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COUNTY COUNCIL OF SALOP



ANNUAL REPORT

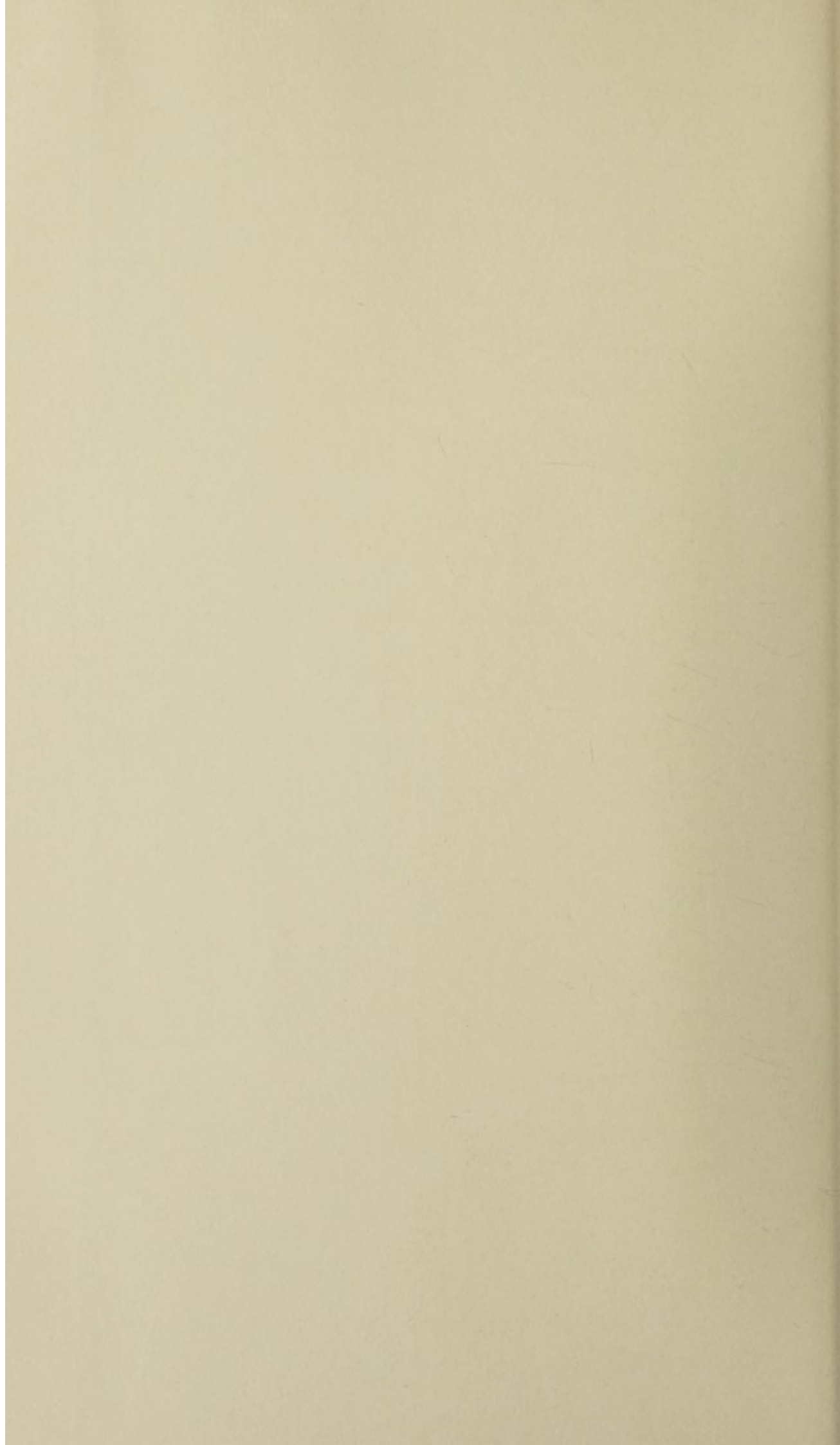
OF THE

County Medical Officer
of Health

1964



COUNTY HEALTH OFFICES, COLLEGE HILL, SHREWSBURY
SEPTEMBER, 1965



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To the Chairman and Members of the Salop County Council

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Council's Health Department for 1964.

Table 1 on page 4 shows that nearly one fourth of the population of the administrative county had no District Medical Officer of Health during the year, the post having remained unfilled since 1961 by the five District Councils.

Vital Statistics. The number of 5,796 **Live Births** in 1964 was, as in 1963, the highest so far recorded, being 225 more than in 1963, and 473 more than in 1962. **Illegitimate Births** were 310, and this is 45 more than in 1963. Half the illegitimate babies were born to girls under 20, and over 80% to girls under 24.

In March, 1964, was published the Report of a Committee of the **British Medical Association** on the problem of Venereal Disease in **Young People**. Among the records incorporated were Registrar General's tables showing that two out of three babies born to girls under 20 were conceived out of wedlock, and that the total number of such births doubled between 1948 and 1961. This B.M.A. Report also quoted a recent estimate of the number of illegal abortions as 50,000 annually. Under **Venereal Diseases**, Table 26 on page 16 shows that although the total numbers recorded for Salop are very small, more than half the female cases of Gonorrhoea were in girls under 20 years of age.

All these latter statistics must make us thoughtful, and realisation of them has no doubt stimulated the efforts which led in 1964 to the creation of a **Marriage Guidance Council for Shropshire**, with its considerable section devoted to **Youth Education**, and with your Health Department's own scheme, to which further allusion is made below and in the body of the Report, for providing an information and counselling service for adolescents on the problems of growing up.

Infantile Mortality. When 1929 recorded an Infantile Mortality Rate of about 60 per 1,000 live births, we were told it was unlikely that this could be reduced much further. The rate is now 20. Rhesus incompatibility was then unknown, as were the dangerous effects to the foetus in the first three months of pregnancy of viruses like Rubella, or drugs like Thalidomide; antibiotics were yet to be established.

In Shropshire in 1964 deaths under one year were 10 more than in 1963, sending the Infantile Mortality Rate up to 18.8 per 1,000, but the rates in Table 5 on page 16 generally show Salop in a favourable light compared with England and Wales.

Much work is being done currently on peri-natal mortality, because it is the still-births and the deaths of very young babies that seem fruitful grounds for improvement; studies on individual still-birth returns, if we can undertake them in collaboration with the Consultant Paediatrician, may help to anticipate risks.

The 36 **Suicides** in Table 12—twice as many as in 1962, and two in the second and two in the third decade of life—remind us of Mental Disorder and its increase, which warrant the great expansion of our efforts for **Preventive Mental Care**, with more enlightened Mental Welfare and other officers of the several Welfare Services.

To these and other valuable agencies were added in 1964 "**The Samaritans in Shropshire**"—to help those "in despair or deep distress". The project of introducing the Samaritan organisation was conceived by the members of the Community Service Committee of the Shrewsbury Rotary Club. A public meeting was held in The Castle in April, 1964, and approximately 60 volunteers came forward, and their training began soon after. On 1st September, 1964, the Samaritans started to accept calls for 12 hours a day every day. Calls from 7.0 p.m. to 10.30 p.m. are taken at the Centre, 17 Butcher Row, on the emergency telephone No. Shrewsbury 4488, and from 10.30 p.m. to 7.0 a.m. by volunteers at home. Two volunteers man the centre every evening, and an emergency mobile squad of 6 car owners can be called on at any time to collect clients or take volunteers to see clients.

As well as admiring the charity and altruism of the volunteer sponsors, the smooth and efficient and remarkably speedy opening of active operations merits great praise and support. This admirable scheme requires and deserves **more money and more volunteers**. About £300 a year is needed for rent, light, heat, postages, advertising and notably telephone expenses. The Samaritans charitably relieve the caller by telling him that they will call him again at the number he is speaking from: this transfers the cost to the Samaritans but enables the caller to unburden himself at length, which makes for good therapy but heavy telephone bills. The volunteers already trained are working on a rota, and more volunteers are needed to keep the rota going. Those providing this service and their customers feel that this has been a venture more than worth while already and should have a great future.

Coming to Table 14 and the notes below it on page 10, we see a sad **waste of young lives**. Of 39 deaths between the ages of 15 and 25, 30 might have been avoided—18 from road accidents, 10 from other accidents and 2 from suicide.

In the 55/65 age group there were 571 deaths. Of the 43 from **Lung Cancer**, perhaps 40 might have been prevented, and 14 from accidents, 15 from suicide, and a substantial proportion of the 33 deaths from bronchitis might have been avoided too.

Table 17 on page 12 shows **Lung Cancer** as causing more deaths than ever—20 more than in 1963—an increase of 18% over the 1963 figure and of 68% over that of 10 years ago. Lung Cancer is the most lethal of the malignant diseases; in 1964 it killed more than five times as many as did cancer of the uterus, about which we hear so much nowadays in connection with cervical cytology. Breast cancer killed two and a half times as many patients as did uterine, but Lung Cancer killed twice as many as breast cancer.

Advertising of cigarettes on Television has been banned; and the American Government are planning to print warnings against cancer on cigarette packets.

The last lines of Table 18 on page 12, and Table 19 on page 13 are ominous. Any slight improvements in 1963 were reversed again in 1964, and in Table 19, 5 out of the 6 'ratios' for 1964 show that more, and in some categories many more, are dying from this largely preventable disease than was the case even two years ago.

Infectious Diseases. The incidence of **Tuberculosis** grows relatively smaller. To the **Directors of the Mass Radiography Units** our sincere thanks are due for the consistent and whole-hearted service they afford in Shropshire; details of this work are found on page 49. Three deaths from non-respiratory Tuberculosis remind us that Tuberculosis can still be lethal. In fact, however, the youngest victim was aged 60 and the other two were aged 75 and 95 respectively. Otherwise, cases of Infectious Diseases were very few save for Measles and Whooping Cough. There seem fair hopes of a protective Measles vaccine being proved effective within the next few years. While the many 'nil returns' we record at present are highly satisfactory, they do not make news, and it is soon forgotten what a lot of work has been pioneered and kept going to prevent the many infectious diseases formerly so rife: the extra efforts of our staff to secure and maintain this satisfactory state deserve acknowledgment.

Care of Mothers and Young Children. More than twice as many babies were born in hospital as at home—about 4,000 out of nearly 6,000. Confinement, we are advised, should take place in Hospital in cases of doubt, and in first pregnancies where the mother is over 30, but many who have had babies at home, perhaps after 'trial labours' in hospital for their first pregnancy, testify to the joys of a home confinement. The Obstetricians emphasize the importance of hospital care for mothers having their fifth and subsequent babies, and regret that few such mothers seem to find it easy or think it important to have their confinements in hospital.

Table 30 shows that the survival rate of babies born prematurely, at 89%, is good.

Congenital Handicaps. Table 31 on page 18 gives the Ministry of Health classification of Congenital Handicaps detectable at birth. Their notification to the Council's Health Department on birth notification cards, enables the Ministry to detect from our returns any national or regional variations in the patterns of Congenital Handicaps. The opportunity is also offered to relate these findings to existing local arrangements for the Registration in the County Health Department, and subsequent follow-up, of children deemed to be "At Risk", whereby the early detection of deafness or other handicap is facilitated. The prompt referral of babies to Consultants shows how much can be done for some children born with congenital malformations.

Mr. G. K. Rose, Consultant Orthopaedic Surgeon, and his colleagues at the Robert Jones and Agnes Hunt Orthopaedic Hospital at Oswestry, are good enough to provide "Study Days" there two or three times a year and invite practitioners and other doctors of the Health Service.

In April, 1965, Mr. Rickham, Consultant Orthopaedic Surgeon at the Alder Hey Hospital, Liverpool, gave an impressive explanation of what was being done for children suffering from such defects of the Central Nervous System as Meningocele and other degrees of Spina Bifida.

The Consultant Paediatricians and Surgeons help and advise us, and the family doctors, and our own Midwives and Ambulance Service are alert to move children with these handicaps to the appropriate hospital with minimal delay.

Advice and support to their parents and to these children will remain a fundamental duty of County Medical Officers and Health Visitors throughout childhood and school age, since suitable education is so fundamentally important to the handicapped.

Herein lie good examples of co-operation between the Hospital Specialist Services, the Local Authority Services and the General Medical Services. Such mutual co-operation seems to continue to grow despite the alleged perils and bogeys of "tripartitism". It has been fashionable for many years to place the blame for deficiencies in the Health Service on the fact that, like all Gaul, it is divided into three parts: perhaps the most recent body to do this was the Porritt Committee in 1962.

There have always been the "Hospitals and Specialists" of Part II of the National Health Service Act, 1946, there have always been the "General Practitioner Services" of Part IV, and there have always been the Public Health Services, numerically minute and occupying a sometimes rather derided position in between and till recently often or largely disregarded by both. The younger generation of doctors know what each part is for and can do to help the others and the patient. Co-operation and sensible use of the Services available has grown and continues to grow in a very encouraging way. Only in such ways and by the goodwill of the individuals participating will integration and unity succeed. Goodwill and common sense can make most systems however "partite" work, if the individuals concerned will work to this end. Conversely, a crabbed or contentious or intransigent individual somewhere along the lines of communication can do untold harm and prevent much good. Perhaps the biggest bogeys are the old familiar ones of Pride, and Possessiveness of the Patient. When these enter the door, the patient's interests too often are in danger of getting forgotten if not squeezed out of the window. After thirty-four years in the Public Health Services and a dozen in Shropshire I am more optimistic for the future of Health Services in general as these tenets show more signs of acceptance, and co-operation continues to grow.

The other factors which limit Health Services at the present time are lack of unlimited money, and shortage of manpower and notably womanpower in a period of very full and competitive employment. These are economic or 'housekeeping' facts of life and are not peculiar to Medicine nor the National Health Service.

Lethal Effects of Cold at Extremes of Life. The effects of cold, lethal to the new born, have lately been recognised, and more recently still, comparable effects in old people have been the subject of warning notices issued from the Health Department to our Midwives and Nurses, and to Doctors for information.

Nursing staff, who have the appropriate 'low reading' thermometers for human, and maximum and minimum thermometers for 'room' use, successfully invoked Practitioners to such cases during 1964.

Infant Welfare Centres in 1964. Table 34 on page 20 shows that 9,853 children made 72,602 attendances at the Council's Child Welfare Clinics in 1964.

Of babies born in 1964, 61% attended Centres. This, and the facts that two new Infant Welfare Centres were opened in 1964, and that some others desired and asked for by local residents were not started, and that the provision of a Mobile Welfare Clinic—such as was seen working in Buckinghamshire in May, 1965—has been under discussion, make a current appraisal of the present value and need for Infant Welfare Centres appropriate. Are they as necessary and desirable as they were 35 years ago in depressed areas of unemployment, and before General Medical Services were made freely available to all? Or can they be something of a luxury and duplication when there is full employment and relative affluence and when every child has its own Family Doctor?

Besides, all are seen regularly by a Health Visitor whether they attend Infant Welfare Centres or not. All the infants seen on school entry (and all are seen) have been recorded for many years as of good nutrition. Clinic services are relatively extravagant to provide if (as many seem to be thinking nowadays) they are less needed. Once a Clinic has been established in a locality, stopping such a service is resisted. Parliament clearly intended their provision in the past, and, at least by implication, envisaged their continuance after 1948, and have never made any formal recession from this policy. **Substantial numbers of parents welcome and use them still.** In 1964, 38% of the children under 5 attended Child Welfare Centres. Of the babies born in 1964, the percentage seen at the Clinics was, as stated above, 61%, and this latter figure contrasts with 57% in 1963, 51% in 1962, and 49% in 1961. In Shropshire, comparison between the years 1955 and 1964 shows that live births have increased by 1,398, or 24%, but babies attending Clinics in the year of their birth have increased by 1,510, or 42%. Total cases attending (0—4 years) and total attendances have each increased by 38% in the last ten years. So substantial numbers of parents welcome their provision and—pace Practitioners—use them more than ever.

Nevertheless some change of attitude is clearly being advocated by many responsible senior medical officers in Child Welfare work. The President of the Society of Medical Officers of Health, herself a Maternity and Child Welfare specialist in Local Government Service, made allusion to this in her Presidential address for 1964, and a good deal of informed medical thought seems to be favouring a more eclectic approach whereby the limited number of Local Authority Medical Officers available might devote their time more to the assessment of and provision for children with particular handicaps. Search for and study of such abnormalities, including the Congenital ones listed in Table 31, and in particular the provision of suitable Education for those eligible, may be a better use of the resources of Local Authority Medical Officers. In this connection the opening by the County Council of the **Katharine Elliot School** in 1964 and its inception, as is described in the Report of the Principal School Medical Officer, are very relevant.

The report on **Child Guidance** is brief because only a few children under 5 years were dealt with, and because the work for school children is reported in my Annual Report for 1964 as Principal School Medical Officer. During 1964, the Consultant Psychiatrist, Dr. Barbara Evans, of whose untimely death we hear with great regret as we go to press, and later two Psychiatric Social Workers, left the Council's service. At the time of writing in August, 1965, the new Consultant Psychiatrist has been appointed, and it is hoped that appointments of suitable Psychiatric Social Workers may soon follow. Meanwhile the help of the Senior and other Education Psychologists has been greatly valued.

The report of the **Principal Dental Officer** is likewise brief in that it relates to the Mother and Baby work which occupies a much smaller proportion of our Dental Officers' time since they work principally on behalf of the Children in School.

Nursing Staff and Services are dealt with on pages 24 to 36. **Midwives**—85 employed by the County Council attended 1,966 cases at home, and 1,976 cases discharged from Hospital. Most of the latter stayed in Hospital for a week after confinement, but the numbers discharged earlier increase steadily as is shown in Table 46 on page 26.

With suitable choosing of cases for such treatment, and the demand for Hospital accommodation increasing also, such systems of earlier discharge may well become more popular. The post-natal care may be undertaken perhaps by married women midwives working part-time where such can be found: and this might be particularly helpful and necessary in newly developing communities with exaggerated birth rates. The Council will accept financial responsibility for such midwives who need to attend 'refresher courses'.

Safety of Mother and Child : Anaemia in Pregnancy is alluded to on page 27, quoting the Senior Consultant Obstetrician as advocating in 1965 that Haemoglobin readings of less than 80% should be treated energetically. Latterly the haemoglobin content of the blood is being recorded in milligrams per 100 millilitres, and a table has been supplied to midwives and our doctors for conversion purposes.

Rhesus Tests for haemolytic blood disease were done in 99%, and Wassermann reactions to exclude the possibility of Syphilis affecting the baby, were done in 90%, of all pregnancies.

Pre-eclamptic Toxaemia, a major cause of danger to mothers and babies, has always had great preventive interest. The numbers of cases reported as occurring during pregnancy (for all confinements) were 91 fewer in 1964 than in 1963—a fall of 39%: the percentage delivered in Hospital rose from 35% in 1963 to 49% in 1964. Both these findings seem to indicate a move towards greater safety of mother and child.

Admission of Maternity Cases to Hospital. No "Social ground" cases who were recommended for hospital beds had to be refused in 1964, whereas 23 had to be refused in 1963. Of 111 not recommended (58 in 1963), 87 were later offered beds (26 in 1963). Again these figures seem to show an improvement in a favourable direction.

The co-operation of the Hospital Bed Bureau has been consistent and friendly and is gratefully acknowledged—no tripartite obstacles here !

The percentage confined in hospital continues to rise. The Hon. Secretary of the Local Maternity Liaison Committee reports briefly on page 30 how that Committee are fulfilling the function which the Cranbrook Committee envisaged of guiding and governing the most effectual use of the maternity beds available and advising about priorities for admission.

Health Visiting. It is difficult to recruit Health Visiting Staff; one less was employed in 1964 and fewer visits done than in 1963, and Salop would welcome many more Health Visitors.

The Local Medical Committee, representing Practitioners, have been invited to discuss Attachments of Health Visitors and Nurses, but seem to share my own view that there is no "best" way and that matters are better left for local agreement between Practitioners and the Council's field Nursing Staff. Though a few Practitioners have asked about attachments, and they are sometimes acknowledged as being "official policy", no Practitioner has complained to me, and many have recently acknowledged that they enjoy satisfactory relationships with the Council's field staff.

The detailed statistics for **Home Nursing** can be found on pages 33 to 36 and in the big Table VI on page 95 and are of interest, covering much able and devoted work.

Vaccination and Immunisation. Care for this conspicuously preventive work is probably as good in Shropshire as anywhere in England, but as I have noted above, efficiency in prevention has no news impact. Honours are accorded where an epidemic has been successfully terminated: I would like to see upgraded some middle range Health Department central clerical staff who deal with a complex Immunisation programme to prevent epidemics, and with our nursing staff, and whose work has probably doubled in the last 10 years.

In connections with Reactions, the usual warnings are given on page 39 about potentially dangerous Reactions which may occasionally follow the use of Whooping Cough antigen in Triple vaccine or other combination. In the early months of 1965, a careful review of this has led to the advice being given nationally and locally that further doses of whooping cough antigen should not be given if there is reason to suspect reaction: the course can be continued with a dual Diphtheria-Tetanus antigen which the Health Department will supply on request.

The County Central Syringe Service in 1964 produced 56,392 outfits, 13,000 more than in 1963, and 23,000 more than in 1962. This Salop Service is the subject of a note in the "Medical Officer" of 18th June, 1965.

County Ambulance Service. The County Ambulance Officer pays on page 43 a well deserved tribute to his excellent staff, whose patience and good humour in circumstances which are often trying are usually exemplary.

The award to himself of the M.B.E. in the Birthday Honours, 1964, was to all who know him a welcome acknowledgment for good work well done.

The paragraphs on page 44 about training include a reference to 1965 when a new and interesting extension of Training in Hospital has made a promising start, by the kindness of the Hospital Management Committee and all the Consultant, Medical and Nursing and Administrative staff involved (again in defiance of tripartitism).

Ambulance commitments have always been heavy and continue to increase: and devotion to economy makes our margins small—perhaps too small. We would like to enrol more driver/attendants, but the standards we require are high.

Following a recent protest, the Local Medical Committee of Practitioners are being reminded that some conventions and restrictions are necessary to avoid waste, but most of the Local Medical Committee members representing Practitioners spoke highly of our Shropshire Ambulance Service as at present operating, and did not at all clamour for changes.

Mr. Harris, **Health Education** Officer, supplies a report (on pages 51—53) which is short because he has been so busy, and does scant justice to his own long hours of work and effort ungrudgingly and efficiently given.

Though what he calls "the new **Personal Relationships** venture" is primarily Health Department work in schools, its great expansion in 1964 with Mrs. Owen's talks to adolescents on growing into adult life (37 series in the school year 1964—65) has had its origin in the Health Department, where Mr. Harris is the only member of the Health Department staff engaged whole-time on Health Education. To him has fallen the work in assembling and securing visual aids of all kinds, and the many sessions he has devoted outside office hours have helped to provide pleasure and wise counsel to many seeking Health Education, the growing popularity of which owes much to his enthusiasm.

He quotes the increasing talks as being 150% over the previous year. In that time the talks in schools doubled in number, but the "other" talks trebled. That the total number of listeners was not greatly increased was due to the deliberate tendency to use small discussion groups as the best teaching method.

This popularity and growth of Health Education merits our attention and brings credit on the workers in the Health Department. Dr. Colin Mackenzie has an overall interest in Health Education, Mrs. Jean Owen does nearly all the programme for adolescents in schools and Dr. William Hall does more talking to teenagers than he ever records. Without more clerical help, which the Council have in fact approved, this work could hardly expand any further.

Because it is work originating in the Health Department, because of its relevance to Health Education in general and particularly to the problems of adolescence, illegitimacy and the dangers of Venereal Disease in young people, this Report contains, on page 52, Mrs. Owen's own description of her first eight months' pioneering in Shropshire's Health Education on adolescence, growing up, human relationships and sex, as is also quoted in my Annual Report for 1964 as Principal School Medical Officer for Salop.

That this whole project, so long delayed because it is so contentious and full of pitfalls, has got off to such a promising start is very greatly due to Mrs. Owen's own personality and approach to the subject, to her 'know-how' and knowledge of and liking for young people, and her enthusiasm and hard work. Mr. Harris has been a doughty lieutenant, fired with the same enthusiasm. We owe them thanks.

The **Marie Curie Fund** continues to give generous help towards aiding Cancer patients: the striking increase in the Foundation's benefactions and voluntary income referred to on page 54 is a matter for congratulation by all who appreciate this valuable Foundation and the service it gives so liberally.

The **Mental Health Service** as it continues to grow demonstrates how much it is needed and the good it can do.

(Among other interesting evidence of expansion is the fact that our Ambulance Service moved nearly twice as many mentally ill patients in 1964 as in 1963—usually, of course, to Outpatient clinics rather than as hospital admissions).

The other figures in Mr. Ward's report on pages 57 to 61 demonstrate the astonishing growth in the numbers of patients helped and the complexity of this big subject with so "new a look" since the Act of 1959.

It is well to read the whole of Mr. Ward's excellent account, and I would only make two important points here.

The first is that Salop has been, I think, tremendously fortunate in the excellent staff recruited during the expansion of the last five years, but we will continue to lose them (as we are constantly doing) to better paid positions with other Authorities if we will not offer them the higher gradings which the National Joint Council and other Authorities allow. As the sources dry up, future recruits are not likely to be of the present calibre.

Secondly, with such expansion of work done in the field, the necessary clerical and administrative work grows in volume and responsibility and the good qualities of our clerical workers in the Mental Health field merit acknowledgment and encouragement in such modest upgradings as I have tried to recommend.

One of the most encouraging features of Mental Health work in Salop in recent years has been the **Integration of the Council's Field Services with that of the local Hospital Consultants**, referred to on pages 58 and 59. One of these latter, in a paper contributed to the "Nursing Mirror" of 25th December, 1964, cited the Shropshire integration as approaching the ideal.

This is relevant to what I wrote in the introduction to an Annual Report ten years ago that what matters and produces results is "the will to co-operate", and lends weight to my contention above that the much quoted "tripartite" bogey can be as illusory as it is inevitable.

In the field of Mental Health more than in others the numbers dealt with rise from year to year, but there is evidence that much of the increased activity has connotations which are ultimately preventive, and that if the sun of enlightenment climbs but slowly, it is illuminating the mental health horizons to the ultimate good of sufferers from these distressing and so frequent illnesses.

Home Help Service. This may, I feel, merit expansion if suitable employees for such service can be found: perhaps we do not in Salop spend enough on this Service, and our administrative staff provision may be rather scanty when we survey that of other comparable Authorities.

The figures tabled on page 63 are revealing, notably perhaps the final figure showing that 94% of the hours worked are devoted to caring for the chronic sick and aged. Every figure in the totals in each of the six columns has risen every year of the last ten to this remarkable latest series. This is not surprising as we live longer and the number and proportion of aged in the population increase.

Medical Examinations. So long as it is the Council's policy that we undertake these, and they totalled 742 in 1964, this is a time consuming and not inexpensive part of our work, because if they are to be done at all they must be thoroughly and conscientiously carried out and reviewed.

We occasionally remind the Council that some responsible Authorities have deliberately foregone as a warranted actuarial economy formal medical examination for employees, and rely on the assessment of a questionnaire.

The Council's Medical Officers recommend the continuance of medical examinations and are glad to feel the Council concur: we only say that if they wish to economise on this, many Authorities have the support of their Medical Officers of Health in giving up formal examinations.

The work of the **County Public Health Inspector** and his Deputy is described in the later pages of the Report. Their **Food and Drug Sampling** is done systematically and with great integrity. Their assays in the Laboratory testing of Milk Samples (page 67) reflect credit on their technical skill at this work, which an older member of the Health Department staff with an Honours degree in Biochemistry reflects would be beyond his own capacity. This is work which could not normally be expected of such officers, and these facts should be appreciated.

The details given regarding other foods sampled show that such work is not pettifoggery, and that a service of this kind with systematic sampling and pursuit of every complaint is necessary to protect the public. The detection of diseased fluke-infested liver supplied for use in a school canteen is an horrific example underlining the need for vigilance.

The allusion on page 71 to what is being done in Shropshire about testing milk for Brucellosis (Abortus) is another example of useful and imaginative work modestly described. This scheme, more or less a pioneer one devised and carried out by the Salop County Health Inspectors and with the co-operation of the farmers concerned, is attracting notice elsewhere, as when in November, 1963, a meeting was held in the Castle, Shrewsbury, on the subject of Brucellosis. Organised by the Salop County Public Health Inspectors and Health Department, a large number of Local Authorities and others sent representatives and a report of the proceedings was subsequently circulated to them.

The many legal safeguards set out in some detail on page 72 are of interest and show the great progress made in recent years in making and keeping our milk supplies safer.

Where **Housing** is concerned, 627 houses have been improved, but too many are unfit, too few are being demolished, and too many are being closed without any real prospect of their ever being made fit. The **Sanitary Circumstances of the County** appear on the whole to be more depressing than in 1963.

There are honourable exceptions, but many Housing Authorities seem slow to produce the returns rather urgently asked for by the Ministry a few years ago regarding the state of their housing. A total of 7,584 (1 in 12) houses acknowledged as unfit for human habitation is a large number, and many Districts seem to be acknowledging, too, that they do not know how many houses there are in their area or their present condition.

My thanks are due to the staff of the Health Department who continue to afford to the Council and the public loyal and efficient service. They work constantly under difficulties and the complexities which they are called upon, almost daily, to deal with in the operation of the Local Health Services are not always adequately appreciated. The help and ready co-operation of the Council's other Departments are acknowledged with appreciation.

To the Council for their help and support in the Department's work, and to the Chairmen and Members of the Health Committee and Sub-Committees for their understanding and encouragement, I express my gratitude.

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

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICES,
COLLEGE HILL, SHREWSBURY, SHROPSHIRE
(Tel. No. Shrewsbury 52211).

September, 1965.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1964)

HEALTH COMMITTEE

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

VICE-CHAIRMAN : ALDERMAN DR. L. A. HAMAR

ALDERMEN :

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

HEYWOOD-LONSDALE, LT.-COL. A., M.C., J.P., D.L.
(Vice-Chairman of Council)

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

STEVENTON, T. O.

THOMAS, E. B., J.P.

WAKEMAN, CAPTAIN SIR OFFLEY, Bt., C.B.E., J.P., D.L.

COUNCILLORS :

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

BEAVAN, A. F.

CADMAN, L. (Deceased 20th March, 1965)

CHRESESON, G., M.B.E.

DAWSON, G. A.

HARRISON, MRS. E.

HAYWARD, MRS. J. A.

JONES, T.

JONES, T. H.

MARSH, MRS. B. E.

MCDONALD, L.

MORGAN, T. I.

MORRIS, T. E.

RHAIADR-JONES, J. R.

