at Wem (one day a week), Whitchurch and Oswestry (two days a week).

It is pleasing to be able to report that the building of Shrewsbury's new junior training centre at Woodcote Way, Monkmoor (which will replace the existing centre at Sutton Lodge) has been started and should be completed before the end of 1963. There will be 80 places—40 for day pupils who will be drawn from Shrewsbury and the immediately surrounding area, and 40 for weekly boarders (20 of each sex) who will be drawn from the more remote parts of the County and who consequently could not attend on a daily basis.

Much less favourable is the position at Wellington, where for some years the Council has been waiting for the Regional Hospital Board to transfer their out-patient services, which were accommodated in the Council's Welfare Centre in Hyagate Road, to the out-patient building at Wrekin Hospital which was only completed a few months ago. It had been confidently hoped and understood that on completion of the out-patient department, the Regional Hospital Board would also be able to offer to the Council the use of accommodation for the latter's infant welfare and ancillary services, thus freeing the Council's Welfare Centre for conversion to a junior training centre.

In the event, the Regional Hospital Board could only offer facilities which were inadequate for the Council's infant welfare and other services and in consequence such services had to remain in the Haygate Road premises, the Health Committee thus being forced to consider alternative proposals for a junior training centre.

The present position is that provision has been made in the Capital Building Programme for 1963—4 for the erection of a new junior training centre which will be built on land near the Vineyard Children's Home, the Children's Committee having agreed to transfer a suitable site to the Health Committee.

Though the next twelve months or so will be a very trying period while we wait for the new Wellington Training Centre to materialize, it is a great relief to know that all obstacles have at last been cleared.

Adult Training Centres.—As very few of the pupils who attend junior training centres will be capable of undertaking open employment, and as many of the benefits of their early training would eventually be lost if no substitute were provided, it is felt essential that Adult Training Centres should be established. Provision has been made in the Capital Building Programme for 1964—5 for the erection of Adult Training Centres with associated hostel accommodation in Wellington and Shrewsbury and it is considered that in later years it will be necessary to provide some Adult Centres in other 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 two 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.

Voluntary Organisations.—The Shrewsbury and Wellington branches of the National Society for Mentally Handicapped Children are vigorous bodies who augment our efforts for the children, and organize various outings and social activities. They also make valuable gifts which have in the last few years included a television set, radio, tape recorders, tricycles, a scooter and a bicycle. Their interest in forthcoming provisions is naturally great, and with ideas, enthusiasm and financial aid they are determined to make these centres models of their kind—and one must acknowledge their tremendous help. Each branch operates a social club for mental subnormals, held fortnightly in the Council's Welfare Centres in Shrewsbury and Wellington respectively. There is very good liaison between the Society and the Council's officers. Other organisations, such as the Whitchurch Round Table and the Upton Magna Women's Social Club, have also made gifts from time to time.

Hospital Care.—A total of 361 Shropshire patients are in hospitals for the subnormal in various parts of the country, 248 being accommodated in the Birmingham Regional Hospital Board's establishments. During the year, 24 of these were admitted for care for an indefinite period. In addition, arrangements were made for 23 patients to receive short-term care for periods varying from two to four weeks. A short break is usually of considerable benefit to both 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, 1961, there were 31 severely subnormal patients awaiting hospital care, most if not all of whom will be admitted eventually to Stallington Hall Hospital.

By a coincidence the number awaiting admission was the same as at the beginning of the year 1961, during which 24 cases were admitted.

The classification of these waiting patients by sex and age is given in the table below:

Age Groups 16-30 Under 5 5-15 31-60 Sex 60+ Total Males 4 6 Females 5 4 14 TOTAL 5 9 9 31 8

Table 91: Severely Subnormal Patients awaiting Admission to Hospital

There were no patients of the subnormal category awaiting admission.

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. The position has, however, 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, near Stoke-on-Trent, is the Consultant for Shropshire. When it is considered that a patient will require hospital care for an indefinite period arrangements are made for Dr. Crowley to visit the patient's home, accompanied by the Deputy County Medical Officer and the Senior Mental Welfare Officer, the purpose being to agree upon the necessity for such care and to establish the degree of urgency for admission. The need for careful selection is underlined by the fact that, as will be seen from Table 91 above, there were 31 Shropshire cases awaiting hospital care at the end of the year.

Except where there are special circumstances, all subnormal or severely subnormal Shropshire patients requiring hospital care are now admitted as and when vacancies occur to Stallington Hall Hospital instead of being sent as opportunity offers to any hospital for subnormals within the Region.

## NURSING HOMES

Registration.—The Public Health Act, 1936, Part VI, 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 Mental Health Act, 1959, Part III, also applies these provisions, subject to specified modifications, to the registration and inspection of mental nursing homes.

The following are particulars of registered nursing homes at the end of the year. The two mental nursing homes were added to the register and no home closed during the year:

Table 92: Nursing Homes

Accommodation pro	vided	Nursing Homes	Beds available	
General Cases only Maternity Cases only	**		5	56
Maternity and general			4	31
Mental Cases only	TOTAL		2	89

Inspection.—Routine inspection of general and maternity nursing homes is undertaken by the Superintendent Nursing Officer and her Assistants, and an effort is made to visit each home regularly. In addition, Medical Officers of the Department visit the homes periodically, and in every case when application is made to increase the permitted number of beds.

In the case of mental nursing homes, inspection is required, by virtue of the Mental Health (Registration and Inspection of Mental Nursing Homes) Regulations, 1960, to be undertaken at such intervals as the registration authority may decide, but not less frequently than once in each of the six month periods commencing in May and November each year. These inspections are undertaken by the Deputy County Medical Officer and the Senior Mental Welfare Officer.

## 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 under the age of five years 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.

During 1961, three premises were registered, providing a total of 46 places for children below the upper limit of compulsory school age.

Inspection of these premises is undertaken by members of the Department's Medical Staff.

# 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, 1961, the numbers of persons included in the Shropshire Register of Blind and Partially-Sighted Persons were as follows:

Table 93: Register of Blind and Partially-Sighted Persons

	Males	Females	Children	Total
Blind Partially-Sighted	239 28	320 36	17 16	576 80
TOTAL	267	356	33	656

Additions to the Register.—During the year, the number of persons examined by Ophthal-mologists, at the request of the County Welfare Officer, was 88; of these 72 persons (33 male and 39 female) were certified as blind persons and included in the Register. In addition, 4 persons (4 female) were certified as partially-sighted. Twelve persons were found to be neither blind nor partially-sighted.

Of the 76 cases added to the Register during the year, 63 blind persons (25 males and 38 females) and 3 partially-sighted persons (3 females) were 60 years of age or more.

Causes of Blindness.—Perusal of forms B.D.8 completed in respect of the 72 persons certified during the year indicated that in 27.7 per cent of these cases the primary cause of blindness was cataract; 17 of these cases were all aged 70 years or more.

Other major causes of blindness were: macular degeneration 17; glaucoma 12; myopia 6.

The blind persons for whom treatment was recommended numbered 45, medical treatment being suggested in 29 cases, surgical in 13 cases, and optical in 3 cases. Hospital supervision was recommended in 8 cases. No treatment was suggested in 19 cases.

Of the above, 2 persons for whom surgical treatment had been recommended and 2 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 53 cases, it was anticipated that this would only result in the removal of 5 persons from the category of blind persons. In addition, it was considered inadvisable, on general grounds, to carry out treatment on 3 persons, which would probably result in their removal from blind category.

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 94: Follow-up of Registered Blind and Partially-Sighted Persons

				CAI	USE OF	DISABIL	ITY			
	Cataract		Cataract Glauco		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight.	Blind	Part. Sight
Cases registered during 1961 in respect of which the relevant paragraphs of Form B.D.8 recommended:  (a) No treatment	3 16 1	<u>-</u>	1 11 —	=	=	=	15 18 7	3	19 45 8	3 1
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	13	1	8	_	-	_	25	3	46	4

#### 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.

On 31st December, 1961, 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	 15	21	36

(Of these, 13 were accommodated in their own homes; 2 were in hospital; 6 were accommodated on behalf of the Council by voluntary organizations; and 15 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis	 8	18	26

(Of this total, 21 were accommodated in their own homes; 1 was in hospital; 1 was accommodated in the Royal Midland Counties Home for Incurables, Leamington Spa; 2 were in the Derwen Cripples' Training College, Gobowen; 1 was in the Manchester Cripples' Help Society Home, Tan-y-Bryn, Abergele.

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
Spactic Dacabacie	38	51 48	89 100
TOTAL	90	99	189

#### 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.

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 is shown to contain water, other than a trace, by the "Hortvet Freezing Test" method or has more than a minimum deficiency of 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, 1,140 milk samples were tested in the Department's Laboratory; 56 of these were found to be below legal standards and action was taken as follows:

- 30 were slightly deficient in fat and the vendors were notified.
- 1 was slightly deficient in fat and Solids-not-Fat and the vendor was notified.
- I contained a small amount of extraneous water and a warning letter was sent to the vendor concerned.
- 21 contained extraneous water, and 10 of these were also deficient in fat. The comparative formal samples were forwarded to the County Analyst and are reported on below.
- 3 were deficient in fat and the comparative formal samples were forwarded to the County Analyst and are reported on below.

#### Analyses by County Analyst:

95 samples were analysed, of which 31 were reported upon as being adulterated or below standard, and were dealt with as follows:

- 3 were found to contain a small amount of extraneous water and a warning letter was sent to the vendor
- 2 from the same vendor were found to contain small amounts of extraneous water as well as being deficient in fat and a warning letter was sent to the vendor concerned.
- 1 of Channel Islands Milk was found to be deficient in fat and legal proceedings were instituted against the producer as indicated in the table below.
- 17 were found to contain extraneous water of varying amounts, and 3 of these were also deficient in fat. Legal proceedings were instituted against the two producers concerned as indicated in the table below.
- 1 deficient in fat was found to be genuine on "Appeal-to-Cow" samples being taken.
- 7 Appeal-to-Cow samples relative to the above were deficient in fat when compared with the presumptive minimum prescribed by the Sale of Milk Regulations.

Table 95: Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
Ellesmere	14.0% added water 0.7% " 11.7% " 5.9% " 16.4% " 8.2% " 20.0% " 10.5% " 11.5% " 13.0% " 8.2% " 13.0% " 8.2% "	Case proved (Plea of Guilty)	£ s. d. 2 0 0 in respect of each of 13 charges; total 26 0 0	£ s. d. 47 6 0
Oswestry	20.0% added water 8.2% 3.5% 15.3% ,,	One charge proved (Plea of Not Guilty). *See note	30 0 0	9 13 0
Ironbridge	12.5% fat deficiency (Channel Islands Milk)	Case proved (Plea of Not Guilty)	5 0 0	2 3 0

The four samples were taken from 4 churns of milk, being part of a delivery of 28 churns consigned to a dairy.

The defendant successfully contended that there was only one sale in respect of the whole consignment. The

Justices accepted this argument and dismissed three of the charges.

Radioactivity in Milk (Iodine 131).—During the period 1st November to the 11th December, 1961, eleven composite samples of milk from 115 farms in the area were tested for Iodine 131. The results showed an average of 76 micro-micro curies per litre present. The Agricultural Research Council report that if an average of 130 micro-micro curies is not exceeded over a period of twelve months this figure can be regarded as being within the safety limits.

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 1,140 milk samples tested during the year, 56 were either adulterated or below the required standard, representing 4.9 per cent of the total.

Table 96 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 97 below, taken during 1961 with comparative totals for the preceding six years:

Table 96: Average Composition of Milk Samples

Month		Samples	Average fat percentage	Average solids-not-fat percentage
January		102	3.55	8.52
February		91	3.56	8.61
March		90	3.50	8.62
April		103	3.45	8.60
May		89	3.34	8.67
June		58	3.40	8.68
July		52	3.45	8.35
August		53	3.55	8.63
September		97	3.63	8.79
October		80	3.66	8.83
November		90	3.59	8.59
December		65	3.45	8.64
1961		970	3.51	8.63
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 May and June show the lowest figures and September, October and November the highest figures. This is a natural variation, the fat content usually being at its lowest during the Spring and 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 1961, with comparative totals for the preceding four years:

Table 97: Channel Islands Milk-Average Composition

Month		Samples	Average fat percentage	Average solids-not-fat percentage
January		- 12	4.86	9.00
February		15	4.60	9.02
March		16	4.46	9.02
April		17	4.40	9.10
May		16	4.50	9.11
June		24	4.56	9.10
July		6 7	4.64	9.11
August			4.51	9.00
September		11	4.90	9.07
October		17	4.60	9.07
November		11	4.89	9.05
December		18	4.76	9.09
1961		170	4.64	9.06
1960		137	4.68	9.08
1959	0.00	132	4.65	9.05
1958		111	4.85	9.05
1957		147	4.90	9.15

Other Foods and Drugs.—Table 99 on page 66 summarises the 411 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:

- I informal sample of Luncheon Meat was reported as deficient in meat to the extent of 31 per cent. This matter was taken up with the wholesalers who in turn referred it to the importers. The latter stated that this article was old stock, as imports were now described as "Lunch Meat Loaf for Slicing", and also pointed out that there was no statutory order regulating the composition of meat, although they were anxious to get some kind of standard which should apply throughout the United Kingdom. The Public Analyst verified that this was a fact but observed "the wide range of canned meats now on the market make some type of uniformity very desirable in the interests of the public". No further action was taken in the matter.
- 2 informal samples of Pork Sausage were found to contain sulphur dioxide preservative, the presence of which was not declared. Warning letters were sent to the vendors concerned.
- 1 informal sample of Plum Jam was reported as deficient in soluble solids to the extent of 3.1 per cent. This sample was a home-made jam and a warning letter was sent to the vendor, who was also the manufacturer. In addition, one of the Council's domestic science advisors promised to examine a similar sample and give advice on how the legal standard could be achieved.
- 1 informal sample of Ice-Cream was found to be not genuine, being 42% deficient in fat, containing only 2.9 per cent of fat against the minimum of 5 per cent specified by the Food Standards (Ice Cream) Regulations, 1959. In view of this analysis a formal sample was obtained and is referred to below.
- I formal sample of Ice-Cream was found to be not genuine, being 40% deficient in fat. Legal proceedings were instituted against the manufacturer and the results are given in the table below.
- 1 informal sample of Halibutt Liver Oil Capsules B.P. was found to be deficient in Vitamin A and not conforming to B.P. requirements. The manufacturer was informed and he replied that the particular sample must have been held by the shopkeeper for some time, in fact prior to May, 1960. The B.P. labelling requirement to the effect that "Each capsule contains 4.500 units of Vitamin A Activity" was operative from March, 1961. The manufacturer was advised that retailers should be given a reasonable period of time to withdraw such commodities from sale. Warning was also given that efforts should be made to withdraw all similar stocks of this particular product and that although no further action was intended in this case, a serious view was taken of any commodity being offered for sale which did not conform with the statutory regulations and required standards.
- 1 informal sample of Coffee and Chicory Product was found to contain an excess of moisture which rendered it unusable. The product appeared to have absorbed moisture through a faulty tin. An inspection was made and an assurance given that the remainder of the stock from which the sample was taken had now been cleared.
- I formal sample of Bread (part loaf) was found to contain a mouse and legal proceedings were instituted against the baker concerned, the result of which is given in the table below.
- 1 informal sample of Beef Sausage was stated to contain preservative but in fact did not. The vendor was notified that he must ensure that when sausages containing preservatives are sold, a notice to that effect must be displayed, but when the sausages do not contain preservative such notice should not be used.
- 1 informal sample of Dried Milk was found to contain free fatty acid in the fat. The suppliers were contacted and agreed to withdraw and replace the remainder of the original delivery.

Table 98: Court Proceedings

Magistrates' Court	Analysis	Result	Fine	Costs		
Wellington	Ice Cream deficient in fat to the extent of 40%	Case proved (Plea of Guilty)	£ s. d. 10 0 0	£ s. d. 4 6 0		
Cleobury Mortimer	Sample of bread containing a mouse	Case proved (Plea of Not Guilty)	10 0 0	2 10 0		

Table 99: Food and Drug Samples taken in 1961 and Analysed by the County Analyst

Samples		Total			Informal		
Samples		Total	Genuine	Adulterated or below standard	Genuine	Adulterated or below standard	
Milk		95	53	31	11	_	
Baking Powder		2	-	-	2		
Milk Baking Powder Beverages		1	_		1	_	
Blancmanges, Cornflour and Custaro	d						
Powders		4	_		4		
Bread		1	-	1	_		
Butter		9	1	_	8		
Cake, Pudding and Sponge Mixtures		- 5	-		5		
Cakes, Puddings and Confectionery		5	_	_	5		
Cereals		3			3	_	
Cheese and Cheese Products		8	_		8	_	
Chewing Gum		4	_		4		
Coffee and Coffee Products		7		_	6	1	
Flavoured, Condensed, Evaporated a	and						
		9	_	-	8	1	
Condiments		17		_	17		
Cream		7	1	_	7		
Cream		9			9		
Fish and Fish Products		16	The state of the s		16		
Flavourings and Colourings		8		_	8		
Flour		6		_	6		
Fruit Dried		6	_		6		
		11			11		
Fruit Juices Fruit, Tinned and Fresh		11			ii		
	2.5	3	=		3	- T	
Gears Prouping and Salt		7	-		7	200	
Gravy Browning and Salt Herbs, Spices and Stuffing		12		1000	12		
Herbs, Spices and Stuffing	**	2			2	- 3770	
Honey		12		1	10	1	
lce Cream	4.4	19		1	18	1	
Jam, Marmalade, etc		3			3	1	
Jelly and Jelly Crystals		1	The same		1	1000	
Lemonade Crystals	**	6	-		6		
	1.1	4			4	100	
		26			25	-	
		56			55	-	
Medicines and Drugs		4	E	The second second	4		
Nuts	**	1			1		
Olive Oil		4			4		
Patent Foods		3			3		
Pickles		5			5		
		3			3	200	
Sago, Tapioca, etc		12	1	9.55	11		
Sauces Sausage Soft Drinks	4.1	6			3	3	
Sausage	**	17			17	,	
Soft Drinks	**	4		100	4		
soups		ī	_		i		
	**	6	_		6	1	
Sugar, Glucose, etc		7	=	_	7		
Sweets		5	=	200	2		
Syrup and Treacle		3			3		
lea		7		1 1 1 1 1	3		
Vegetables		25	13	100	12		
Wines, Spirits, Beer, etc					12		
Yeast		1	-				

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 1961.

Sampling of other Supplies.—Since 1st January, 1961, when the last part of the County became a Specified Area, and in view of the fact that all dairy cattle in the County are now Attested, the pattern of biological sampling has changed, for we appreciate that biological testing does not need to be so comprehensive. Now we are only testing quarterly, as "samples" and as an extra safeguard, milk supplies to schools (2 herds), to Welfare Homes (one herd) and milk produced at a hospital dairy farm. In addition, biological sampling of raw milk sold by retail is carried out for the presence of tubercle bacilli and Brucella abortus. There are 137 attested herds producing milk for retail sale which is consumed without heat treatment.

Table 100: Sampling of Other Supplies

Source	Herds	Samples for T	ubercle bacilli	Samples for Brucella abortus			
Source.	investigated	Negative	Positive	Negative	Positive	Herds involved	
T.T. Retail Undesignated consents County Welfare Homes School supplies Hospital Dairy Farms	45 2 1 2	45 2 1 2 3	Ē	61 20 1 2 3	23 10 —	2 1 —	
TOTAL	51	53	_	87	33	3	

Investigation was completed during the year in the case of one herd giving positive Brucella abortus results, the persistent excreters being sold as barren cattle.

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. Of the maintained, grant-aided and independent schools in the County receiving liquid milk, 357 had pasteurised and 2 had non-pasteurised but Tuberculin Tested milk.

A census taken by the County Education Department in September, 1961, showed that

A census taken by the County Education Department in September, 1961, showed that 74 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 1961:

Table 101: Examination of School Milk Supplies

Grade Sampl	Comples	Me	thylene Blue Test	Phosphatase Test		
	taken	Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised Tuberculin Tested	225 9	210 9	10	5	224	1
TOTAL	234	219	10	5	224	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.

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

From 1st January, 1961, responsibility for the issue of Milk Dealers' licences, with minor exceptions such as licences issued to the Milk Marketing Board, was transferred from District Councils to the County Council as Food and Drugs Authority. Licences issued are valid for 5 years and cover milk bottled on the dealers' premises as well as "pre-packed" milk which is obtained by the licensed dealer in the container in which it is delivered to the consumer, and are issued for vending machines as well as premises.

Dealers' Licences.—Licences issued by the County Council in 1961, included 232 Dealers' (Pre-packed) licences (which cover "Tuberculin Tested", "Pasteurised" and "Sterilised" milks) and 34 Dealers' (Tuberculin Tested) licences.

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, 1961, licences in respect of five pasteurising establishments were renewed by the County Council, and subject to the conditions prescribed by the above-mentioned Regulations will, unless suspended or revoked, remain operative until 31st December, 1965.

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 phosphatase test, which determines 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 58 tests made during the year, 50 were satisfactory.

Milk samples obtained during 1961 from pasteurising establishments licensed by the County Council numbered 232, and of these 231 passed the phosphatase test, the remaining one being followed up.

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 testing is 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.

The Milk (Special Designations) (Specified Areas) Orders, 1956—60.—When a "Specified Area" is declared by the Ministry (and this now applies to the whole of Shropshire) 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 limited period, usually one year. (See also Table 100).

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 attested cattle not forming part of a T.T. herd.

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 1961 are given in the table following:

Grade	Phosphatase Test			Methylene Blue Test				Turbidity Test		
	Samples tested	Passed	Failed	Samples tested	Passed	Failed	Void*	Samples tested	Passed	Faile
Pasteurised	362	362	_	362	332	15	15	_	_	-
T.T. (Pasteurised)	466	465	1	466	418	28	20	_	-	-
T.T. (Channel Islands							100			
Pasteurised)	168	167	1	168	154	8	6	-	-	-
T.T. (Channel Islands										
Farm Bottled)	-	-	-	59	52	2	5	-	-	-
T.T. (Channel Islands)	-		-	31	26	4	1		-	-
T.T. (Farm Bottled)	-		-	90	80	8	2		-	-
T.T	-	-		79	71	5	3		_	-
Sterilised	-	-	-	-	-	-	-	307	307	-
TOTAL	996	994	2	1,255	1,133	70	52	307	307	

Table 102: Sampling in Specified Areas

In the case of those retailers whose milk failed the prescribed test the facts were reported to the appropriate licensing authority.

### SANITARY CIRCUMSTANCES OF THE COUNTY

The Medical Officer of Health of a County is required to inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the County, and be prepared to advise the County Council on any such matter; for this purpose he shall visit the several county districts as occasion may require, giving to the Medical Officer of Health of each county district prior notice of his visit so far as this may be practicable.

He shall in each year make an Annual Report to the County Council on the sanitary circumstances and sanitary administration of the County.

The Public Health and Housing Committee of the County Council in December, 1943, decided 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 Health Committee of the County Council reiterated on two recent occasions in 1962 their wish that this should continue.

Housing.—The information supplied by District Medical Officers of Health relating to housing is summarised in Table X on page 94.

<sup>\*</sup>This test is declared void when the atmospheric shade temperature at which the sample is stored in the Laboratory before testing exceeds 65°F.

Commenting on omissions in this and other Tables which follow, one Medical Officer has commented: "It is a very common thing to put an asterisk in a place where information should be . . . . The truth of the matter is that it is a question of staff. In order to obtain the information a much larger staff would need to be deployed on the gathering of the information than the various departments have to spare. The information required to be accurately given would mean a succession of mass surveys and the expenditure of a great deal of time and money; the break-down information is all but unknown".

Another wrote: "We just don't have the required details about all the property in the area. Now that we have an additional Inspector a survey has been started. Eventually it is hoped to cover the whole of the district in this way but this will clearly take some considerable time".

The Ministry of Housing and Local Government have issued, while this report is being printed, to Housing Authorities, their Circular 42/62 on Improvement of Houses. This circular says that the Minister wants to see—and is sure that most local authorities want to see—a very big increase in the number of houses being improved. He believes that this can be achieved if authorities will make a determined and sustained effort to bring it about.

But the Minister is convinced that for a real impact local authorities must be prepared to make a systematic approach to the problem. This means tackling it street by street or area by area; and it entails—especially at the outset—a great deal of work. But once the idea of improvement takes hold it will spread. Two or three authorities have already started on area improvements in this way—with encouraging results.

The Minister asks every Local Authority with houses worth improving to think how they can get better progress; and to let him know by the end of the year what action they propose to take.

This is the same line of thought set out in these pages in the Report for the year 1960—that routine housing inspections and the facts of an up-to-date housing survey are necessary preliminaries to a planned programme and housing policy. It is indeed a formidable task, but a necessary one.

The County Sanitary Officer in commenting on Table X has noted that the number of houses demolished included in clearance areas is shown as 214 and other individually unfit houses demolished are shown as 189, giving a total of 403 or 0.43% of an estimated total of 92,442 occupied houses in the county. This means that approximately one in every 229 houses has been demolished during the year. In addition 205 houses have been closed. Of the total number of houses demolished in clearance areas and as being individually unfit during the year, there were 175 from 5 of the 6 Boroughs, 128 from 7 of the 9 Urban Districts and a total of 100 from all 10 of the Rural Districts.

The figure of 205 for houses closed in the County compared with 169 for the year ending 1960 is very high, especially in relation to the number of houses demolished. Whilst it is appreciated that closure must be adopted under certain circumstances, local authorities must be aware of the adverse effect that these closed properties have on adjoining properties.

It is better, as the Minister has said in the circular quoted above, to try to deal with an area or group of houses systematically and as part of a programmed plan, than to leave individual unfit houses closed over long periods, when they have a very deleterious effect on neighbouring properties.

The total of 350 houses which have been improved with standard or improvement grants is encouraging. If authorities themselves programme and plan their housing needs as the Minister has emphasized, they can deal sympathetically and promptly with all legitimate requests from owners for improvement grants; they can require that houses which can be rendered fit at a reasonable cost be brought up to a proper standard (encouraging the owners with improvement grants if appropriate); and they can require the demolition of properties which are unfit, and cannot be made fit, for human habitation.

One Rural authority has appointed an additional temporary Public Health Inspector, who is fully engaged on the inspection of houses in the Rural district; substantial progress is being made in the standard of housing in this district.