SMITH, C.

STEPHENS, MRS. I. E., M.B.E.

WILLIAMS, A. C.

CO-OPTED MEMBERS :

BECKETT, H. R.

JELICOE-WALL, H.

RYLE, DR. J. C.

WOOD, MISS N. E.

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

POOLER, DR. W. R. H.

Nominated by Shrewsbury Borough Council

Nominated by Shrewsbury Local Medical Committee
Co-opted member of Health (Nursing) Sub-Committee

Other Members

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

ATTLEE, DR. W. O.

BOYNE, DOWAGER THE VISCOUNTESS

DAWSON, G. A.

HAMAR, DR. L. A.

HAYWARD, MRS. J. A.

JELICOE-WALL, H.

MORRIS, T. E.

PARRY-JONES, R. J. S. (Chairman)

POOLER, DR. W. R. H.

RHAIADR-JONES, J. R.

STEPHENS, MRS. I. E.

STEVENTON, T. O.

THOMAS, E. B.

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

ATTLEE, DR. W. O.

BOYNE, DOWAGER THE VISCOUNTESS

HAMAR, DR. L. A. (Chairman)

HARRISON, MRS. E.

MARSH, MRS. B. E.

PARRY-JONES, R. J. S.

POOLER, DR. W. R. H.

RYLE, DR. J. C.

SMITH, C.

STEPHENS, MRS. I. E.

STEVENTON, T. O.

THOMAS, E. B.

Co-opted Members:

BOROUGH, MRS. M. L.

CHOLMONDLEY, MRS. V. M.

MCLEAN, MRS. G.

MORRIS, MRS. E. L.

PURSLow, MRS. H. N.

WAKEMAN, MRS. P. L. A.

WOOD, MISS N.

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

CADMAN, L.

CHRESESON, G.

DAWSON, G. A.

HAMAR, DR. L. A.

JONES, T.

JONES, T. H.

MCDONALD, L.

PARRY-JONES, R. J. S.

RHAIADR-JONES, J. R. (Chairman)

STEVENTON, T. O.

THOMAS, E. B.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer 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., D.P.H.

Administrative Medical Officer :

ALICE N. O'BRIEN, M.B., Ch.B., D.P.H.

Assistant County, School and District Medical Officers :

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

KENNETH CARTWRIGHT, M.B., Ch.B., D.P.H. (D.M.O.H. w.e.f. 1st April, 1964)

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

DOUGLAS R. McCULLY, B.A., M.D., B.Ch., B.A.O., D.P.H. (Appointed 1st July, 1964)

WILLIAM MOORE, M.B., B.A., B.A.O., D.Obst.R.C.O.G., D.T.M.H., D.P.H.

SAMUEL SMITH, M.B., Ch.B., D.P.H. (Appointed 1st February, 1964)

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

Assistant County and School Medical Officers :

Whole-time :

KENNETH E. JONES, M.B., Ch.B.

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

LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland)

Part-time :

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.

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

PATRICIA J. ELSON, M.B., B.S. (Appointed 15th April, 1964)

MYRA J. FREEMAN, M.B., Ch.B. (Appointed 10th March, 1964)

HENRY A. JOHNSON, M.B., Ch.B., M.R.C.S., L.R.C.P.

ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

Dental Officers :

Whole-time :

GEOFFREY G. FIELD, B.D.S., L.D.S.

NOEL GLEAVE, L.D.S.

PETER HOWE, L.D.S.

SUSAN HUGHES, B.D.S., L.D.S. (Resigned 10th September, 1964)

GEORGE B. WESTWATER, L.D.S.

NORMAN WHITEHOUSE, B.Ch.D., L.D.S. (Resigned 12th September, 1964)

Part-time :

MARTIN S. BROOKES, L.D.S. (Appointed 5th October, 1964)

HARRY B. KIDNER, L.D.S., R.C.S.

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

JEAN W. PATTISON, L.D.S.

Dental Technicians :

NORMAN J. RUSHWORTH

CLIVE EVERINGHAM

Dental Hygienist :

NANCY SMITH

Dental Auxiliary :

PAMELA A. UPTON

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 :

CONSTANCE M. GRIERSON, S.R.N., S.C.M., Q.N., H.V.

GLADYS M. WILLCOCKS, S.R.N., S.C.M., Q.N., H.V.

*Also District Medical Officer of Health

Senior Chiropodists :

CATHERINE W. SMITH, M.Ch.S., S.R.Ch.
WILLIAM G. SMITH, M.Ch.S., S.R.Ch.

Chief Clerk :

CYRIL PROPHET

County Public Health Inspector :

DAVID COUPS, Cert. R.S.I.

Assistant County Public Health Inspector :

GEORGE HALL, Cert. R.S.I.

County Analyst :

J. GRAHAM SHERRATT, B.Sc., F.R.I.C.

County Ambulance Officer :

WALTER WALKER, M.B.E., F.I.A.O.

Deputy County Ambulance Officer :

FRED BROWN

Health Education Officer :

HARRY HARRIS

Health Education Lecturer (part-time) :

JEAN M. OWEN

Audiologist/Senior Speech Therapist :

EDWARD PAULETT, L.C.S.T., Diploma in Audiology

Speech Therapists :

JENNIFER A. BEE, L.C.S.T. (Part-time)
JILL BELLIS, L.C.S.T.
CYNTHIA M. PERCIVAL, L.C.S.T. (Appointed 31st August, 1964)
CYNTHIA D. WAGG, L.C.S.T. (Appointed 31st August, 1964)

Tuberculosis Health Visitor :

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

Senior Mental Welfare Officer :

ERNEST A. R. WARD

Deputy Senior Mental Welfare Officer :

CHARLES T. FRANCIS

Mental Welfare Officers :

HAROLD W. CURETON, S.R.N., R.M.N.
DILLWYN B. DAVIES, R.M.N.
IDRIS E. EVANS, R.M.N. (Resigned 20th September, 1964)
NORMAN GRAY, R.M.N. (Appointed 11th May, 1964)
ANTHONY GRIFFITHS, R.M.N. (Appointed 26th October, 1964)
FREDERICK R. KING, S.R.N., R.M.N. (Appointed 4th May, 1964)
ELIZABETH J. KYNASTON, R.M.N., S.R.N. (Appointed 19th October, 1964)
ANNE D. SMITH, S.R.N., R.M.N.
KATHLEEN G. TEAGUE

Psychiatric Social Workers :

KATHLEEN E. HUNT, B.A. (Resigned 31st July, 1964)
KENNETH WYCHERLEY, A.A.P.S.W. (Resigned 30th April, 1964)
RONNIE BAKER, R.M.N., S.R.N. (Resigned 16th September, 1964)

Occupation Centre Supervisors :

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

Consultant Children's Psychiatrist :

BARBARA J. EVANS, M.D. (New York), B.S., M.R.C.S., L.R.C.P., D.P.M. (Part-time) (Deceased August, 1965)

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council :

Consultant Chest Physicians :

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.
PHILIP E. PERCEVAL, M.D., M.A., B.Ch., M.R.C.S., L.R.C.P.

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, 1964. With the exception of 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 to the North-East Salop United Districts, negotiations were opened with the Authorities 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 with the County Council.

These negotiations, however, failed to produce agreement upon a basis for "mixed appointments" acceptable to both sides. Three of the constituent Authorities elected to secede from the United Districts group and to join with the County Council in separate "mixed appointments."

The remaining five Authorities elected to appoint their own whole-time District Medical Officer of Health, for which purpose the "North-East Salop United Districts (Medical Officer of Health) Order, 1963," came into force on 1st November, 1963.

At the time of writing, in May, 1965, the appointment of District Medical Officer of Health has yet to be filled.

Table 1 : District Medical Officers of Health

Medical Officer	Districts	Acreage	Population	
			Census 1961	Estimated Mid-1964
<i>Mixed Appointments:</i>				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough	8,118	49,566	51,130
W. MOORE, M.B., B.Ch., B.A.O., D.Obst. R.C.O.G., D.T.M.H., D.P.H.	Oswestry Borough	2,173	11,215	11,940
	Oswestry Rural	61,524	18,598	19,460
S. SMITH, M.B., Ch.B., D.P.H. (Appointed 1st February, 1964)	Ellesmere Urban	1,220	2,261	2,360
	Wem Urban	903	2,606	2,750
	Whitchurch Urban	6,053	7,165	7,170
	Ellesmere Rural	48,253	7,037	7,380
	Wem Rural	60,343	11,606	11,870
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	7,552	8,530
	Wenlock Borough ..	22,657	14,935	15,050
	Bridgnorth Rural ..	100,897	14,838	13,810
W. HALL, M.B., Ch.B., M.R.C.S., L.R.C.P. D.Obst.R.C.O.G., D.P.H.	Bishop's Castle Borough	1,867	1,228	1,230
	Church Stretton Urban	6,198	2,707	2,850
	Atcham Rural	134,490	22,304	23,750
	Clun Rural	132,512	8,604	8,890
	Ludlow Rural	112,823	13,258	13,430
E. CAPPER, M.B., Ch.B., D.P.H.	Ludlow Borough ..	1,068	6,796	6,910
D. R. McCULLY, B.A., M.D., B.Ch., B.A.O., D.P.H. (Appointed 1st July, 1964)	Market Drayton Urban	1,216	5,859	6,160
	Drayton Rural	54,058	9,384	10,010
K. CARTWRIGHT, M.B., Ch.B., D.P.H. (W.e.f. 1st April, 1964)	Dawley Urban	3,259	9,558	10,480
<i>Whole-time:</i>				
<i>Vacant</i>	Newport Urban ..	768	4,369	5,080
	Oakengates Urban ..	2,396	12,163	13,930
	Wellington Urban ..	2,281	13,654	15,580
	Shifnal Rural	39,562	14,238	15,250
	Wellington Rural ..	54,516	25,965	26,880
TOTAL ..		861,800	297,466	311,880

Annual Report for 1964

ADMINISTRATION

The work of the County Health Department is controlled by the Health Committee, certain powers being delegated to a number of Sub-Committees, the composition and duties of which are as indicated below:

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE :

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

To deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including matters relating 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 Designation) Regulations, 1963; and Sections 37—38 of the Food and Drugs Act, 1955 (Sale of designated milk by retail in specified areas).

HEALTH (NURSING) SUB-COMMITTEE :

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

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

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE :

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

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Local Government Act, 1958, and the Rural Water Supplies and Sewerage Acts, 1944—1955, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945—1948.

National Assistance Acts, 1948—1959 :

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

VITAL STATISTICS

Area of Administrative County (acres)		861,800
Rateable Value (at 1st April, 1964)		£10,255,323
Estimated product of 1d. rate (at 1st April, 1964)		£41,573

Table 2 : General Statistics

	Urban Districts	Rural Districts	County
POPULATION :			
Estimated population (mid-1964)	161,150	150,730	311,880
BIRTHS :			
Live Births	3,029	2,767	5,796
Rate per 1,000 population	18.80	18.36	18.58
Illegitimate live births	179	141	320
Percentage of total live births	5.9%	5.1%	5.5%
Stillbirths	46	59	105
Rate per 1,000 live and still births	14.96	20.88	17.79
Total live and still births	3,075	2,826	5,901
INFANT DEATHS :			
Deaths under one year	58	50	108
Mortality rates:			
All infants per 1,000 live births	19.15	18.07	18.63
Legitimate infants per 1,000 legitimate live births	18.25	15.99	17.17
Illegitimate infants per 1,000 illegitimate live births	33.52	56.74	43.75
Deaths under four weeks	40	34	74
Neo-natal mortality rate per 1,000 live births	13.21	12.29	12.77
Deaths under one week	33	30	63
Early neo-natal mortality rate per 1,000 live births	10.90	10.84	10.87
Deaths under one week and stillbirths	79	89	168
Perinatal mortality rate per 1,000 live and still births	25.69	31.49	28.47
MATERNAL DEATHS :			
Deaths (including abortion)	1	1	2
Rate per 1,000 live and still births	0.33	0.35	0.34
DEATHS :			
Total deaths from all causes	1,912	1,506	3,418
Rate per 1,000 population	11.86	9.99	10.96

Population.—The Registrar-General's estimate for mid-1964 of the County population, inclusive of members of the Armed Forces, was 311,880, and this figure is used for the calculation of birth and mortality rates—referred to as the 'crude' rates.

The distribution of the population throughout the County is shown in Table I on page 90, which shows that 161,150 persons were resident in the urban areas and 150,730 in the rural areas. The growth of population in comparison with the Census years is shown in the table below:

Table 3 : Population

	1931 Census		1951 Census		1961 Census		Mid-1964	
	Persons	%	Persons	%	Persons	%	Persons	%
Urban Districts ..	121,665	49.8	139,570	48.2	151,634	51.0	161,150	51.7
Rural Districts ..	122,491	50.2	150,232	51.8	145,832	49.0	150,730	48.3
County	244,156	100	289,802	100	297,466	100	311,880	100

The County population as a whole increased by 4,750 compared with the previous year. Excess of births over deaths gave a natural increase of 2,378.

The density of population remained at 0.36 persons per acre, with 2.57 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.46) in urban areas and Clun (0.07) in the rural areas. Wellington Urban (6.83) and Wellington Rural (0.49) were the heaviest populated in urban and rural districts respectively.

Births.—The live births registered in and appertaining to this County in 1964 numbered 5,796, an increase of 225 compared with the previous year and for the second year running the highest number so far recorded for Shropshire, exceeding even the post-war 'bulge' of 5,538 in 1947.

The birth rate per 1,000 of population was 18.58 for the County as a whole. Adjusting this to allow for distribution of the population by sex and age gives a standardised rate of 18.95, compared with the provisional rate of 18.4 for England and Wales.

Of the 5,796 live births, 5,476 were legitimate and 320 illegitimate. This latter figure is 45 more than in 1963 and represents 5.5 per cent of the total births (an increase of 0.6 per cent), giving an illegitimacy rate of 55 per 1,000 live births compared with 72 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on page 91.

Stillbirths.—In 1964 there were 105 stillbirths, giving a rate of 17.8 per 1,000 live and still births, as against 17.5 for the previous year. While this is still an improvement on earlier years, it is above that for England and Wales of 16.3.

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
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
1962	105	5,323	5,428	19.34
1963	99	5,571	5,670	17.5
1964	105	5,796	5,905	17.8

Illegitimate stillbirths numbered 11, giving a rate of 33.2 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1964 of infants who died before reaching one year of age numbered 108—an increase of 10 compared with 1963. Increased mortality occurred from congenital malformations (5 more) and pneumonia (3 more). The subject of congenital malformations is dealt with fully on page 18.

Although live births were up by 225 over the previous year, this increase was not sufficient to improve the resultant infant mortality rate per 1,000 live births of 18.6, which at 17.6 in 1963 had been recorded as the lowest ever for Shropshire. Nevertheless, it compares very favourably with the provisional rate for 1964 for England and Wales of 20.0.

Infant mortality rates for the past decade are compared below with national rates.

Table 5 : Infant Mortality Rates

Year	Live Births	Deaths	Rate per 1,000 live births	
			Shropshire	England and Wales
1955	4,398	111	25.23	25
1956	4,424	120	27.12	24
1957	4,528	118	26.06	23
1958	4,686	90	19.21	23
1959	4,782	96	20.08	22
1960	4,897	95	19.40	22
1961	5,156	114	22.11	21
1962	5,323	136	25.55	21
1963	5,571	98	17.6	21
1964	5,796	108	18.6	20

Deaths of illegitimate infants numbered 14 and 8 of these were in rural districts, giving a rate for the rural area of 56.74 per 1,000 illegitimate live births, as against 43.75 for the County.

Below are given the causes of infant deaths registered in 1964, with comparative figures for the previous year:

Table 6 : Deaths of Infants under one year

	Under 4 weeks		4 weeks to 1 year		Total			
	M	F	M	F	1964		1963	
					M	F	M	F
Other defined and ill-defined diseases (including prematurity)	36	17	4	2	40	19	24	32
Congenital malformations	10	9	4	5	14	14	11	12
Pneumonia	—	—	8	6	8	6	8	3
Accidents—other than motor vehicle ..	1	1	1	—	2	1	2	1
Gastritis, enteritis and diarrhoea ..	—	—	2	—	2	—	—	1
Heart disease	—	—	—	1	—	1	—	—
Other infectious and parasitic diseases ..	—	—	1	—	1	—	—	1
Diseases of the circulatory system (other than heart disease)	—	—	—	—	—	—	1	—
Bronchitis	—	—	—	—	—	—	1	—
Other respiratory diseases	—	—	—	—	—	—	1	—
TOTAL ..	47	27	20	14	67	41	48	50

As will be seen from the table below, 74 of the 108 infant deaths during 1964 (or 68.5 per cent) occurred in the first month of life. No less than 47 of these were regarded as "premature", being 5½lb. 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 16, which includes a table showing the relationship between the birth weights of premature infants and their prospects of survival.

Table 7 : Infant Deaths—Age Groups

Age Groups	1961		1962		1963		1964	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Under one week ..	69	60.5	78	57.35	59	60.2	63	58.3
1—4 weeks ..	13	11.4	10	7.35	11	11.2	11	10.2
1—12 months ..	32	28.1	48	35.30	28	28.6	34	31.5
TOTAL ..	114	100	136	100	98	100	108	100

Neo-natal deaths.—Despite progress in reducing the infant mortality rate in this County by more than half in the past twenty years, roughly 70 per cent of infant deaths continue to occur in the first month after birth. Such deaths constitute the neo-natal rate and for 1964 this was 12.8 per 1,000 live births, and only slightly higher than the best recorded rate for Shropshire of 12.6 in 1963. By comparison, the rate for England and Wales for 1964 was 13.8.

Table 8 : Neo-Natal Mortality Rates

Year	Deaths in first month	% of deaths under one year	Rate per 1,000 live births	
			Shropshire	England and Wales
1955	77	69.4	17.51	17.3
1956	84	70.0	18.99	16.9
1957	87	73.7	19.21	16.5
1958	64	71.1	13.66	16.2
1959	74	77.1	15.47	15.8
1960	72	75.8	14.70	15.6
1961	82	71.9	15.90	15.5
1962	88	64.7	16.53	15.1
1963	70	71.4	12.6	14.2
1964	74	68.5	12.8	13.8

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

In 1964, deaths under one week and stillbirths totalled 168, giving a mortality rate of 28 per 1,000 live and still births, compared with 28 in the previous year, and a provisional rate for England and Wales of 28.2 for 1964.

Table 9 : Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births	
				Shropshire	England and Wales
1958	56	108	164	34	35
1959	63	110	173	36	34
1960	67	118	185	37	33
1961	69	112	181	34	32
1962	78	105	183	34	31
1963	59	99	158	28	29.3
1964	63	105	168	28	28.2

Maternal Mortality.—Two deaths of Shropshire patients registered in 1964 were attributed directly or indirectly to pregnancy, giving a rate of 0.34 per 1,000 live and still births, compared with 0.25 for England and Wales.

Causes of death were as indicated below:

Age	Cause
32 years ..	1 (a) Haemorrhage due to Ectopic pregnancy
26 years ..	1 (a) Haemorrhage
	(b) Rupture of uterus
	(c) Placenta praevia

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

Table 10 : Maternal Mortality

Year	Deaths	Rate per 1,000 live and still births	
		Shropshire	England and Wales
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
1962	1	0.18	0.35
1963	2	0.35	0.28
1964	2	0.34	0.25

Deaths.—Deaths of Shropshire residents registered in 1964 numbered 3,418—a decrease of 132 compared with the previous year. Male and female deaths were 1,818 and 1,600 respectively.

The death rate per 1,000 population was 10.96 for the County as a whole, and the standardised rate 11.62, compared with 11.3 for England and Wales.

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

	1962	1963	1964
Urban Districts ..	12.12	12.21	11.98
Rural Districts ..	11.04	11.56	11.29
Shropshire ..	11.72	11.99	11.62
England and Wales ..	11.90	12.20	11.30

Full information with regard to deaths registered in 1964, showing cause, sex, age group and place of residence is given in Tables III and IV on pages 92 and 93.

Table 12 : Principal Causes of Death

Cause of Death	1964			1963			1962		
	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 ..	1,118	3.58	32.71	1,242	4.06	35.08	1,141	3.73	32.74
Cancer (including Leukaemia) ..	621	1.99	18.17	580	1.89	16.38	612	2.00	17.56
Vascular lesions of nervous system ..	550	1.76	16.09	562	1.83	15.88	561	1.83	16.10
Bronchitis ..	182	0.58	5.32	175	0.57	4.94	162	0.53	4.65
Pneumonia ..	154	0.49	4.51	153	0.50	4.32	177	0.58	5.08
Diseases of the circulatory system (other than heart disease) ..	122	0.39	3.57	140	0.46	3.95	124	0.40	3.56
Accidents other than motor vehicle ..	69	0.22	2.02	70	0.23	1.98	73	0.24	2.09
Motor vehicle accidents ..	44	0.14	1.29	48	0.16	1.36	47	0.15	1.35
Congenital malformations ..	36	0.12	1.05	36	0.12	1.02	48	0.16	1.38
Suicide ..	36	0.12	1.05	32	0.10	0.91	17	0.06	0.49
Diabetes ..	32	0.10	0.94	21	0.07	0.59	25	0.08	0.72
Other diseases of respiratory system (excluding Tuberculosis) ..	30	0.10	0.88	24	0.08	0.68	28	0.09	0.80
Nephritis and nephrosis ..	27	0.09	0.79	27	0.09	0.76	21	0.07	0.60
Hyperplasia of prostate ..	24	0.08	0.70	14	0.05	0.40	23	0.07	0.66
Ulcer of stomach and duodenum ..	21	0.07	0.61	43	0.14	1.21	16	0.05	0.46
TOTAL ..	3,066	9.83	89.70	3,167	10.35	89.46	3,075	10.04	88.24

Table 12 shows the principal causes of death for 1964, with comparative figures for the two preceding years. While, in total, deaths were less than in the previous year by 132, there was increased mortality from cancer (41 more), diabetes (11 more), hyperplasia of prostate (10 more) and bronchitis (7 more). In particular, deaths from cancer of the lung and bronchus at 131 increased by 20, and from cancer of the breast at 60 by 16. In comparison, uterine cancers, including the cervix about which there is much publicity and current pressure for the holding of clinics for the taking of cervical smears as a means of anticipating and preventing cervical cancer, caused 24 deaths (2 more than in 1963).

Deaths from heart disease dropped by 124, following an abnormally high total in the previous year. Less spectacular decreases were recorded in respect of ulcer of the stomach and duodenum (22 less), diseases of the circulatory system (18 less) and vascular lesions of the nervous system (12 less).

As in previous years, deaths from accidents—both those involving motor vehicles and other causes—showed little variation from their customary levels at 44 (4 less) and 69 (1 less) respectively, while suicides increased by 4 to 36.

Coronary disease and angina.—As indicated above, deaths from heart disease, which include coronary disease and angina, hypertension with heart disease and other cardiac conditions, decreased by 124. The 592 deaths from coronary disease and angina were 29 less than in the previous year, which had been the highest so far recorded in this County. It has the highest mortality rate for any disease and in 1964 was responsible for 12 of the 43 male deaths in the 35—45 age group (28 per cent) and 41 of the 138 male deaths in the 45—55 age group (30 per cent).

The table below records mortality from this disease over the past decade.

Table 13 : Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
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
1962	353	214	567	1.85
1963	410	211	621	2.02
1964	392	200	592	1.90

Respiratory diseases.—Little variation is shown in the numbers of deaths from respiratory diseases in relation to the previous year. Deaths from pneumonia at 154 were one more, influenza deaths at 9 were 2 less, but from bronchitis at 182 were 7 more.

Age Groups.—The table below shows the percentages of deaths according to age groups and, by comparison with 1934, shows the extent to which mortality below 55 years has decreased:

Table 14 : Deaths by Age Groups

Year	Percentage of total deaths										
	Under 4 weeks	4 weeks—under 1 yr.	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over
1964	2.17	0.99	0.53	0.55	1.14	1.17	2.02	5.82	16.71	26.97	41.93
1963	1.98	0.79	0.51	0.45	1.10	1.21	2.23	6.24	15.25	25.72	44.51
1962		3.90	0.66	0.75	1.12	3.16		20.72		24.99	44.70
1961		3.27	0.55	0.80	0.92	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
1958		2.70	0.45	0.48	1.05	3.15		22.17		24.21	45.82
1957		3.73	0.66	0.41	0.79	3.54		22.36		23.55	45.06
1956		3.66	0.40	0.76	1.31	3.63		19.94		25.37	44.93
1955		3.35	0.45	0.57	1.09	3.98		21.08		25.36	44.12
1934		6.70	2.49	2.27	2.87	3.83	3.92	8.01	14.23	25.27	30.41

Slightly increased mortality is shown for 1964 in children under 15 years and in the 55—75 years age group, with a lesser proportion of deaths occurring in the 35—55 years group.

Accidents again caused far too many deaths of young people. Of the 98 deaths in persons between 5 and 35 years (the same number as in 1963), accidents were responsible for 40 deaths—25 involving motor vehicles and 15 from other causes.

In the 5—15 age group, there were 19 deaths, of which 5 were in consequence of accidents and 3 from cancer (all males).

In the 15—25 group, there were 39 deaths, of which 30 might have been avoided—18 in consequence of road accidents, 10 from other accidents and 2 from suicide.

In the 25—35 group, there were 40 deaths. Cancer (7), heart disease (5), accidents (7) and suicide (4) accounted for over half these deaths.

In the 35—45 group, there were 69 deaths. These are largely accounted for by cancer of the lung (7), cancer of the breast (9), heart disease (15), accidents (8) and suicide (4).

In the 45—55 group, there were 199 deaths, of which 14 (11 males and 3 females) were due to cancer of the lung, 60 to heart disease, 21 to vascular lesions of the nervous system, 5 to accidents and 4 to suicide.

In the 55—65 group, there were 571 deaths. Cancer of the lung accounted for 43 deaths (35 males and 8 females), heart disease for 173 deaths, vascular lesions of the nervous system for 75 deaths, bronchitis for 33 deaths, accidents for 14 deaths and suicide for 15 deaths.

Tuberculosis.—During the year 9 deaths were registered from Respiratory Tuberculosis—9 less than in 1963—giving a mortality rate of 0.029 per 1,000 of population.

There were in addition 3 deaths from Non-respiratory Tuberculosis—two more than in 1963—giving a death rate of 0.009.

For both forms of the disease, the death rate was 0.038, compared with 0.053 for England and Wales. For respiratory tuberculosis, the County rate was lower than the national rate by 0.018.

The table following shows the notification and death rates per 1,000 of population in this County from 1925 onwards.

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

Year	RESPIRATORY				NON-RESPIRATORY			
	New cases	Deaths	Rate per 1,000 population		New cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1925	243	138	0.99	0.56	111	36	0.45	0.15
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	191	129	0.66	0.53	131	44	0.54	0.18
1928	162	126	0.87	0.52	129	41	0.53	0.17
1929	214	147	0.79	0.60	138	33	0.57	0.14
1930	194	106	0.76	0.44	119	34	0.49	0.14
1931	184	155	0.86	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.50	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	1.08
1939	156	91	0.62	0.36	101	30	0.40	0.11
1940	133	76	0.52	0.29	102	27	0.40	0.12
1941	197	93	0.72	0.34	139	31	0.50	0.10
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	0.32	0.12
1946	106	65	0.40	0.25	64	21	0.49	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	0.017
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010
1957	110	13	0.37	0.044	39	3	0.13	0.010
1958	105	8	0.35	0.027	34	1	0.11	0.003
1959	81	17	0.27	0.057	18	1	0.06	0.003
1960	93	8	0.31	0.026	32	1	0.11	0.003
1961	73	13	0.24	0.043	19	1	0.06	0.003
1962	48	6	0.16	0.020	14	2	0.05	0.006
1963	59	18	0.19	0.059	19	1	0.06	0.003
1964	50	9	0.16	0.029	11	3	0.04	0.009

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 14 and "Prevention of Illness, Care and After-Care" on page 48.

Cancer.—Deaths from cancer during 1964 numbered 621—an increase of 41 compared with the previous year. The death-rate per 1,000 of population was 1.99, which was 0.10 more than the rate for 1963.

Table 16 : Deaths from Cancer

Age Groups	1961			1962			1963			1964		
	M	F	T	M	F	T	M	F	T	M	F	T
Under 15 years	5	4	9	2	5	7	1	2	3	4	—	4
15 to 45 years	13	16	29	13	16	29	17	10	27	13	23	36
45 to 65 years	104	89	193	117	94	211	126	87	213	102	102	228
Over 65 years	187	139	326	192	173	365	191	146	337	201	152	353
TOTAL	309	248	557	324	288	612	335	245	580	344	277	621

The table below lists the deaths from cancer since 1955, according to the location of the disease:

Table 17 : Cancer Deaths—Sites

Year	Malignant neoplasm															Leukaemia, aleukaemia			Total		
	Stomach			Lung, br'chus			Breast			Uterus			Other			M	F	T	M	F	T
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
1955	43	37	80	69	9	78	—	51	51	—	17	17	157	158	315	5	4	9	274	276	550
1956	38	29	67	64	11	75	—	48	48	—	26	26	159	135	294	8	8	16	269	257	526
1957	45	36	81	83	4	87	—	50	50	—	24	24	118	145	263	6	5	11	252	264	516
1958	48	29	77	74	7	81	—	59	59	—	19	19	150	117	267	8	2	10	280	233	513
1959	35	33	68	73	8	81	—	51	51	—	28	28	182	130	312	8	4	12	298	254	552
1960	53	23	76	69	9	78	—	58	58	—	24	24	155	136	291	7	6	13	284	256	540
1961	53	26	79	90	12	102	—	46	46	—	18	18	152	133	285	14	13	27	309	248	557
1962	39	36	75	93	16	109	2	51	53	—	28	28	184	143	327	6	14	20	324	288	612
1963	53	32	85	97	14	111	—	44	44	—	22	22	174	127	301	11	6	17	335	245	580
1964	44	35	79	110	21	131	1	59	60	—	24	24	182	135	317	7	3	10	344	277	621

In total, deaths from cancer in 1964 were higher than in the previous year by 41. There was reduced mortality from cancer of the stomach (6 less) and leukaemia (7 less), but deaths from cancer of the lung and bronchus were the highest ever at 131—an increase of 20 over 1963—while breast cancer deaths were 16 more and uterine cancer 2 more.