That the figures available list 8,599 houses (or nearly 1 in every 10) in the County as being unfit for human habitation is not good. Perhaps 50% of these could be rendered fit, but 50% are in such condition that the only satisfactory way of dealing with them is by demolition and rehousing the occupants.

It is still true that thousands of families in the County have only pail, chemical or earth or privy closets and have to bury the contents in their gardens. Many still live in thoroughly insanitary conditions; and it is hoped that Housing Authorities will pursue these matters and make the determined and sustained effort asked for by the Minister.

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 1961:

Table 103: Grants paid by the County Council up to 31st December, 1961, under the Housing Act, 1936-59

District	Houses eligible	Grai	nts
District	for grants	Paid in 1961	Total
Bridgnorth Rural Clun Rural Dawley Urban Drayton Rural Ellesmere Rural Ludlow Rural Oswestry Rural Shifnal Rural Wellington Rural Wem Rural	163 78 107 465 83 135 44 52 20 82 48	£ 242 134 161 1,025 215 189 78 73 30 112 83 27	£ 3,273 1,627 2,332 8,190 1,654 2,863 924 1,158 408 1,857 881 332
TOTAL	. 1,293	2,384	25,499

Water Supply.—Table 104 below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their area.

Table 104: Water Supplies-Summary of Answers to Questionnaires

Medical Officer			WATER S	SUPPLIES		Other Supel's
and District	Houses in District	Public	c Mains	Priva	te Mains	Other Supplies (Wells, Streams Pumps, etc.)
	District	Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	rumps, etc.)
Dr. Higgie						
Ellesmere Urban		757		-	-	-
Ellesmere Rural	0.00	677	121	1	1	T.
Wem Urban	9.909	855 501	18 39	618	89	10
Wem Rural	2211	2,215*	†	- 018	- 89	2,046
Dr. Moore			-		The lower	
Oswestry Borough .	. 3,875	3,856	2		13	4
Oswestry Rural	. 5,260	3,821	25	†	†	872
Dr. Capper	100.00	1000000	The state of the s			De care
Ludlow Borough	. 2,256	2,097	158	-	-	1
Dr. Hall						
Atcham Rural	. 6,997	3,292	419	Ī	1	1
Bishop's Castle Borough	432	420		9	-	3
Church Stretton Urban .		919	12	, 1	222	48
Clun Rural Ludlow Rural	4.202	1,342 1,890	12 533		200*	1,421 1,759*
Dr. Turnbull						
Bridgnorth Borough .	2,637	2,619	15	3		_
Bridgnorth Rural	4.000	2,084	6	+	†	+
Wenlock Borough .	. 4,736	†	1	†	1	+
Dr. Stewart						
Dawley Urban		2,722	361	_	-	11
Drayton Rural		1,321	113		244	835
Market Drayton Urban .	1 421	1,410		1,971	33	9
Newport Urban Oakengates Urban	1 212	4.194	40 22	-	_	1
Chiferel Donal	2.602	2,892	9	268		424
Wallington Lisbon	4 222	4.297	36	200		727
Wellington Croan	2 626	6,177	120	184	-	†
Dr. Mackenzie						
Shrewsbury Borough .	. 15,373	15,337	10	_	_	26

<sup>\*</sup>Approximate or estimated figures.

<sup>†</sup>Figures not available or not known.

Details have been better supplied for the year 1961; it seems that a housing authority should know them. Much progress is, however, being made throughout the County in the provision of water supplies, especially in the rural areas where the need is greatest. With the work at present in progress and the water supply schemes which have been submitted by local authorities for approval, water supplies throughout the County should be greatly improved in the foreseeable future.

Where public water supplies have been made available and the owners of properties are not connecting them to the mains, then authorities might well insist, where distances are reasonable, that they provide a sufficient and satisfactory pure and wholesome water supply in accordance with regulations.

"Standpipe" figures are still high, and supplies should be taken to properties unless the latter are 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 105 below.

Table 105: Sewerage-Summary of Answers to Questionnaires

	Hames			Sev	VAGE DISPOSAL			
Medical Officer and District	Houses in District	disposal	Connected to satisfactory private	satisfactory	Houses usin pail, earth or			of night soil authority
		works owned by local authority	disposal or treatment plants	means of sewerage	With proper means of disposal	Without proper means of disposal	Houses	Frequency
Dr. Higgie Ellesmere Urban Ellesmere Rural Wem Urban Wem Rural Whitchurch Urban	883 3,293	707 265 847 453 †	50 † 30 †	- † 6	- † 15 †		_ _ 4 _	Weekly
Dr. Moore Oswestry Borough Oswestry Rural	3,875 5,260	3,820 2,284	44 1,687	11 1,289	<u>_</u>	-	=	=
Dr. Capper Ludlow Borough	2,256	2,198	35	23	23	_	_	-
Dr. Hall Atcham Rural Bishop's Castle Borough Church Stretton Urban Clun Rural Ludlow Rural	6,997 432 968 3,098 4,382	2,190 386 744 + 726	2,307 40 † 670*	2,500	2,250* 24 †	=	=	=
Dr. Turnbull Bridgnorth Borough Bridgnorth Rural Wenlock Borough	1 22 /	2,565 1,071 †	61	11	<u>-</u>	111 †	=	_ Weekly
Dr. Stewart Dawley Urban Drayton Rural Market Drayton Urban Newport Urban Oakengates Urban Shifnal Rural Wellington Urban Wellington Rural	2,513 2,013 1,451 4,216 3,593 4,333	2,317 552 1,925 1,440 3,991 2,338 4,322 5,392	252 950 54 3 8 † 7	525 1,011 34 8 217 † 4	353 1,011 34 ——————————————————————————————————	172 — 8 — †	353 	Weekly Weekly Woekly Fortnightl
Dr. Mackenzie Shrewsbury Borough	15,373	15,039	235	99	99	_	_	_

<sup>\*</sup>Approximate or estimated figures.

Knowledge of what obtains in their area seems desirable as a preliminary to seeking improvements and the "not known" figures suggest something wrong. There must clearly be great need for sewerage and sewage disposal schemes in the rural districts of the County; reference to schemes submitted by local authorities and approved in principle by the County Council (page 80) is relevant provided real efforts to pursue the matter are continuing. While financial considerations often present difficulties, it is essential that sewerage and sewage disposal facilities are provided for villages as water supplies become available. The returns show that about one-third of the houses in the County are without satisfactory means of sewerage or sewage disposal and are using chemical, pail, earth or privy closets, the majority of these properties being in rural districts.

<sup>†</sup>Figures not available or not known.

Refuse Collection and Disposal.—Table 106 below summarizes the position with regard to refuse collection and disposal during 1961.

Table 106: Refuse Collection and Disposal

District	Parishes where r		Frequency of	Method of	Method of
District	Collected Collected		Collection	Collection	Disposal
Atcham R	All	-	Fortnightly	Council	Controlled
Bishop's Castle B.	All	_	Weekly and fortnightly	Council	Crude-into quarry
Bridgnorth B	All	-	Weekly	Council	Controlled
Bridgnorth R	All	-	Weekly and fortnightly	Council	Semi-controlled
Church Stretton U.	All		Weekly	Council	Semi-controlled
Clun R	All	_	Weekly, fortnightly, monthly	Council	Semi-controlled
Dawley U	All	_	Weekly	Council	Controlled
Drayton R	All	-	18—20 days	Council	Controlled
Ellesmere U	All	-	Fortnightly	Contract	Semi-controlled
Ellesmere R	All	-	Fortnightly	Council	Semi-controlled
Ludlow B	All	-	Weekly and twice weekly	Council	Controlled
Ludlow R	All	_	Weekly and fortnightly	Council	Semi-controlled
Market Drayton U.	All	-	Weekly	Council	Controlled
Newport U	All	-	Weekly	Council	Semi-controlled
Oakengates U	All	_	Weekly	Council	Controlled
Oswestry B	All	_	Weekly	Council	Controlled
Oswestry R	- 12	1	Weekly and fortnightly	Council	Controlled
Shifnal R	All	_	8-10 days	Council	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
Whitchurch U	All		Weekly	Council	Controlled

Many authorities have improved refuse collection facilities over the last few years. Proper refuse storage bins should be provided by householders and owners of properties; dangers to health result when household refuse is left exposed to flies and other vermin. Properly controlled tipping methods in accordance with the principles laid down, and which include the depositing of refuse in layers, each covered with at least nine inches of earth or other suitable substance within 24 hours from the time of deposit, should be the rule.

#### WATER SUPPLIES

Local Government Act, 1958.—Table 108 on page 74 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 1961, 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 1961, 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 1961 are given in the table on page 75.

Note:Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1961, 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 76 to 78.

#### 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 79.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1961, grants under these Acts had been paid or promised by the County Council in respect of nineteen sewage disposal schemes, particulars of which are contained in the following table:

Table 107: Rural Water Supplies and Sewerage Acts, 1944—1955 Sewerage Schemes—Grants paid or promised by the County Council

			Esti-	Excheq	uer Contri	bution		County	Council Gra	nt
Rural District	Scheme	Approved	mated Capital Cost	Lump Sum	Half- yearly Payment	Period (years)	Annual Maxi- mum	Period (years)	Total Maximum	Paid to 31st Dec. 1961
Atcham	Bayston Hill I & II Bayston Hill III Cross Houses Pontesbury	Nov. 61 Nov. 50	£ 17,781 44,905 17,590 26,867	3,000 8,750	£ 325 190	30 30	£ 437 650 393 380	30 30 30 30 30	£ 11,158 19,500 11,790 11,400	£ 2,790 4,100
Bridgnorth	Claverley	Nov. 56 Sept. 58 Nov. 56 Sept. 60	42,300 12,900 34,200 3,830	1,000	480 165 383	30 30 30 —	1,238 416 986 1,000	30 30 30 Lump sum	30,294 10,158 24,162 1,000	4,011 4,352 —
Drayton	Hodnet	Nov. 49	14,220	2,400	-	-	122	30	3,660	1,341
Ludlow	Ashford Carbonel Clee Hill Clee Hill (Extension)	Came 50	20,650 28,000 5,000	1,000	175 480 —	30 30 —	462 1,013 70	30 30 30	10,246 24,639 2,100	1,866 1,854
	Clee Hill (Craven Arms Inn Extension)	Nov. 61	1,520	250	-	-	250 Lump sum	-	250	-
	Cleobury Mortimer	Dec. 49	32,000	14,000	_		288	30	8,640	2,772
Oswestry	Morda Pant and Llanymynech Weston Rhyn and Chirk	Nov. 54 Sept. 60	16,763 73,395	3,500	475	30	200 950	30 30	6,080 28,500	1,080
	(Revised)	Sept. 59	67,130	-	880	30	880	30	26,400	-
Wellington	Edgmond High Ercall	4.0	62,700 10,623	6,500	684	30	1,170 285	30 30	34,539 8,335	5,289 1,780
			£532,374				£11,208		£272,851	£31,235

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1961, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on pages 80—81, from which it will be observed that the capital cost of these schemes amounted to a total of £1,093,889.

Table 108: Local Government Act, 1958
Water Supply Schemes—Grants paid or promised by the County Council

			Scope of	of Scheme			Loan	an	Annual Charges	Charges	County	County Council Grant	nt
District	Scheme	Approved by C.C.	Houses	Inhabitants	Estimated	Ministry Grant	Authorised	Period (Years)	Loan	Main- tenance	Basis	Maximum	Paid to 31 Dec. 61
Atcham Rural	Pimhill	4/5/35	288	1,152	16,300	2,500	(14,820	30)	£ 858	¥ 869	50% annual	£ 6,675	£ 4,803
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	dehcit	24,000	16,850
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250)	2 100	95	(153	90	Block Grant	250	250
	Kinlet	6/11/37	27	,	1,350	150	2,100	30	48	30		150	150
Clun Rural	Bucknell	27/7/35	72		2,915	200	1	25	169	30	50% annual	885	86
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	1	dencit "	1,245	192
	Kempton	1/2/36	31	110	2,200	250	1,650	30	1	1	Block Grant	300	300
Drayton Rural	Woore	3/11/34	137	524	4,080	1	(3,655	30	189	378	50% annual	885	465
	Hodnet	4/5/35	118	400	3,887	450	7	1 2	1	1	Block Grant	006	006
	Ightfield	7/11/36	119	468	(Actual) 6,550	75	6,475	30	1	1	50% annual	3,179	1,015
	Norton-in-Hales	24/7/37	19	200	1,970	1	1,505	30	106	127	dencit "	1,656	24
Ludlow Rural	Clee Hill	6/11/37	511	1,930	5,516	1	5,516	30	317	108	33-% annual	1,837	1,409
Oswestry Rural	Weston Rhyn	2/2/35	1	1	006	150	750	30	88	1	Block Grant	150	150
	Llanymynech	2/11/35	93	372	8,500	1,850	1	1	1	1		1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	1	1,160	30	89	8	50% annual	639	314
	Gronwen	7/11/36	10	40	437	-	373	30	23	2	deficit "	225	51
	Llynclys	7/11/36	24	96	783	1	746	30	14	5	:	415	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	1	1,748	30	92	7172	:	2,032	1,287
Wellington Rural	Edgmond	2/11/35	200	800	5,350	850	1	1	1	1	Block Grant	850	850
					£146,014							£48,123	£32,198