Cancer of the Lung.—Of the 131 deaths from cancer of the lung and bronchus, 110 occurred in males and 21 in females in the following age groups:

	Males	Females	Total
35—45 years ..	6	1	7
45—55 years ..	11	3	14
55—65 years ..	35	8	43
65—75 years ..	45	6	51
Over 75 years ..	13	3	16
TOTAL ..	110	21	131

In male deaths in the 45—65 age group, lung cancer accounted for 46, and in urban and rural areas of the County represented 1 in 11 and 1 in 10 respectively of the male deaths in that 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 with the County as a whole. For 1964, the national rate of 0.535 lung cancer deaths per 1,000 population is broken down into sexes—0.932 per 1,000 males and 0.160 per 1,000 females, that for males being nearly 6 times the rate for females.

The second table following shows the ratios of male and female deaths from this disease to total deaths from all causes.

This mortality from lung cancer, the highest yet recorded for Shropshire, is frightening, since the significance of the relationship between cigarette smoking and lung cancer seems to continue to be ignored by the public at large, as is only too apparent at any public gathering for sport or other purposes. It follows, therefore, that mortality from lung cancer will continue its upward trend for many years to come, since the deaths now occurring are the consequence of many past years of excessive smoking. Were it possible to take any practical and positive steps to stop the consumption of cigarettes, many more years would pass before the effects of such preventive measures became apparent in the mortality figures.

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

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
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
1962	0.421	0.290	0.356	0.510
1963	0.381	0.341	0.361	0.519
1964	0.465	0.371	0.420	0.535

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

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
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
1962	1 : 18	1 : 87	1 : 21	1 : 143	1 : 19	1 : 105
1963	1 : 19	1 : 138	1 : 20	1 : 99	1 : 19	1 : 119
1964	1 : 15	1 : 100	1 : 18	1 : 58	1 : 17	1 : 76

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterised by uncontrolled increase of the white blood cells) numbered 10 in 1964. This is 7 less than in the previous year.

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

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

	Shropshire		England & Wales	
Live births—rate per 1,000 population	(a) 18.58	18.4	(b) 18.95	
Stillbirths—rate per 1,000 live and still births	17.79	16.3		
Deaths per 1,000 population—all causes	(a) 10.96	11.3	(b) 11.62	
—respiratory tuberculosis	0.029	0.047		
—non-respiratory tuberculosis	0.009	0.006		
—cancer of lung and bronchus	0.420	0.535		
—other malignant neoplasms	1.571	1.674		
Maternal deaths—per 1,000 live and still births	0.34	0.25		
Infant deaths per 1,000 live births				
—under four weeks	12.77	13.8		
—under one year	18.63	20.0		
Infant deaths under one week and still births—per 1,000 live and still births	28.47	28.2		

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

Table 21 : General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
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	1,287	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
1962	5,323	17.39	3,485	11.38	1,838	25.55	2.00
1963	5,571	18.14	3,541	11.53	2,030	17.6	1.89
1964	5,796	18.58	3,418	10.96	2,378	18.63	1.99

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

INFECTIOUS DISEASES

Notifications of infectious diseases received during 1964 are summarised in Table V on page 94 of this Report.

Tuberculosis.—Notifications received during the year of new cases of Respiratory Tuberculosis numbered 50. This figure excludes Hospital and Service cases not ordinarily resident in Shropshire and who were already notified in their home area, and represents a decrease of 9 new cases compared with the previous year.

There were 9 deaths ascribed to respiratory tuberculosis—9 less than in 1963.

New cases of Non-respiratory Tuberculosis numbered 11, again excluding those not ordinarily resident in the County, and were 8 less than in 1963. Three deaths were ascribed to this form of the disease—two more than in the previous year.

Particulars of the notified cases and deaths, classified in age groups, are given in the table following:

Table 22 : New cases of, and Deaths from, Tuberculosis during 1964

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 4 weeks ..	—	—	—	—	—	—	—	—
4 wks & under 1 yr ..	1	—	—	—	—	—	—	—
1 and under 5 ..	—	2	—	—	—	—	—	—
5 and under 15 ..	1	3	1	1	—	—	—	—
15 and under 25 ..	5	1	1	—	—	—	—	—
25 and under 35 ..	4	8	—	3	—	—	—	—
35 and under 45 ..	4	1	—	2	—	—	—	—
45 and under 55 ..	2	2	—	—	1	1	—	—
55 and under 65 ..	8	3	—	2	2	—	—	1
65 and under 75 ..	2	2	—	1	3	1	—	—
75 and over ..	1	—	—	—	1	—	—	2
TOTAL: ..	28	22	2	9	7	2	—	3
	50		11		9		3	

In recent years new cases of Respiratory Tuberculosis have continued to predominate in the middle-aged and older men, but it is noticeable that in 1964, as in 1963, over half the new cases were discovered in both males and females under 45 years. In this age group, four cases were found in immigrants from Commonwealth countries and four were discovered through the B.C.G. vaccination scheme.

Two of the deaths ascribed to Respiratory Tuberculosis occurred in persons who had not been notified during life as suffering from this disease.

Poliomyelitis.—This condition (originally known as Infantile Paralysis) was first made notifiable under Regulations operative from 1st September, 1912, and since then the only years in which no such cases have been notified in Shropshire have been 1915, 1917, 1929, 1930, 1960, 1963 and 1964.

The only fatal case recorded in Shropshire in cases thought to be fully protected against this disease by immunisation occurred in 1962 in a boy of sixteen who had had three doses of vaccine, but died inexplicably from Paralytic Poliomyelitis after a brief illness. Four other paralytic cases have occurred in patients whose immunisation was not complete, with one fatality in 1958 in a female, aged 31, who had received one dose only of vaccine six days prior to the onset of the disease.

Non-paralytic Poliomyelitis has been recorded in three immunised cases, two of whom had received two doses and one having had three doses of vaccine.

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

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Notifications ..	13	5	32	13	10	62	13	27	26	13	19	10	29	16	7	—	3	2	—	—
Deaths ..	1	—	2	2	1	11	1	—	—	2	1*	—	3†	3	—	—	—	1	—	—

*Death occurring in but not assignable to the County.

†One of these deaths was 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 40.)

Dysentery.—The number of cases of Dysentery notified during the year was 31—an increase of 23 compared with 1963, when there was a decrease of 91 over the previous year.

Measles.—Notifications in respect of Measles numbered 2,392—a decrease of 848 compared with the previous year. There was one death—that of a 4 years old girl who died after admission to Copthorne Hospital, Shrewsbury, and whose death was attributed to 1 (a) Bronchopneumonia and (b) Measles.

Whooping Cough.—Notified cases of Whooping Cough totalled 179, or 42 less than in 1963. (See also under Immunisation Service on page 38).

Food Poisoning.—The number of cases of Food Poisoning notified was 11, compared with 4 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in the County during 1964. (See also under Immunisation Service on page 37).

Smallpox.—There was no notified case of Smallpox in this County during the year. (See also under Immunisation Service on page 36).

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 120—a decrease of 48 compared with 1963, when there were 25 cases less than in 1962.

VENEREAL DISEASES

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 Shropshire and serves in addition the bordering Welsh counties. Patients residing in East Shropshire near the county boundary tend 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	}	6.00 to 8.00 p.m.
		Fridays		

The following information in respect of Shropshire patients attending the Shrewsbury Clinic during 1964 has been made available through the kindness of the Venereologists, Dr. J. P. G. Rogerson (Male clinic) and Dr. E. M. McCarter, J.P. (Female clinic).

Table 24 : Shropshire patients treated in 1964

	Males	Females	Total
NEW CASES :			
Syphilis—primary	1	—	1
.. —secondary	—	1	1
.. —congenital	—	1	1
.. —late	—	2	2
Gonorrhoea	16	9	25
Other conditions:			
Chancroid	—	—	—
Non-gonococcal urethritis	17	—	17
Conditions requiring treatment	36	40	76
Conditions not requiring treatment	33	22	55
TOTAL ..	103	75	178
ATTENDANCES—ALL SHROPSHIRE CASES :			
Syphilis	60	221	281
Gonorrhoea	129	134	263
Other conditions	282	174	456
TOTAL ..	471	529	1,000

Much recent publicity has been given to the increasing incidence of venereal disease, particularly amongst teenagers, and there has been ample evidence of this in the larger cities but not until recently in rural areas such as Shropshire. By comparison with previous years there is now evidence of many more Shropshire cases suffering from Gonorrhoea, numbers having risen as indicated below. These, of course, are those treated at the Shrewsbury clinic and officially recorded, but there are probably many others who are never recorded statistically. To these figures for 1964 must be added a further 15 Shropshire cases who were treated outside the County.

Table 25 : New cases of Gonorrhoea

Year	Males	Females	Total
1960	4	2	6
1961	7	3	10
1962	15	10	25
1963	23	16	39
1964	16	9	25

As will be seen from the figures following relating to new cases treated at Shrewsbury in 1964 for Gonorrhoea, 56 per cent of the females were under 20 years of age.

Table 26 : Age range of Gonorrhoea cases

Age Group	Males	Females	Total
Under 16 years	1	—	1
16 and 17 years	—	2	2
18 and 19 years	—	3	3
20 to 24 years	5	1	6
25 years and over	10	3	13
TOTAL	16	9	25

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

Table 27 : Shropshire cases treated at out-county clinics

Clinic	Syphilis	Gonorrhoea	Other conditions	Total
Stafford	—	1	7	8
Wolverhampton	—	14	31	45

CARE OF MOTHERS AND YOUNG CHILDREN

Notifications of Births.—Particulars are given in the following table of births which were notified as occurring in Shropshire during 1964, with corresponding figures for the preceding four years:

Table 28 : Notifications of Births

Year	Live Births	Stillbirths	Total
1960	5,194	121	5,315
1961	5,385	97	5,482
1962	5,462	103	5,565
1963	5,784	98	5,882
1964	6,021	105	6,126

The births in 1964 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows:

	Live Births	Stillbirths
Domiciliary	1,980	20
In Hospitals and Institutions	3,991	84
In Private Nursing Homes	50	1
TOTAL	6,021	105

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	6,021	105
Transfers—Out	560	5
In	342	3
Adjusted	5,803	103

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1964, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:

Table 29 : Premature Infants

Year	BORN				DIED			SURVIVED	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1960	92	292	*20	404	32	13	45	359	88.8
1961	85	251	*18	354	30	10	40	314	88.7
1962	88	285	*18	391	38	12	50	341	87.2
1963	88	*285	2	375	20	17	37	338	90.1
1964	74	*349	2	425	31	16	47	378	88.9

*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 1964 are summarised in Table 30 opposite.

Table 30 : Premature Live Births and Stillbirths, 1964

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS			
	*Born in Hospital				Born at Home				Born in Nursing Home				*Born in Hospital	Born at Home	Born in Nursing Home	
					Nursed entirely at Home		Transferred to Hospital on or before 28th day									
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days				
2 lb. 3 ozs. or less	11	10	—	—	—	—	—	—	—	—	—	—	8	—	—	
Over 2 lb. 3 ozs. up to and including 3 lb. 4 ozs. ..	11	2	9	1	1	—	6	2	1	—	—	—	11	1	—	
Over 3 lb. 4 ozs. up to and including 4 lb. 6 ozs. ..	64	11	50	1	—	1	11	1	10	—	—	—	9	3	—	
Over 4 lb. 6 ozs. up to and including 4 lb. 15 ozs. ..	90	1	85	9	—	9	3	—	2	—	—	—	7	1	—	
Over 4 lb. 15 ozs. up to and including 5 lb. 8 ozs. ..	173	3	167	39	—	38	4	—	4	2	—	—	9	1	—	
TOTAL ..	349	27	311	50	1	48	24	3	17	2	—	—	44	6	—	

Of 425 children who were born prematurely in 1964, a total of 378 (or 88.9 per cent) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital), or degree of prematurity as evidenced by birth weight.

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

Incidence of Congenital Malformations

At the request of the Chief Medical Officer of the Ministry of Health, arrangements have been made for the notification to the Health Department of congenital malformations detected at the birth of any child in the County from 1st January, 1964.

Under the Public Health Act, 1936, Section 203, a doctor or midwife in attendance at the birth of a child, or within a specified time thereafter, is required to notify the birth to the Medical Officer of the Local Health Authority, by whom suitable notification cards are supplied.

In order to provide the requisite information concerning congenital malformations in this County, it was necessary to add only three items to the standard notification of birth card, namely, the parity and age of the mother and the nature of the malformation reported.

The information thus obtained is reported on prescribed forms, without identifying the child to whom it relates, to the Registrar General and a total of 95 children suffering from 129 malformations have been so notified during 1964.

Where the nature of any particular abnormality is not clearly defined in the initial notification, further inquiries are made of the General Practitioner or Paediatrician concerned in order to establish the precise nature of the defect.

No difficulty has been experienced in the operation of these arrangements during the year and the following table contains particulars of the congenital malformations about which information is sought and of the 129 conditions recorded:

Table No. 31 : Congenital Abnormalities Notified in 1964

	Live Births	Still Births		Live Births	Still Births
CENTRAL NERVOUS SYSTEM :			URO-GENITAL SYSTEM :		
Defects of brain NOS	—	—	Defects of uro-genital system NOS ..	—	—
Anencephalus	1	3	Renal agenesis	—	—
Encephalocele	2	—	Polycystic kidney, all forms	—	—
Arnold Chiari Malformation	—	—	Obstructive defects of urinary tract (hydronephrosis, hydro-ureter) ..	—	—
Hydrocephalus	6	6	Other defects of kidney and ureter ..	—	—
Microcephalus	—	1	Other defects of bladder and urethra ..	—	—
Other defects of brain	2	—	Hypospadias, epispadias	2	—
Defects of spinal cord NOS	2	—	Other defects of male genitalia	2	—
Spina bifida	12	3	Defects of female genitalia (includes female pseudo-hermaphroditism) ..	1	—
Other defects of spinal cord	1	—	Indeterminate sex (includes true hermaphroditism) ..	—	—
EYE, EAR :			LIMBS :		
Defects of eye NOS	—	—	Defects of upper limb NOS	1	—
Anophthalmos, microphthalmos ..	—	—	Defects of lower limb NOS	2	—
Buphthalmos	—	—	Reduction deformities (amelia, hemimelia, phocomelia, etc.)	1	—
Cataract	—	—	Polydactyly	6	—
Corneal opacity	—	—	Syndactyly	4	—
Other defects of eye	—	—	Dislocation of hip	—	—
Defects of ear NOS	—	—	Talipes	20	2
Defects of ear causing impairment of hearing	—	—	Other defects of shoulder girdle, upper arm, and forearm	4	—
Accessory auricle	1	—	Other defects of hand	6	—
Other defects of ear	—	—	Other defects of pelvic girdle and lower limb	1	—
ALIMENTARY SYSTEM :			OTHER SKELETAL :		
Defects of alimentary system NOS ..	1	—	Defects of skeleton NOS	—	—
Cleft lip	3	—	Defects of skull and face	—	—
Cleft palate	2	—	Spinal curvature, scoliosis, lordosis ..	—	—
Hiatus hernia	—	—	Other defects of spine	—	—
Tracheo-oesophageal fistula, oesophageal atresia and stenosis	4	—	Defects of ribs and sternum	—	—
Intestinal atresia	1	—	Chondrodystrophy	—	—
Hirschsprung's disease	—	—	Osteogenesis imperfecta	1	—
Rectal and anal atresia	2	—	Other generalised defects of skeleton (including arachnodactyly)	—	—
Defects of liver and biliary tracts ..	—	—	OTHER SYSTEMS :		
Other defects of alimentary system ..	2	—	Branchial cleft, cyst or fistula; pre-auricular sinus	—	—
HEART AND GREAT VESSELS :			Other defects of face and neck	1	1
Congenital heart disease NOS	1	—	Defects of muscles	1	—
Common truncus	1	—	Vascular defects of skin, subcutaneous tissues, and mucous membranes (including lymphatic defects)	—	—
Tetralogy of Fallot	—	—	Other defects of skin (including ichthyosis congenita) ..	2	—
Transposition of great vessels	2	—	Defects of hair, nails, and teeth	—	—
Defects of aortic arch	—	—	Defects of peripheral vascular system (including arteriovenous aneurysm, etc.)	1	—
Interatrial septal defect, persistent foramen ovale	—	—	Defects of spleen	—	—
Interventricular septal defect	1	—	Defects of endocrine glands	—	—
Persistent ductus arteriosus	1	—	Exomphalos, omphalocele	—	—
Endocardial fibroelastosis	—	—	OTHER MALFORMATIONS :		
Other defects of heart and great vessels	2	—	Congenital malformation NOS	—	—
RESPIRATORY SYSTEM :			Multiple malformations NOS	2	—
Defects of respiratory system NOS ..	—	—	Cyclops	—	—
Defects of nose (arhinia, choanal atresia or stenosis)	—	—	Other monster	—	—
Defects of larynx	—	—	Conjoined twins	—	—
Defects of trachea	—	—	Situs inversus	1	—
Defects of bronchus	—	—	Mongolism	3	—
Defects of lung	—	—	Other chromosomal syndromes	—	—
Defects of pleura	—	—	Other specific syndromes	1	—
Defects of diaphragm	—	—	Other	—	—
Defects of mediastinum	—	—			
Other defects of respiratory system ..	—	—			

N.O.S. = Not otherwise specified.

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 has, since 1960, been undertaken in all babies between the ages of six and ten weeks. Following the Report of the 1963 Conference on Phenylketonuria, however, tests in Shropshire have, since November, 1963, been undertaken during the sixth week of babies' life.

With a birth-rate such as that of Shropshire, one would not expect to find more than one or two cases in five years, but routine testing is considered worthwhile to ensure detection of even one case in such a period. There have, in fact, been no positive findings since testing was started. An important factor which emerged early in 1963, however, was the diagnosis of Phenylketonuria in a child who had been found negative by the reagent strip test at 8 weeks on 5th December, 1962, but was subsequently reported to have been discharged from hospital and proceeding satisfactorily.

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 1964:

Table 32 : Testing of Shropshire Children born in 1964

	Born in County	Born out of County	Total
Not tested	12	2	14
Died before test	75	9	84
Left County before test ..	113	12	125
Tested	5,261	319	5,580
TOTAL ..	5,461	342	5,803

Of the 14 children not tested, 10 had removed to addresses unknown, and in 4 cases parental consent for the test was refused.

A further 63 tests, all negative, were performed on children who had moved into the County, and a further 39 negative results on children before transfer out.

In one case, it was thought necessary to have a laboratory report on a specimen of the child's urine, but this additional investigation revealed no abnormality.

Neo-Natal Cold Injury.—In recent years much concern has been aroused in the medical field by the problem of neo-natal deaths due to cold. Any baby may become severely chilled by being exposed to a low environmental temperature, but the babies most affected by chilling are the weakly babies, premature babies, those with a history of difficult birth or those who have a congenital heart or are suffering from an infection. If the body temperature of such an infant falls too far this may be a very serious matter and death may result.

Coldness of the external or room temperature is not the only factor, but this should signal warning of the danger of exposing a new-born infant, even a full-term apparently healthy baby, to the cold for even a short period. Other factors are unnecessary routine bathing of infants; inadequate or too tight clothing; insufficient cot coverings; restriction of muscular movement and of peripheral circulation by tight wrappings; failure to realise that although the infant may be put to bed in a warmed room it cannot withstand the drop in temperature in the early morning. Warmth must be constant.

By alertness to the dangers of hypothermia, chilling of the infant can be avoided at all times, but this condition is not always suspected and the infant may be ill for several days before diagnosis is made. This condition should be suspected in a new-born infant who refuses to feed and is lethargic, even immobile, where oedema is present or where the skin has lost its softness and feels hard, rigid or thickened. A striking and misleading feature often is the pinkness of the infant's face, giving an impression of health. The most significant sign is coldness to touch.

The months from November to March are the period when babies are most at risk and for all domiciliary confinements likely to occur during this time the Council's nurses and midwives report any cases in which room heating is likely to be inadequate or need supplementing. For this purpose, a stock of electric oil-convector and paraffin heaters is maintained in the Health Department for immediate loan to necessitous cases, and all nurses and midwives are supplied with maximum-minimum thermometers so that room temperatures may be kept under review.

During 1964, heaters were loaned from the Health Department for six domiciliary confinements and two further heaters are located in busy nursing districts for issue by the nurses concerned.

Birth Control Clinics.—Following the opening by the Family Planning Association of a Clinic at Murivance Welfare Centre, Shrewsbury, on 4th July, 1960, the County Council's Birth Control Clinic previously held there for patients requiring advice on medical grounds was closed. In return for rent free accommodation, the Association see and advise such medical cases and remit charges in necessitous cases.

The Council's Birth Control Clinic held since 1956 at Wellington Welfare Centre was discontinued after the session in September, 1962, and in November, 1963, permission was given for the Family Planning Association to operate a clinic at this Centre on the same basis as that referred to above.

The following statistical information has been supplied for 1964 by the Shrewsbury Branch of the Family Planning Association:

Table No. 33 : Statistics for 1964

Number of patients who used the clinic	2,213
New patients	339
Check visits	333
Visits for supplies only	976
Post orders	429
Number of clinic sessions	105
Total number of patients using oral contraceptives ..	228
Cases referred by Local Authority	32

Welfare Centres.—A complete list of Welfare Centres, together with a timetable of activities, is given in Table IX commencing on page 98 of this Report.

Particulars are given in Table 34 following of the attendances at these Centres and voluntary clinics of pre-school children and expectant mothers during 1964.

It will be noted that 3,560 infants born in 1964—equal to 61 per cent of the Shropshire children born in that year—attended the Council's child welfare clinics, and those sponsored by the R.A.F. A total of 1,655 sessions was held, with 75,560 attendances—an average of 46 per session.

New welfare centre provision is programmed for 1965—66 at Harlescott, Shrewsbury, to serve the large housing development in the area, and for 1966—67 at Oswestry where replacement of existing facilities in a converted dwelling house is necessary to relieve maintenance costs and overcrowding.

Table 34 : Attendances at Child Welfare Centres during 1964

CENTRE	CHILDREN									EXPECTANT MOTHERS	
	CASES					ATTENDANCES				Total Cases (Post-natal in brackets)	Total Attendances
	Born in			Total	Referred elsewhere	Born in			Total		
	1964	1963	1959—1962			1964	1963	1959—62			
*Albrighton	120	116	94	330	—	939	924	438	2,301	x	x
Baschurch	9	11	29	49	—	47	55	156	258	x	x
Bayston Hill	118	68	48	234	—	938	529	152	1,619	x	x
Bishop's Castle ..	17	6	6	29	2	55	94	144	293	x	x
Bridgnorth:											
Grove	18	19	21	58	—	84	58	70	212	x	x
Northgate	237	196	248	681	11	2,058	1,564	855	4,477	††39	180
Broseley	35	70	60	165	—	535	507	177	1,219	x	x
Church Stretton ..	46	54	45	145	—	344	317	190	851	—	—
Cleobury Mortimer ..	35	43	65	143	5	224	314	330	868	x	x
Dawley	168	169	295	632	24	1,600	1,733	1,828	5,161	—	—
Donnington:											
Turrell Hall	145	117	68	330	14	1,640	1,348	298	3,286	—	—
Depot	28	27	20	75	—	168	191	94	453	x	x
Ellesmere	46	77	57	180	5	423	722	239	1,384	—	—
Hadley	82	71	82	235	—	553	623	417	1,593	x	x
Highley	27	59	70	156	—	250	383	204	837	—	—
Ironbridge	36	29	41	106	1	402	352	147	901	—	—
Ludlow:											
Dinham	56	56	47	159	1	398	375	112	885	†21	95
East Hamlet	42	36	18	96	—	318	282	45	645	x	x
Madeley	80	95	67	242	—	708	776	226	1,710	—	—
Market Drayton ..	108	128	197	433	17	1,180	1,506	1,192	3,878	—	—
Much Wenlock	30	50	20	100	2	223	376	88	687	—	—
Newport	165	168	194	527	2	1,627	1,978	1,118	4,723	††68	210
Oakengates	167	134	82	383	1	1,527	1,340	308	3,175	—	—
Oswestry	242	200	175	617	9	2,164	2,298	960	5,422	—	—
Pontesbury	38	31	52	121	—	318	243	237	798	—	—
Prees	15	12	22	49	—	89	121	130	340	x	x
St. Martins	63	63	38	164	—	410	303	167	880	x	x
Shawbury	64	67	58	189	—	761	563	289	1,613	x	x
Shifnal	91	81	83	255	—	916	793	305	2,014	x	x
Shrewsbury:											
Harlescott	155	174	160	489	—	1,407	1,852	889	4,148	x	x
Meole Brace	49	61	64	174	—	361	422	215	998	x	x
Monkmoor	115	45	42	202	1	523	654	340	1,517	x	x
Murivance	178	128	84	390	13	1,022	733	315	2,070	171(5)	282(5)
Springfield	55	11	29	95	—	274	316	135	725	x	x
White House	195	156	196	547	—	1,566	1,454	795	3,815	163(3)	266(3)
Wellington	212	226	178	616	—	1,552	1,649	445	3,646	—	—
Wem	80	58	88	226	—	626	509	532	1,667	1	1
Whitchurch	83	54	83	220	—	624	460	353	1,437	†86	351
**Whittington	7	2	2	11	—	49	23	24	96	x	x
TOTAL	3,457	3,168	3,228	9,853	108	28,903	28,740	14,959	72,602	549(8)	1,385(8)

†District Nurse's Session.
*Opened 1st January, 1964

††Including District Nurse's Session
**Opened 13th October, 1964

xNo Ante-Natal Clinic

R.A.F. Child Welfare Centres

Buntingsdale	73	83	76	232	11	762	934	348	2,044	x	x
Cosford	30	45	56	131	—	251	351	312	914	x	x
TOTAL ..	103	128	132	363	11	1,013	1,285	660	2,958	—	—

xNo Ante-Natal Clinic

Child Guidance : Pre-School Children

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

The view is widely held that the causes of much emotional disturbance and maladjustment date back to the early years in a child's life. The recognition and treatment of early behaviour difficulties are facilitated by the staffs of 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.

Twenty cases were referred during 1964, either through this Department or directly by the Family Doctor concerned.

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 1964, 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 1964 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 162 children came under supervision during the year, representing 51 per cent of the illegitimate births assigned to the County.

In all, 186 cases were referred to the Moral Welfare Workers for investigation and/or supervision, the great majority as expectant mothers and the remainder after birth had taken place and the fact of illegitimacy established. The age range was known in all but 3 of these cases and is indicated below; it will be seen that 50 per cent of these cases were under 20 years of age.

Table 35 : Age range of Unmarried Mothers

Under 16 years	13
16 to 17 years	43
18 to 19 years	37
20 to 24 years	61
25 years and over ..	29
Not known	3
	186

Table 36 : Supervisory Work undertaken by Moral Welfare Workers

Association	Moral Welfare Workers	Case Visits	Unmarried Expectant Mothers coming under supervision
Lichfield	1*	318	113
Hereford	2†	108	44
TOTAL ..	3	426	157

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

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

Table 37 : Children Supervised

	Lichfield	Hereford	Total
On Register on 1st January ..	124	65	189
Added during year	122	40	162
Removed during year	123	48	171
On Register on 31st December ..	123	57	180

Removals from the Register are accounted for as follows:

Supervision no longer necessary	20
Attained school age	13
Mother married—child with mother	37
Left County with mother	9
Left County with father	1
To adopters—in Shropshire	21
elsewhere	40
In care of Children's Officer	4
Lost sight of	22
Died	1
Help refused	3
	171

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, and with Myford House, Horsehay, 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 1964 these grants amounted to £350 and £600 respectively.

By arrangement with the Herefordshire County Council, three beds for Shropshire cases were reserved in St. Martin's Home, Hereford, maintenance costs being repaid on a proportionate basis, but this home closed in August, 1964, due, it was said, to staffing difficulties.

Chaddeslode and Myford House provide a total of 35 beds (24 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. The County Medical Officer is a member of the Myford House Committee and of the Standing Committee of the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1964:

St. Martin's Home, Hereford	2 (Closed August, 1964)
Chaddeslode, Shrewsbury	22
Myford House, Horsehay	4
Mrs. Hay Memorial Home, Wolverhampton ..	4
Mrs. Legge Memorial Home, Wolverhampton	3
Elmswood Hostel, Liverpool	1
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REPORT OF THE PRINCIPAL DENTAL OFFICER

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

Table 38 opposite shows comparative figures for 1963 and 1964 of dental treatment carried out for expectant and nursing mothers and under school age children.

The number of mothers examined and treated in 1964, as will be seen, is slightly less than in 1963. While we do not discourage mothers from attending for examination and treatment, there is no active encouragement. Those that do attend, however, are given as comprehensive a course of treatment as is possible, or as they are prepared to undertake. Emergency treatment is, of course, arranged whenever necessary, and at the nearest clinic to their place of residence.

Parents are, however, encouraged to have their children dentally examined, if practicable, as soon as the milk teeth appear. Even if no treatment is necessary, the children become familiar with the equipment encountered in a dental surgery and conditions are more favourable to the development of a suitable rapport between the dental surgeon and the child.

The dental auxiliary has been of great value to us in coping with the pre-school age and infant child. The treatment required being largely routine (and time consuming for a dental surgeon), she has been able to cope very well under supervision. Consequently the examination and treatment figures for these age groups have increased.

One of the dental hygienists has been attending a 'toddler clinic' once a month at Dawley Welfare Centre, and reports that there has been considerable interest shown by the mothers who take the trouble to attend the clinic. Unfortunately, owing to lack of adequate support from parents, this clinic may have to be discontinued—a pity.

Table 38 : Dental Treatment—Numbers of Cases

	Examined		Commenced treatment		Courses of treatment completed during year*	
	1963	1964	1963	1964	1963	1964
Expectant and Nursing Mothers ..	420	386	367	345	211	235
Children aged under 5 and not eligible for school dental service	602	849	413	599	439	503

*Includes cases carried forward from the previous year.

Table 39 : Forms of Dental Treatment provided

							<i>Expectant and Nursing Mothers</i>		<i>Children under 5 years</i>	
							1963	1964	1963	1964
Scalings and gum treatment	..	..	..	..	..	..	54	215	—	1
Fillings	..	..	..	..	..	..	903	747	378	512
Silver nitrate treatment	..	..	..	..	..	..	—	—	96	108
Crowns and inlays	..	..	..	..	..	..	1	3	—	—
Extractions	..	..	..	..	..	..	1,069	917	815	940
General anaesthetics	..	..	..	..	..	..	170	150	263	357
Dentures provided—full upper or lower	..	..	..	..	..	..	97	98	—	1
partial upper or lower	..	..	..	..	..	..	88	94	—	1
Radiographs	..	..	..	..	..	..	46	48	8	2

Table 40 : Premises and Sessions

	1963	1964
Number of dental treatment centres in use at end of year	12	12
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	250	178

C. D. CLARKE,
Principal Dental Officer.

National Welfare Foods

The County Council are responsible for the distribution of National Welfare Foods (dried milk, orange juice, cod liver oil and vitamin A & D tablets).

There were on 31st December, 1964, ninety distribution centres functioning in the County, of which ten were staffed by paid part-time workers. The remainder were all staffed by voluntary workers, to whom thanks are due both for their voluntary work and in many cases also for the free use of their premises. The help received at several centres from members of the Women's Voluntary Services is also gratefully acknowledged.

Particulars of the foods issued during 1964, with comparable figures for the previous year, are given in the table following:

Table 41 : Welfare Foods Issues

Items	Average weekly issues		Total issues	
	1963	1964	1963	1964
National Dried Milk—tins	1,085	977	56,395	50,808
Orange Juice—bottles	996	1,077	51,793	56,000
Cod Liver Oil—bottles	93	89	4,820	4,616
Vitamin A & D Tablets—packets ..	98	90	5,102	4,677
TOTAL ..	2,272	2,233	118,110	116,101

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, 1964, with corresponding figures for the two preceding years:

Table 42 : Staffing and Establishment

Whole-time Nursing Staff	Establishment	On 31st December		
		1962	1963	1964
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer ..	1	1	1	1
Assistant Nursing Officers	2	2	2	2
Tuberculosis Health Visitor	1	1	1	1
Health Visitors	41	36	35	34
School Nurses	4	4	4	4
Nurse-Midwives	74	69	64	72
Midwives	7	7	7	7
Home Nurses	8	8*	7*	8*
Relief Nurses	6	6	4	4

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

Part-time staff employed on 31st December, 1964, are listed below with their whole-time equivalents:

	Staff	Whole-time equivalent
Relief nurse-midwives	5	4.42
Home Nurses	14	8.24
Health Visitors, school and clinic nurses	14	4.05

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, adopted in 1950, 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 22 candidates (including one recruited for a combined course of Health Visitor and District Training) have been accepted. With one exception all passed their examination and the candidate who failed was successful on the second attempt. Two candidates were recruited in 1964.

Transport.—Practically all Nurses and Midwives, including full-time and part-time relief staff, use motor transport for duty purposes, and the position on 31st December, 1964, was as follows:

Table 43 : Transport for Nursing Services

Nursing Staff	Number	Cars		Bicycles
		County Council	Privately Owned	
Nurse-Midwives ..	81	47	34	—
Midwives ..	7	3	3	1
Home Nurses ..	22	7	14	1*

*Public Transport

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, although this procedure has now been relegated to third priority following (i) Renting from Local Council and (ii) Purchase of ready built property in the open market.

Particulars of the accommodation occupied by nurses and midwives, including Supervisory Nursing Officers and Health Visitors, in the Council's employment on 31st December, 1964, are as follows:

Houses,	owned by the Council	26
bungalows	rented by the Council	24
and flats	owned or rented by nursing staff or their relatives ..	31
Rooms ..	rented by nursing staff	1
		82

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-Crywn and Stowe, which have a population of 645 (Census 1961) 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.

Since 1955, an arrangement has existed with the Montgomery County Council whereby the home nursing, midwifery, health visiting and domestic help services in the parish of Brompton and Rhiston are undertaken by Montgomeryshire nurses. This parish, which has a population of 104 and an area of 2.8 square miles, is bordered by Montgomeryshire on three sides and is easily approached from that County. Payment for nursing services was made to Montgomeryshire on a population basis and was in the region of £60 per annum; and for Domestic Help by refund of actual costs. In view, however, of the limited amount of work involved, agreement has been reached with the Montgomeryshire County Council for this area to revert to this County's control from 1st April, 1965.

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.

The Council are also the Local Supervising Authority for all midwives practising in the County for the purposes of the Midwives Act and supervision is carried out by the Superintendent Nursing Officer and three Assistants.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1964:

Table 44 : Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Domiciliary Service	85	85
Ambulance Service	2	2
Agency arrangement	4	4
Hospitals—National Health Service ..	76	76
Nursing Homes	4	4
Private domiciliary practice	1	1
TOTAL ..	172	172

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 1964, with comparative figures for the two preceding years:

Table 45 : Notifications issued by Midwives

Year	Medical aid	Stillbirths	Death of mother or child	Liability to be a source of infection
1962	467	24	14	36
1963	448	41	7	34
1964	366	40	3	33

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 1964, there were in all 1,994 domiciliary confinements, of which 28 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 1,966 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 95 shows the distribution of these 1,966 cases throughout the Nursing Districts of the County. Attendance on these cases involved 19,402 ante-natal and 29,437 midwifery post-natal visits—a total of 48,839 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 7 whole-time Midwives in the Borough of Shrewsbury attended 361 cases, or an average of 58 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 25 cases each.

In addition, 1,976 cases were attended following discharge from hospital after confinement, involving 9,303 visits. This work, one feels, is less satisfactory to the domiciliary midwife, who may feel "slightly slighted" and that she had 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.

The following table, showing these hospital maternity discharges classified according to the "in-patient" period in days between delivery and discharge, with comparative figures for the preceding year, may be of interest. With the rising birth rate and resultant increased pressure on hospital maternity beds, there must of necessity be earlier discharges and it will be seen that the percentage of discharges within 5 days of delivery rose in 1964 to 33% (27% in 1963).

Table 46 : Discharged hospital maternity cases

In-Patient post-natal period (days)	Cases		Total visits by domiciliary midwife	
	1963	1964	1963	1964
1—2	143	214	1,444	2,152
3—5	293	438	1,947	2,914
6—8	833	947	2,817	3,445
9—10	347	377	748	792
TOTAL ..	1,616	1,976	6,956	9,303

Ante-natal care was also afforded by the domiciliary midwives to 273 cases booked for confinement in hospital, involving 1,597 visits.

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

Table 47 : Cases attended by Domiciliary Midwives

Year	Staff	Domiciliary Confinements				Discharged Institutional Cases	
		Cases	Visits			Cases	Visits
			Ante-natal	Post-natal	Total		
1963	Midwives	404	4,728	5,961	10,689	212	977
	Nurse-Midwives ..	1,671	15,843	25,362	41,205	1,404	5,979
	TOTAL	2,075	20,571	31,323	51,894	1,616	6,956
1964	Midwives	361	4,114	5,205	9,319	323	1,659
	Nurse-Midwives ..	1,605	15,288	24,232	39,520	1,653	7,644
	TOTAL	1,966	19,402	29,437	48,839	1,976	9,303

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 1,966 confinements, a doctor had been booked to provide maternity medical services in 1,948 cases (99 per cent); a doctor was present at delivery in 450 (23 per cent) of these cases.

Of the remaining 18 cases (1 per cent) in which no doctor had been booked, one was present at delivery in 5 cases (28 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 a disservice to patients and to good obstetric practice.

The Senior Consultant Obstetrician addressing practitioners and midwives in May, 1965, reminded us that the volume of the blood circulating in a pregnant woman is increased by 30 per cent for the foetus. The red cells are not increased correspondingly and so there is haemoglobin deficiency. A recording of less than 80 per cent should be treated, and this latter figure if verified should be our new criterion for reference to the practitioner.

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 patients' condition is nearly always obvious.

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:

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

The reports for 1964 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 1,950 cases (99 per cent) and for Wassermann and Kahn reactions (for Syphilis) in 1,766 cases (90 per cent).

Table 48 : Results of Blood Tests

Year	Rhesus Factor			Wassermann and Kahn		
	Tested	Positive	Negative	Tested	Positive	Negative
1964	1,950 (99%)	1,689 (87%)	261 (13%)	1,766 (90%)	2	1,764
1963	2,065 (99%)	1,780 (86%)	285 (14%)	1,779 (86%)	1	1,778
1962	2,029 (99%)	1,754 (86%)	275 (14%)	1,730 (85%)	1	1,729
1961	2,007 (99%)	1,707 (86%)	290 (14%)	1,757 (87%)	2	1,755
1960	1,845 (98%)	1,607 (87%)	238 (13%)	1,607 (86%)	2	1,605
1959	1,716 (98%)	1,491 (85%)	225 (15%)	1,486 (85%)	—	1,486
1958	1,833 (98%)	1,584 (86%)	249 (14%)	1,548 (83%)	1	1,547
1957	1,669 (90%)	1,460 (88%)	200 (12%)	951 (51%)	5	946
1956	1,225 (63%)	1,061 (87%)	164 (13%)	658 (34%)	2	656

The two cases in which a positive Wassermann result was obtained were already known to be receiving treatment.

Twelve of the sixteen cases in which Rhesus Factor results were unknown were emergency cases. Ten had not booked a doctor for maternity medical services. In five cases, birth occurred before the arrival of doctor or midwife and one other case resulted in a stillbirth. In 8 cases, admission to hospital was necessary—of the child in 5 cases and of mother and child in three.

Coombs tests were performed in 264 cases. Of these, 257 produced a negative result and 7 were positive. In 11 Rhesus negative cases in which a Coombs test was not performed, 2 resulted in removal of the child to hospital and in 3 birth occurred before the arrival of doctor or midwife.

Four of the seven Coombs positive babies had no evidence of jaundice at birth and appeared well and healthy and have since progressed normally and satisfactorily. Three babies, however, showed signs of jaundice and were admitted to hospital for exchange blood transfusion. Again, all made good progress and are currently normal and healthy.

Age and Pregnancy.—The accepted criteria for admission of expectant mothers to hospital for confinement are either "medical" (for some unusual obstetric reason) or "social", i.e. because of unsuitable home conditions ("social" grounds—see page 29).

The Cranbrook Report recommended that primigravidae, those over 35 years of age and those expecting their fifth or subsequent child should be confined in hospital. This presupposes the availability of hospital beds for all eligible categories and it is only with the early discharge of many maternity cases from hospital that some, but not all, of the required beds can be made available. Of just over 4,000 institutional maternity cases, nearly 50 per cent were discharged to the care of the domiciliary midwives before the tenth day and, as shown on page 26, 16 per cent of the total hospital cases came out within 5 days of delivery.

The Local Maternity Liaison Committee, referred to on page 30, have recommended criteria for domiciliary confinements corresponding with the Cranbrook standards, with the inclusion of primigravidae under 30 years. Even so, home confinements in Shropshire in 1964, shown in the table below according to age and pregnancy, included 314 cases (16 per cent)—those outside the thick lines—who satisfied the conditions for hospital confinement. One must, of course, bear in mind the freedom of the individual to choose home confinement even when all relevant factors point to hospitalisation.

Table 49 : Domiciliary Cases by Age and Pregnancy

Age Group	Total cases	Current Pregnancy																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
15—20 years ..	178	73	83	21	1	—	—	—	—	—	—	—	—	—	—	—	—	—
21—25 „ ..	746	136	348	176	66	16	3	—	—	1	—	—	—	—	—	—	—	—
26—30 „ ..	583	39	218	179	78	40	18	7	4	—	—	—	—	—	—	—	—	—
31—35 „ ..	326	7	70	94	70	39	24	11	4	3	1	3	—	—	—	—	—	—
36—40 „ ..	105	1	10	26	26	18	10	9	4	1	—	—	—	—	—	—	—	—
40—45 „ ..	28	—	4	4	3	3	6	3	1	—	1	—	1	—	—	1	—	1
TOTAL ..	1,966	256	733	500	244	116	61	30	13	5	2	3	1	—	—	1	—	1

Analgesics.—Pethidine was administered on its own or in conjunction with Trilene and/or Gas/Air in 1,389 confinements (71 per cent).

Trilene was given on its own or with pethidine or gas/air in 896 cases (46 per cent).

Gas/Air was given on its own or with trilene or pethidine in 691 cases (35 per cent).

Analgesics were therefore given in 1,749 domiciliary cases—89 per cent of the total confinements attended by County Council midwives.

Births.—Domiciliary confinements attended by County Council midwives resulted in the birth of 1,958 live infants (including 6 pairs of live twins), and 14 stillbirths.

Of the 14 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 12 cases, negative in 1 case and one case was not known to have been tested. The stillbirth rate per 1,000 domiciliary live and still births was 7.1 compared with 17.79 for domiciliary and institutional births in the County generally.

Premature births.—Seventy-two of the 1,966 confinements resulted in the birth of a live infant weighing 5½ lb. or less.

General.—Complications, either during or after pregnancy, arose in 236 cases.

For one reason or another, removal to hospital was necessary in 69 cases, as under:

Mother ..	43
Child ..	8
Both ..	18

From the date of booking by the midwife to the termination of the puerperium, these 1,966 cases involved 254,644 days under care, or an average of 129 per case.

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, medical practitioners are required to notify as Puerperal Pyrexia any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1964, two cases of Puerperal Pyrexia were notified (neither of which proved fatal) compared with 5 in the previous year.

Ophthalmia Neonatorum.—This is defined in the 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.

There were no cases of Ophthalmia Neonatorum in 1964.

Pre-Eclamptic Toxaemia.—Cases confined in 1964 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 144.

These cases occurred in the following age groups:

15 years and under	21	..	7
21 „ „	26	..	39
26 „ „	31	..	47
31 „ „	36	..	33
36 „ „	41	..	15
41 „ „	46	..	3
			144

The parity of these cases was as follows:

1st pregnancy	..	..	..	27
2nd	"	..	..	42
3rd	"	..	..	34
4th	"	..	..	23
5th	"	..	..	9
6th	"	..	..	4
7th	"	..	..	3
8th	"	..	..	2
				144

Confinements occurred with the following seasonal incidence, 70 cases being delivered in hospital and 74 at home:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
13	12	11	11	13	16	16	8	8	11	14	11	144

There were 4 stillbirths, representing 2.8 per cent of these confinements, one miscarriage, and one baby died shortly after birth. In addition, 12 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 1964, a total of 2,544 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 by reference to 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 sufficient and defined "social" grounds were, in 1964, referred to the Bed Bureau for the reservation of a hospital bed, but such applications omitting particulars of the circumstances and 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 1964, applications were received in respect of 1,180 maternity patients for admission to hospital on "social" grounds (compared with 1,183 patients in the previous year). Of these, 34 were withdrawn by the patients before beds were reserved and the remaining 1,146 cases are accounted for as follows:

Recommended for hospital confinement and accepted by hospital concerned	..	..	1,030
(Of these, 12 patients cancelled their reservations)			
Recommended, but refused by hospital on account of non-availability of beds	..	..	Nil
Not recommended	..	..	111
(Of these, 6 patients withdrew their applications and 87 cases were subsequently booked by Hospitals with surplus beds available, but 17 cancelled their bookings. One other case was booked on medical grounds).			

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 up to 1956 at a figure above the average for the country as a whole, have since decreased steadily—apart from the two years 1961 and 1962 when the rising birth rate placed extra demands upon the domiciliary services which could not otherwise be met—to a percentage more representative of the national position.

Table 50 : Domiciliary and Institutional Confinements

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%
1954	4,610	2,034	2,576	44%
1955	4,534	1,963	2,571	43%
1956	4,600	1,972	2,628	43%
1957	4,695	1,894	2,801	40%
1958	4,895	1,893	3,002	39%
1959	4,977	1,781	3,196	36%
1960	5,250	1,909	3,341	36%
1961	5,427	2,046	3,381	38%
1962	5,506	2,071	3,435	38%
1963	5,816	2,080	3,736	36%
1964	6,058	1,994	4,064	33%

Relief Arrangements.—There are 54 Nursing Districts in the County and in most of these the nursing staff relieve each other for holiday and off-duty periods, often working in groups of three or four for that purpose.

In some areas it has been possible to recruit married nurses to undertake relief, either full-time or part-time, in the district in which they live, but the greatest need is for mobile relief nurses who can be moved around to cover vacant districts, holidays, emergencies through sickness, etc. Consequently, the staff in many areas are not getting the off-duty to which they are entitled.

A night rota system is in operation in only one area of the County—in Shrewsbury where seven full-time midwives are employed. This was put into operation from 1st October, 1963, with the assistance of Ambulance Control, but because only five of the seven midwives were at that time approved as teaching midwives, some difficulties were experienced to begin with. Since January, 1964, however, all the Shrewsbury midwives have been approved as teaching midwives and as a result the night rota system is working very well.

Standard Record Cards for Maternity Patients.—The introduction on a national basis of a standard co-operation record card for maternity patients was recommended by the Cranbrook Committee, as a means of ensuring that each member of the obstetric team (hospital, doctor and midwife) concerned with the care of maternity patients is aware of the attention given by the other members.

The card is given to the patient by the doctor or midwife who first sees her in connection with her pregnancy. Entries on the card are made by any general medical practitioner, local health authority or hospital doctor, or midwife who is concerned with the patient's care. It is retained by the patient until the final post-natal examination and then passed to her general medical practitioner for inclusion in her medical records.

Early in 1963, the adoption of a standard record card, prepared in consultation with the professions concerned and endorsed by the Standing Maternity and Midwifery Advisory Committee was recommended by the Minister of Health as a matter for local decision.

The principle of the use of such record cards having previously been approved by all concerned in Shropshire, including the Executive Council, Local Medical Committee and Maternity Liaison Committee, supplies of the cards provided by the Ministry were distributed to all County Council midwives in April, 1963, for general use.

Local Maternity Liaison Committee.—Dr. W. H. Watson, Hon. Secretary of the Shropshire Local Maternity Liaison Committee, reports as follows:

“The Local Maternity Liaison Committee formed in 1961 has, over the last year, discussed many matters arising from the increasing pressure upon all branches of the Maternity Services, and in many cases practical steps have been taken to cope with these stresses by co-ordinating these three branches of the Obstetric Services, namely, Hospital, General Practitioner and the County Health Department. Early discharge of patients from busy maternity units has been made possible by this co-ordination”.

Midwifery Training Scheme.—By arrangement with the Birmingham Regional Hospital Board, the County Council participate with the Shrewsbury Group Hospital Management Committee in the operation of a Part II Midwifery Training School at Copthorne Hospital, Shrewsbury.

The number of pupil midwives authorised to be in training at any one time is eight (4 in the School and 4 on the District) and seven of the Council's midwives, all in Shrewsbury, are approved as teaching district midwives.

During 1964, thirteen pupils had completed their district training and six other pupils were in training on the district on 31st December.

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 Shropshire 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, for which payment is made by the Local Executive Council.

In 1964, four claims for medical aid were made by practitioners on the County Council, involving expenditure of £16 5s. 6d.

HEALTH VISITING

The National Health Service (Qualification of Health Visitors and Tuberculosis Visitors) Regulations, 1948, which prescribed the qualifications for nurses undertaking health visiting duties, were repealed by the National Health Service (Qualifications of Health Visitors) Regulations, 1964. These latter regulations require that no woman shall be employed as a Health Visitor unless she holds the Certificate issued by the Council for the Training of Health Visitors, or an equivalent qualification.

No authority is given in the new regulations to enable the Minister to dispense with any of the requirements thereof, in which circumstances Local Health Authorities are no longer able to make application to the Minister for sanction to employ unqualified persons as Health Visitors.

To avoid the disruption of existing services, however, Health Visitors employed by Local Health Authorities by virtue of any dispensation in force on 1st August, 1964, when the new regulations took effect, may continue to be so employed, whilst they remain in the service of the same Local Health Authority. At the commencement of the new regulations, there were in Shropshire, 11 nurses undertaking Health Visiting duties by virtue of a dispensation from the Minister of Health.

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

Table 51 : Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1962	1963	1964
Tuberculosis Health Visitor	41	1	1	1
Health Visitors	36	36	35	34
District Nurse-Midwives (with Health Visitor's qualifications) ..	11	14	15	16
" " " (without Health Visitor's qualifications) ..	(whole-time equivalent)	16	16	15
	52	67	67	66
	—	—	—	—

In addition to the above, 4 whole-time School Nurses and 13 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 52 : Health Visiting Staff : Whole-time Equivalents

Staff	Whole-time equivalent for	
	Health Visiting	School Nursing
Tuberculosis Health Visitor	1	—
Health Visitors	11	—
Health Visitors/School Nurses	16.56	6.44
District Nurse Midwives	3.76	2.6
School Nurses	—	4
Part-time Health Visitors; school and clinic nurses ..	3.10	0.95
88	35.42	13.99
—	—	—

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:

	£	s.	d.
During training (75% of minimum salary)	480	18	9
Tuition fee (average)	65	0	0
Examination fee	8	8	0
Travelling allowance (5/- per week)	9	15	0
	£564	1	9

Since the inception of this scheme in 1947 until the end of 1964, the number of students accepted for training was 45, of whom 41 were successful in obtaining their Certificates and one was in training at the end of the year.

Work Performed.—Particulars of work performed by Health Visitors during the year are given below. The majority of these visits were to children under five years of whom 24,316 individual children were seen, compared with 26,529 in the previous year.

Table VI on page 95 shows the distribution of the work of part-time Health Visitors over the various nursing districts.

Table 53 : Effective Visits paid by Health Visitors

Type of Case	Whole-time		Part-time		Total	
	Cases	Visits	Cases	Visits	Cases	Visits
1. Children—born in 1964	5,107	22,855	826	4,915	5,933	27,770
2. " born in 1963	5,362	21,010	975	4,137	6,337	25,147
3. " born in 1959—62	10,113	23,207	1,933	4,764	12,046	27,971
4. Persons aged 65 or over	764	2,344	332	1,125	1,096	3,469
5. Mentally Disordered Persons	550	2,033	61	188	611	2,221
6. Patients discharged from Hospital (other than Maternity)	348	438	41	67	389	505
7. Tuberculous Households	711	2,508	61	228	772	2,736
8. Households visited on account of other Infectious Diseases	136	170	8	26	144	196
9. School Children	1,745	3,019	442	1,026	2,187	4,045
10. Home Help	—	174	—	145	—	319
11. All Other Cases	1,515	2,921	72	146	1,587	3,067
TOTAL	26,351	80,679	4,751	16,767	31,102	97,446

Of the cases recorded against items 4, 5 and 6 above, the following numbers were visited by Health Visitors at the special request of a Hospital or General Practitioner:

Persons aged 65 years or over	116
Mentally disordered persons	18
Patients discharged from Hospital	47
TOTAL	181

In addition the Health Visitors made 11,417 ineffective visits. They also attended half-day sessions in clinics and schools as follows:

County Council Clinics	2,948
Hospital (including Chest) Clinics	484
Other Sessions or Clinics	1,428
School Health Service Sessions (including Hygiene inspections)	1,295
TOTAL	6,155

These particulars include work performed by the whole-time Tuberculosis Health Visitor (106 households, 611 visits, 245 sessions and 58 ineffective visits).

The agency arrangement with Montgomeryshire referred to on page 25 also covered health visiting in the parish of Brompton and Rhiston and during 1964 agency Health Visitors called on 3 children under 5 years and one mentally disordered person.

Health Services and General Medical Practitioners.—No formal arrangements have been made in this County for Health Visitors to be attached to General Practitioners or group practices. The establishment of Health Visiting staff is still well below strength and the difficulties of sharing staff between two or more Practitioners or practices would outweigh any advantages; but Health Visitors are encouraged to get to know and offer their help to the doctor in their area.

Practitioners may confer directly with local Health Visitors if they so wish.

If in any doubt, they may alternatively find it simpler to telephone or write about their need to the Central Health Department (Telephone: Shrewsbury 52211 and ask for Health Department with name of Section if possible). Such enquiries are welcomed and every effort is made to provide appropriate services.

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 Llan-fairwater-dine, 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 1964, six were employed in Shrewsbury and one in Ironbridge. Elsewhere in the County, home nursing is combined with midwifery and undertaken by the nurse-midwives in the various nursing areas.

Cases attended.—Every case attended for home nursing purposes is the subject of a case report, completed by the nurse on termination of attendance or at 31st December where the patient is still on the nurse's books. From these reports punched card statistics are obtained for the purposes of official returns and study of the various aspects of the service.

During 1964, home nursing was provided for 6,198 patients, who received 143,906 visits—an average of 23 per case. Compared with the previous year, cases decreased by 114 and visits increased by 4,854.

The table below compares work undertaken in 1964 with that for the previous year. The whole-time Home Nurses each attended on average 136 cases for 3,966 visits or 29 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 66 cases for 1,460 visits—an average of 22 visits per case.

Table 54 : Home Nursing Cases

Year	Staff	Cases attended	Total Visits
1963	Home Nurses ..	975	29,029
	Nurse-Midwives ..	5,337	110,023
	TOTAL ..	6,312	139,052
1964	Home Nurses ..	951	27,758
	Nurse-Midwives ..	5,247	116,148
	TOTAL ..	6,198	143,906

Following upon the previous year's increase in Home Nursing cases, the first increase since statistical case reports were introduced in 1956, the total of cases attended in 1964 fell by 114.

More cases were attended by the Home Nurses for conditions such as anaemia (50 more) and vascular lesions of the nervous system (44 more). Fewer cases were attended suffering from injuries (81 less), diseases of the breast and female genital organs (69 less), respiratory diseases (63 less) and diseases of the digestive system (40 less).

Table VI on page 95 gives particulars of the number of cases attended in 1964 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,198 cases attended:

3,184 (or 51 per cent) were 65 years or over when first visited during the year and received 95,387 visits (67 per cent of the total);

376 (or 6 per cent) were children under 5 years and received 2,338 visits (1.6 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 97 on page 63, it is clear that the Local Health Services are playing a major part in the care of the aged.

Table 55 : 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
1962	3,033	48.9	90,585	66.1
1963	3,086	48.9	94,893	68.2
1964	3,184	51.4	95,387	66.7

Diseases.—Table VII on page 96 shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

As in previous years, conditions as follows were responsible for the larger proportion of cases attended: Anaemia (651), injuries (541), diseases of the heart and arteries (526), diseases of the skin and subcutaneous tissues (427), vascular lesions of the central nervous system (393) and diseases of the breast and female genital organs (370).

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned: 4,804 or 77.5 per cent of the cases attended were referred by Practitioners.

Occupations.—Of those attended—4,240 (or 68 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 56 : Occupations

Occupation	Cases	Percentage
Pre-School	374	6.1
School	311	5.0
Actively employed	894	14.4
Housewives	3,458	55.8
Retired	1,068	17.2
Others (independent means, etc.) ..	93	1.5
TOTAL ..	6,198	100.0

The percentage of retired persons may seem rather contradictory in relation to Table 55, but the simple explanation is that housewives do not retire !

Treatments.—Of the 6,198 patients visited, 4,705 or 76 per cent, were attended for one particular purpose; 1,219 patients (20 per cent of the total) were attended solely for injections, 1,243 (22 per cent) solely for dressings and 811 (13 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 57 : Treatments

Treatment	Cases	Total	Visits	Total
Injections	1,219		31,792	
„ with other treatments	478		18,410	
		1,697		50,202
Blanket baths	293		8,383	
„ with other treatments	423		17,839	
		716		26,222
Enemas	254		1,512	
„ with other treatments	141		2,184	
		395		3,696
Dressings	1,243		25,561	
„ with other treatments	172		7,213	
		1,415		32,774
Changing of pessaries	137		893	
„ with other treatments	34		306	
		171		1,199
Washhouts, douches, etc.	124		990	
„ with other treatments	98		1,016	
		222		2,006
General nursing care	811		19,825	
„ with other treatments	7		280	
		818		20,105
Preparation for diagnostic investigation ..	200		259	
„ with other treatments	12		62	
		212		321
Eye, ear, nose and throat treatments ..	96		2,288	
„ with other treatments	20		724	
		116		3,012
Others	436		4,369	
		436		4,369
TOTAL ..	6,198		143,906	

Injections.—It will be seen from the above figures that 1,697 patients (27 per cent of all cases) received injections during 1964, and that 1,219 of these (72 per cent of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 50,202 visits (34 per cent of the total) and those who had injections only without any other form of treatment received 31,792 visits (22 per cent of all visits).

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

Table 58 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates anaemia, diseases of the heart and arteries, respiratory diseases, complications of pregnancy and the puerperium, diabetes mellitus, cancer and diseases of the skin to be the principal conditions necessitating home nursing attention for injections.

Table 58 : Nursing cases receiving Injections

Diseases	Cases receiving Injections				Visits
	Injections only	With general nursing care	With other treatments	Total	
Tuberculosis	15	—	3	18	801
Other infectious diseases	10	1	6	17	246
Malignant and lymphatic neoplasms	13	16	40	69	2,586
Asthma	22	3	3	28	582
Diabetes mellitus	48	7	20	75	9,053
Anaemia	603	14	30	647	17,372
Vascular lesions affecting central nervous system	3	8	7	18	696
Other mental and nervous diseases	34	4	3	41	2,121
Diseases of the eye	1	—	2	3	51
Diseases of the ear	10	—	6	16	91
Diseases of the heart and arteries	142	36	34	212	6,951
Diseases of the veins	1	—	6	7	427
Upper respiratory diseases	31	3	24	58	462
Other respiratory diseases	36	28	23	87	991
Diseases of the digestive system	13	1	9	23	764
Diseases of the urinary system and male genital organs	1	—	2	3	55
Diseases of the breast and female genital organs	26	6	20	52	587
Complications of pregnancy and the puerperium	94	15	13	122	1,099
Diseases of the skin and subcutaneous tissues	30	—	37	67	911
Diseases of the bones, joints and muscles	27	1	8	36	1,861
Injuries	5	1	10	16	173
Senility	16	6	7	29	1,307
Other defined and ill-defined diseases	38	3	12	53	1,015
	1,219	153	325	1,697	50,202

The provision from the end of August, 1962, of sterile syringes for all members of the nursing staff in the Borough of Shrewsbury and subsequently for nurses in certain other areas of the County, as reported on page 43, has proved of marked assistance to the staff and has fulfilled all expectations.

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 with 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 bottle and special feeder are held by nurse-midwives in strategic parts of the County for use in such cases. During 1964, the Council's Health Department enjoyed excellent liaison with Dr. J. C. Macaulay, Consultant Paediatrician, Copthorne Hospital, Dr. B. D. Bower, Consultant Paediatrician at the Sorrento Maternity Hospital, Birmingham, and Dr. E. G. G. Roberts, Consultant Paediatrician at Maelor General Hospital, Wrexham.

Figures in Table VII on page 96 show that 376 children under 5 years and 287 between 5 and 15 years received home nursing treatment during 1964. Of those under 5 years, 183 were referred to the nurses by the family doctor and 30 by hospitals. Of those dealt with in this age group, 27 were subsequently admitted to hospital and 16 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 59 : Principal conditions necessitating Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	101	67	168
Diseases of the skin and subcutaneous tissue	57	42	99
Other respiratory diseases	12	19	31
Diseases of the digestive system	22	21	45
Upper respiratory diseases	28	27	55

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 6,198 cases attended, 4,956 (or 80 per cent) were removed from the books for varying reasons during the year. Table VIII on page 97 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 60 : Cases removed from the Nursing Registers

	Cases	Percentage
Recovered, relieved or convalescent	2,731	55.1
Admitted to hospital or nursing home	815	16.5
Died	559	11.3
Referred to out-patients, own doctor, etc. ..	561	11.3
Gone away	198	4.0
Treatment undertaken by patient, relative, etc. ..	46	0.9
Discontinued	35	0.7
Others	11	0.2
	4,956	100.0

Of the 559 patients who died, major causes were diseases of the heart and arteries (24 per cent), cancer (30 per cent), vascular lesions affecting the central nervous system (24 per cent) and senility (9 per cent).