Table 109: Rural Water Supplies and Sewerage Acts, 1944 to 1955
Water Supply Schemes—Grants paid or promised by the County Council

			Parlment	Exch	Exchequer Grant	1		County Co	County Council Grant	
Authority	Scheme	Approved	Capital Cost	Lump	Half- Yearly Payments	Period (Years)	Annual	Period Payable (Years)	Total	Paid to 31st Dec., 1961
Atcham Rural	Alberbury Borehole Condover Condower Cound Moor—Extension Eaton Constantine—Extension Picklescott Pontesford Hill West Atcham and Pimhill (Extension) Uckington	July, 61 Sept., 66 Nov., 61 Nov., 61 April, 61 April, 61 May, 54 Nov., 59	17,435 12,033 12,031 12,057 12,067 138,465 138,402 75,300	2,000 1,532 2,000 1,300 58,000	137   137   137   2000   5000	2 2   22	1,570 1,570 1,570 1,868 1,000	22222222	£ 4440 47,100 6,600 6,600 4,440 77,157 12,856 30,000	£
Bridgnorth Rural	Broughton Claverley Low Level Areas Low Level Areas (Branch Mains) Long Common Worfield	May, 54 78 May, 55 May, 56 May, 56 May, 56 May, 57 May, 58 May	1,844 14,040 353,000 41,600 13,650	1,500 70,000 1,500 2,500	340	118811	9,881 680 680 27 389	223,322	2,250 261,927 20,400 4,947	2,250 51,113 - 147 3,889
Church Stretton Urban	Church Stretton and All Stretton Wards	部, 61	23,200	1	*06	30	180	30	5,400	1
Clun Rural	Clungunford and Aston-on-Clun Snailbeach	160v. 54 Feb., 59	21,168	4,000	170	100	340	9.9	6,150	2,460
Drayton Rural	Hodnet, Ightfield and Moreton Say Marchamley and Wollerton Wood Wollerton and Lostford Extensions	Nov., 54 July, 61 July, 61	38,320 10,287 8,328	4,750 4,200† 1,350	137	9.11	959	818	3,000	3,374
East Shropshire Water Board	Kinnerley Longdon-on-Tern	Mar., 52 Sept., 52 Dec., 56 Nov., 54	3,700 3,621 7,170 12,530	800 2,000 1,250	1112	3111	46 88 193	2222	1,380 2,520 2,640 5,790	1111
Ludlow Rural	. Clee Hill (Hill Top)	Dec., 50	2,270	1,200	1	1	(61	22	1,071	437
	Coreley Craven Arms Little Isle and Studley Little Stretton and Marshbrook Rushbury South-East Parishes Ticklerton Western Area, Munslow Section Western Area—Stage I	Sept., 50 Sept., 50 Sept., 50 April, 53 Sept., 55 Sept., 55 Sept., 55 Sept., 55 Sept., 55 Sept., 55 Sept., 55 Sept., 55 Sept., 56 Sept.,	4,260 6,480 1,780 14,238 13,868 16,209 16,300 296,100	650 530 1,900 1,900 1   1	111111111111111111111111111111111111111		288 4 5 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	288888888	1,368 1,811 972 3,489 8,178 52,800 1,361 6,000	250 1,200 1,
Oswestry Rural	Branch Mains Comprehensive Scheme (Priority Portion) Llanyblodwel and Crickheath Mardy Reservoir Ruyton-xi-Towns South-East Area—Stage II	April, 61 Nov., 54 Sept., 59 Nov., 60 Sept., 59 Nov., 61	12,800 23,800 32,350 127,460	36,000	116 230 230 750	188888	2,232 340 460 970 1,500	222222	4,440 68,295 10,200 13,800 29,100 45,000	14,727
Wem Rural	. Hadnall	Nov., 61	10,500	1	118	30	236	30	7,080	
			£1,991,473						161'6683	£117,838

\*The Ministry grant is in respect of the All Stretton Ward only. †Ministry of Agriculture, Fisheries and Food grant.

Table 110: Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1961, and approved in principle for grant purposes

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R	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.
Manual Control	East Atcham Water Scheme— Extensions	11,000	For extensions from Stapleton to Dorrington and Ryton.
	East Atcham Water Scheme— Venus Bank extension	900	For the extension of the existing main from Coundarbour to Venus Bank.
	Sheinton	6,000	For the extension of existing main from Cressage to village of Sheinton.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	The following scheme will even- tually form part of a compre- hensive 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	Farmcote and Gatacre Extensions	15,000	For extending a piped water supply to Farmcote and Gatacre.
10000	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 Abbotts	7,600	For the extension of existing water supplies to the village of Astley Abbotts.
Clun R	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	Newcastle, Whitcott Keysett and Mardu	32,625	For providing a piped water supply to the villages of Newcastle, Whitcott Keysett and Mardu.
	South-East Area and Beambridge  The following schemes will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost	51,300	For the provision of an improved water supply to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton and Purslow.
	£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 even- tually form part of the compre- hensive 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.
	South-Eastern Parishes	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
1 1 2	Stoke Park and Langley Dale	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
	Carried forward	£881,889	

Authority	Scheme	Estimated Cost	Description of Scheme
Drayton R. (continued	Brought forward Wistanswick	£ 881,889 13,000	For the provision of a piped water suppl for the village of Wistanswick and a few properties in neighbouring parish.
East Shropshire Water Board	Allscott and Walcot	13,500	For providing a piped water supply to th villages of Allscott and Walcot.
	Arleston	1,130	For the extension to Arleston House of a 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 supplie for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane En and Ovens Bottom.
	Crudgington and Waters Upton	20,500	For the provision of a piped water suppl to Crudgington, Crudgington Green an Stych Lane.
	Crudgington and Waters Upton— Shray Hill extension	3,400	For providing a piped water supply to the Shray Hill area by an extension from Crudgington and Waters Upton main.
	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 suppl at Sheriffhales to the hamlets of Gorse 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 mair 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.
	Hortenwood	2,590	For the extension of a proposed water mai in Horton through Hortonwood t Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of piped water supply in the village of Litt Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urba District's mains to the hamlets of Lon Lane and Bratton.
	Much Wenlock	3,680	For augmenting the existing water supp at Much Wenlock.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Roahousing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Pitcheroft	850	For the provision of a piped water supplet 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 Sheriffhale and a connection with the Oakengate supply system.
	Carried forward	1,079,397	

Authority	Scheme	Estimated Cost	Description of Scheme
	Brought forward	1,079,397	
East Shropshire Water Board	Sutton Maddock	1,810	For the extension to Sutton Maddock of a existing supply at Lay's Corner.
(continued)	Tong Havannah	4,025	For extending the Shifnal water mains t Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District water mains to augment the supply to th Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in th Lawley Cross Roads and Overdale Estat areas of the Wellington Rural Parish an the Dawley Bank, Heath Hill, Statio Road and Horsehay areas of the Dawle Urban District.
	Woodfield	16,800	For the provision of a new rising mai between Woodfield pumping station an Admaston.
Ellesmere R	Ellesmere Rural District	357,600	For the provision of piped water supplie throughout the whole of the Rura District.
	Myddle	60,820	For providing a piped water supply to the parish of Myddle.
	Welshampton	23,250	For providing a piped water supply to the Welshampton area.
Ludlow R	Cleobury Mortimer	855	For the extension of water mains at Catle erton Road and Pinkham.
	Hopton Wafers	3,670	For supplying the village of Hopton Wafe with piped water from the Elan Aqueduc
	Silvington and other parishes (distribution mains)	57,750	For tapping the trunk mains which will ru through the Parishes of Silvington, Loug ton, Wheathill and Hopton Wafers upo construction of the Bridgnorth and Luc low Joint High Level Scheme.
	Western Area	476,000	For the provision of a piped water supp to a substantial part of the Ludlow Rur District.
Oswestry R	Western Area (Soudley Section)  The following schemes will form	65,500	For the provision of a piped water supp to the parishes of Acton Scott, Eator under-Heywood, Hope Bowdler, Litt Stretton, Rushbury and Wistanstow (part
	part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District, originally esti- mated to cost £510,000.		
	South-Western Area	196,000	For providing a piped water supply to the south-western area of the district.
	Trefonen	3,080	For providing the village of Trefonen wi a piped water supply.
	Mains extensions	5,870	For providing a piped water supply various properties in parishes of Oswesti Rural District.
Wem R	Wem Rural District	294,000	For the provision of piped water suppli throughout the whole of the Rur District.
	Burlton	6,300	For providing a piped water supply to the village of Burlton.
	Shawbury extension	11,000	For extending the water supply scheme Shawbury village to Edgebolton ar Moreton Mill.
Whitchurch U	Whitchurch Urban District	66,350	For the provision of a new source of supp to replace the existing one in the Urba

Table 111: Local Government Act, 1958
Sewerage Schemes—Grants paid or promised by the County Council

				County	Council Gra	nt
District	Scheme	Approved by C.C.	Estimated Cost	Basis	Amount promised	Paid
Bishop's Castle B.	Bishop's Castle	Nov., 56	£ 14,650	10% of cost	£ 1,465	£ 1,000
Bridgnorth M.B	Bridgnorth	July, 48	90,000	20% of original cost	12,400	12,200
Dawley U	Dawley	Nov., 49	76,650	of £62,000 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	3,000
Oakengates U	Oakengates	Mar., 57	91,000	11% of cost	10,010	7,000
Shifnal R	Albrighton	Nov., 44	13,077	25% of cost	3,269	3,269
Shrewsbury M.B	Bicton Heath	Nov., 54	6,800	7% of net cost	406	406
	Harlescott	Feb., 53	2,985	of £5,800	1,000	1,000
San	Shrewsbury	Dec., 57	500,345	5% of cost	25,000	-
Wellington U	Wellington (Stages 1 & 2)	Nov., 54	91,400	7% of cost	6,400	11,602
	Wellington (Stage 3)	April, 55	81,002	7% of cost	5,670	)
	Brooklands Estate (Trunk Sewer)	Nov., 58	8,700	8% of cost	696	440
-	Railway Station and Herbert Avenue	Sept., 59	14,000	8% of cost	1,120	542
Wellington R	Ketley and Lawley	May, 36	31,975	25% of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	18,460	20% of cost	3,692	3,692
league para la	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	26,800	10% of net cost of £23,500	2,350	1,815
	(2nd & 3rd portions)	Dec., 56	68,900	11% of cost	6,480	5,500
Wenlock B	Broseley	Feb., 39	8,800	15% of cost	1,320	1,320
La	Madeley (Hill Top)	Nov., 54	3,330	15% of cost	500	433
Whitchurch U	Whitehurch	Sept., 57	102,506	3% of cost	3,075	-
			£1,554,826		£144,903	£91,681

<sup>\*</sup>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 112: Rural Water Supplies and Sewerage Act, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1961, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
Atcham R	Bomere Heath (Revised)	£ 29,500	For the provision of sewerage and sewage disposal facilities for the village of Bomere Heath.
	Minsterley	37,934	For the provision of sewerage and sewage disposal facilities for the village of Minsterley.
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.
	Chorley	16,000	For the provision of sewerage and sewage disposal facilities for the village area at Chorley.
	Hilton	29,200	For the provision of sewerage and sewage disposal facilities for the village of Hilton.
	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.
20.57	Worfield Extension	875	For extension of existing sewer from Worfield to Davenport.
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	63,525	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.
EEL 127,1	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
	Carried forward	£701,354	construction of new sewage disposal works.

(Continued on page 81)

### (Continuation of table on page 80)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward	701,354	
Wellington R	Chetwynd Aston	23,912	For the provision of a sewerage system for Chetwyno Aston.
	Hadley	90,150	For the extension and modernisation of the existing sewage disposal works.
	Ketley Extensions— Mannerley Lane and	11,100	For the provision of sewerage facilities for properties at Mannerley Lane and The Rock.
	The Rock. Lilleshall	62,500	For the provision of sewerage and sewage disposa facilities for the village of Lilleshall.
or to a minimal of	Preston and Horton	43,437	For the provision of sewerage and sewage disposa facilities for village of Preston and hamlet of Hortor
	Roden	9,770	For the provision of sewerage and sewage disposa facilities for the village of Roden.
	Waters Upton	33,560	For the provision of sewerage and sewage disposa facilities for the village of Waters Upton and the Sitch Lane area.
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.
	Precs	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 £	1,093,889	

# 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 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 substandard effluents should be referred to the Health (Water) Sub-Committee for consideration and that the Clerk be requested in appropriate cases to approach the district councils concerned, drawing their attention to the position and asking that action be taken to remedy matters.