Each patient was attended on the average for 77 days and required 28 visits, or 2.6 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 0.12 per cent of the total visits, or one visit in every 815, an *average* of 1 or 2 per nurse per year, not, of course, including midwifery.

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.

Vaccination against Smallpox.—For many years our successive annual reports have recorded the same advice on the question of vaccination against Smallpox—that successful vaccination confers, after an interval, complete protection against death from this disease, and almost complete protection against catching the disease even when exposed to it; that this protection lasts for some years, and is renewed safely and easily; and that vaccination is best done in early childhood.

Following the mass vaccinations which took place as the result of the outbreaks of Smallpox during early 1962, the Ministry of Health advised that the best time to vaccinate babies against Smallpox was between the ages of one and two years, when there may be less risk of the rare central nervous system complications, and the presence of eczema, one of the chief contra-indications, is unlikely to be missed.

The Council's immunisation programme was amended accordingly from 1963 with a resultant drop in the numbers of children receiving primary vaccination before the first birthday. However, many general practitioners continue to vaccinate during the early months of life. Consequently, of 827 children who received primary vaccination before their first birthdays during 1964, only 3 had been done by the Council's Medical Officers. On the other hand, 1,241 children between the ages of one and two years of age were vaccinated by the Council's Medical Officers, compared with 586 by general practitioners.

In 1964 there were performed in Shropshire 3,289 successful primary vaccinations in children under 5 years. Of these, 2,589 children were under two years of age and these, together with the 771 babies under one year who received primary vaccination in 1963, represent 30 per cent of the births in 1963 and 1964.

In all, primary vaccinations in 1964 totalled 3,609, of which 3,498 were successful, and revaccinations 674, with 636 successful. Of the total of 4,283 vaccinations performed, 2,300 were done by general medical practitioners and 1,983 by County Council medical staff.

Particulars are given in the table below of the distribution in the areas of Local Authorities in the County of all persons vaccinated and revaccinated in 1964.

Table 61 : Primary Vaccinations and Revaccinations Performed

Area	Local Authority	Births 1963 and 1964	Under 2 years		2—4 years		5—14 years		15 years and over		Total	
			P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	99	39	39	3	3	—	—	5	5	47	47
	Ellesmere Rural ..	229	53	53	30	30	5	4	4	4	92	91
	Wem Urban ..	85	43	43	13	13	15	13	10	10	81	79
	Wem Rural ..	439	76	76	11	10	11	8	22	18	120	112
	Whitchurch Urban ..	221	35	35	6	6	3	3	6	5	50	49
North-East Combined Districts	Newport Urban ..	222	66	62	20	20	9	8	6	5	101	95
	Oakengates Urban ..	561	177	170	25	25	19	19	23	20	244	234
	Shifnal Rural ..	595	132	126	29	26	9	8	14	12	184	172
	Wellington Urban ..	593	151	151	48	46	2	2	25	25	226	224
	Wellington Rural ..	1,076	225	222	56	54	24	24	30	28	335	328
South-West Combined Districts	Atcham Rural ..	920	184	184	69	61	12	9	49	47	314	301
	Bishop's Castle Borough ..	29	11	11	1	1	—	—	2	2	14	14
	Church Stretton Urban ..	74	23	23	14	14	5	4	11	10	53	51
	Clun Rural ..	294	66	64	11	10	3	3	13	12	93	89
—	Dawley Urban ..	447	145	126	27	26	12	11	9	9	193	172
—	Ludlow Borough ..	212	41	40	21	19	2	2	12	12	76	73
—	Ludlow Rural ..	410	100	98	19	18	21	21	19	19	159	156
—	Market Drayton Urban ..	290	46	46	22	22	3	3	2	2	73	73
—	Market Drayton Rural ..	376	73	72	31	30	10	9	5	5	119	116
—	Bridgnorth Borough ..	316	81	80	24	24	13	13	9	8	127	125
—	Bridgnorth Rural ..	485	90	89	35	34	12	12	16	16	153	151
—	Wenlock Borough ..	480	133	125	32	30	39	39	16	16	220	210
—	Oswestry Borough ..	424	109	109	16	16	18	18	32	29	175	172
—	Oswestry Rural ..	632	127	123	28	28	26	26	45	44	226	221
—	Shrewsbury Borough ..	1,864	432	422	139	134	71	64	166	159	808	779
	TOTAL ..	11,367	2,658	2,589	730	700	344	323	551	522	4,283	4,134

Diphtheria.—There was no notified case of, or death from, Diphtheria in 1963 or 1964. In the ten years from 1953 to 1962 there was only one notification and one death—the former in 1961 of a boy of 13, who had been immunised as a baby and recovered fully after treatment, and the latter of a woman of 72 years, due to syncope, toxæmia and throat infection, but without any bacteriological evidence. Twenty years ago, in 1944, there were 25 notified cases and one death.

In 1964, primary immunisations against Diphtheria numbered 4,956 and re-inforcing injections 6,040, County Council medical staff undertaking 2,295 of the former and 4,584 of the latter.

Primary immunisations included 2,245 children born in 1964 and this represents 39 per cent of the 5,796 births in that year. Immunisation is now started at the age of 2 to 5 months.

The table following shows the distribution in Local Authority areas of all children immunised in Shropshire in 1964.

Table 62 : Children Immunised against Diphtheria in the various County Districts

Area	Local Authority	Births 1964	Primary Immunisations—Children born in				Re-inforcing
			1964	1963—1960	1959—1950	Total	
North-West Combined Districts	Ellesmere Urban ..	42	20	37	—	57	22
	Ellesmere Rural ..	112	32	57	41	130	119
	Wem Urban ..	46	35	33	8	76	96
	Wem Rural ..	226	56	69	2	127	170
	Whitchurch Urban ..	111	40	24	—	64	67
North-East Combined Districts	Newport Urban ..	115	46	73	3	122	192
	Oakengates Urban ..	303	123	120	12	255	350
	Shifnal Rural ..	306	146	139	9	294	196
	Wellington Urban ..	290	125	135	10	270	336
	Wellington Rural ..	561	219	193	15	427	638
South-West Combined Districts	Atcham Rural ..	495	201	186	19	406	326
	Bishop's Castle Borough	16	3	5	—	8	18
	Church Stretton Urban	38	20	12	1	33	45
	Clun Rural ..	142	37	57	9	103	90
—	Dawley Urban ..	225	105	101	9	215	282
—	Ludlow Borough ..	108	40	40	3	83	85
—	Ludlow Rural ..	209	82	91	9	182	210
—	Market Drayton Urban	154	58	59	13	130	156
—	Drayton Rural ..	166	59	92	14	165	181
—	Bridgnorth Borough ..	171	98	75	2	175	179
—	Bridgnorth Rural ..	241	74	89	1	164	200
—	Wenlock Borough ..	237	99	105	8	212	359
—	Oswestry Borough ..	211	65	89	1	155	192
—	Oswestry Rural ..	309	76	129	13	218	260
—	Shrewsbury Borough ..	962	386	461	38	885	1,271
	TOTAL ..	5,796	2,245	2,471	240	4,956	6,040

Whooping Cough.—Facilities for immunisation against Whooping Cough have been available in this County since the coming into operation of the National Health Service Act, and parents have been encouraged to have children protected at the early age of two to three months, since the disease takes its greatest toll in very young infants.

In 1964, there were 179 notified cases of Whooping Cough—a decrease of 42 compared with the previous year. Twenty years ago, in 1944, there were 609 notified cases and 6 deaths. The table following shows the numbers of notified cases and deaths over five-year periods from 1950.

Table 63 : Whooping Cough—Five-Year Averages

	1950—54	1955—59	1960—64
CASES :			
Total ..	4,335	2,594	910
Average	867	518.8	182
DEATHS :			
Total ..	17	1	2
Average	3.4	0.2	0.4

Both deaths in the last five years were of unvaccinated infants.

During 1964, children immunised against Whooping Cough numbered 4,564, of whom 2,572 were done by general medical practitioners and 1,992 by County Council medical staff. Children born in 1964 and immunised during the year totalled 2,205 or 38 per cent of the year's births.

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

Table 64 : Whooping Cough—Children Immunised in Sanitary Districts

Area	Local Authority	Births 1964	Children Immunised			Total
			Born 1964	1—4 years (63—60)	5—14 years (59—50)	
North-West Combined Districts	Ellesmere Urban	42	20	36	—	56
	Ellesmere Rural	112	32	57	1	90
	Wem Urban	46	33	32	—	65
	Wem Rural	226	54	62	—	116
	Whitchurch Urban	111	39	23	—	62
North-East Combined Districts	Newport Urban	115	45	66	1	112
	Oakengates Urban	303	123	122	3	248
	Shifnal Rural	306	143	139	5	287
	Wellington Urban	290	125	131	1	257
	Wellington Rural	561	217	190	4	411
South-West Combined Districts	Atcham Rural	495	197	172	6	375
	Bishop's Castle Borough	16	3	5	—	8
	Church Stretton Urban	38	19	12	—	31
	Clun Rural	142	37	56	5	98
—	Dawley Urban	225	104	95	—	199
—	Ludlow Borough	108	40	37	—	77
—	Ludlow Rural	209	82	87	2	171
—	Market Drayton Urban	154	57	50	1	108
—	Drayton Rural	166	58	88	4	150
—	Bridgnorth Borough	171	98	69	1	168
—	Bridgnorth Rural	241	73	87	—	160
—	Wenlock Borough	237	93	101	3	197
—	Oswestry Borough	211	64	86	2	152
—	Oswestry Rural	309	74	127	6	207
—	Shrewsbury Borough	962	375	375	9	759
TOTAL ..		5,796	2,205	2,305	54	4,564

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 any other child developing Whooping Cough in a household where a new baby was expected shortly and if alternative accommodation could not be found.

Tetanus.—Protection against Tetanus was given in 1964 to 4,804 children under 5 years of age (2,574 of whom were immunised by general medical practitioners) and to a further 2,791 children between 5 and 14 years.

These figures are mainly due to the use of Triple Antigen, resumed in October, 1961, for the primary immunisation of babies. Since the autumn term of 1963, however, school children who had not previously been immunised against Tetanus have been given the opportunity of receiving it at school, more often than not in combination with their Diphtheria 'booster' injections.

It has long been agreed that routine protection against Tetanus should be given to all, and especially to children in rural counties. This should prevent deaths from casual infections—there were 13 deaths from Tetanus in England and Wales in 1963. No case was dealt with in 1964 in hospitals under the control of Shrewsbury Group 15 Hospital Management Committee.

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.

The following table shows the distribution in Local Authority areas of all children immunised in Shropshire during 1964.

Table 65 : Children Immunised against Tetanus in the various County Districts

Area	Local Authority	Births 1964	Primary Immunisation—Children born in				Re-inforcing
			1964	1963—60	1959—50	Total	
North-West Combined Districts	Ellesmere Urban ..	42	20	37	1	58	22
	Ellesmere Rural ..	112	32	57	87	176	106
	Wem Urban ..	46	35	33	9	77	97
	Wem Rural ..	226	56	69	44	169	152
	Whitchurch Urban ..	111	40	25	13	78	71
North-East Combined Districts	Newport Urban ..	115	46	82	77	205	128
	Oakengates Urban ..	303	123	120	65	308	301
	Shifnal Rural ..	306	144	140	113	397	104
	Wellington Urban ..	290	125	140	144	409	184
	Wellington Rural ..	561	219	197	239	655	402
South-West Combined Districts	Atcham Rural ..	495	200	187	198	585	240
	Bishop's Castle Borough	16	3	6	13	22	10
	Church Stretton Urban	38	19	15	19	53	30
	Clun Rural ..	142	37	60	105	202	61
—	Dawley Urban ..	225	105	105	57	267	251
—	Ludlow Borough ..	108	40	42	23	105	77
—	Ludlow Rural ..	209	82	93	142	317	127
—	Market Drayton Urban	154	58	61	90	209	88
—	Drayton Rural ..	166	59	92	63	214	134
—	Bridgnorth Borough ..	171	98	75	66	239	116
—	Bridgnorth Rural ..	241	74	94	81	249	103
—	Wenlock Borough ..	237	99	112	130	341	234
—	Oswestry Borough ..	211	65	93	54	212	150
—	Oswestry Rural ..	309	76	134	170	380	140
—	Shrewsbury Borough ..	962	386	494	788	1,668	763
	TOTAL ..	5,796	2,241	2,563	2,791	7,595	4,094

Vaccination against Poliomyelitis.—Protection against Poliomyelitis is available to all persons up to the age of 40 years, and also to special classes comprising in the main persons generally at risk through contact with the public. Sabin (oral) vaccine has been primarily used and preferred by the recipients, although a small supply of Salk vaccine is also available for those who wish it. In some cases, general practitioners have used quadruple vaccine (Quadrilin), giving simultaneous protection against diphtheria, whooping cough, tetanus and poliomyelitis, for the primary immunisation of infants, but this is obtained on prescription and is not supplied by the Local Health Authority.

Sabin vaccine can be administered to those who have had two injections of Salk not more than 10 to 12 months previously—two doses being given at a month's interval.

The table following shows the numbers of persons who received primary courses of one or other vaccine during 1964:

Table 66 : Persons receiving Primary Immunisation

Vaccinated by	Partially immunised Salk or Quadrilin	Fully immunised			Total
		Salk or Quadrilin	Sabin	Sabin following Salk	
County Council Medical Officers	16	20	3,240	136	3,412
General Medical Practitioners ..	305	418	2,043	83	2,849
TOTAL ..	321	438	5,283	219	6,261

Fourth doses continue to be made available to children between 5 and 12 years, and visits were made to schools for this purpose throughout 1964 in conjunction with other immunisations. Fourth doses have also been available since May, 1963, to the following:

General Practitioners, Ambulance Staff, Medical Students, practising dental surgeons and others who come into contact with dental patients, practising nurses, other hospital staff who come into contact with patients, public health inspectors who may come into contact with poliomyelitis cases, the families of all these and also persons travelling or residing abroad except Canada and the United States of America.

Fourth doses may also be given to other persons who have been or are likely to be in contact with cases and therefore considered at risk, i.e. neighbours, close friends and relatives.

Sabin vaccine was generally provided for fourth doses, although persons who so desired were given Salk.

The following table shows the number of persons who received fourth (or booster) doses in 1964:

Table 67 : Persons receiving Booster Doses

Vaccinated by	Born 1943—64	Born 1933—42	Others	Total
County Council Medical Officers	1,759	8	13	1,780
General Medical Practitioners ..	638	12	17	667
TOTAL ..	2,397	20	30	2,447

In the absence of demand from the public, no evening sessions were held in 1964 and no visits made to industrial undertakings. Seven visits were, however, made to H.M. Prison, Shrewsbury, where 351 doses of Oral vaccine were given.

The table following shows the numbers of persons who have received protection against Poliomyelitis since 1959:

Table 68 : Persons protected since 1959

Categories	Vaccinated in						Total
	1959	1960	1961	1962	1963	1964	
Born 1943—1964 ..	47,453	9,001	5,670	10,563	5,744	5,674	84,105
Born 1933—1942 ..	10,339	7,932	2,103	2,363	315	161	23,213
Others	2,680	5,641	7,557	5,529	350	105	21,862
TOTAL ..	60,472	22,574	15,330	18,455	6,409	5,940	129,180

Records of Immunisation and Vaccination

Following consultation with the Associations representing Local Health Authorities and the Medical Profession, the Ministry of Health, in Circulars 11/64 and 20/64 relating, respectively, to records of vaccination against smallpox and immunisations generally, recommended that authorities would have sufficient information at their disposal to assist them in carrying out their programme if records were maintained only for children who had not yet reached their sixteenth birthday.

These recommendations were considered and approved both by the Health Committee of the County Council and the Local Medical Committee representing General Practitioners; following which a letter was sent to all Practitioners in the County setting out the revised requirements for the submission of records, in the following terms:

“(1) *Vaccination against Smallpox:*

Records are required and payment will be made at the rate of 5/- each for successful primary vaccinations and for one successful re-vaccination performed in children who have not reached their sixteenth birthday. (N.B.—In the case of an unsuccessful first attempt, the fee will be paid only if a second attempt is made and recorded, whether successful or not).

(2) *Immunisation against Diphtheria/Tetanus/Whooping Cough/Poliomyelitis:*

Records are required and payment of the approved fee of 5/- will be made in respect of children who have not reached their sixteenth birthday:

- In the case of Diphtheria, Tetanus, or Pertussis immunisation—for the record of a complete primary course and for each reinforcing dose required before the age of sixteen years.
- In the case of vaccination against Poliomyelitis—for the record of a primary course consisting of two doses of inactivated vaccine or three doses of oral vaccine. In the first mentioned case a further fee will be payable for the record of completion of the basic course either by one dose of inactivated vaccine or two doses of oral vaccine. A further fee is also payable for one reinforcing dose before the sixteenth birthday.

(3) *General and Important:*

The fees referred to above are payable:

- In respect of patients not having reached the age of sixteen years who are *on the list of the Practitioner concerned or are his private patients.*
- Provided the record is in the standard form (the printed forms supplied by the Salop County Council meet with this requirement).
- Subject to the record being sent to the Authority as soon as the course of vaccination or immunisation is completed but in any event *not more than three months later.*
- Subject, where combined prophylactics are used, to the payment of only one fee for the record of a primary course or reinforcing dose given to one patient.

(N.B.—The printed record in Salop provides for the use of single, combined or triple antigens supplied by the Council but if a Practitioner, in his discretion, uses Quadruple vaccine obtained from other sources it is sufficient to state this fact on the card or add the words “and Poliomyelitis” to the title at the head of the card).

At the same time the opportunity was taken to set out for the information of Practitioners a statement of the Health Department's recommendations for the administration of the various procedures, as follows:

**Statement for information of Vaccination and Immunisation Recommendations
under Health Department Arrangements**

<i>Recommended Age</i>	<i>Vaccine</i>	
2 months	Diphtheria-Tetanus-Whooping Cough ..	First dose
3 months	Diphtheria-Tetanus-Whooping Cough ..	Second dose
4 months	Diphtheria-Tetanus-Whooping Cough ..	Third dose
6 months	Oral Poliomyelitis	First dose
7 months	Oral Poliomyelitis	Second dose
8 months	Oral Poliomyelitis	Third dose
1 year	Smallpox	
18 months	Diphtheria-Tetanus-Whooping Cough ..	Reinforcing dose
School entry ..	Oral Poliomyelitis	Fourth dose
School entry ..	Diphtheria-Tetanus	Reinforcing dose
11 years	Diphtheria-Tetanus	Reinforcing dose
11 years	Smallpox	Re-vaccination
Over 11 years ..	B.C.G.	

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. A fee of fourteen shillings is payable for each vaccination irrespective of whether the traveller resides in the County or elsewhere.

By the end of 1963, 481 persons had been vaccinated against Yellow Fever at this Department and a further 126 vaccinations were undertaken during 1964.

Travellers and their family doctors are asked to take note that the accepted time for Yellow Fever immunisations is 3.0 o'clock in the afternoon of the first and third Mondays in the month. Attendance must 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.

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, which commenced operation in April, 1961.

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.

All components are dried in a hot air cabinet, following which the needles are subject 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.

During the first eight months' operation to the end of 1961, the service produced 53,810 outfits but, towards the end of that period, two significant factors (a national shortage of Salk poliomyelitis vaccine and the impending re-introduction of "Triple" Antigen) led to a marked reduction in the demand for sterile injection outfits and this trend continued with the introduction of Sabin oral vaccine for poliomyelitis early in 1962.

The combined effect of these events resulted in a decision of the Health Committee that the unused capacity of the Syringe Service should enhance the efficiency of the Home Nursing and Midwifery Service by the provision of sterile injection outfits for domiciliary use.

Starting in August, 1962, with a pilot scheme in the Borough of Shrewsbury, the provision of these outfits for nurses and midwives has been gradually extended until, at the end of 1964, the service was catering for 49 nurses in 22 districts (representing 50% of all our nurses and 40% of our nursing districts), in addition to covering all immunisation and clinic work undertaken by the Department.

The output of the central unit during 1964 was 56,392 outfits (12,919 more than in 1963).

AMBULANCE SERVICE

Report of the County Ambulance Officer

The National Health Service Act, 1946.—Under Section 27 of this Act 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".

The National Health Service (Amendment) Acts, 1949 and 1957.—The National Health Service (Amendment) Act, 1949, modified the original definition of responsibility (where the need arises) in that the Local Health Authority from whose area a patient has been admitted to hospital is required to bear the cost of ambulance facilities for the return journey on the patient's discharge if this occurs within three months from the date of admission. As a result of this amendment our gains and losses approximate very closely.

The National Health Service (Amendment) Act, 1957, enables Local Health Authorities to make a charge for providing ambulances to stand by at sports meetings, and to claim reimbursement from firms engaged in certain specified industries which, like the National Coal Board, have a statutory obligation to ensure that ambulance transport is available. The decision to provide ambulances for purposes outside the National Health Service Act is still one for the Local Health Authority and is dependent upon the availability of vehicles and other factors, because the Ambulance Service establishment cannot be increased to meet these extraneous needs. During 1964 the Ambulance Service was reimbursed to the extent of £380 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.—The Service has for some years been re-imbursed for transport which 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. During the year 1964, the amount received in re-imbursement was £338. Relief vehicles and drivers are also supplied, when requested, to replace existing transport provided for other Sections of the Health Department.

Operation.—The Ambulance Service in Shropshire has been operated from a Central Control almost from its inception. The Central Control room is situated in the Ambulance Service Headquarters, Abbey Foregate, Shrewsbury (Telephone No. Shrewsbury 6331), and is manned throughout the twenty-four hours. Vehicles are operated from the main central station at Shrewsbury or from subsidiary stations at Oswestry, Whitechurch, 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. Be at pains to state the exact point where the ambulance is required and how to find it easily. Many place names in Shropshire are duplicated.

The Service is administered from the Headquarters in Abbey Foregate, Shrewsbury, and any enquiries should be directed there.

Communications.—Good communications are essential to any Ambulance Service and any new developments in this field are examined critically to ascertain their value in this County.

Two-way radio-telephone equipment is installed in 36 vehicles, with a main transmitter at Abdon Burf (height 1,795 feet), the highest point of the Brown Cleve Hill, and a reserve transmitter situated at Lyth Hill (height 560 feet) on ground made available by the Atcham Rural District Council.

Vehicles.—Over the years a pattern of vehicles to meet the needs of the area has been evolved. Here again new developments are examined critically in the light of need, desirability and cost. Almost every ambulance could be described as "dual purpose", but those vehicles so described in the statistical tables which follow are, in fact, designed primarily to carry sitting cases, but are able to carry one or two stretcher cases at need. Two sitting-case cars have been converted so that if necessary they can carry one stretcher case and may be a useful and economical alternative to rail travel in some cases.

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 soon no longer be available and may need to be replaced by normal ambulance transport.

Co-operation with other Services.—Direct telephone lines provide immediate links between the Police and Ambulance Service control rooms, and 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 is designed to ensure the co-ordination of their various activities in the event of any major disaster.

The major Emergency Services in the County—Police, Fire, Ambulance and Hospital—work together happily, and we are not infrequently indebted to the Police for road clearance by their motor patrol vehicles in the transport of accident or emergency cases.

Accidents.—Accidents do not represent a large percentage of the patients carried in Salop, but the increasing number and 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; this need is highlighted in the Report of the Standing Medical Advisory Committee on Accident and Emergency Services published in September, 1962, which also lays stress on improved training for ambulance personnel.

Training.—Whilst we have always made every effort to give the best training possible to our staff, this has, in the main, had to be done outside working hours. During the year under review, however, we have been able to run complete courses of five days' duration for batches of recruits as they were appointed, and it is hoped to extend this to include revisionary courses for existing staff. This is not easy due to the narrow margin of staff upon which we try to work, the increasing amount of leave accruing to staff, the reduction in working hours and our steadily increasing commitments in ambulance transport. Early in 1965 a scheme has come into operation whereby each member of the staff spends five days in attendance in the accident and emergency and other appropriate departments of the nearest general hospital, to extend the scope of the training to ensure that the treatment of the patient is a continuing process from the scene of the accident or sudden illness until discharge from hospital. All the Hospital Staff, Consultant, Nursing, and Administrative, have given much co-operation and encouragement, and all concerned seem delighted with this innovation, made possible by the local Hospital Management Committee and the Group Medical Committee, for whose interest we are very grateful.

Meantime we have continued with our out-of-hours ad hoc sessions, for which we must also acknowledge the help of Mr. G. K. Rose, Mr. R. S. Cowie and Mr. E. N. Owen, each of whom is a Consultant Surgeon, and of Dr. J. Pollard, Consultant Anaesthetist.

Mr. Rose, the County Medical Officer of Health and the County Ambulance Officer are members of a Regional Hospital Board Committee endeavouring to provide improved training for ambulance personnel, and the Committee have sponsored the production of a number of film strips illustrating techniques in advance of the normal First Aid training, one of which on "lifting and handling" was prepared by Mr. Rose in collaboration with our own Service. The strips are produced and marketed nationally and internationally by a well known firm of Visual Aid Specialists.

Driving Awards.—The lot of an Ambulance Driver/Attendant is not always a happy one. When he (or she) goes to an emergency and there appears to be delay, criticism results. If he travels at speed and there is an accident, he is probably fined, because although in such circumstances he is not bound by the normal speed limit, he must comply with all other requirements of the Road Traffic Act.

It says much for the majority of the staff, therefore, that the following safe driving awards for 1963 were received during the year:

- Eleven Diplomas
- Two 5-year Medals
- Three 1st Bar to 5-year Medals
- Five 2nd Bars to 5-year Medals
- Four 3rd Bars to 5-year Medals
- One 4th Bar to 5-year Medal
- Two 1st Oak Leaf Bars to 10-year Medals
- One 4th Oak Leaf Bar to 10-year Medal

Staff.—Not only in the driving sphere but in all aspects of their work it is pleasing to once again pay tribute to the staff. Administrative, control and operational staff do an excellent job; often harassed, occasionally criticised, from time to time themselves exasperated, nevertheless there not infrequently arrives a glowing tribute which gives us all fresh impetus and shows that the public by and large appreciate what is done on their behalf, although probably unaware of the extent and variety of the work.

There is an increasing number of those cases laconically described as "overdose"—it is startling to note four such in one day in an area such as that we serve. Some of these are accidental, some intentional and the variety of other cases includes cut throat, assault, dog bite, snake bite, poison berries, gunshot wounds, home accidents of all kinds, and even the installation of escalators in new buildings brings its crop of falls.

The occasional case arises where even staff who are inured if not hardened to suffering and squalor are nauseated by what they are called upon to deal with.

Civil Defence.—During the year the total of volunteers in the Ambulance and First Aid Section of the Corps in Shropshire has been reduced to a more realistic figure by the removal of the names of those no longer active. This highlights the need for many more volunteers to the Section.

As has been reported previously the War Duty Establishment for this Section in the County is three columns, each consisting of 110 vehicles and 334 personnel, i.e. a total of 330 vehicles and 1,002 staff, plus a small number of ambulances with their crews for what is termed "Home Cover".

This expanded Service is to be built upon the existing County Ambulance Service, the professional staff of which must be trained to play a prominent part in the organisation and whose first task in a nuclear emergency would be the evacuation of existing hospitals in the Region. The writer has been a member of a working party which has produced a scheme, now accepted by the Local Authorities in the Region, to complete this task in the short time which will be available for it if the need should unfortunately ever arise.

Members of the whole-time Service as well as Civil Defence volunteers have trained locally as Instructors and some of the former have attended Courses at the Home Office School at Falfield. Civil Defence volunteers find it difficult to obtain leave of absence for such courses, although we should welcome the chance to send them if this difficulty were overcome.

County Council Owned Health Service Cars.—The Ambulance Service Central Administration are responsible for the Council's motor cars used by District Nurses, Midwives and Health Visitors. At 31st December, 1964, such nursing cars numbered 80.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1964, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,

County Ambulance Officer.