The findings of the Board's Analyst upon the samples of sewage effluents in Shropshire during 1961 are summarized in the table below:

Table 113: Sampling of Sewage Effluents

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
		1961	
Bridgnorth B	Sewage Works	5th June	Unsatisfactory by Royal Commission recom- mended standards.
	Sewage Works	13th June	Not an exceptionally bad effluent as far as B.O.D is concerned, but it does not comply with Royal Commission recommended standards particularly in respect of suspended solids.
Dawley Urban	Ever Ready Co., Ltd	24th Jan.	An acceptable effluent.
Ellesmere U	Cambria Avenue Sewage Plant	16th Oct.	Unsatisfactory by Royal Commission recommended standards.
	Oswestry Road Sewage	16th Oct.	Unsatisfactory, Virtually weak-to-average strength crude sewage.
	Wharf Road Sewage Works	16th Oct.	Unsatisfactory by Royal Commission recommended standards.
Market Drayton U.	Sewage Works	3rd Jan.	Unsatisfactory in respect of Royal Commission standards.
	Sewage Works	15th May	Visibly unsatisfactory, although plant well main tained. Unsatisfactory by Royal Commission recommended standards.
	Sewage Works	20th June	Unsatisfactory by Royal Commission recommended standards, particularly in respect of suspended solids. Nitrification, however reasonably good.
	Sewage Works	10th Aug.	By Royal Commission recommended standard the B.O.D. is satisfactory and the suspender solids unsatisfactory. Nitrification is reason ably good.
Oswestry B	Council Sewage Farm	11th May	Unsatisfactory by Royal Commission standards particularly in respect of suspended solids.
	Sewage Works and Farm Effluent	7th Dec.	Unsatisfactory by Royal Commission recommended standards.
Wellington U	Sewage Works	18th Jan.	Borderline B.O.D. Suspended solids high it respect of Royal Commission recommended standards.
	Sewage Works	20th Mar.	Unsatisfactory in respect of the imposed standar limit of 15 p.p.m. suspended solids and 20 p.p.m. B.O.D.
	Sewage Works	4th Oct.	Satisfactory by Royal Commission recommen ded standards, except for a slightly high sus pended solids content.
	Sewage Works	16th Nov.	Unsatisfactory. This sample does not comply with the Board's Section 7 Consent conditions
Wem Urban	Sewage Works	3rd Jan.	Not within the Royal Commission recommended standards.
	Sewage Works	21st Mar.	Unsatisfactory by Royal Commission recommended standards.
	Sewage Works	30th May	Unsatisfactory by Royal Commission recommended standards.

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Wem U. (cont		1961	
	Sewage Works	28th June	Unsatisfactory by Royal Commission recommended standards.
	Sewage Works	21st Nov.	Unsatisfactory because it does not conform t the Board's Section 7 Consent conditions.
Wenlock B	Sewage Works	30th Jan.	Unsatisfactory in respect of Royal Commissio recommended standards.
Atcham Rural	Acton Burnell Sewage Works	19th Jan.	Unsatisfactory in respect of Royal Commissio recommended standards.
	Buildwas Sewage Works	30th Jan.	Very unsatisfactory. Virtually fairly strong crud sewage.
	Cressage Sewage Works	19th Jan.	Very unsatisfactory—virtually average strengt untreated sewage.
	Cruckton Sewage Works	11th Jan.	Very unsatisfactory. Equivalent to averag strength crude sewage.
	Cruckton Sewage Works	16th Mar.	An unsatisfactory effluent.
	Eaton Constantine Sewage Works	30th Jan.	Unsatisfactory in respect of suspended solids.
	Ford Sewage Works	11th Jan.	Very unsatisfactory. Virtually average strengt crude sewage.
	Ford Sewage Works	27th Jan.	Unsatisfactory by Royal Commission recon mended standards.
	Hanwood Estate Sewage Works	11th Jan.	Unsatisfactory in respect of Royal Commissio recommended standards. Nitrification no exceptionally good.
	Hanwood Housing Estate Sewage Plant	24th Oct.	Unsatisfactory.
	Minsterley Sewage Works	16th Mar.	An unsatisfactory effluent.
	Upper Astley Sewage Plant	21st Nov.	Unsatisfactory by Royal Commission recommended standards.
Clun Rural	Bedstone	10th Oct.	Unsatisfactory by Royal Commission recommended standards.
	Bucknell Sewage Works (new works)	10th Oct.	Unsatisfactory by Royal Commission recommended standards.
	Bucknell Sewage Works (old works)	10th Oct.	Very unsatisfactory. This effluent is virtuall crude sewage a little above average strength
Drayton Rural	Hodnet Sewage Works	3rd Jan.	Plant appears well maintained. Unsatisfactor in respect of Royal Commission recommende standards.
	Hodnet Sewage Works	21st Feb.	Unsatisfactory in respect of Royal Commissio recommended standards.
	Hodnet Sewage Works	30th May	A well nitrified effluent with suspended solid exceeding the Royal Commission recommen ded standard, but B.O.D. only just exceeding the standard.
	Hodnet Sewage Works	16th Nov.	Unsatisfactory by Royal Commission recommended standards.
	Cheswardine Sewage Works	21st Jan.	A very unsatisfactory effluent.
	Cheswardine Sewage Disposal Works	15th May	Unsatisfactory in respect of suspended solids.
	Cheswardine Sewage Works	26th July	Unsatisfactory by Royal Commission recommended standards.
	Cheswardine Sewage Works	10th Aug.	B.O.D. satisfactory, but suspended solids i excess of Royal Commission recommende standard limit.
	Ches wardine Sewage Disposal Works	19th Sept.	Unsatisfactory especially in respect of suspender solids.
	Cheswardine Sewage Works	16th Nov.	Unsatisfactory because it does not comply wit the Board's Section 7 Consent conditions.

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Drayton Rural (cont.		1961	
	Woore Housing Site Sewage Plant	17th Oct.	This effluent does not comply with Royal Conmission recommended standards in respect
	Woore Old Village Sewage Works	17th Oct.	B.O.D. and especially suspended solids. This effluent is very unsatisfactory.
udlow Rural	Cleobury Mortimer Sewage Works	20th Mar.	Unsatisfactory by Royal Commission recormended standards. This is not a bad effluer
Oswestry Rural	Maesbury Sewage Works	20th Nov.	however, and the nitrification is good.  This effluent is unsatisfactory in so far as it do not comply with the Board's Section 7 Conse
	Maesbury Site Sewage Works	28th Nov.	conditions.  This effluent is unsatisfactory because it do not comply with the Board's Section 7 Conse
	Maesbury Sewage Works	7th Dec.	conditions.  A reasonably nitrified effluent which compli- with the Board's Section 7 Consent condition
	Trefonen School Lane Sewage Works	20th Nov.	This effluent is unsatisfactory in so far as it do not comply with the Board's Section 7 Conse
	Trefonen School Lane Sewage Works	28th Nov.	conditions.  Unsatisfactory. The effluent does not comp with the Board's Section 7 Consent condition
	Trefonen School Lane Sewage Plant	7th Dec.	A well nitrified and satisfactory effluent corplying with the Board's Section 7 Conse
	West Felton Housing Sites Sewage Plant	9th Oct.	conditions.  This effluent is unsatisfactory because it does n comply with the Board's Section 7 Conse
	West Felton Sewage Works	20th Nov.	conditions.  This effluent is unsatisfactory because it does n comply with the Board's Section 7 Conse
	West Felton Site Sewage Works	28th Jan.	conditions.  Unsatisfactory. This effluent does not comp with the Board's Section 7 Consent condition
	West Felton Site Sewage Works	7th Dec.	This effluent is unsatisfactory because it does n comply with the Board's Section 7 Conse conditions.
Shifnal Rural	Albrighton Sewage Works	13th Mar.	Unsatisfactory by Royal Commission recommended standards.
Wellington Rural	Admaston Sewage Farm	14th Feb.	Unsatisfactory in respect of Royal Commission recommended standards.
	Admaston Sewage Farm	20th Mar.	Very unsatisfactory. Virtually average streng
	Brockton Site Sewage Works	18th Jan.	untreated sewage. Very unsatisfactory.
	Donnington Sewage Disposal Works	18th Jan.	B.O.D. satisfactory. Nitrification good. Su pended solids unsatisfactory in respect
1	Donnington Sewage Works	10th Oct.	Royal Commission recommended standards A satisfactory effluent.
	Edgmond Sewage Works	21st Jan.	Unsatisfactory.
	Edgmond Sewage Disposal Works	19th Sept.	Unsatisfactory, especially in respect of suspende solids.
	Hadley and Ketley Sewage Farm	14th Feb.	Unsatisfactory in respect of suspended matter and B.O.D.
	Lawley Sewage Works	10th Oct.	Unsatisfactory by Royal Commission recommended standards, especially in respect
	Preston-upon-the-Weald Moors Housing site Sewage Works	18th Feb.	suspended solids. Very unsatisfactory.
	Roden Sewage Works	4th Oct.	A very satisfactory effluent.
Vem Rural :	Prees Housing Estate Sewage Disposal Works	3rd Jan.	Unsatisfactory. Equivalent to weak untreate sewage.
	Ex-R.A.F. Tilstock Sewage Disposal Works	3rd Jan.	Unsatisfactory in respect of Royal Commission recommended standards. Nitrification poor
	Salopian Engineers, Prees	21st Mar.	A deplorable effluent.

## STATISTICAL TABLES

TABLE 1

Population, Acreage and Density of Population in the various Districts of Shropshire in 1961 (mid-year)

Districts			Population (estimated mid-1961)	Acreage (inclusive of water)	Persons per acr
URBAN					
Bishop's Castle Borough			 1,220	1,867	0.65
Bridgnorth Borough	8		 7,510	2,645	2.84
Church Stretton Urban			 2,700	6,198	0.44
Dawley Urban			9,540	3,259	2.93
Ellesmere Urban			 2,280	1,220	1.87
Ludlow Borough			 6,690	1,068	6.26
Market Drayton Urban			5,840	1,216	4.80
Newport Urban	11	10	 4,460	768	5.81
Oakengates Urban			 12,170	2,396	5.08
Oswestry Borough			 11,380	2,173	5.24
Shrewsbury Borough			 49,810	8,118	6.14
Wellington Urban			 14,040	2,281	6.16
Wem Urban			 2,580	903	2.86
Wenlock Borough			 14,950	22,657	0.66
Whitchurch Urban			 7,090	6,053	1.17
TOTAL—Urban Districts		**	 152,260	62,822	2.42
Rural					
Atcham			 22,680	134,490	0.17
Bridgnorth		* 1	 15,100	100,897	0.15
Clun			 8,510	132,512	0.06
Drayton			 9,760	54,058	0.18
Ellesmere			 7,470	48,253	0.15
Ludlow			 13,390	112,823	0.12
Oswestry			 19,540	61,524	0.32
Shifnal			 14,800	39,562	0.37
Wellington			 26,290	54,516	0.48
Wem			 12,120	60,343	0.20
FOTAL—Rural Districts			 149,660	798,978	0.19
ADMINISTRATIVE COUNTY			 301,920	861,800	0.35

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in 1961

Infant mortality rate		20.83 20.83 20.83 20.83 20.83 20.83 20.83
Under one year	wu   n−uw   4w%n   nu2 ∞n	246-902288 #
Neo-natal mortality rate		8.88 8.88 8.89 8.89 8.80 8.80 8.80 8.80
Under one month	4-   w-44   4454   448 64	-44-20025 28
Stillbirths	14-8   646-84   648 80	w4440000 40 II
Comparable Birth-rate		23.2 27.2 27.2 27.2 27.2 27.2 27.2 27.2
Rate per 1,000 of Population		20.58 22.54 22.54 26.51 26.61 27.00
Total	2,611 2,612 2,613 2,613 2,614 2,615	220 220 207 207 237 244 2,545 5,156
Illegitimate	44-10441-004E-108E 04	222 222
Legitimate	2,493 207 207 207 207 207 207 207 207 207 207	200 200 200 200 2,441 4,934
Comparable Death-rate	10 1925 10 192	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Rate per 1,000 of Population		2.1.28 2.0.09 2.1.28 2.1.29 2.1.20 2.
Deaths at all ages	34 100 107 107 107 108 108 108 109 109 109 109 109 109 109 109 109 109	96 68 147 309 107 243 111 1,549 3,483
	133411111111111111111111111111111111111	111111111
RICTS	astle Borough  Borough  Chan  Orban  Orban  Jorough  S. Urban  S. Urban  S. Urban  Jorough  J. Urban  Aggregate  Aurban  Aggregate	Aggregate  COUNTY
Dist	URBAN Bishop's C Bridgnorth Church Str Dawley Ur Ellesmere I Ludlow Bo Market Dr Newport U Oakengate Oawestry B Shrewsbury Wellington Wellington Wenlock B Wenlock B Whitchurch	Clun Drayton Ellesmere Ludlow Oswestry Shifmal Wellington Wem Aggr
	Rate per 1,000 of Comparable Comparable Legitimate Illegitimate Total Population Birth-rate Stillbirths one month rate one year	Deaths at Propulation   Deaths at Population   Deaths at Propulation   Deaths at Population   Deaths at Population   Deaths at Propulation   Deaths

TABLE III
Registrar General's Statistics
Causes of Death in Shropshire during 1961