Table 69 : Establishment of Ambulances, Dual-purpose Vehicles and Sitting-case Cars

Ambulance Stations	At 31st December							
	Ambulances		Dual-purpose Vehicles		Sitting-case Cars		Total Vehicles	
	1963	1964	1963	1964	1963	1964	1963	1964
Shrewsbury	14	14	4	5	5	3	23	22
Oswestry	5	5	1	1	—	—	6	6
Whitchurch	2	2	1	1	—	—	3	3
Market Drayton	1	1	—	—	—	—	1	1
Donnington and Shifnal	4	4	3	5	—	—	7	9
Wenlock	—	—	1	1	—	—	1	1
Bridgnorth	2	2	—	—	—	—	2	2
Ludlow and Craven Arms	4	4	2	1	—	1	6	6
Bishop's Castle	1	1	—	—	—	—	1	1
TOTAL	33	33	12	14	5	4	50	51

Table 70 : Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Personnel Employed			Total	Maximum Authorised Full-time Establishment
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants			
	M	F	M	M	F	M	M	F		
1963	47	5	9	3½	8	56	3½	13	72½	95
1964	48	5	10	4	8½	58	4	13½	75½	95

Table 71 : Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1963					31st December, 1964				
	Full-time		Part-time			Full-time		Part-time		
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants	Driver-Attendants	Attendants	
	M	F	M	M	F	M	F	M	M	F
Shrewsbury ..	30	5	1	—	4	28	5	—	—	4
Oswestry ..	7	—	2	6	2	8	—	2	6	2
Whitchurch ..	1	—	3	1	1	1	—	3	1	1
Market Drayton ..	—	—	3	—	1	—	—	3	—	1
Donnington and Shifnal ..	7	—	1	—	5	9	—	1	—	4
Wenlock ..	—	—	1	3	2	—	—	1	1	2
Bridgnorth ..	2	—	1	—	2	2	—	1	—	2
Ludlow and Craven Arms ..	—	—	8	2	8	—	—	8	1	7
Bishop's Castle ..	—	—	2	—	—	—	—	2	—	—
TOTAL	47	5	22	12	25	48	5	21	9	23

Table 72 : Work performed by Ambulances and Sitting-case Cars

Year	Ambulances		Cars		Women's Voluntary Services and other Supplementary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
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
1962	93,685	939,449	10,406	155,133	5,160	81,228	109,251	1,175,810
1963	101,455	997,457	10,478	150,124	4,568	72,149	116,501	1,219,730
1964	102,054	1,039,832	8,125	122,712	5,121	91,694	115,300	1,254,238

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

Table 73 : Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants (as at 31st Dec., 1964) in terms of whole-time personnel)
Shrewsbury ..	20,259	41,431	451,991	33.76
Oswestry ..	2,857	16,270	158,407	10.68
Whitchurch ..	1,663	7,200	78,405	3.76
Market Drayton ..	541	3,441	34,937	2.41
Donnington ..	4,223	19,616	185,705	11.91
Shifnal ..	962	3,022	31,366	1.86
Wenlock ..	500	2,090	20,792	1.17
Bridgnorth ..	1,231	6,568	64,633	3.22
Ludlow and Craven Arms ..	3,667	10,530	140,296	6.62
Bishop's Castle ..	7	11	165	0.06
TOTAL ..	35,910	110,179	1,166,697	75.46

Table 74 : Categories of Patients Conveyed

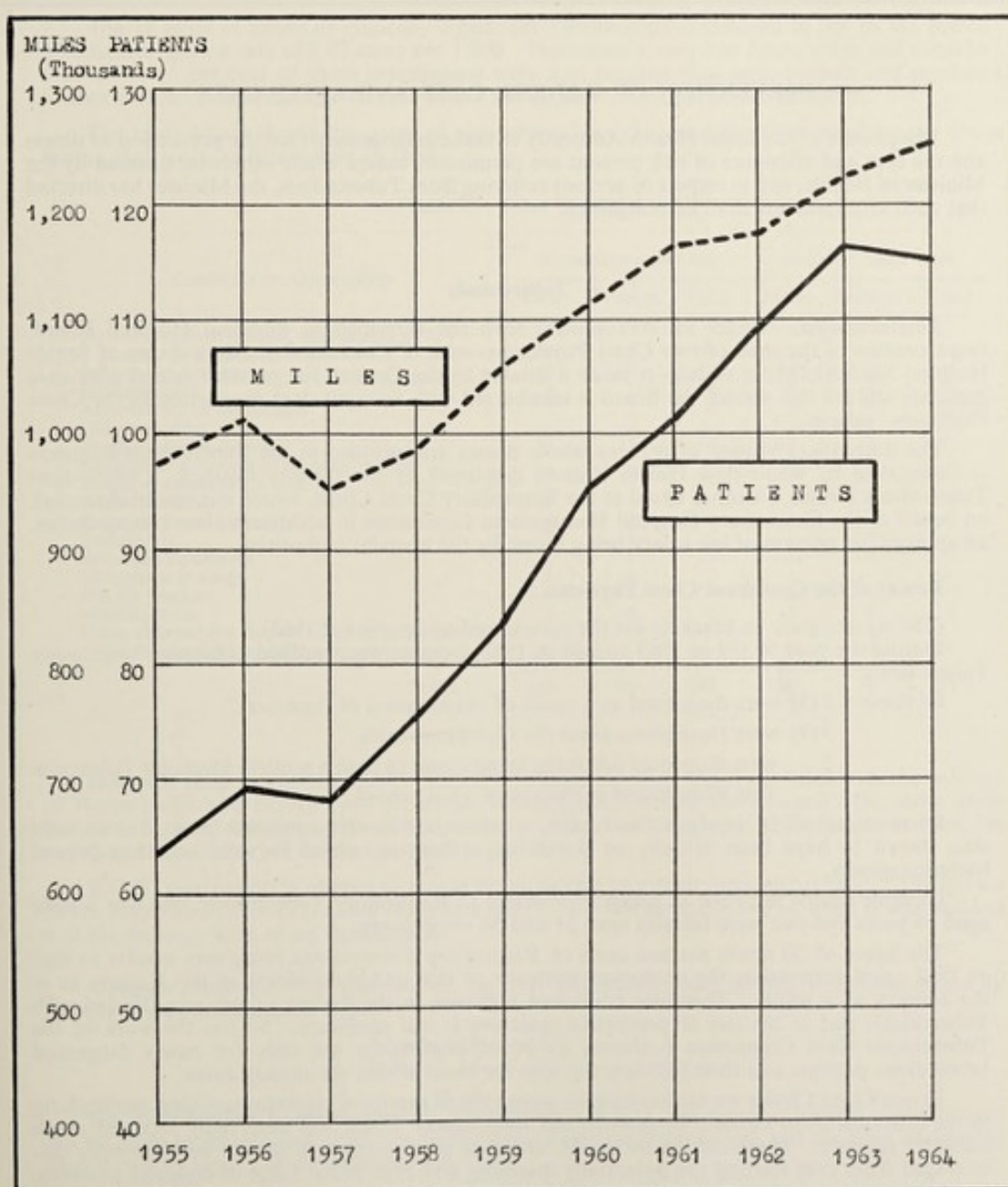
Maternity ..	1,441
Mental ..	416
Accident ..	2,204
Infectious ..	82
General ..	111,157
TOTAL ..	115,300

Table 75 : Patients carried and Mileage covered

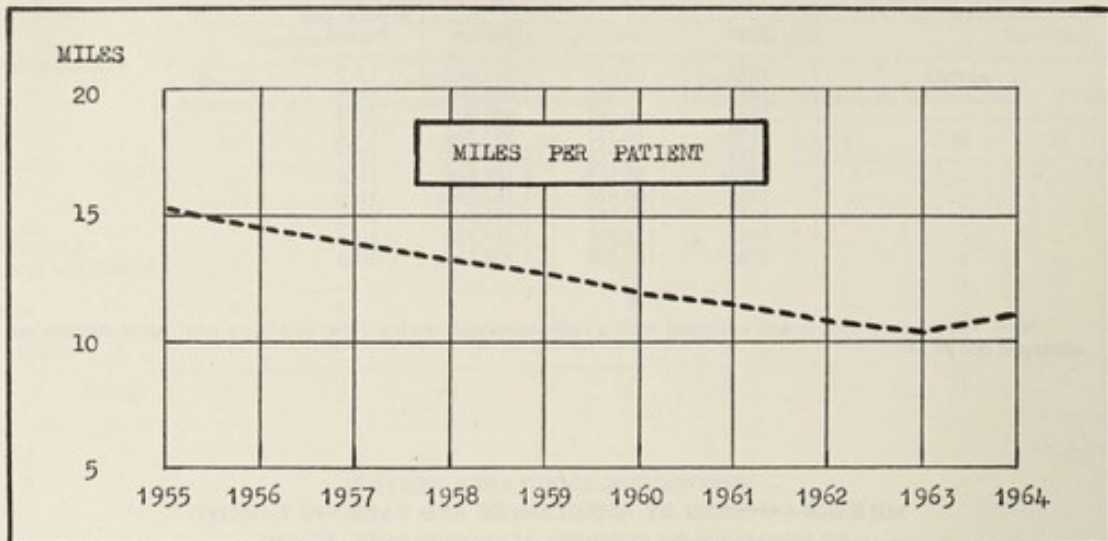
Year	Patients	Mileage	Mileage per Patient
1955	63,658	971,003	15.2
1956	69,365	1,008,593	14.5
1957	68,688	949,007	13.8
1958	75,222	984,334	13.1
1959	83,172	1,058,313	12.7
1960	95,163	1,122,645	11.8
1961	100,926	1,167,396	11.6
1962	109,251	1,175,810	10.8
1963	116,501	1,219,730	10.5
1964	115,300	1,254,238	10.9

NOTE.—One more vehicle was equipped with a radio-telephone during 1964, making a total of 36 vehicles so equipped out of 51.

SHROPSHIRE AMBULANCE SERVICE
MILEAGE COVERED BY AMBULANCES AND PATIENTS CARRIED



**SHROPSHIRE AMBULANCE SERVICE
PATIENTS CARRIED**



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

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

Tuberculosis

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

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by 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 figures given in brackets are the corresponding figures for 1963).

During the year 50 (59 in 1963 and 48 in 1962) persons were notified as having Respiratory Tuberculosis.

Of these : 3 (5) were diagnosed as a result of examination of "contacts".

3 (9) were immigrants from the Commonwealth.

2 were diagnosed following being found to have a positive Mantoux Tuberculin Test when tested at the age of 13 at school.

Of this total of 50 newly notified cases, tubercle bacilli were obtained from 19 who were thus shown to have been actually or potentially infectious, whilst 31 were not thus proved bacteriologically.

Of three deaths recorded as being attributable to Respiratory Tuberculosis, one was a male aged 55 years and two were females aged 54 and 56 respectively.

The figure of 50 newly notified cases of Respiratory Tuberculosis being very similar to that of 1962 again emphasises the continued existence of this infectious illness in this County as in the country as a whole. Therefore continued vigilance in the finding of persons affected with Tuberculosis and in the use of preventive measures is still necessary. So too the work of the Tuberculosis Care Committee continues to be of importance not only for newly diagnosed tuberculous patients and their families, but also for those whom we already know.

In our Chest Clinics we are continually seeing the ill results of cigarette smoking, particularly in its relationship to chronic bronchitis and lung cancer which has deservedly received much publicity recently. There can be no doubt whatever that young folk should be vigorously discouraged from ever starting the potentially disabling and even lethal habit of cigarette smoking.

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 1964 by the Mass Miniature Radiography Units from Wolverhampton and Stoke-on-Trent; and the following results of these surveys have been supplied through the courtesy of Dr. J. T. Hutchison and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively.

Table 76 : Mass Radiography Results

Unit	Sessions	Persons X-rayed			Tuberculosis			
		M	F	Total	Active		Inactive	
					M	F	M	F
WOLVERHAMPTON	Public	336	344	680	1	2	3	6
	Industrial	4,944	2,967	7,911	5	—	32	14
	G.P. Referrals	834	996	1,830	2	3	12	11
	TOTAL	6,114	4,307	10,421	8	5	47	31
STOKE-ON-TRENT	Public	793	602	1,395	—	1	2	3
	Industrial	3,010	1,341	4,351	2	1	10	4
	G.P. Referrals	330	291	621	1	—	1	3
	TOTAL	4,133	2,234	6,367	3	2	13	10

The 18 cases of active or clinically significant Tuberculosis discovered in the 16,785 persons investigated gives a rate of 1.07 cases per 1,000. This seems a very low figure when one considers that about 15 per cent of those investigated were sent because they were suspect and produced 6 cases of active Tuberculosis—a rate of 2.4 per 1,000 for this particular category.

The table below shows the cases of non-tuberculous abnormalities discovered by the Units during their visits to Shropshire in 1964.

Table 77 : Other Conditions

Condition or Abnormality	Wolverhampton Unit			Stoke-on-Trent Unit		
	Males	Females	Total	Males	Females	Total
Non-tuberculous fibrosis, emphysema and pleural thickening	31	13	44	32	10	42
Inflammatory lesions	53	28	81	19	6	25
Bronchiectasis	4	5	9	2	6	8
Abnormality of diaphragm	1	3	4	5	7	12
Old emphysema	—	—	—	2	1	3
Cardio-vascular lesions	21	17	38	28	15	43
Congenital abnormality of bony thorax	11	6	17	3	4	7
Acquired condition of ribs	19	—	19	2	—	2
Pneumoconiosis	1	3	4	3	—	3
Enlarged thyroid gland	3	6	9	1	1	2
Sarcoidosis	11	1	12	2	—	2
Bronchial carcinoma	1	—	1	—	—	—
Metastases in lung	—	—	—	2	—	2
Old rib fracture	2	4	6	3	3	6
Miscellaneous	—	—	—	5	3	8
Cases referred for further investigation and on whom a final diagnosis has not yet been reached	—	—	—	—	—	—
TOTAL	158	86	244	109	56	165

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home-Helps and during 1964 assistance was supplied through the Council's Domestic Help Service in 5 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (*vide* page 62).

B.C.G. vaccination is offered to Home Helps willing to attend tuberculous cases. Thirty-two Home Helps had chest x-rays, one being recalled for two further chest x-rays, when it was decided that the findings were of no significance.

Open-air Shelters.—The distribution on 31st December, 1964, of the 29 shelters owned by the County Council was as follows:

At patients' homes	16
In store	13

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 1964 a total of 185 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 234 for the previous year.

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

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

A complete service is offered annually to Schools for the vaccination of 13 year olds as well as older children who may have missed vaccination or whose parents have previously refused it, so that every eligible child is done whose parents accept vaccination.

The following are the particulars of schools visited for B.C.G. vaccination purposes during 1964, with the comparative figures for 1963:

Table 78 : B.C.G. Vaccination in Schools

	Maintained and Grant-aided schools		Independent Schools	
	1963	1964	1963	1964
Schools visited	66	54	24	23
Children tested	3,445	3,089	474	454
Reactors—positive	326	222	54	58
negative	2,981	2,751	415	394
Not read	138	116	5	2
Children vaccinated	2,918	2,714	410	385
Negative reactors not vaccinated	63	37	5	9

The acceptance rate for B.C.G. vaccination for 1964 was 93 per cent.

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

	Tested	Positive Reactors	Negative Reactors	Not Read	Negative Reactors Vaccinated
Children (all ages) ..	530	152	357	21	77*

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

Mass Radiography.—Appointments for chest x-ray by Mass Radiography are offered to all positive reactors and also to their home contacts. In addition, since February, 1964, arrangements have been made for those pupils who have had large Mantoux positive reactions (induration 20 mms. and above) to have follow-up x-rays four months and sixteen months after their initial chest x-ray. During 1964, 99 such large positive reactors were referred for follow-up x-rays.

The table below summarises the results of all cases investigated by the Stoke-on-Trent and Wolverhampton Mass Radiography Units.

	Pupils	Home Contacts	Staff
Cases investigated	1,599	371	256
Recalled for large film examination	22	12	1
Cases of tuberculosis discovered	3	1	—

The three cases discovered amongst the pupils were all from different schools. One was sputum negative and non-infective; another was classed as a primary infection; and the third was an active case of minimal infectivity. The one case found among the home contacts was notified as suffering from active pulmonary tuberculosis following his x-ray as a contact of his daughter who had a Mantoux positive reaction.

Included in the above figures are 1,171 children and 224 staff from the three schools at which special surveys were made. Five children and one member of staff were recalled for large film examination. One child was found to have a benign tumour of the chest, was operated upon and recovered fully. One member of the staff was found to be already under supervision by the Chest Clinic.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1964 was as indicated in the table following, with comparative figures for the previous year:

Table 79 : Tuberculosis Registers

	1963		1964	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January	1,283	279	1,232	263
ADDED : New cases	59	19	50	11
Transfers in	29	5	19	—
Restored to register	6	1	4	—
REMOVED : Cured	89	30	106	15
Non-tuberculous	1	1	2	1
Died (all causes)	25	3	28	3
Transfers out	27	6	20	5
Lost sight of	3	1	1	1
On register on 31st December	1,232	263	1,148	249

On 31st December, 1964, the 1,148 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors	869
Not requiring supervision	237
In hospitals and sanatoria, as listed below	30
In Shelton Hospital, having treatment apart from Tuberculosis	12
	1,148

Table 80 : Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	1
Cross Houses Hospital	11
Wrekin Hospital	11
Shelton Hospital	3
Royal Hospital, Wolverhampton	1
Morda	2
Newtown Hospital	1
	30

Extra Nourishment.—Up to two pints of milk per day are supplied on the recommendation of the Chest Physicians to necessitous patients suffering from Respiratory or Non-respiratory Tuberculosis and during 1964 assistance was given in this way to 101 cases.

Shropshire Tuberculosis Care Committee.—This voluntary committee was formed in 1956 for the purpose of rendering assistance to necessitous tuberculous cases and their families in supplementation of statutory help. Income has been largely derived from the sale of Christmas Greeting seals and donations, but during 1964 funds were also raised at a dance and by the sale of Christmas cards.

During 1964, the case committee met on 14 occasions and approved assistance in a variety of ways to 71 cases (of whom 25 were new ones) at a cost of £658, compared with 67 cases and £537 during the previous year.

Health Education

Mr. Harris, Health Education Officer, reports as follows:

Health Propaganda.—There is little to add to previous reports. The demand for illustrated talks continues to increase and has been intensified by the success of the new "Personal Relationships" venture. All requests for talks have been met and the additional work undertaken is reflected in Table 81 following, which shows an increase in the number of talks given of 150 per cent over the previous year.

Our work has been done in schools, child welfare centres, and with adult groups. The most popular topics have been personal and food hygiene, dental health, nutrition, spread of infection, general health and hygiene, and home safety.

Education designed to improve standards of health and promote reactions must begin at the higher levels and filter downwards. It is a slow process and not easily measurable, but an appreciation of the essentials of healthy living is vital to the individual and the community. To be generally acceptable talks must be brief and illustrated, entertaining and informative and therefore stimulating.

Table 81 : Health Education Talks

Given by	Lecturers	Talks delivered			Illustrated by films, slides or strips	Numbers in audience
		Total	In Schools	Elsewhere		
Assistant County Medical Officers ..	12	48	35	13	48	4,543
Dental Officers and Hygienists ..	6	34	30	4	34	2,505
Health Visitors	8	54	3	51	15	758
Nurses	4	18	—	18	1	321
*Health Education Lecturer (part-time)	1	21	20	1	9	988
Health Education Officer	1	24	1	23	24	2,033
Others	2	2	—	2	2	48
TOTALS ..	34	201	89	112	133	11,196

*From 17th September, 1964

"Learning to Live".—The recent innovation of trying to help adolescents by some explanation and discussion of "growing-up" problems is chiefly practised in schools and so the following paragraphs, which are so much related to general adult health, are also reproduced in the Annual Report of the Principal School Medical Officer for 1964.

Between September, 1964, and May, 1965, the Health Education section of the Salop County Health Department has offered to Secondary schools a course for young people on the problems of adolescence and emergence into the complexities of modern life.

Where Heads of Secondary Schools have requested sex education programmes, the courses are arranged by Mrs. Jean Owen, who is a professional teacher enlisted on to the staff of the Health Department expressly for this purpose about the middle of 1964, and who contributes the following report on her activities from the beginning of the Autumn term until the finalising of this Report in May, 1965:

"The thirty-seven courses already completed in twenty-eight schools have covered all age and ability groups from the third-year remedial stream pupils of the Secondary Modern School to the Sixth Form Grammar School boys and girls with their places already secured at University.

The course is, therefore, adapted to the requirements of each individual Head of school and his group's needs, and is essentially seen as an adjunct to each school's programme.

Mrs. Owen is aided by Mr. H. Harris, who has charge of any visual aids which may be required for the programme, and can also call upon a Medical Officer for one of the three meetings comprising each course, at her discretion.

The first meeting is introduced by the showing of a modern film "Learning to Live", produced by the London Foundation for Marriage Education. This is a most useful and sensitive film, greatly appreciated by both boys and girls, which gives not only the biological facts of reproduction but also touches upon aspects of personal relationships, responsibility and questions of morality.

Questions submitted by the pupils at this first meeting form the basis for the succeeding meetings which are best conducted in smaller groups, as free discussion is a most valuable part of this course. In fact, one of the conclusions which one formulates as the scheme progresses is that these young people find discussion in their own age group, under an outside chairman, a most helpful measure—their individual problems and those of their friends, when brought out and discussed, seem to help them to get life's complexities into focus.

The pressures of the adult world, relentlessly applied through the mass media, bring to these young people the necessity for resolving their personal patterns of behaviour at an earlier age than, perhaps, ever before.

One finds that these boys and girls have few inhibitions in discussing problems of sexual behaviour and modern morality, provided that the adult in charge is prepared to meet them with an equally straightforward approach.

In presenting this course to the Secondary Schools of Shropshire, we hope that we are able to help the teachers to open a window on this adult world and its problems, to help the boys and girls to solve some of their own and to achieve the emotional maturity which we all need for a happy life, before and after we leave school".

Table 82 : "Learning to Live" Programme

Courses completed	..	..	..	..	..	..	..	..	37
Schools participating	..	..	..	..	..	..	..	..	28
<i>Courses completed in following categories of Schools:</i>									
Grammar Schools	..	..	..	Boys	..	..	..	..	5
				Girls	..	..	..	..	7
Technical College Departments	..	..	..	..	..	..	..	..	5
Secondary Modern Schools	..	..	..	Boys	..	..	..	..	5
				Girls	..	..	..	..	7
				Mixed	..	..	..	..	8
Parent-Teacher Associations, who have had talks on the Course	..	..	..	..	..	..	..	..	7
Youth Clubs visited	..	..	..	..	..	..	..	..	1
Mothers' Clubs visited	..	..	..	..	..	..	..	..	1
Marriage Guidance Council (Wolverhampton) visited	..	..	..	..	..	..	..	..	1

Smoking and Health.—Research and all the available statistical evidence indicates that there is a definite correlation between the smoking of cigarettes and the incidence of lung cancer, and on grounds of general health we do all that is possible by personal example and by the giving of information to discourage the formation of the smoking habit in youth and to curtail it in the addicted among the older generation.

Some Heads of Schools have felt that talks devoted entirely to smoking were undesirable because they tended to give undue emphasis to the practice and might well stimulate interest and experiment among those in whom the reverse reaction was intended, but School Medical Officers are nevertheless expected to take every opportunity of pointing out to children the ill-effects of indulging in habits which are calculated to undermine good health.

In this County we have supported the Ministry of Health's anti-smoking campaign :

- by a programme of talks and the showing of films and slides in schools, available on request ;
- by displaying posters in clinics, council premises and elsewhere by distributing leaflets ;
- by offering talks to organised groups.

Accidents in the Home.—Detailed figures are presented in the table following. Large numbers of accidents (few of them really inevitable) have been reported. The pattern shows little variation from that of other years. There is the usual crop of burns and scalds, poisoning of children (by medicines, tablets, cleaning fluids, etc., that they should not have had access to), the washday and kitchen hazards, and the permanently or temporarily absent fireguards.

Table 83 : Home Accidents

Category	Total	AGE GROUPS							
		0—5		6—64		65+		All	
		M	F	M	F	M	F	M	F
Burns and scalds	142	30	23	19	38	4	28	53	89
Poisoning:									
(a) Aspirin, tablets, etc.	27	16	11	—	—	—	—	16	11
(b) Paraffin, liquids, etc.	17	11	6	—	—	—	—	11	6
(c) Other	3	2	1	—	—	—	—	2	1
Falls	118	20	9	11	39	9	30	40	78
Miscellaneous	43	8	6	10	17	—	2	18	25
TOTAL ..	350	87	56	40	94	13	60	140	210

H. HARRIS,
Health Education Officer.

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 1964, but a paid Night Help was employed for one session. 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 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 Visitor during the year was Miss M. M. Evans, who commenced duty in this County on 1st January, 1963, in succession to Mrs. R. Winch. Particulars of her work during the year are as follows:

Cases open at 1st January, 1964	25
New cases	2
	27
Cases closed as satisfactory	5
Unsatisfactory cases needing further action by Inspector	2
	7
Cases open at 31st December, 1964	20
Children in new cases opened	7
Total visits of supervision to families	886
Total miscellaneous visits to officials	408

By arrangement between the Chief Officers of the various County Council Departments concerned with problem families, a Central Register of all such known families in the County is maintained in the Health Department. At the end of the year, 765 families were on the Register, representing about one family in every 116 in Shropshire.

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 are by payment for help in the home (including employment of trained nurses for a Day and Night Nursing Service), and the supply of linen, bedding, clothing, personal comforts and extra nourishment.

The first grant (£50) was received from the Foundation in June, 1957, and with grants in subsequent years, including £200 in 1964, the total of their Shropshire grants amounts to £1,050.

Table 84 : Cases assisted

Assistance provided	Amount expended in 1964		
	Cases	£	s. d.
Domestic help, including Day and Night Nursing Service	9	238	13 3
Extra nourishment	12	31	15 5
Fuel	2	16	8 0
Travelling expenses	1	2	0 0
TOTAL ..	24	286	18 8

The valuable work maintained by this Foundation has often been alluded to by me with great appreciation in previous reports. It gives me particular pleasure to note in a recent communication from the Society the rapid growth of the Foundation's voluntary income and resulting expansion of services. The voluntary income has increased from £46,000 in the year 1952, very steadily to the tremendous figures of £676,000 in 1963. The Foundation rarely advertise and one imagines this must be due to appreciation of their services by relatives or friends of those they help. Among other things they have now got nine homes established, three more pending, and in 1963 spent over £24,000 on research.

Other Aspects of Care and After-Care

Other Types of Illness.—Any necessary nursing care and attention for patients discharged from hospitals 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 Hoyer patient lifters, wheel chairs, mattresses, 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, issues of equipment were made to 819 patients, direct from the Health Department in 550 cases and by nurses and midwives in 269 cases, a total of 1,232 items being supplied as summarised below:

Table 85 : Issues of Nursing Equipment

Items	Issued by		Total
	Health Dept.	Nurses	
Air rings	19	70	89
Back rests	99	107	206
Bed pans	100	127	227
Bed cradles	31	17	48
Bed tables	—	1	1
Bedsteads	15	—	15
Commode chairs	101	8	109
Crutches	15	—	15
Dunlopillo rings	55	17	72
Feeding cups	—	15	15
Fireguards	25	—	25
Hoyer patient lifters	11	—	11
Mattresses	26	1	27
Urinals	41	75	116
Sheets	—	1	1
Walking aids	30	—	30
Wheel chairs	156	5	161
Miscellaneous	41	23	64
TOTAL ..	765	467	1,232

Incontinence Pads.—In July, 1960, limited arrangements were made within the framework of the Home Nursing Service for incontinence pads to be provided free of charge to incontinent patients of limited means being nursed at home.

Experience of these arrangements led to a decision in May, 1962, to provide these facilities for all incontinent patients being nursed at home, irrespective of their means.

Since the issue of Ministry of Health Circular 14/63, which commended the issue of pads as part of the arrangements for the care of patients under Section 28 of the National Health Service Act, 1946, no restriction has been placed on issues to incontinent patients who are not receiving attention from Home Nurses employed by the Authority, but this category comprises a very small proportion of the recipients, the majority of whom are also Home Nursing Cases.

The cases involved are scattered over the whole of the Administrative County and the disposal of used pads has yet to give rise to problems (the method of choice being domestic boiler or solid fuel stove in most instances). With the steady increase in the numbers of pads issued, however, this question of disposal must, of necessity, require attention and, as the need arises, the matter will be the subject of consultation with the appropriate refuse disposal authorities.

Since the expansion, in 1962, of the initial pilot scheme for the provision of pads, the numbers issued each year are as follows:

Year	Pads Issued
1962	12,700
1963	27,300
1964	44,600

Quotations are invited annually from suppliers, who are then given a bulk order for the provision during the ensuing twelve months of multiples of 100 pads to individual Nurses by monthly requisition. Issues to patients are then undertaken by the Nursing Staff, whether or not they are in attendance.

In this rural area this method of supply is considered to be the most effective and economical in present circumstances and thanks are due to Nurses concerned for their ready acceptance of this additional chore in the general interests of the patients.

Recuperative Convalescence.—Under the Council's scheme, patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, are assisted 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 1964, the following Convalescent Homes received 57 cases at a gross cost of £760 5s. 3d., of which £37 7s. 6d. was recovered, no charge being made in 39 cases.

Table 86 : Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	46	—
Ormerod Home, St. Annes-on-Sea	—	1
Victorian Convalescent Home, Bognor Regis ..	2	—
Overley Hall, Wellington	—	1
St. Margarets, Weston-super-Mare	—	1
Broomhayes, Northam, North Devon	—	4
Boarbank Hall, Grange-over-Sands	2	—
TOTAL ..	50	7

Chiropody Service

A Chiropody Service for the aged, handicapped persons, and expectant mothers is provided by the Council through Chiropodists employed either directly or on a contractual basis, and also through local schemes operated by Old People's Voluntary Committees and Clubs.

During 1964, ten such voluntary schemes were in operation and subsidised by the Council, one of which, that operated by the Oakengates and District Old People's Welfare Committee, was approved for inclusion in the County Service at mid-year.

In the last month of 1963, two whole-time Chiropodists (Mr. and Mrs. W. G. Smith) were recruited to the Council's service, but Miss A. Casson, who had been working single-handed since her appointment in March, 1963, left at the end of the year.

Efforts were made throughout 1964 to appoint another whole-time Chiropodist, but without success. Consequently, increasing demands for Chiropody treatment from the public resulted in a waiting list for first appointments and longer intervals between treatments.

Progress has, however, been effected in the early months of 1965 with the appointment of a third Senior Chiropodist (Mr. J. Poxon) and at the time of writing all demands for treatment are being met without difficulty.

To assist the Shrewsbury Group Hospital Management Committee and the County Welfare Committee, sessions are allocated by one of the Council's Chiropodists (about three-quarters of her time) to the treatment of patients in Shelton Hospital and in four County Welfare Homes—three in Shrewsbury and one at Church Stretton.

Reciprocal arrangements were entered into in 1964 with the Staffordshire County Council whereby cases in the border areas could be treated by one Authority on behalf of the other, according to the availability of services. Charges of 9/- per clinic treatment and 15/- per domiciliary treatment, as laid down by the Whitley Council, were agreed by both Authorities.

Clinic sessions involving some 48 half-day sessions per month are held at fifteen Child Welfare Centres, as detailed in the tables at the end of this Report, and additionally at the following:

BAYSTON HILL	..	..	Old People's Dwellings	..	4th Tuesday	..	2.0—5.0 p.m.
CROSS HOUSES	..	..	Old People's Dwellings	..	1st Thursday	..	9.30 a.m.—12.30 p.m.
ELLESMERE	..	..	Ellesmere House	..	1st Monday	..	2.30 p.m.—5.30 p.m.
KETLEY	..	..	Good Companions' Club	..	1st Tuesday	..	9.30 a.m.—12.30 p.m.
				..	3rd Tuesday	..	9.30 a.m.—12.30 p.m.
						..	2.0—5.0 p.m.
MINSTERLEY	..	..	Bridge Hotel Assembly Room	..	2nd Friday	..	9.30 a.m.—12.30 p.m.

Sessions in County Welfare Homes are attended as under:

CHURCH STRETTON	..	..	Holmwood	..	..	2nd Thursday	..	p.m.
ELLESMERE	..	..	Ellesmere House	..	..	2nd Friday	..	p.m.
SHREWSBURY	..	..	Briarfields	..	..	2nd Tuesday	..	a.m.
			Bromley House	..	..	2nd Tuesday	..	p.m.
			Hollies	..	..	1st Thursday	..	p.m.