	ALL CAUSES	2014-01 2015-0	1934	238 244 250 264 278 278 278 278 278 278 278 278 278 278	1549	3483
,	Homicide and operations of war	111111111111111111111111111111111111111	10	1111111111	1	6
	Suicide		19	ww   -44w-44	20	39
	All other accidents	4  4  -4-4650	300	~~~~~~~~	31	8
	Motor vehicle accidents	mu   -       umum   m	22	N==4	28	20
sosto	Other defined and ill-defined dis	244 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	192	48827-15488	144	336
	Congenital malformations	44   444   6-	20	w-   44446000	26	46
uo	Pregnancy, childbirth and aborti	111111111111111111111111111111111111111	53	411111111	2	4
	Hyperplasia of prostate	- 4    4-	9	- -  00-0	6	15
	Nephritis and nephrosis	-   - 0 -96	14	-   4     44   44	10	24
	Gastritis, enteritis and diarrhoea	-      -  000  -	10	4   4 6	6	16
t	Ulcer of stomach and duodenum	4     400 -	13	0-00-0-0	14	27
tuə	Other diseases of respiratory syst	1-101-110001-01	16	44   4-44   44	20	36
	Bronchitis	- 10   - 2044032   5	74	∞∞   -040 v = 4	52	126
	Pneumonia	10 10-84 10620000	12	G001   04 € 4 ₽ € €	63	142
	Influenza	1448-0458 4-	46	0   44-   4404	39	85 1
	Other circulatory disease	1   40-40   84550=0	17	95629191452	89	145
	Other heart disease	6E9EE8E0E877-E3	259	232232323	244	503
	Hypertension with heart disease	4-  44  65	30	6-41460	22 2	52 5
	Coronary disease, angina	800000000000000000000000000000000000000	335	877777788544	263	869
tua	Vascular lesions of nervous syste	061 645 51 13 5 4 6 10 10 10 10 10 10 10 10 10 10 10 10 10	343	22222222	221 2	564 5
	Diabotes	0 -  - 0	13	-   -   -	5 2	180
	Leukaemia, aleukaemia	- - - -0  -0	16		=	27
	Other malignant and lymphatic neoplasms		140	1232736992	145	285
==	Uterus	111-11-11-6-111	=	-  00	7	18
lignant	Breast	-   a aw-∞w nw	28	444-  -6-44	18	94
Mali	Lung, bronchus	12 1-4464-046406	20	0  -4-5040	32	102
	Stomach	-4   44   momen   m-	46	4~-4-~4400	33	13
sosro	Other infective and parasitic dis-	111111-111-1111	64		3	S
	Measles	1111111111111111	1	1111111111	1	1
	Acute poliomyelitis	HIHITITITI	1	1111111111	1	1
	Meningococcal infections	1111111111111111	1	-111111111	-	-
	Whooping cough	111111111111111	1	11111111-1	-	-
	Diphtheria	HIHITITITI	1	HIHIIIIII	1	1
	Syphilitic disease	1111-1111-1111	7	-11111-111	13	4
	Tuberculosis—other	11111111111111-1	-	11111111111	1	-
	Tuberculosis—respiratory	-	7	1111-	9	13
	DISTRICTS	Bishop's Castle Borough Bridgnorth Borough Church Stretton Urban Dawley Urban Ellesmere Urban Ludlow Borough Market Drayton Urban Newport Urban Oakengates Urban Oswestry Borough Shrewsbury Borough Wellington Urban Wellington Urban Wellington Urban Wellington Urban Wellington Urban	Torat—Urban Districts —Pon. 152 260	Archam Archam Bridgnorth Clun Drayton Ellesmere Ludlow Oswestry Shifnal Wellington	Torat—Rural Districts —Pop. 149,660	TOTAL—County Pop. 301,920

TABLE IV

Causes of death by sex and age groups in Shropshire during 1961

	new lo snoiterodo	Homicide and	-   -     -	- 13	111111111111111111	11	21-6
		Suicide	400- -4-	13		<u>C1∞</u>	39
	stra	All other accid		24	11-141-1614-8-68	7	338
		Motor vehicle		13	-4   0 -4   0   5	32	38
SOST	osib bonñob-lli bna			10 10	80	82	
				010	99	12 8	24 142 22 194 46 336
110		Congenital ma	111111111111111111111111111111111111111	12		12	144
uc	sirroda bas dridbli		111111111111111111111111111111111111111	91	111111111111111111111111111111111111111		
-		Hyperplasia of				6	5   5
-	sisondaan	bns sitinday	11111 11 11	20	-   0 - 00   -   -	50.50	244
	ritis and diarrhoea	Gastritis, enter	1 111111	7.3	-             -   -	40	552
	unuəponp pur yət			00.40	111111111111111111111111111111111111111	00	2202
tuə	of respiratory syst	Other diseases		24	-  -040	13	31123
		Bronchitis	-               - 2000 4 7 4	21		38 4	33 126
		Pneumonia	44-111111-1-12828	83	4             -4 6 8 5 6 7	33	555
		Influenza	1111-1111640054	ឧឧ	-     -  4-1/4 %	18	44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	aseasib yrc	Other circulate	111111111827=78	45	111-111410082512	32	42.55
	05806	Other heart di	12833336257	170	1111111118882228	113	208
	ossosib tread disease	Hypertension		5 6		∞ <del>4</del>	233.1
	angina ,esa	Coronary dise	11111110 1822828	209	1	163	372 226 598
tu	of nervous syste	Vascular lesion		82	111111111111111111111111111111111111111	103	2004
		Diabotes	- -	10		4-	L=80
	eimeextus	Leukaemia, ale	-     -	0 1		r-4	13 13
		jambpatic n	23633725543-1211	27	752772773778	80	152
	pue tu	Other malignar		1=	11111111-1211-	10	188
Malignant Neoplasm		Breast	111111111111111111111111111111111111111	182	111111111111111111111111111111111111111	18	194
Mali	SI	Lung, bronchu		63		27 5	8228
		Stomach		30 (		23 2	388
cacp	end parasitic dise			1 3		2-	2000
5050	asib citisesen bae e		11111111 111 111				
-		Measles	111111111111111111111111111111111111111	11	11111111111111111	11	111
-		Acute poliomy		11		11	111
		Meningococca		11		-	1
	ų8	Whooping cou		11	1-11111111111111	1-	
		Diphtheria		11		11	111
		Syphilitic disea	1111111111-11-11				11114
		Tuberculosis—	11111111111-1111	1-	111111111111111111111111111111111111111	11	-1-
	respiratory	Tuberculosis—		9-		00	0.45
		ALL CAUSES	33 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	967	33.56 33.56 33.56 33.56 33.56 33.56 33.56 33.56	838	1805 1678 3483
		X3S	NTNTNTNTNTNTNTNTNT	Σï	ZTZTZTZTZTZTZTZTZT	MH	MTH
	AGE GROUPS		Under I year	Total—All ages	Under I year  1 year and under 5 years  5 years and under 15 years  15 years and under 25 years  25 years and under 45 years  45 years and under 65 years  65 years and under 75 years  75 years and over	Total—All ages	ADMINISTRATIVE COUNTY
			5		A C		Ap

TABLE V
Return of Cases of Notifiable Diseases during 1961

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)	Diphtheria
URBAN AND BOROUGH: Bishop's Castle Bridgnorth Church Stretton Dawley Ellesmere Ludlow Market Drayton Newport Oakengates Oswestry Shrewsbury Wellington Wem Wenlock Whitchurch	13 3 	3 1 		48 100 34 184 11 106 46 133 375 162 678 147 45 285 235						1 1 2	111111111111111111111111111111111111111		1 1 1 1 6 1 7 2 14 5		3       1   1   6     1   1			
TOTAL	68	90	33	2,589	56	2	1	-	-	4	3	24	42	-	13	-	1	-
RURAL: Atcham Bridgnorth Clun Drayton Ellesmere Ludlow Oswestry Shifinal Wellington Wem	11 14 3 - 1 7 8 28 9 4	24 15 1 8 7 11 9 23 5	8 1 1 1 1 1 - -	504 221 196 138 128 296 296 338 527 418	13 14 2 -2 9 3 39 9 5						1 1 2	2 2 1 1 2 - -	6 4 1 2 1 5 7 7 2	111111111	1-11111111			
Total	85	108	13	3,062	96	4	2	-	-	3	4	10	35	1	5	1	1	1
Administrative County: Total for 1961 Total for 1960	153 136	198 241	46 105	5,651 396	152 125	6 4	3	-	_ 2	7 9	7 10	34 21	77 93	1	18 32	1 3	2	1 _
Increase (+) or Decrease (—)	+17	-43	—59	+5,255	+27	+2	+3	-	-2	-2	-3	13+	-16	+1	-14	-2	+2	+1

<sup>-</sup>No notifications.

<sup>†</sup>Notifications exclude cases notified after death, and do not therefore compare with the numbers of new cases of Respiratory Tuberculosis reported on page 12.

TABLE VI Midwifery Services—Domiciliary Confinements attended in 1961

			Dostor	†Te	ests perfor	med	A	nalgesics :	administe	red	Do	miciliary Vis	sits	disch	lance or narged utional
Nursing District	Nurse Mid- wives	Total confine- ments	Doctor present at delivery	W.R. and Kahn	Rhesus factor	Coombs		Gas/Air	Trilene	‡Total cases	Ante-natal	Midwivery	Total		Visit
Alberbury Albrighton Ash Ash Ash Atcham Baschurch Baschurch Bishop's Castle Bomere Heath Bridgnorth Burford Chirbury Church Stretton Claverley Clee Hill Claverley Clee Hill Craven Arms Dawley Donnington Dorrington Ellesmere Gobowen Hadley Highley Hinstock Hodnet Ironbridge Kinnerley Longden Ludlow Market Drayton Moreton Corbet Morton Much Wenlock Munslow Newport Oakengates Oswestry Prontesbury Prees St. Martin's Shifnal Shrewsbury Stiperstones Stoke-on-Tern Stundorne Tibberton Trefonen Westbury West Felton West Dryn West Felton Weston Rhyn Whitall Wrockwardine Agency—Montgomeryshire  Total  Total  Total	11112131121	9 24 15 33 20 18 14 55 9 4 24 20 13 17 15 19 80 59 15 44 44 48 10 17 11 50 14 46 37 73 20 23 4 41 12 50 12 51 19 9 18 20 6 9 9 11 19 9 18 20 6 9 9 11 20 9 86 25 17 —— 2,027	2 14 66 88 5 2 1 2 7 2 7 2 7 2 4 3 3 1 4 6 3 7 1 6 5 5 10 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 24 1 32 20 18 14 53 3 24 20 6 6 16 15 19 80 6 14 43 14 47 9 16 10 48 13 16 37 71 19 23 4 41 22 48 13 16 52 24 40 7 1 7 16 20 6 6 96 30 20 9 9 27 1 13 — 1,757	9 24 13 33 20 18 14 555 9 4 24 20 13 17 15 19 80 89 14 43 14 47 10 16 17 19 18 18 11 19 19 18 10 16 21 22 49 12 49	23 34 33 32 81 -5 23 33 3 -9 61 18 10 22 22 -7 63 3 -3 62 21 10 22 24 53 3 3 2 2 11 11 11 11 11 11 11 11 11 11 11 11	4 18 12 29 16 17 10 32 6 4 4 18 5 5 12 9 11 14 36 6 7 7 10 6 6 33 4 4 7 7 9 31 10 9 22 43 13 16 2 8 83 79 7 7 14 16 5 5 335 7 7 11 17 14 16 5 5 32 8 12 9 6 6 66 625 11 ——————————————————————————————————	6 222 122 255 177 18 9 34 4 4 19 8 6 6 10 9 16 4 4 14 11 13 7 7 7 7 7 10 6 29 10 10 10 10 10 10 10 10 10 10 10 10 10		6 23 13 32 18 18 11 50 8 4 4 23 16 9 16 11 17 78 42 13 40 12 40 8 12 10 39 11 16 35 6 27 22 39 40 11 11 12 39 40 40 40 40 40 40 40 40 40 40 40 40 40	75 250 217 367 220 156 127 522 94 29 264 213 102 200 165 192 132 469 144 318 223 378 162 192 135 515 112 180 398 664 184 273 335 1,033 964 1,74 1,74 1,74 1,74 1,74 1,74 1,74 1,7	116 386 227 432 310 290 219 903 140 54 395 308 190 269 234 311 1,119 928 223 608 234 751 180 240 165 772 196 296 575 968 242 70 205 692 1,951 1,592 262 357 318 394 5,914 157 367 155 259 295 87 1,691 446 318 424 119 1,600 341	191 636 444 799 530 446 346 346 1,425 234 83 659 521 292 469 399 503 1,851 1,397 367 926 457 1,129 342 432 300 1,287 308 476 973 1,632 480 615 103 347 1,027 2,556 436 538 586 656 9,77 214 707 245 397 142 2,898 857 504 718 142 143 143 143 143 143 143 143 143 143 143	18 227 714 66 88 15 4 9 222 2 3 3 24 1 9 89 89 89 46 9 9 14 42 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	74 90 44 44 45 40 40 59 104 42 31 38 40 59 104 42 31 38 204 40 56 24 40 56 24 40 56 24 40 56 66 66 66 88 53 23 11 16 88 20 40 56 66 66 66 66 67 87 87 87 87 87 87 87 87 87 87 87 87 87
	0.000			1,101	2,007	211	1,418	914	801	1,828	20,087	30,957	51,044	1,260	5,001

<sup>\*</sup>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.