Private Chiropodist.—Contractual arrangements with one private Chiropodist were continued in 1964 and treatments carried out as follows:

Table 87 : Cases Treated by Private Chiropodist

Category of Patient	Domiciliary		Surgery	
	Patients	Treatments	Patients	Treatments
Aged	50	187	119	544
Handicapped ..	4	15	2	6
Expectant Mothers ..	—	—	1	1
TOTAL ..	54	202	122	551

County Chiropodists.—Clinic sessions attended by the County Chiropodists in 1964 totalled 334 and, inclusive of domiciliary visits, 826 patients received 3,516 treatments, as indicated below:

Table 88 : Cases Treated by County Chiropodists

Category of Patient	Domiciliary		Clinic	
	Patients	Treatments	Patients	Treatments
Aged	315	1,353	487	2,134
Handicapped ..	20	20	3	8
Expectant Mothers ..	—	—	1	1
TOTAL ..	335	1,373	491	2,143

A charge of 2/6d. per treatment is made, which is remitted in cases of hardship. No charge was made in respect of 403 treatments of aged persons and handicapped persons.

In addition, 65 sessions were held in Welfare Homes and 656 treatments carried out. 254 sessions were attended at Shelton Hospital on behalf of the Shrewsbury Group Hospital Management Committee. The load was five times that of 1963 for Welfare Homes, while Shelton Hospital had only 13 sessions in 1963.

Voluntary Schemes.—Patients were treated under Chiropody schemes organised by voluntary committees and clubs, within the framework of the County Service, as follows:

Table 89 : Cases Treated through Voluntary Organisations

Category of Patient	Patients	Treatments
Aged	950	4,791
Handicapped ..	25	118
Expectant Mothers ..	5	7
TOTAL ..	980	4,916

In total, patients treated through the County Chiropody Service in 1964 numbered 1,982 and received 9,185 treatments.

Fluoridation of Water Supplies

Following the issue of Ministry of Health Circular No. 28/62, in which the Minister indicated acceptance of the principle of fluoridation of water to prevent dental decay in young children as safe and desirable, the County Council considered the question of amending their proposals under Section 28 of the National Health Service Act, 1946, to enable arrangements to be entered into with water undertakings for the addition of fluoride to water supplies naturally deficient in it.

While recording their approval of the principles of fluoridation generally as a safe and desirable method of reducing dental decay, the Council have deferred positive action until assurance can be obtained that the benefits of fluoridation will be commensurate with the costs involved, since the County is served by different water undertakings and from a variety of sources of supply scattered throughout the whole of the area.

The regrouping of water undertakings in Shropshire was finalised in 1964, with the formation from 1st April of the West Shropshire Water Board. In view, however, of impending legal action against the Watford Borough Council to restrain them from continuing to add fluoride to their water supply, on the grounds that they were acting illegally, it was considered wise to postpone any furtherance of investigations with the Water Boards until the litigation had been settled.

Proposals of the Wolverhampton and Birmingham Corporations, both of whom provide water supplies for various eastern and south-eastern areas of Shropshire, to add fluoride to such supplies were also approved in principle. While Wolverhampton have yet to complete their arrangements, the Birmingham Corporation in July, 1964, began fluoridation at their Elan Valley Works and areas of the County in Ludlow Borough and Ludlow and Bridgnorth Rural Districts taking water from the Elan aqueduct have been receiving fluoridated supplies since that date.

MENTAL HEALTH SERVICE

Report of the Senior Mental Welfare Officer

Responsibility for the administration of the Mental Health Service is delegated by the Council to the General Purposes Sub-Committee of the Health Committee.

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:

- the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in such accommodation;
- the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;
- the appointment of officers to act as Mental Welfare Officers.
- the exercise by the Local Health Authority of their functions under the Act in respect of persons placed under guardianship; and
- the provision of any ancillary or supplementary services for the prevention of mental disorder or for the care of mentally disordered persons.

In 1962 the Minister of Health asked local health authorities to prepare for his approval a Ten-year Plan for the Development of Health and Welfare Services. There have been subsequent revisions of the original plan and particulars of the mental health projects currently included are as follows:

Year		Day	Places Residential
1964—65	Wellington Junior Training Centre for Subnormal Children	40	—
1965—66	Shrewsbury Adult Training Centre and Hostel for Subnormals	60	30
1965—66	Shrewsbury Hostel for Mentally Ill	—	20
1966—67	Wellington Adult Training Centre and Hostel for Subnormals	40	30
1967—68	Dawley New Town Junior Training Centre for Subnormal Children (1st Phase)	30	—
1967—68	Wellington Hostel for Mentally Ill	—	24
1968—69	Shrewsbury Hostel and Workshop for the Mentally Ill	30	30
1969—70	Dawley New Town Adult Training Centre and Hostel	60	30
1970—71	Oswestry Adult Training Centre for Subnormals	30	—
1971—72	North-East Salop Adult Training Centre for Subnormals	30	—
1971—72	Dawley New Town Junior Training Centre for Subnormal Children (Phase 2)	20	—
1972—73	Wellington Adult Hostel and Workshop for Mentally Ill	30	30

Staff.—On 31st December, 1964, the staff employed wholly in the Mental Health Service consisted of the following officers:

Senior Mental Welfare Officer	1
Deputy Senior Mental Welfare Officer	1
Mental Welfare Officers	8
<i>Training Centre Staff:</i>	
Supervisors	3
Assistant Supervisors	11
Senior Housemother	1
Assistant Housemothers	5

In addition, the Assistant County Medical Officers, the Supervisory Nursing Staff and some 47 Health Visitors have various duties in the Mental Health Service.

During the year four Mental Welfare Officers were appointed. Of these, two were appointed to fill posts which had been newly created, and two were replacements for officers who had obtained higher posts elsewhere. Consultant Psychiatrists, General Practitioners, social and industrial welfare organisations, and through them the public generally are becoming increasingly aware of the existence and potential usefulness of the Mental Health community service with the result that the demands made upon the Mental Welfare Officers continue to multiply. In view of this the establishment has again been reviewed and it is hoped that the proposals will have been accepted and implemented by the time this report appears in print.

The many patients who are discharged from hospital much earlier than they would have been a few years ago often need the support of a Mental Welfare Officer for a time at least; and during the period following the patient's return home both he and his family may need regular counselling if further break-down is to be avoided.

The training centres also need to be supported and the Mental Welfare Officers provide a useful link with the children's homes, particularly in a largely rural county as Shropshire.

The regular attendance of several of the Mental Welfare Officers at psychiatric out-patient clinics not only occupies them during the actual clinic periods, but very frequently initial home visits are needed to obtain some background information for the Consultant Psychiatrist; and follow-up visits are necessary in many cases for the purpose of reporting on the progress of patients or dealing with social problems which may be uncovered.

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 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.

Miss A. D. Smith, Mental Welfare Officer, who was seconded to a special one-year course for experienced social workers in 1964 will be resuming duties in the County in mid-1965. Meanwhile, Mr. F. R. King, Mental Welfare Officer, will commence a two-year course in social work training in September, 1965.

Miss P. A. Davies, Assistant Supervisor, successfully completed her Diploma Course for Teachers of the Mentally Handicapped in July, 1964, and is now employed at the Shrewsbury Junior Training Centre. Miss G. M. Kowalik, another Assistant Supervisor on the staff of the Shrewsbury Centre, commenced a one-year Diploma Course in September, 1964.

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, who also attend clinical conferences held weekly at the Hospital. Such conferences are very enlightening and we believe that they are mutually beneficial to the Hospital and Local Health Authority staff. The Council's Officers are also encouraged to go to the hospital to interview patients and discuss their problems and one could scarcely hope for a happier staff relationship.

Psychiatric Out-patient Clinics are held at Shrewsbury, Oswestry, Whitchurch, Market Drayton, Wellington, Bridgnorth, Ludlow and Bishop's Castle. All these clinics are staffed medically by the Regional Hospital Board's Consultant Psychiatrists and a Psychiatric Social Worker or Mental Welfare Officer is also in attendance.

At the request of the Tutor-in-Charge of the Shelton Hospital Training School, the Senior Mental Welfare Officer and some of his colleagues gave lectures to Student Mental Nurses, who were also taken on selected home visits.

Admissions to Hospital for Mental Illness.—The Mental Welfare Officers were concerned in the admission to hospital of 431 mentally ill patients in 1964, practically all of whom were admitted to Shelton Hospital. Particulars of these admissions are given in the following table:

Table 90 : Mentally ill patients dealt with by Mental Welfare Officers

<i>Mental Health Act, 1959:</i>	Males	Females	Total
Informal Patients	96	99	195
Compulsory Patients:			
(a) Section 29—Emergency Order	14	12	26
(b) Section 25—Observation Order	83	98	181
(c) Section 26—Treatment Order	13	15	28
(d) Section 60—Hospital Order (by Court) ..	1	—	1
TOTAL ..	207	224	431

In addition, investigations were carried out by the Mental Welfare Officers into 112 further cases of suspected mental illness. Some of these were treated in the community; others were found to need geriatric services and were admitted to appropriate hospital accommodation; and others were referred to the County Welfare Officer with a view to admission to the Council's residential homes.

Care and After-Care of the Mentally Ill.—Patients returning to the community after hospital treatment are often unable to deal with some of the problems which they meet, and may require the support of the Local Health Authority's Mental Welfare Officers for considerable periods.

In certain cases where discharge to the community follows a long period of hospitalization and the support of relatives is either inadequate or non-existent, the work of re-establishing the patient in the community may amount to re-organising his life for him. Such cases are extremely time-consuming to the Mental Welfare Officers, but very rewarding if rehabilitation is ultimately successful. Other less complex practical help is given to the patients in assisting them to find housing accommodation or lodgings; to obtain employment through the Mental Welfare Officers' established relationship with employers or through the Disablement Resettlement Officer of the Ministry of Labour; and perhaps to settle by regular and reasonable contributions over a period agreed with the creditor, long-standing debts such as rates.

Family counselling is another extremely important part of the work of the Mental Welfare Officers. This requires unobtrusive determination combined with great diplomacy, and sometimes one or another of these Officers devotes a Sunday afternoon to this delicate work. This has proved to be a fruitful time for discussions with families aimed at improving relationships.

Communication between the general medical practitioners and the Mental Welfare Officers seems generally uninhibited; and the various social workers concerned with family health and welfare problems readily seek the assistance of, and co-operate with, the Mental Welfare Officers.

The following table shows particulars of patients receiving after-care by Mental Welfare Officers during 1964 and with the corresponding figures for the previous three years illustrate the continuing expansion which is taking place in the after-care service.

Table 91 : Mentally Ill patients receiving After-Care by Mental Welfare Officers

At 31st December	Patients	Visits
1964	608	5,086
1963	457	3,744
1962	279	2,669
1961	140	901

Psychiatric Social Club.—The social club for recovered or partly-recovered mentally ill patients is held fortnightly on Friday evenings in the hall of the Junior Training Centre at Woodcote Way, Monkmoor, Shrewsbury, and is run by the Mental Welfare Officers supported by members of the Consultant and Nursing Staff and Social Workers from Shelton Hospital.

Most of the patients who attend the club have returned to the community following a period of treatment in hospital, but some patients who are still in hospital but are nearly ready for discharge are brought to the club for the evening as part of the programme of rehabilitation. Membership is not, of course, restricted to patients residing in or near Shrewsbury and a few make a round journey of 40 miles or more to attend.

Registration of Mental Nursing Homes.—In accordance with Part III of the Mental Health Act, 1959, the registration of Mental Nursing Homes is vested in the Local Health Authority for the area.

In Shropshire there are two such Homes, namely:

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

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

(b) *Loppington House, Wem:*

Following the provision of increased accommodation by the Managers, a new certificate of registration was issued during the year in respect of this Home, allowing for the reception of up to 80 severely subnormal children, aged 16 and under of both sexes, who are suitable to live in association and who are not subject to detention. The Home had previously been registered to receive a maximum of 65 children. Most of the children are long-stay patients. Some are maintained by the Birmingham Regional Hospital Board, while others are accommodated under private arrangements. A few short-term cases are sent by local 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 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 1964, at the instance of the Medical Officers of the County Health Department, the Local Education Authority recorded 33 such decisions and furnished reports to the Local Health Authority. The Mental Welfare Officers or Health Visitors thereafter make regular visits to the homes for as long as necessary to give any help or advice that might be required.

Similarly, on the advice of the Health Department's Medical Officers, 30 educationally sub-normal 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 were growing up and offer such assistance as might be needed.

After-care was also provided for four subnormal and three severely subnormal patients who were discharged from hospital during the year.

The total number of subnormal and severely subnormal patients who on 31st December, 1964, were receiving home visits by the Local Health Authority's Officers was 936, who are classified according to sex and age in the following table:

Table 92 : Subnormal and Severely Subnormal Patients receiving Home Visits

	Under 5	5—15	16—30	31—60	Over 60	Total
Males ..	1	84	290	119	6	500
Females	1	77	229	118	11	436
TOTAL	2	161	519	237	17	936

Junior Training Centres.—Many parents who otherwise would feel unable to continue keeping their severely subnormal child with them will gladly do so if a Junior Training Centre is available. The Training Centre therefore plays an extremely important part in the lives of the parents and child by keeping the family together, as well as developing the child's aptitudes and improving his social behaviour. The Training Centre also saves valuable hospital places which should only be used for children who require hospital nursing care, or for some other valid reason.

The Shrewsbury Junior Training Centre provides 80 training places—40 for day pupils who travel to the Centre from Shrewsbury and the surrounding district and 40 for boarders whose homes are situated in remote or inaccessible parts of the county. Most of the day pupils are conveyed to and from the Centre by two small buses provided by the Council, and sometimes by kind members of the W.V.S. Boarders are brought to the Centre each Monday, usually by their parents who take them home on Fridays, although W.V.S. volunteers help here too.

The Wellington Junior Centre, where there are 23 children on the register, has continued to operate in a one-roomed building situated in the grounds of the Vineyard Children's Home, but this wholly inadequate accommodation is being replaced by a purpose-built centre in North Road providing 40 training places. It is anticipated that this building will become ready for use by the middle of 1965.

With the provision of the new Wellington Junior Training Centre there will be a total of 120 places in full-time junior centres in the county; and the very small part-time centres in Oswestry, Wem and Whitchurch will be operated for as long as they serve a useful purpose.

Adult Centres.—The provision of training facilities for adult subnormals will be one of our main concerns over the next few years and five Adult Training Centres, three of which will have hostel accommodation, are included in the Capital Building Programme up to and including 1971—72.

Guardianship.—The conception of guardianship under the Mental Health Act is that it can appropriately be used when 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 is possible that guardianship may be appropriate in a few instances.

There is at present only one severely subnormal Shropshire patient under formal guardianship. This patient resides in the County of Surrey, the Brighton Guardianship Society undertaking visits on the Council's behalf.

Hospital Care.—During the year 16 patients were admitted to Hospitals for the subnormal for care for an indefinite period. In addition, arrangements were made for 24 patients to receive short-term care. 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 December 31st, 1964, there were 35 severely subnormal patients awaiting hospital care. In recent years practically all such patients requiring hospitalization have been placed on the waiting list for admission to Stallington Hall Hospital, Blythe Bridge, Stoke-on-Trent, but before the end of 1965 the Birmingham Regional Hospital Board intend to provide some additional places for Shropshire patients at Lea Castle Hospital, near Kidderminster. The extra accommodation will be most welcome.

The classification by sex and age of the patients awaiting hospital care is given in the table below:

Table 93 : Severely Subnormal Patients awaiting admission to Hospital

	Age Groups					Total
	Under 5	5—15	16—30	31—60	Over 60	
Males ..	—	8	7	4	—	19
Females	—	6	6	4	—	16
TOTAL	—	14	13	8	—	35

Voluntary Organisations.—The Shrewsbury and Wellington Branches of the National Society for Mentally Handicapped Children are vigorous bodies who augment our efforts for children and adults and organize various outings and social activities, including two social clubs for young children with mental handicaps. They also make valuable gifts which have in the last few years included a radio, television set, tape recorder, record player, summer house and various toys. Their interest in forthcoming provisions is naturally great, and the Shrewsbury branch are donating £2,000 towards the cost of a swimming pool of the learner type at the new Shrewsbury Junior Training Centre. This is now in operation and is very much enjoyed by the children. The Health Committee greatly appreciate the efforts of these Societies, and their tremendous enthusiasm. Other voluntary organisations and individual friends have from time to time made gifts to the Centres. Such gifts, however small, are always very welcome and help to brighten the lives of the simple and lovable recipients.

E. A. R. WARD,
Senior Mental Welfare Officer.

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, 1964, are given in the table below:

Table 94 : 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	Child Welfare Centre, Haygate Road
WHITCHURCH	Child Welfare Centre, Brownlow 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 assistance—which was increased from 5/2d. to 5/6d. per hour from 1st April, 1964, representing the full running cost of the Service plus a percentage addition in respect of administration—may elect to furnish particulars of their financial circumstances so that the charge may be assessed in accordance with their means. For domiciliary confinement cases it has been the practice to add £1 per week for two weeks to the assessed charge when a home confinement grant is payable by the Ministry of National Insurance; but with the introduction from March, 1965, of a standard maternity grant payable irrespective of whether the confinement takes place at home or in hospital, this additional levy has been discontinued.

Help is provided without charge where the applicant is in receipt of National Assistance or is dependent entirely upon Retirement Pension.

To cover possible claims for damages by Home Helps against householders making use of the Service, the County Council have taken out a Public Liability Insurance Policy.

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 1964 were 4/0½d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 3/11½d. 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" most of the work is undertaken by part-time helps. In rural areas, "casual" helps are recruited to deal specifically with individual cases.

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, 1964, a total of 201 Home Helps was employed (5 full-time and 196 part-time) and the table below shows their distribution throughout the County:

Table 95 : Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	25	25
Church Stretton ..	—	4	4
Ludlow ..	—	21	21
Market Drayton ..	1	7	8
Newport ..	—	8	8
Oswestry ..	—	22	22
Shrewsbury ..	4	58	62
Wellington ..	—	40	40
Whitchurch ..	—	11	11
Total for 1964	5	196	201
Total for 1963	7	180	187

Work Performed.—During 1964, a total of 1,308 cases was assisted, at an average of 774 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 208,585.

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 83.9 per cent of the cases and that 194,952 (or 93.5 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 96 : Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	135	—	7	—	1	4	147
Church Stretton ..	16	—	3	1	—	—	20
Ludlow ..	71	1	1	—	—	—	73
Market Drayton ..	39	—	8	1	—	—	48
Newport ..	42	—	10	—	—	1	53
Oswestry ..	109	1	16	1	—	—	127
Shrewsbury ..	341	17	76	17	3	8	462
Wellington ..	299	1	18	3	2	4	327
Whitchurch ..	46	—	2	1	1	1	51
Total for 1964	1,098	20	141	24	7	18	1,308
Total for 1963	1,018	28	148	21	7	17	1,239

The steady and consistent increase in all figures since the year 1956 is conspicuous and revealing in the following table:

Table 97 : Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total— all categories (1)	Elderly and Chronic Sick		Total— all categories (4)	Elderly and Chronic Sick	
		Number (2)	% (3)		Number (5)	% (6)
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
1962	1,148	878	76	181,813	164,432	90
1963	1,239	1,018	82	192,922	176,941	92
1964	1,308	1,098	84	208,585	194,952	94

Recovery and Expenditure.—The sum recovered during 1964 from those taking advantage of the Service was £3,822, compared with £4,226 during 1963 and £5,137 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 1960 to 1963 are also given.

The decreases in the sums recovered are in part attributable to the increase in the number of householders qualifying for free help following the Council's decision to grant help free of charge from 1st May, 1963, to all householders in receipt of National Assistance. There has also been a decrease in the amount of help required by householders paying the standard charge, which as previously stated was increased to 5/6d. per hour on 1st April, 1964.

Table 98 : Hours worked and travelled by Home Helps

	1960	1961	1962	1963	1964
Standard Rate ..	14,721 = 8.6%	14,672 = 8.5%	13,123 = 7.2%	11,276 = 5.8%	10,225 = 4.9%
Assessed Rate ..	76,855 = 44.8%	84,543 = 49.0%	93,375 = 51.4%	49,708 = 25.8%	22,669 = 10.9%
Free	80,032 = 46.6%	73,407 = 42.5%	75,315 = 41.4%	131,938 = 68.4%	175,691 = 84.2%
TOTAL ..	171,608	172,622	181,813	192,922	208,585

The County Council's assessment scale was modified in April, 1961, in September, 1962, and again in May, 1963, to the advantage of householders, following changes in 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 1964, with corresponding totals for the four preceding years:

Table 99 : Cost of Domestic Help Service

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
1960	£ 1,649	£ 2,906	£ 29,954	£ 1,267	£ 35,776	£ 3,991	£ 31,785	% 11.2
1961	1,684	2,597	33,441	1,449	39,171	4,468	34,703	11.4
1962	1,823	2,358	36,582	1,652	42,415	5,137	37,278	13.8
1963	1,942	2,764	40,193	1,768	46,667	4,226	42,441	10.0
1964	2,068	2,737	45,313	2,307	52,425	3,822	48,603	7.3

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in April, 1960, January and April, 1961, April, 1962, March and September, 1963, and September, 1964, 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 97 seems to be evidence for the Committee's contention that the service is not abused and that the help goes where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

NURSING HOMES

Registration.—The Public Health Act, 1956, Part VI, requires the registration by the County Council of maternity and other nursing homes and these provisions are also applied, subject to modifications, by the Mental Health Act, 1959, Part III, and the Mental Health (Registration and Inspection of Nursing Homes) Regulations, 1960, to mental nursing homes.

The Nursing Homes Act, 1963, removed the powers of County Councils to grant exemption from registration in certain instances and also enabled the Minister of Health to make regulations as to the conduct of nursing homes.

The Conduct of Nursing Homes Regulations, 1963, made by the Minister in accordance with the new Act, came into operation on 27th August, 1963, and provide County Councils with an opportunity to secure, by the issue of formal notices and subsequent prosecution if necessary, the "provision of proper facilities and services", and the "limitation of numbers of persons in nursing homes".

Particulars of registered homes in the County at the end of the year are as follows: one new registration was effected and one voluntarily withdrawn during the year.

Table 100 : Nursing Homes

Accommodation provided	Nursing Homes	Beds available
General Cases only	5	53
Maternity Cases only	1	5
Maternity and General	3	19
Mental Cases only	2	110
TOTAL ..	11	187

Inspection.—Routine inspection of general and maternity nursing homes is undertaken by the Superintendent Nursing Officer and her Assistants who endeavour to visit each home at least once a quarter, and more frequently if necessary. In addition, Medical Officers of the Department visit the homes periodically and in every case where application is made to alter the permitted number of beds.

In the case of mental nursing homes, inspection is required by virtue of the Mental Health (Regulation 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 of Health 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 a substantial part of 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 a substantial part of 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; a further property was registered during 1962, bringing the total number of places for children to 64; a further three premises were registered in 1963, catering for 48 children and, in 1964, seven premises providing for 74 children were added to the list.

The total number of places at the end of the year was 186.

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

MEDICAL EXAMINATIONS

Staff appointed for service with the County Council are required to be medically examined, and this is undertaken by the Department's Medical Officers. Entrants to the teaching profession, firemen attending courses, etc., are also examined and, on occasions, examinations are performed on behalf of other local authorities. Chest X-rays are arranged for those whose work will bring them into contact with children.

Medical examinations carried out during 1964 totalled 742, as indicated below, and a further 43 examinations were made on our behalf by other local authorities :

	Examinations
Teaching profession and Teachers' Training College Students ..	257
Staff—Superannuation purposes	404
Breathing apparatus courses and retained firemen	41
Miscellaneous	5
On behalf of other local authorities	35
	742

WELFARE OF HANDICAPPED PERSONS

The following report is contributed by the County Welfare Officer, F. G. Fawcett, Esq., T.D.

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. Close liaison between the County Health and Welfare Departments ensures that persons over school-leaving age who can be described as permanently and substantially handicapped are given the opportunity to receive such assistance as the County Welfare Committee can provide.

The figures given are for 31st December, 1964.

Blind and Partially-Sighted Persons :

Table 101 : Blind and Partially-Sighted Persons

	Males	Females	Children	Total
Blind	239	332	19	590
Partially-Sighted	36	45	15	96
TOTAL	275	377	34	686

Additions to the Register.—During the year, the number of persons examined by Ophthalmologists at the request of the County Welfare Officer was 98. Of these, 72 persons (30 male and 42 female) were certified as blind and were included in the Register. In addition, 8 persons (2 male and 6 female) were certified and registered as partially-sighted; 18 persons were found to be neither blind nor partially-sighted.

Of the 80 people added to the register during the year, 61 blind persons (27 males and 34 females) and 5 partially-sighted persons (1 male and 4 females) were 60 years of age or more.

Causes of Blindness.—In 7 of the new cases (9.7% of the total) the primary cause of blindness was cataract; 5 of these cases were aged 70 years or more. Other major causes of blindness were: Macular Degeneration 14, Glaucoma 15, Optic Atrophy 8.

Blind persons for whom treatment was recommended numbered 37, medical treatment being suggested in 24 cases, surgical in 8 cases and optical in 5 cases. Ophthalmic medical supervision was recommended in 18 cases. No treatment was suggested in 17 cases.

Four persons for whom surgical treatment had been recommended refused to accept it.

Although treatment of one form or another or hospital supervision was recommended in 55 cases, it was thought that this would result in the removal of only 2 persons from the category of blind persons.

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

Table 102 : Follow-up of Registered Blind and Partially-Sighted Persons

	CAUSE OF DISABILITY									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight
Cases registered during 1964 in respect of whom the ophthalmologist's recommendation was:										
(a) No treatment	1	—	—	—	—	—	16	—	17	—
(b) Treatment (medical, surgical or optical) ..	3	4	9	1	—	—	25	3	37	8
(c) Hospital supervision	3	—	6	—	—	—	9	—	18	—
Cases at (b) and (c) above which have received, or will receive, treatment or supervision	3	4	9	1	—	—	7	1	19	6

Table 103 : Other Handicapped Persons

Deaf Persons :

Category	Sex	Age		Total
		16—64	Over 65	
Deaf with Speech ..	Males	22	3	25
	Females	18	1	19
TOTAL ..		40	4	44
Deaf without Speech ..	Males	43	22	65
	Females	5	9	14
TOTAL ..		48	31	79
GRAND TOTAL		88	35	123

Epileptics :

Males	Females	Total
19	24	43

(Of these 20 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).

Spastic Paralysis :

Males	Females	Total
11	17	28

(Of this total, 21 were accommodated in their own homes, and 1 was in hospital. The others were in Homes administered by voluntary organizations, the expenses being paid by the Welfare Committee).

Table 104 : Other persons registered as Permanently and Substantially Handicapped

Reason for Registration (Ministry of Labour Classification)	Males	Females
Amputation	17	15
Arthritis and Rheumatism	40	76
Congenital Malformations	14	28
Diseases	80	51
Injuries	25	15
Organic Nervous Diseases	21	26
Other Nervous and Mental Disorders ..	27	25
Tuberculosis (Respiratory)	9	5
Tuberculosis (Non-Respiratory)	—	3
Other diseases and injuries	12	12

INSPECTION AND SUPERVISION OF FOODS

Mr. D. Coups, County Public Health Inspector, reports as follows:

Qualitative Sampling of Milk and Other Foods.—Under Section 2 of the Food and Drugs Act, 1955, a person who sells to the prejudice of a purchaser any food or drug which is not of the nature, substance or quality demanded is guilty of an offence; and under Section 91 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of foods and drugs for analysis, with a view to ensuring compliance with Section 2.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County.

Milk.—

Testing of Milk Samples.—Following approval by the County Council early in 1958 of the policy of testing milk samples within the Health Department, the following procedure with regard to milk sampling is adopted by the Department's Sampling Officers. In the course of routine sampling, two samples of the same grade of milk are obtained from the retailer. One is divided formally into three parts, and sealed and labelled in accordance with the procedure laid down under the Act; the other is treated as an "informal" or "comparative" sample, and is tested in the Health Department Laboratory, for Fat and Solids-not-Fat content. If this latter sample 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, 1,215 samples of milk were tested within the Department's Laboratory; 30 of these were found to be below legal standards and action was taken as follows:

- 19 were slightly deficient in fat and vendors were notified.
- 2 were slightly deficient in solids-not-fat and the vendors were notified.
- 1 was deficient in fat, but the producer concerned ceased production and a formal sample could not, therefore, be obtained.
- 1 was deficient in fat and Appeal-to-Cow samples were obtained.
- 1 Appeal-to-Cow sample relative to the above was found to be deficient in fat and a letter was sent to the producer concerned.
- 6 were found to contain extraneous water and the comparative formal samples were forwarded to the County Analyst and are reported on below.

Analyses by the County Analyst:

Thirty-one samples were analysed, of which ten were reported as being adulterated or below standard and were dealt with as follows:

- 3 were found to contain formaldehyde preservative and legal proceedings were instituted against the producer as indicated in the following table.
- 6 were found to contain extraneous water and legal proceedings were instituted against the producer as indicated in the following table.
- 1 sample of milk submitted as the result of a complaint was found to be contaminated with dirt and legal proceedings were instituted against the processor as indicated in the following table.

Other Cases:

Following a complaint that milk from a vending machine was sour, legal proceedings were instituted and the results are given in the table following:

Table 105 : Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
Mid-Shropshire	(1) Milk to which a preservative had been added: 44 p.p.m. 41 p.p.m. 86 p.p.m.	Case proved (plea of guilty)	£10 0 0	£3 5 0
	(2) Milk not of the substance demanded by the purchaser.	Case proved (plea of guilty)	£10 0 0	
Oswestry	Milk contaminated with dirt consisting of grit, yeasts, mould, insect fragments, vegetable fibres and dried milk residue.	Case proved (plea of guilty)	£20 0 0	£8 11 0
Mid-Shropshire	Milk to which an addition of water had been made to the extent of: (1) 8.0% (2) 4.8% (3) 8.0% (4) 6.5% (5) 3.2% (6) 3.2%	Case proved (plea of guilty)	£15 0 0 on each of six charges. £90 total.	£43 14 0
Oswestry	Did unlawfully sell to the prejudice of the purchaser milk which was not of the quality demanded.	Case proved (plea of guilty)	£10 0 0	£5 5 0

Radioactivity in Milk (Iodine 131).—During the year two composite samples of milk from 13 farms in the County were tested for Iodine 131. The results showed an average of 11 pico-curies* per litre present. The Agricultural Research Council report that if an average of 130 pico-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 1,215 milk samples tested during the year, 30 were either adulterated or below the required standard, representing 2.4 per cent of the total.

Table 106 below gives particulars of the average fat and solids-not-fat content of the samples of milk, including adulterated and "appeal-to-cow" samples, but excluding Channel Islands and South Devon milk taken during 1964, with comparative totals for the preceding nine years.