#### Covered by the Wrockwardine Nurse.

TABLE VII

Home Nursing Service—Cases attended in 1961

Ash.								SES-CATE	GORIES A	ND VISITS							Children			s over 65	more t	ts with than 24		osal lases
Allectron	Nursing District	Nurses	Med	lical	Sur	rgical			Tubero	ulosis			Oth	ers	To	otal		t visit	at he				from	care on
Albergalone					Cases	-	Cases		Cases	Visits	Cases			Visits	200000000000000000000000000000000000000	-	Cases	The same of	77000	NOTE:		-	-	200000000
	Albrighton Ash. Ash. Ash. Ash. Ash. Ash. Ash. Ash.	2 1 1 2 3 3 1 1 2 6 6 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1	80 0 61 71 112 43 64 66 66 71 112 112 112 112 112 112 112 112 112	1,995 1,103 2,963 951 1,493 94,604 448 448 448 1,041 1,640 1,680 1,132 1,132 1,132 1,132 1,132 1,138 1,238 1	5 1 5 4 5 6 6 14 4 5 7 16 12 7 14 4 4 7 17 13 3 3 6 6 11 1 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2	119 4 4 68 457 71 668 2049 502 3177 667 618 173 611 62 62 62 62 64 64 64 64 64 64 64 64 64 64 64 64 64		26 14 2 8 8 21 38 42 45 3 1 14 7 7 7 10 10 15 21 19 321 11 16 6 1 17 25 1111 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	111111111111111111111111111111111111111	132 133 34 		688	2	28	93 67 78 121 558 226 20 369 41 121 28 41 125 369 41 127 137 100 59 51 51 52 52 53 68 68 68 20 22 52 53 68 68 68 68 68 68 68 68 68 68 68 68 68	2,182 1,158 3,071 1,021 1,581 1,017 4,950 5,987 1,152 2,144 2,144 2,144 1,291 4,216 4,121 1,291 4,826 8,166 3,593 4,502 4,826 8,103 1,031	11 41 55 4 143 26 9 13 29 24 58 66 122 75 58 17 3 3 2 4 10 5 4 10 10 10 10 10 10 10 10 10 10 10 10 10	168 6 207 70 70 14 19 16 6 172 23 23 23 33 35 95 104 31 31 35 36 36 37 77 77 3 3 32 22 20 77 87 3 3 32 21 22 20 416 6 6 10 21 21 22 25 20 26 6 6 10 21 41 21 22 25 20 41 20 41 41 41 41 41 41 41 41 41 41 41 41 41	522 200 416 333 151 161 1112 222 366 400 433 315 200 45 400 315 200 45 315 315 315 315 315 315 315 315 316 317 318 318 317 318 318 319 319 319 319 319 319 319 319 319 319	1,749 745 1,808 1,54 1,417 662 3,631 322 2,631 322 3,631 322 3,736 1,189 1,491 1,491 1,491 1,491 1,491 1,491 1,211 775 595 2,130 2,753 691 2,238 1,727 2,238 1,727 2,247 4,648 4,529 2,146 20,114 607 247 447 844 844 787 721 1,217 722 2,833 1,631 8,032 1,633 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,033 8,	26 11 38 44 33 51 11 12 52 44 43 35 11 13 13 13 13 20 13 20 13 20 13 20 12 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 13 20 14 20 20 30 45 45 45 46 46 47 48 48 48 48 48 48 48 48 48 48	1,564 1,727 2,552 386 1,313 688 3,685 263 3,685 263 3,263 1,153 1,163 1,163 1,163 1,193 1,214 1,173 1,214 1,173 1,214 1,173 1,214 1,173 1,214 1,173 1,214 1,173 1,214 1,173 1,214 1,	800 61 61 117 46 58 58 179 28 8 16 52 28 28 28 29 28 28 20 98 90 98 41 24 43 38 43 38 71 73 71 49 99 44 44 40 99 77 77 43 54 40 99 77 68 90 99 77 68 90 99 77 68 90 99 12 49 99 18 64 99 18 64 118 99 18 64 118 99 18 64 118 98 119 119 129 129 18 64 118 96 14 118 119 129 129 129 129 129 129 129 129 129	31 4 9 10 10 47 11 4 47 10 0 8 8 127 19 11 137 129 129 131 14 4 48 8 8 8 131 127 129 129 129 129 129 129 129 129

\*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.

¡Area covered by Wrockwardine Nurse.

TABLE VIII

Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1961

15	0   0   0   0   0   0   0   0   0   0	228
1	32,785,886,886,886,886,886,886,886,886,886,8	875 1
1		524 8
		391 \$
		289 3
		308 28
1		
- 15		5 202
		165
0	12   1   1   1   1   24   1   24   25   26   26   27   28   28   28   28   28   28   28	188
75	8   886-4-82278818     5878.48	556
-59	w- %-=24= w4m982388  qv0w48	373
55-	22   8   2544888482988 9     525   24	250
45-	0     0   m04m-m200=00m     44H   4=	158
35-	0   4   - 0 - 0 - 0 - 0 0   0 0       0 0 4   0 0	68
25-	2     5   7       - 5 - 5 8 2 - 5 -     5 2 5   - 5	80
15-		93
2	-8    4       -40   42 C C C C	187
1	6   1   1   1   2   2   1   2   2   1   2   2	300
Total	28 27 28 33 33 35 35 35 35 35 35 35 35 35 35 35	6,256
Females	122   123   124   125	4,170
Males	=825200     885200     885200     885200       885200	2,086
	rgams	1
	ous sys	TOTAL
	lasms al nervo secs cm male ge conital of buert of buert of buert secases	
ASE	c neople c n	
Dist	orms iscases iscases iscases iscases increases increases increases increased	
	is, all fe thous descases and lyn ellitus sions al sions al sions al sions al sions al sions al sions al the eay the eay the he iratory ratory ratory on on so on so on so on so on so on so one of one on on on on on on one of one on	
	reculos sitie di grant ma	
	Para Mal Mal Ana Ana Ana Ana Ana Ana Ana Ana Othe Othe Con Othe Con Othe Con Othe Othe Othe Othe Othe Othe Othe Othe	
The same and the s	Females Total 0- 5- 15- 25- 35- 45- 55- 65- 75- 0-	Forms Males Females Total 0— 5— 15— 25— 35— 45— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 25— 35— 45— 55— 65— 75— 0— 5— 15— 15— 25— 35— 45— 55— 65— 25— 15— 15— 15— 15— 15— 15— 15— 15— 15— 1

TABLE IX
Home Nursing Service—Cases Completed in 1961—Duration of Treatment, Visits and Disposal

		I	Others	111-111-1111	10
1		1	Discon-	-   4 0 00  - - 4- -  0-	3
	DISPOSAL OF CASES				23
			undertaken	1-101514  - -   0  44-	39
1			X-ray, own	231 4737-38-49090909 93   2537-3243	486
	DISPOSA	Died		-     8   2820   450040=4040822-	961
	-				562 1
	Recovered,		hospital cr nursing home	84   8-4% 274 0 5% 0 4 2 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	751
1000			0	123	3,128
1		Average per case per week			2.7
1	ST		per case	4.21 - 4.22 - 4.	26.7
1	Visits	Total	Night	14   1   1   2     1   1   2   2   2   2	20%
		To		1,052 674 11,391 16,250 16,250 16,251 16,251 16,251 16,251 17,391 17,391 17,392 17,303 18,5694 11,935 10,083 10,08	138,349
do No	MENT	Length per case (days)		88-85-88 82 82 E87-88 88 4 - 88 8 8 8 8 8 8 8 8 8 8 8 8 8	8
DURATION OF	IREATMENT			1,547 1,568 1,567 1,567 1,648	cantocc
	Total			44.45 825 82 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2000
	-			than stem	
Disease				The infections diseases  Parasite diseases Malignant and lymphatic neoplasms Asthma Joiabetes mellitus Anaema Mascular lesions affecting central nervous syst Other mental and nervous diseases Diseases of the ear Diseases of the heart and arteries Diseases of the heart and arteries Diseases of the veins Upper respiratory diseases Constipation Other despiratory diseases Other respiratory diseases Other respiratory diseases Constitution Other despiratory diseases Other respiratory diseases Other	
		CASIS		tic neoplasms  ng central nervous system ous diseases and arteries ses ses tive system tim and male genital organs female genital organs beutaneous tissues s and muscles s and muscles fined diseases	

					4							1 3												
		assile B.	4	2	retton			3	2			rayton	5	, i	4	2		1 8	C				4	5
	Asm R	O 1, doq	Ignorth	(Inout)	arch St	4	wley U.	-	a.mer.	flow B	1	rket D	The post	To and	westry	rwestry.	ifnal R.	die	siluito,	/elling	/em U	Yen R	Venleed	Witch
	AR	3	-	2	8	0	å	8	8	3	3	ž	ž	6	- 0	5	4		5	*	,	-	_	_
Estimated Population Mid-Year	22,650				2,700 8	8,510 9,6		2,250	7,470	6,690	13,242	5,730		12,158	11,380			49,810 15,207	14,040	26,290 7,535	2,530	12,390	15,080	7,100
Total number of permanent dwellings in District	6,951	432 80	711	4,282			094 2,487 281 449		2,121	2,256 542	4,382	2,003	1,451	1,474	3,825 933	5,232	3,593	4,313	1,634	3,036	315	490	1,233	739
HOUSING ACT, 1957																								
HOUSING ACT, 1951 House deals with in Clearance Areas during the year 1961; (or Unifi for human habitation included in charance areas (i) Number of houses demolished (ii) Number of houses demolished (iii) Included in charance areas (iii) Included in charance areas (iii) Demolished	=	=	16	Ξ	-,	=	To =	Ξ	=	=	Ξ	Ξ	10	12 7	50	Ξ	-,	126 55	31 17	25	=	=	39 26	3
(a) Included in clearance areas	Ξ	Ξ	Ξ	Ξ	Ξ	Ξ :	E   E	Ξ	Ξ	Ξ	=	Ξ	Ξ	Ξ		Ξ	Ξ	Ξ	Ξ	Ξ	Ξ	=	Ξ	=
Other than in Clearance Areas: House demolished as a result of formal or informal procedure under Section (7(1)) Local Authority owned houses certified unit by M.O.H.; Number demolished Units houses included in Unitoness Orders	15	-	3	1	-,	2	1 3	-	. 4	4		21	20	12	-	7	13	18	5	15	=	3	2	
Unfit houses closed :	-	=	=	=	-	=   :	= -,	=	=	=	=	=	-	-	H	-	=	=	-	-	-	-	-	T
Unfit houses closed : Number of houses closed under Sections (6(4), 17(1) and 35(1) Number of houses closed under Sections 17(3) and 26 Parts of buildings closed under Section 18	- 49	Ξ	=	=	-	= :	10 =	Ξ	= 17	-1	18 5	=	Ξ	=	=	-1	= 3	==	=	=	Ξ	-	24 	28 1
Unfit houses made fit : Houses in which defects were remedied by owner and after informal action by local	30		19				4 42		15	200	25	2	10000	1	200	10	114	1000	12	94	-		25	
authority : Under Section 9 : By Owner By Local Authority Under Section 16 : By Owner Under Section 24 : By Owner	= =	Ξ	=	Ξ,	Ξ	E :	= =	E,	=	=		=	Ξ	=		10	=	Ξ	=	-	Ξ	=	7 2	=
Unit notes Section 24: By Owner			-		-			-	=	-	-	-	-	_	-,		1	-	-	-	-		-	
Unfit houses for temporary accommodation : Retained for temporary accommodation under Section 48 Retained for temporary accommodation under Section 17(2) Retained for temporary accommodation under Section 66	Ξ	Ξ	Ξ	Ξ	Ξ	=   3	E	Ξ	-3	Ξ	-	=	=	-,	=	=	Ξ	Ξ	Ξ	=	Ξ	=	Ξ	
Licence for temporary accommodation: Number of licences issued under Sections 34 and 53	-	-	-	-	-			-	-	17	-	-	-	-	-	-	-	-	-	-	-	-	-	=
Number of bouses in clearance areas other than those included in confirmed clearance orders or computery purchase orders; Number purchased orders or computery purchase orders; Number purchased Number of bouses where defects were remedied after service of formal notices under	-	-	-	-	-			-	-	-	=	-	-	-	-	-	-	-	-	14	-	-	-	-
Public Health Acts : (e) By Owners (b) By Local Authorities Number of unfit defective houses rendered fit by informal action under the Public	-	=	-1	-1	_1	=   .	. =	=	=	=	=	=	=	=	1 2	53	_2	10	=	-1	_2	_'	1	-
Purchase of houses by agreement:  Nomber of houses in clearance areas other than those included in confirmed clearance.  Nomber of houses here deficitly were remedied after service of formal notices under Public Health Acts:  (e) By Owner:  Public Health Acts:  (e) By Owner:  Public Health Acts:  (f) By Owner:  (high Health Acts:  (high Acts:  Health Acts:  Health Acts:  Health Acts:  Health Acts:  To be dealt with by demolition  To be dealt with by demolition  To be dealt with by demolition	150	10	60 240	136	-	4 268 2 50 9	1 103 84 42 00 23		144	220	245	113	50	93 224 80	53 250 1,000	45 290 445	100	200	205	96	20	50 370	420	1
Overcrowding:  Number of houses overcrowded at 31st December, 1961  Number of overcrowded families rehoused during the year  Number of servercrowded families rehoused during the year  Number of semporary housing units occupied on 31st December, 1961; (ii) Prefabs.  (i) Hots	1	-	,	5	-,	1, 1	. 2	1.	+	† 23	-		+,	120	2	1	,	,	5	1	1	_	1	
Number of semporary housing units occupied on 31st December, 1961 : (a) Prefats.  (b) Houses erected during the year:  By Local Authority for : (a) Slam clearance	-46	=	10	=	14	20 -	26	=	Ξ	=	=	10	0	82	50	28	=	166	50	Ξ	Ξ	=,	- 40	20
By Local Authority for : (a) Sham clearance (b) Other purposes (c) Sham clearance (d) Other purposes (d) Oth	26 38	=	36	12	= 17	= 1	6 10	Ξ	=,	34	= 25	=	19	10	39	16	Ξ	ī	25	156	-7	10	12	10
Houses in course of erection:  By Local Authority for: (a) Sium clearance	94	=	126	40	= :	- 12	5 7	5	=	34 25 15	25	37	85	179	29	37 29 29	76	-	136	566	16	61	- 62	31
Houses in course of exection 1 By Local Authority for 1 (a) Slom clearance By private enterprise for 1 (b) Slom clearance By private enterprise for 1 (b) Slom clearance Course of the state of the stat	150	-3	30	-0		- 12 1	16 10		-13	-5	- 27	-i9	76	146	-33	29	94	1	112	113	=	-40	62	=,
dwellings by : Local Authority	=	=	_0	=	=	-2 -		-3	1 2	-,	2 2	=	-	Ξ	=	=	Ξ	1	=	-,	=	-	_2	-
Post-war house erected from 1st April 1945, to 31st December, 1961, by :	797	=	-2	=	2	74 5				=	=	=	7	=	=	=	=	1	=	=	=	=	=	Ξ
Housing programme for 1962 for : Slum clearance		32 9 - 19	574 439	434 290 28	88 152 —	142 B 110 2	76 249 93 123 29 11	141 50 14	190 95 54	367 208 52	362 211 40	317 214 135	327 275	1,166 449 40 85	612 276 72	873 1 16 24	539 459 142	1	1,765	1,535 743	231 47	330 226	1	128
Total number of Council Houses sold during year	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	=
Total number of applicants on Housing List at end of year	417	27	160	267	49	113 3	60 137	95	230	423	187	280	203	839	350	606	392	2,800	587	1,277	61	1	618	190
Improvement Grants made under the Housing Act, 1949 : Number of applications and house dealt with during the year by Local Authority : (a) Number of applications : Received	105	1	1	24 24	3	39 39	5 33	1	22	22 22	55 55	9	2 2	9 8	5 5	31	23 20	17	1	33	10	29	49	2
(b) Number of dwellings : Received	107	1	1	37	3	39	5 33	1	n	24 24	55 55	10	2 2	10	5 5	31	23 20	19	1	46	1	29 29	52 52	2
Number of above applications approved, in respect of Owner/Occupiers	39	4	-	7	3	1000	5 11	1	11	16	19		1	7	3	22	7	13	+	13	-	5	30	
Average cost per dwelling approved	£285 50%	50%				345 0		50%	£960 46%	£590 50%	50%	50%	£645	£195	-		(1,100	6257	*	£956	£677	6902	£325	€200
Average cost including repairs	2630	S01500 S				847 (7		£350	£1,020	6677	£965	£868	50% (753	42% £462	50%	1	34%	50%	1	50%	42%	27%	50%	40%
No. of Applications for grant under S.4 of House Purchase and Housing Act, 1959	37	-	32	18	2	16	2 12	3	5	3	10	10	4	16	14	53	7	20	+	20	1	11	3	£300 6
No. approved	37 £109	-	21	18 £128 £	2	16	2 12	6101	5 6117	(308	9	10	4	14	13	53	7	20	1	19	-	11	5	6.
			-			L	F133	EIUI	EIII	2308	£132	08	6267	2114	£107	£127	£316	£104	+	£316	£115	£124	6139	£100
	-																							

# Index

	ICA
Accidents—ambulance cases 42, 44  — deaths due to 6, 8, 9, 50, 87, 88  — in the home 8, 9, 50  Acute encephalitis	District Medical Officers of Health 2, 3 District training scheme
- deaths due to	District Medical Officers of Health
— in the home 8, 9, 50	Domestic Help Service 47, 54
Acute encephalitis	Domiciliary confinements 14, 24, 25, 28, 90
Acute pollomyelitis	Dysentery 13, 89
Adulteration—food and drugs 63	Dysenery 10, 07
Aged and enronne siek—neip for 31, 31, 32, 33, 36	Encephalitis 35 89
Agency arrangements	Epileptics and spastics 62
Ambulance Service	Erysipelas
Ambulance Service	Encephalitis
- ambulance cases	Extra nourishment 48
Anaemia	
Analgesics	Family Planning Association
Analyses—foods and drugs 63, 65, 66	Family Planning Association
Ante-natal care	Food and Drugs Act, 1955
Analyses—loods and drugs	Food poisoning 13, 89
— visits	Garleia
Artigens for immunisation	Gas/air analgesia
— County Districts 3, 5, 85	Gonorrhoea
Attested area	Grants to local authorities—housing 69
B.C.G. vaccination 47	- sewerage
B.C.G. vaccination 47 Birth control clinics 17 Birth-rates 5, 11, 12, 14, 86 Births 5, 11, 12, 27, 86 Blind persons 61 Blood examinations 25, 26, 90 Bronchitis 6, 8, 9, 87, 88	
Birth-rates	Haemoglobin—estimation of
Blind persons	Haemolytic disease of newborn
Blood examinations	Health committee and sub-committees 1, 4
Bronchitis 6, 8, 9, 87, 88	Health education
Cancer—day and night nursing service	Health services—administration
— death-rates 8, 10, 11, 12	Heart disease 8, 9, 87, 88, 92, 93
- deaths 8, 10, 11, 87, 88	Hereford Diocesan Association 20
- Marie Curie Fund	Hodgkin's disease
- aged 31, 51, 52, 55, 56	Home accidents
Care of mothers and young children 14, 33	Home safety
- neglected children	Homes—convalescent 54
— premature infants 6, 15, 16, 27, 33	— mother and baby 20
Chaddeslode Refuge and Hostel, Shrewsbury 20, 21	- nursing
Channel Islands Milk 63, 64	Hospital and Specialist Services
Child guidance	13, 16, 18, 33, 45, 46, 58, 60
Child welfare centres 17, 18, 19	Hospital car service
Children—epileptics and spastics 62	Houses for midwives and nurses
- home nursing cases 30, 91, 92, 93	Housing Acts, 1936—59 69, 94
- B.C.G. vaccination of 47	Hyperplasia of prostate 87, 88
Circulatory system—diseases of 8 87 88	Hypertension with heart disease 9, 87, 88
Civil Defence	
Clinics—ante-natal and post-natal 18, 19	Illegitimate births 5, 6, 86
- birth control	- infant deaths
Cod liver oil	Immunisation—antigens 34, 38, 39
- venereal diseases 13 Cod liver oil	- children
- Maternity Liaison	— Tetanus
- Sub	Infantile mortality 5, 6, 7, 11, 12, 86
- Welfare 4, 61	— rates 5, 6, 7, 11, 12, 86
Comparable rates—births 5, 11, 86	Infectious diseases 12, 89, 91, 92, 93
— deaths	Influenza 6, 87, 88, 92, 93
Congenital malformations 6, 8, 87, 88	Injections for home nursing cases
Consultant Chest Physician—Report of 45	Inspection and supervision of food 63
Convalescence scheme 54	Institutional confinements 14, 24, 25, 28, 90
Coombs tests	10 11 07 00
Convalescence scheme	Leukaemia
- medical officers of health 2, 3	Lichfield Diocesan Association
— population	Live births 5, 11, 12, 14, 27, 86
Crude rates—births	Local Government Act, 1933: Section 111 3
	Lichfield Diocesan Association
Day nurseries—registration of 61	
Death-rates 5 8 11 12 86	Major disasters scheme
Deaths 5, 6, 8, 10, 11, 12, 86, 87, 88	Major disasters scheme 41, 42 Malignant neoplasms 8, 10, 87, 88, 92, 93 Mantoux tests 47
— age groups 7, 9, 88	Mantoux tests
— causes of 6, 7, 8, 87, 88	Marie Curie Memorial Foundation 52 Mass miniature radiography 46, 47 Maternal Mortality 5, 7, 11
maternal	Maternal Mortality 5, 7, 11
— neo-natal 5, 7, 11, 86	
— perinatal 5, 7	Maternity medical services 24 25 20
Dental care of mothers and young children 21	interesting incurcal services
Diabetes 6 32 87 88 92 93	Maternity outfits 28
Diabetes	Maternity outfits
Day nurseries—registration of	Maternity Liaison Committee

Meningococcal infections 87 88 89	Relief arrangements midwives 27 Respiratory diseases . 8, 9, 32, 33, 87, 88, 92, 93 Respiratory tuberculosis—death rates . 9, 10, 11 — deaths 9, 10, 12, 45, 87, 88 — notifications 10, 12, 45, 89 — register of cases
Meningococcal infections         87, 88, 89           Mental Health Act, 1959         57           Mental Health Service         57           — guardianship         59	Respiratory diseases 8, 9, 32, 33, 87, 88, 92, 93
Mental Health Service 57	Respiratory tuberculosis—death rates 9, 10, 11
— guardianship	- deaths 9, 10, 12, 45, 87, 88
Mental Health Service	- register of cases 47
<ul> <li>subnormality and severe subnormality 58</li> </ul>	Rhesus factor 26, 90
— training of staff 57	Rural Water Supplies and Sewerage Acts, 1944—55
— training centres 59	72, 73
Midwives—confinements attended by 23, 90	Sampling—food and drugs   63   63   66   68
— housing of 23	— milk 63, 66, 68
— transport for 23	- sewage effluents 82
notice of intention to practise as 23	Sanitary circumstances of the County 68
— relief arrangements         27           Milk—adulteration of         63           — average composition of         64           — in schools         67           — licences         67           — sampling         63, 66, 68           — testing         63           — tuberculous         66           Milk (Special Designations) (Specified Areas)         68           Milk (Special Designation) Regulations, 1960         67           Mixed appointments         2, 3           Moral Welfare Associations         20, 21           Mother and baby homes         20, 21           Motor transport—Ambulance service         43           — nurses and midwives         23, 43           Motor vehicle accidents         8, 9, 87, 88           Myford House, Horsehay         20, 21	Scarlet fever 13 89
— average composition of 64	School children—B.C.G. vaccination of 47
— in schools 67	Severn River Board 82
— licences 67	Sewage disposal 71, 73
— sampling 63, 66, 68	— effluents 82
— testing	Shelters
Milk (Special Designations) (Specified Areas)	Shelton Hospital 57, 58
Orders, 1956—60	Shropshire Society for mentally handicapped
Milk (Special Designation) Regulations, 1960 67	children 60
Mixed appointments	Smallpox—notifications
Mother and haby homes 20 21	- vaccination against
Mothers and voung children—care of 14	Spastics and epileptics
Motor transport—Ambulance service 43	Specified areas 68
- nurses and midwives 23, 43	St. Martin's Home, Hereford 20
Motor vehicle accidents 8, 9, 87, 88	Shropshire Society for mentally handicapped children
Mylord House, Horsenay	Statistics—vital
	Sterile immunisation equipment
N. C 1 A	Sterile immunisation equipment
National Assistance Acts, 1948—39 4, 61, 62	Stillbirths 5, 6, 11, 14, 16
National statistics	Subnormality and severe subnormality 58
Neo-natal mortality 5, 7, 11, 86	Suicide 8, 87, 88 Sutton Lodge, Shrewsbury
Neoplasms—malignant 8, 10, 87, 88, 92, 93	Syphilitic disease—deaths
National Assistance Acts, 1948—59 4, 61, 62 National dried milk	Syphilitic disease—deaths
Night helps	- treatment of 13
Notifications—births	Syringe service 34
— infectious diseases	Tetanus—immunisation against 39
— intention to practise	Toxaemia of pregnancy 28
Notifications	Tetanus—immunisation against   39     Toxaemia of pregnancy   28     Training—Ambulance Service   42     — District Nurses   23     — Health Visitors   29     — Mental Health staff   57     Training Centres   59     Transferable births   14
N.S.P.C.C. Nurseries and Child Minders Regulation Act, 1948 61	— District Nurses 23
Nursing areas 25 30 90 91	- Health Visitors 29
Nursing areas	Training Centres 59
Nursing equipment—loan of 54	Transferable births
Nursing homes—registration 58, 60	Transport 23, 43
Nursing staff and services 2, 22, 24, 29, 30, 90, 91	Treatments of home nursing cases 31, 91, 92, 93
	Trilene—administration of
0 1 1	Triple antigens
Occupations of home nursing cases	— care committee
Orange juice	— death rates 9, 10, 11
Orange Jace	— deaths 9, 10, 11, 12, 48, 87, 88
	— extra nourishment 48
Desetunhoid 89	- library service
Paratyphoid	- registers of cases 48
Partially-sighted persons 61	— vaccination against 47
Partially-sighted persons 61 Pasteurised milk licences 67	
Perinatal mortality	Ulcer of stomach and duodenum 8, 87, 88 Unmarried mothers and their children 20
Phenylketonuria 17	Unmarried mothers and their children
Decumonia 6 8 87 88 80	
	Vaccination—poliomyelitis
Poliomyelitis	vaccination pononiyents
Poliomyelitis	— smallpox 35
Perinatal mortality	- smallpox
Poliomyelitis	- smallpox
Post-natal clinics	- smallpox