Table 106 : Average Composition of Milk Samples

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	104	3.72	8.66
February ..	75	3.62	8.64
March ..	82	3.63	8.67
April ..	113	3.51	8.67
May ..	93	3.36	8.73
June ..	60	3.44	8.69
July ..	76	3.48	8.70
August ..	75	3.53	8.60
September ..	107	3.57	8.68
October ..	96	3.79	8.76
November ..	91	3.71	8.71
December ..	87	3.72	8.78
1964 ..	1,059	3.57	8.64
1963 ..	1,008	3.67	8.70
1962 ..	996	3.57	8.69
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

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 1964, with comparative totals for the preceding seven years.

Table 107 : Channel Islands Milk—Average Composition

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	16	4.87	9.05
February ..	19	4.61	8.95
March ..	14	4.57	8.96
April ..	19	4.71	8.98
May ..	12	4.37	9.18
June ..	12	4.40	9.05
July ..	9	4.43	8.98
August ..	8	4.50	9.08
September ..	11	4.90	9.11
October ..	12	4.88	9.14
November ..	9	4.93	9.08
December ..	15	4.83	9.04
1964 ..	156	4.57	9.04
1963 ..	185	4.79	8.70
1962 ..	201	4.68	9.07
1961 ..	170	4.64	9.06
1960 ..	137	4.68	9.08
1959 ..	132	4.65	9.05
1958 ..	111	4.85	9.05
1957 ..	147	4.90	9.15

The fat content in milk has a natural variation, usually being at its lowest during the Spring and Summer and highest during the Autumn and Winter.

*NOTE.—A pico-curie is the equivalent of one-millionth of a millionth part of a curie—the latter being the unit measurement of radium equal to the radioactive emissiveness of a source in which 3.7×10^{10} atoms decay each second.

Other Foods and Drugs.—Table 109 on page 70 summarises the 407 samples of other Foods and Drugs which were examined by the Public Analyst and the following particulars indicate the action taken in respect of those samples found on analysis to be non-genuine.

- 1 Informal sample of Flake Tapioca was found to contain 0.5 grams of miscellaneous debris, including textile fibres, a piece of stone and a number of grains of badly discoloured starch. A formal sample of this commodity was obtained and proved to be genuine. The firm concerned were notified and replied that they took samples from each parcel on arrival from abroad. No further action was taken.
- 1 Informal sample of Bread forwarded as a result of a complaint, was found to be contaminated with soiled dough consisting of oily matter, starch and iron compounds. Legal proceedings were instituted against the bakers concerned and the results are given in the table on page 70.
- 1 Informal sample of Almond Petits Fours was submitted and it was reported that the statement on the lid of the package "made with pure almond marzipan, sugar and fresh eggs" did not convey to an intending purchaser that other ingredients, including flour and vegetable fat, were also in the formulation. The manufacturers printed a new carton for this commodity.
- 1 Informal sample of Cooked Mutton, submitted at the request of a Local Authority as the result of a complaint that the meat had a peculiar odour on roasting, was found to have some degree of rancidity in the fat. The Public Health Inspector of the Authority concerned notified the distributors of the Analyst's Report and reported the matter to his Health Committee.
- 2 Samples of Slimming Biscuits (one informal and one formal) were found not to be labelled in accordance with Article 9(2) of the Labelling of Food Order and to be deficient in mineral components compared with the quantities declared. Legal proceedings were instituted and the results are given in the table on page 70.
- 2 Samples of Dried Mixed Herbs (one informal and one formal) were found to contain copper in excess of the recommended standard proposed by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food. A warning letter was sent to the firm concerned and written assurance received that all stocks of this commodity were being checked and action taken to ensure that there was no danger of a repetition.
- 1 Formal sample of foreign matter found in Processed Peas, submitted as the result of a complaint, was found to consist of mixture of chalk and mineral oil or grease having the plastic nature of putty. Legal proceedings were instituted against the packers and the results are given in the table on page 70.
- 1 Formal sample of part of a small Cob Loaf, forwarded as the result of a complaint, was found to contain small quantity of black foreign matter in a gas hole in the crumb. The complainant was reluctant to attend Court and in view of this and the previous good record of the baker concerned, a warning letter was sent.
- 1 Formal sample of Brown Bread, submitted as the result of a complaint, was found to be contaminated with rodent excrement. Legal proceedings were instituted and the results are given in the table on page 70.
- 1 Formal sample of White Bread, submitted as the result of a complaint, was found to contain foreign matter. The Analyst was unable to identify the foreign matter other than it was carbonaceous matter, such as dough, which had been literally "burnt to a cinder". A warning letter was sent to the baker concerned.
- 1 Formal sample of Tea, submitted as the result of a complaint, was found to be heavily contaminated with mould. Legal proceedings were instituted and the results are given in the table on page 70.
- 1 Informal sample of Cream of Chicken Soup was found to be deficient in total fat to the extent of 46.6 per cent. A formal sample was obtained and this proved to be genuine. The manufacturers investigated the matter but were unable to account for the deficiency. No further action was taken.
- 1 Informal sample of Canned Meat, submitted as the result of a complaint to a District Public Health Inspector, was found to be contaminated on the surface with metal derived from contact with the container. After communications with the manufacturers, the District Council decided to take no further action.

Other Cases.—Following a complaint, the Assistant County Public Health Inspector took possession of a bottle of school milk in which was found a piece of broken glass, and obtained statements of evidence. After considering the evidence and taking into account the firm's previous good record, it was decided to send a warning letter.

Following a complaint to a District Public Health Inspector that a bottle of milk contained a foreign body, the complainant was interviewed. It was decided, in view of the firm's previous good record, to send a warning letter.

Following a complaint from the Supervisor of a School Canteen that a consignment of liver was unsound, legal proceedings were instituted and the results are given in the table on page 70.

Following a complaint a sausage roll was found to be mouldy. Legal proceedings were instituted and the results are given in the table on page 70.

Following a complaint that a bottle of milk contained a piece of wire, legal proceedings were instituted and the results are given in the table on page 70.

Following a complaint that a bottle of milk contained a piece of metal, statements of evidence were obtained. It was decided that there was an element of doubt in this case and no further action was taken.

Following a complaint that a meat pie was mouldy, legal proceedings were instituted and the results are given in the table on page 70.

Table 108 : Court Proceedings

Magistrates' Court	Analysis	Result	Fine	Costs
Mid-Shropshire	Bread contaminated with soiled dough.	Guilty (Plea of Not Guilty)	£10	£18 0 0
Ironbridge	Biscuits not labelled in accordance with Article 9(2) of the Labelling of Food Order and also deficient in mineral components compared with the quantities declared on the label.	(i) Guilty (Plea of Guilty)	£10	£5 0 0
		(ii) Guilty (Plea of Guilty)	£10	£3 5 0
Oswestry	Foreign matter found in processed peas and found to consist of a mixture of chalk and mineral oil or grease having the plastic nature of putty.	Guilty (Plea of Guilty)	£15	£10 4 0
Ellesmere	Bread contaminated with rodent excrement.	Guilty (Plea of Guilty)	£5	£7 4 0
Wellington	Tea contaminated with mould.	Guilty (Plea of Guilty)	£5	£19 11 0
Oswestry	Ox Liver intended for human consumption which was affected with Distomatosis, Cirrhosis and Necrosis.	Guilty (Plea of Not Guilty)	£25	£9 6 0
Shifnal	A sausage roll contaminated with mould.	Guilty (Plea of Guilty)	£3	£3 3 0
Wellington	A bottle of milk containing a piece of wire.	Guilty (Plea of Guilty)	£20	£12 0 0
Ellesmere	A meat pie contaminated with mould.	Guilty (Plea of Guilty)	£5	£3 3 0

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

Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Baking Powder	3	—	—	3	—
Beverages	4	—	—	4	—
Blancmanges, Cornflour and Custard Powders	10	—	—	10	—
Bread and Biscuits	8	—	4	2	2
Butter	10	—	—	10	—
Cake, Pudding and Sponge Mixtures	7	—	—	7	—
Cakes, Puddings and Confectionery	2	—	—	1	1
Cereals	3	—	—	3	—
Cheese and Cheese Products	6	—	—	6	—
Chewing Gum	4	—	—	4	—
Coffee and Coffee Products	6	—	—	6	—
Flavoured, Condensed, Evaporated and Dried Milk	12	—	—	12	—
Condiments	11	—	—	11	—
Cream	7	—	—	7	—
Fats and Oils (Cooking)	9	—	—	9	—
Fish and Fish Products	12	—	—	12	—
Flavourings and Colourings	8	—	—	8	—
Flour	8	—	—	8	—
Fruit, Dried	13	—	—	13	—
Fruit Juices	3	—	—	3	—
Fruit, Tinned and Fresh	12	—	—	12	—
Gelatine	3	—	—	3	—
Gravy Browning and Salt	2	—	—	2	—
Herbs, Spices and Stuffing	10	—	1	8	1
Ice Cream	5	—	—	5	—
Jam, Marmalade, etc.	14	—	—	14	—
Jelly and Jelly Crystals	4	—	—	4	—
Lemonade Crystals	2	—	—	2	—
Margarine	8	—	—	8	—
Marzipan and Almond Paste	2	—	—	2	—
Meat and Meat Products	32	1	—	29	2
Medicines and Drugs	51	—	—	51	—
Nuts	1	—	—	1	—
Pickles	4	—	—	4	—
Rice and Rice Products	4	—	—	4	—
Sago, Tapioca, etc.	5	1	—	3	1
Sauces	15	—	—	15	—
Sausage	2	—	—	2	—
Soft Drinks	8	1	—	7	—
Soups	10	—	—	9	1
Spreads	2	—	—	2	—
Sugar, Glucose, etc.	7	—	—	7	—
Sweets	5	—	—	5	—
Syrup and Treacle	3	—	—	3	—
Tea	5	—	1	4	—
Vegetables	10	—	1	9	—
Wines, Spirits, Beer, etc.	34	10	—	24	—
Yeast	1	—	—	1	—
TOTAL	407	13	7	379	8

Sampling of Raw Milk.—At least once a year, the County Sampling Officers obtain individual cow samples of raw milk which is sold by retail; these are tested for the presence of brucella abortus.

When a sample is found to be positive for brucella abortus, action is taken under Section 31 of the Food and Drugs Act, 1955, by which it is an offence for milk to be sold from the animal excreting the organism. It is incumbent on the owner of the herd to take every precaution to prevent milk from the diseased animals contaminating the milk from the other animals in the herd. Usually the infected animals are taken out of the herd and sold for slaughter.

In addition a limited number of raw milk samples are submitted for testing for the presence of tubercle bacilli.

There are 136 herds in the County producing milk for retail sale which is sold without heat treatment.

Table 110 : Sampling of Raw Milk Supplies

Source	Tubercle bacilli and Brucella Abortus			Brucella abortus				
	Herds Investigated	Samples Neg.	Pos.	Herds Investigated	Herds Neg.	Pos.	Samples Obtained	Samples Neg. Pos.
T.T. retail	18	18	—	104	94	10	2,455	2,435 20
Undesignated Consents	5	5	—	3	3	—	57	57 —
School Supplies	2	2	—	1	1	—	33	33 —
Hospital Dairy Farm	1	2	—	1	1	—	30	30 —
TOTAL	26	27	—	109	99	10	2,575	2,555 20

Of the 20 infected animals above, 10 were sold for slaughter. In 9 cases the milk from the infected animals was sent for heat treatment and in the remaining case, the milk was used for rearing beef calves.

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as "Pasteurised" or "Untreated" and whenever "Pasteurised" milk is available this is supplied. Of the maintained, grant-aided and independent schools in the County receiving liquid milk, 341 had pasteurised and 3 had untreated milk.

A census taken by the County Education Department in September, 1964, showed that 81 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 as far as possible 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 1964.

Table 111 : Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised	289	245	29	15	245	—
Untreated	3	3	—	—	—	—
TOTAL	292	248	29	15	245	—

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

The twenty-nine samples reported above as failing the Methylene Blue Test were taken at the schools at varying times after the milk had been delivered.

Follow-up samples (taken at time of delivery) in respect of these methylene blue failures proved to be satisfactory.

Milk (Special Designation) Regulations, 1960—1963.—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.

The Milk (Special Designation) Regulations, 1963, re-enact with amendments the 1960 Regulations which were revoked from 1st October, 1964. From that date, the principal changes were:

- (a) The designation "Tuberculin Tested" in relation to raw and heat-treated milks was discontinued.
- (b) Raw milk, formerly known by the special designation "Tuberculin Tested", became "Untreated".
- (c) Milk produced under the producer's licence to be tested by the Methylene Blue Test instead of the Clot-on-boiling Test.

Licences issued are valid until 31st December, 1965, and thereafter they will be renewable for periods of five years. They 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 also issued for vending machines.

Dealers' Licences.—Licences issued by the County Council in 1964 included 260 Dealers' (Pre-packed) licences (which cover "Untreated," "Pasteurised" and "Sterilised" milks) and 23 Dealers' ("Untreated") 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 the 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 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 39 tests made during the year, 34 were satisfactory.

Milk samples obtained during 1964 from pasteurising establishments licensed by the County Council numbered 173; all passed the prescribed Phosphatase test.

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 untreated 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 Designation) (Specified Areas) Orders, 1956—60.—When a "Specified Area" is declared by the Ministry (and this is now applied to the whole of Shropshire) only "designated milk" (i.e. Pasteurised, Sterilised or Untreated 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 Minister 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 112).

Milk from an Attested herd which is not licensed for the production of Untreated 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.

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 1964 are given in the table following:

Table 112 : Sampling in Specified Areas

Grade	Samples Tested	Phosphatase Test		Methylene Blue Test			Turbidity Test	
		Passed	Failed	Passed	Failed	Void*	Passed	Failed
Pasteurised	848	848	—	748	40	60	—	—
Channel Islands Pasteurised ..	273	273	—	234	21	18	—	—
Untreated Channel Islands Farm Bottled	132	—	—	114	14	4	—	—
Untreated Channel Islands Bottled ..	3	—	—	2	1	—	—	—
Untreated Farm Bottled	198	—	—	151	35	12	—	—
Untreated Bottled	39	—	—	32	7	—	—	—
Sterilised	300	—	—	—	—	—	300	—
TOTAL FOR 1964 ..	1,793	1,121	—	1,281	118	94	300	—
TOTAL FOR 1963 ..	1,845	1,207	—	1,352	51	56	386	—
TOTAL FOR 1962 ..	1,959	1,317	2	1,461	60	37	401	—
TOTAL FOR 1961 ..	1,562	994	2	1,133	70	52	307	—
TOTAL FOR 1960 ..	1,992	1,153	—	1,404	78	164	346	—

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

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

SANITARY CIRCUMSTANCES OF THE COUNTY

The County Medical Officer of Health is required to inform himself as far as is practicable respecting all matters affecting or likely to affect the public health of 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 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 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 103.

At the time the report was printed returns had not been received from the Borough of Wenlock and the Drayton Rural District Council.

Only when the omissions from this and other Tables which follow are filled and the facts known, can a logical programme be planned and carried out for the improvement of houses and other sanitary facilities which come within the jurisdiction of a local authority.

The Minister of Housing and Local Government has continued to press local authorities to deal with the repair and improvement of properties capable of being rendered fit at a reasonable expense, and the demolition of unfit houses and the re-housing of those displaced. He has also informed them that they should programme for their housing needs and it is a clear duty of local authority representatives and officers responsible for housing, to deal with these major problems.

Some local authorities in the County are to be congratulated for the work carried out under the Housing Acts; other authorities still have no real programmes for dealing with housing at the present time, though it is hoped that they will formulate plans.

Unless some of the local authorities in the County change their present housing policy, slum properties which are occupied to-day, will continue to be occupied for the next twenty or thirty years.

In Table X the number of houses demolished included in clearance areas is shown as 209, a decrease of 54 properties below the 1963 figure, and other individually unfit houses demolished are shown as 212, an increase of 54 when compared with the figure for 1963.

In addition, 288 houses have been closed, compared with 191 in 1963. This figure, as mentioned in previous reports, is exceedingly high, especially when compared with houses demolished in clearance areas and as individually unfit houses.

From the above figures the Table shows that 135 houses were demolished in 4 of 5 Boroughs; 179 were demolished in 7 of 9 Urban Districts, and 107 were demolished in 8 of 9 Rural Districts, so that in 1 Borough, 2 Urban Districts and 1 Rural District, no houses were demolished during the year as being unfit under the Housing Acts. 1 Borough and 1 Rural District did not complete their returns.

In all, 627 houses have been improved with standard or improvement Grants. This annual figure will be reduced as housing conditions are improved throughout the County.

The number of houses improved is disappointing when so much work can still be carried out on the older properties by making use of these Grants. 7,584 houses (approximately one in every twelve houses) are listed as being unfit for human habitation.

Housing Acts, 1936 to 1961.—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 1964:

Table 113 : Grants paid by the County Council up to 31st December, 1964, under the Housing Acts, 1936—61

District	Houses eligible for grants	Grants	
		Paid in 1964	Total
		£	£
Atcham Rural	163	293	4,051
Bridgnorth Rural	78	149	2,074
Clun Rural	107	161	2,815
Dawley Urban	465	1,024	11,263
Drayton Rural	83	—	1,869
Ellesmere Rural	135	190	3,436
Ludlow Rural	44	156	1,236
Oswestry Rural	52	146	1,450
Shifnal Rural	19	58	526
Wellington Rural	82	—	2,081
Wem Rural	49	85	1,222
Wenlock Borough	16	54	440
TOTAL	1,293	2,316	32,463

Water Supply.—Table 114 below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their area.

Table 114 : Water Supplies.—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Permanent and Temporary)	WATER SUPPLIES				Other Supplies (Wells, Streams Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Dr. Smith						
Ellesmere Urban	803	803	—	—	—	—
Ellesmere Rural	2,076	†	†	†	†	†
Wem Urban	957	929	18	—	—	10
Wem Rural	3,356	549	39	639	89	2,040
Whitchurch Urban ..	2,398	2,398	—	—	—	—
Dr. Moore						
Oswestry Borough ..	4,114	4,095	2	13	—	4
Oswestry Rural	5,525	†	†	†	†	†
Dr. Capper						
Ludlow Borough	2,380	2,283	97	—	—	—
Dr. Hall						
Atcham Rural	8,061	5,780	138	516	52	1,575
Bishop's Castle Borough	429	394	23	6	3	3
Church Stretton Urban ..	1,077	†	†	†	†	†
Clun Rural	3,051	1,460	7	344	—	1,240
Ludlow Rural	4,426	†	†	†	†	†
Dr. Turnbull						
Bridgnorth Borough ..	2,945	2,929	11	2	—	3
Bridgnorth Rural	4,419	2,874	34	383	—	1,128
Wenlock Borough ..	†	†	†	†	†	†
Dr. Cartwright						
Dawley Urban	3,372	3,039	326	—	—	7
Dr. McCauly						
Drayton Rural	†	†	†	†	†	†
Market Drayton Urban ..	2,159	2,122	31	—	—	6
Vacant						
Newport Urban	1,658	1,627	30	—	—	1
Oakengates Urban ..	4,921	4,899	22	—	—	—
Shifnal Rural	4,171	3,470	9	263	—	429
Wellington Urban ..	4,819	4,812	7	—	—	—
Wellington Rural ..	8,622	7,461	—	184	—	977
Dr. Mackenzie						
Shrewsbury Borough ..	16,091	16,073	—	—	—	18

†Figures not available or not known

It is disappointing to find that a number of local authorities do not have the information available as asked for in the above table. The formation of the Water Boards in the County does not alter the law which places a clear responsibility on the local authorities to require pure and wholesome water supplies in accordance with the Public Health Act.

Local authorities should require all owners of properties within a reasonable distance from the public main to provide a sufficient satisfactory pure and wholesome supply to the property.

From the above table it may be seen that 794 properties still rely on getting their supplies from stand pipes, and every endeavour should be made to have the water taken into these properties unless they are a long distance from the mains or the properties are to be dealt with by demolition in the immediate future.

Sewage Disposal.—Particulars of the sewage disposal facilities available in the various sanitary districts are summarized in Table 115 below.

Table 115 : Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Perm. and Temp.)	SEWAGE DISPOSAL						
		Connected to disposal works owned by local authority	Connected to satisfactory private disposal or treatment plants	Without satisfactory means of sewerage	Houses using chemical, pail, earth or privy closets		Collection of night soil by local authority	
					With proper means of disposal	Without proper means of disposal	Houses	Frequency
Dr. Smith								
Ellesmere Urban	803	741	62	—	—	—	—	—
Ellesmere Rural ..	2,076	265	†	†	†	†	—	—
Wem Urban ..	957	921	30	6	15	—	4	Weekly
Wem Rural ..	3,356	675	†	†	†	†	—	—
Whitchurch Urban	2,398	2,183	†	†	—	—	—	—
Dr. Moore								
Oswestry Borough	4,114	4,059	44	11	—	—	—	—
Oswestry Rural ..	5,525	2,519	1,829	1,177	†	†	—	—
Dr. Capper								
Ludlow Borough	2,380	2,321	37	22	22	—	—	—
Dr. Hall								
Atcham Rural ..	8,061	3,847	3,241	973	—	—	—	—
Bishop's Castle Borough	429	364	40	25	25	—	—	—
Church Stretton Urban	1,077	853	†	†	†	†	—	—
Clun Rural ..	3,051	†	†	†	†	†	—	—
Ludlow Rural ..	4,426	811	865	†	†	†	—	—
Dr. Turnbull								
Bridgnorth Borough	2,945	2,873	63	9	—	—	—	—
Bridgnorth Rural	4,419	918	2,315	1,186	1,261	—	—	—
Wenlock Borough	†	†	†	†	†	†	†	†
Dr. Cartwright								
Dawley Urban ..	3,372	2,670	273	429	429	—	429	Weekly
Dr. McCauly								
Drayton Rural ..	†	†	†	†	†	†	†	†
Market Drayton Urban	2,159	2,070	57	32	32	—	—	—
Vacant								
Newport Urban ..	1,658	1,646	4	8	—	8	—	—
Oakengates Urban	4,921	4,781	8	132	132	—	132	Weekly
Shifnal Rural ..	4,171	2,916	†	†	†	†	—	—
Wellington Urban	4,819	4,810	6	3	—	—	—	—
Wellington Rural	8,622	6,488	†	†	†	†	210	Weekly
Dr. Mackenzie								
Shrewsbury Borough	16,091	15,801	206	84	84	—	—	—

† Figures not available or not known.

Although it is not possible to give detailed observations on the figures or lack of figures in the above table, one cannot but feel that a number of authorities need to give special attention to the most unsatisfactory conditions which the return suggests are commonplace in a number of County districts.

Refuse Collection and Disposal.—Table 116 below summarizes the position with regard to refuse collection and disposal during 1964.

Table 116 : Refuse Collection and Disposal

District	Parishes or Wards where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. . .	All	—	Fortnightly	Council	Controlled
Bishop's Castle B. . .	All	—	Weekly and fortnightly	Council	Crude tipping
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 and fortnightly	Council	Semi-controlled
Dawley U. . .	All	—	Weekly	Council	Controlled
†Drayton R. . .	..	..	..	..	..
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 to monthly	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	Council	Semi-controlled
Wem U. . .	All	—	Weekly	Council	Uncontrolled and controlled
Wem R. . .	All	—	Fortnightly	Contract	Uncontrolled and controlled
†Wenlock B. . .	..	..	..	..	..
Whitchurch U. . .	All	—	Weekly	Council	Controlled

†Not available

Over the years authorities have improved their refuse collection services. It is still disappointing to see about the County the numbers of 'make-do' and insanitary receptacles used for the storage of refuse, especially in the more rural areas.

Authorities should require that standard refuse storage bins should be provided by the occupiers or owners of all properties in order to avoid nuisance and the dangers to health as a result of household refuse being left exposed to flies and vermin.

In recent years a number of authorities have accepted that properly controlled tipping must be carried out in order to avoid nuisance and danger to health, they have accepted that they must comply with present day standards, and it is to be hoped that the remainder will adopt the recommended standards as laid down by the Ministry.

The table shows that there are still a number of local authorities not carrying out controlled tipping. It is difficult to appreciate that so many local authorities in the County are prepared to ignore the dangers and nuisances which are brought about because the standards as laid down by the Ministry are not adopted and carried out.

WATER SUPPLIES

Regrouping of Water Undertakings.—An application was made in November, 1962, by the East Shropshire Water Board to the Ministry of Housing and Local Government for an Order under the Water Act, 1945, and on 1st April, 1963, an enlarged Board was formed. The area of the Board now covers the following Local Authorities:

Ludlow Borough	Whitchurch Urban
Wenlock Borough	Bridgnorth Rural
Dawley Urban	Drayton Rural
Market Drayton Urban	Ludlow Rural
Newport Urban	Shifnal Rural
Oakengates Urban	Wellington Rural
Wellington Urban	Wem Rural
Wem Urban	

Bridgnorth Borough still remains as part of the Wolverhampton Water Undertaking.

The formation of the West Shropshire Water Board, which amalgamated the remaining Local Authorities within the area of the County, was completed and the Board came into operation on 1st April, 1964. The area of the Board now covers the following Local Authorities:

Bishop's Castle Borough	Atcham Rural
Oswestry Borough	Clun Rural
Shrewsbury Borough	Ellesmere Rural
Church Stretton Urban	Oswestry Rural
Ellesmere Urban	

Local Government Act, 1958.—Table 117 on page 79 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 1964, 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 1964, 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 1964 are given in the table on page 80.

NOTE: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1964, 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 81 to 84.

Table 117 : Local Government Act, 1958

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

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Maintenance	Basis	Maximum	Paid to 31 Dec. 64
Atcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ 14,820	30	£ 858	£ 698	50% annual deficit	£ 6,675	£ 5,191
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	1,480	15	4,285	700	"	24,000	19,189
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250	57,297	30	153	50	Block Grant	250	250
	Kinlet	6/11/37	27	100	1,350	150	—	30	48	30	"	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	"	1,245	729
Drayton Rural	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	3/11/34	137	524	4,080	—	{ 3,655 425 }	30 } 25 }	189	378	50% annual deficit	885	465
Ludlow Rural	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
Oswestry Rural	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33% annual deficit	1,837	1,595
Wellington Rural	Weston Rhyn	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	314
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	225	51
	Llynelys	7/11/36	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	1,355
	Edmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£35,147

Table 118: Rural Water Supplies and Sewerage Acts, 1944 to 1955
Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Estimated Capital Cost	Exchequer Grant			County Council Grant		
				Lump Sum	Half-Yearly Payments	Period (Years)	Annual Maximum	Period Payable (Years)	Paid to 31st Dec., 1964
Atcham Rural	Alberbury Borehole	July, 61	£ 17,435	£ 2,000	£ 242	—	£ 148	30	£ 569
	Alberbury Low Level	Mar., 63	31,547	—	—	30	439	30	400
	Charlton Hill Mains, Haughmond Hill and Pimhill Reservoir, Charlton Hill and Bull Farm Reservoirs	July, 64	155,407	—	1,648	30	3,048	30	—
	Condover	Sept., 60	122,903	—	785	30	1,570	30	4,490
	Cound Moor—Extension	Nov., 61	5,051	1,532	—	—	77	30	113
	Extension to Dorrington and Ryton, Sheinton and Venus Bank	Mar., 63	24,467	—	285	30	383	30	250
	Eaton Constantine—Extension	Nov., 61	12,278	—	126	30	183	30	289
	Picklescott	April, 63	12,067	1,850	—	30	137	30	374
	Pimhill (East and West)	May, 63	149,493	—	1,875	30	2,676	30	2,000
	Pontesford Hill	April, 61	8,565	1,000	—	—	74	30	272
Bridgnorth Rural	West Atcham and Pimhill (Extension)	May, 47	138,402	58,000	—	—	2,285	30	37,400
	West Atcham (Extension)	Nov., 56	22,500	—	200	30	400	30	3,589
	Uckington	Nov., 59	75,300	—	500	30	1,000	30	2,800
	Broughton	May, 53	1,844	600	—	—	62	12	827
	Claverley	May, 47	14,040	1,500	—	—	187	12	2,250
	Low Level Areas	Mar., 54	353,000	70,000	2,014	30	8,054	30	77,792
	Low Level Areas (Branch Mains)	Nov., 59	41,600	—	340	30	680	30	—
	Long Common	Mar., 54	1,850	300	—	—	20	12	214
	Worfield	May, 53	13,650	2,500	—	—	261	12	4,401
	Church Stretton and All Stretton Wards	July, 61	23,200	—	90*	30	180	30	540
Church Stretton Urban	Chirbury, Marton and Bent Lont	Nov., 62	136,871	—	930	30	1,860	30	2,740
	Clun Rural	Nov., 54	21,168	4,000	—	—	205	30	2,870
	Clunton and Aston-on-Chun	Feb., 59	29,600	—	170	30	340	30	750
Drayton Rural	Snailbeach	Nov., 54	38,320	4,750	137	30	530	30	3,374
	Hodnet, Ightfield and Moreton Say	July, 61	8,328	1,350	—	—	100	30	—
East Shropshire Water Board	Wollerton and Lostford Extensions	Mar., 52	3,700	800	—	—	46	30	—
	Aston	Sept., 52	3,621	2,000	—	—	88	30	—
	Kinnerley	Dec., 56	7,170	1,250	—	—	193	30	—
	London-on-Tern	Nov., 54	12,530	—	144	30	940	30	2,820
Ellesmere Rural	Tibberton	May, 62	60,820	1,073	470	30	75	30	—
	Myddle	Nov., 64	3,545	—	1,155	30	2,310	30	—
	Pentre, Platt Bridge and New Marton	Nov., 64	96,243	—	175	30	350	30	1,050
	Southern Area	May, 62	19,850	—	198	30	396	30	396
Ludlow Rural	Welshampton	Nov., 63	15,440	—	—	—	48	20	613
	Welshampton Extension	Dec., 50	2,270	1,200	—	—	38	30	722
	Clee Hill (Hill Top)	Sept., 50	4,260	650	—	—	50	30	916
	Coreley	Sept., 50	6,480	600	—	—	28	30	496
Oswestry Rural	Craven Arms	Sept., 50	2,641	550	—	—	28	30	1,177
	Little Isle and Studley	Mar., 51	4,780	1,900	—	—	258	30	2,760
	Little Stretton and Marshbrook	April, 55	14,238	—	130	30	1,760	30	6,920
	Rushbury	Nov., 59	134,868	—	—	—	40	30	561
Wem Rural	South-East Parishes	April, 55	4,209	700	100	30	200	30	1,200
	Tickleton	Sept., 59	16,360	—	1,850	30	3,700	30	9,176
	Western Area, Munslow Section	Nov., 61	290,100	—	—	—	148	30	—
	Western Area—Stage I	April, 61	12,800	2,000	—	—	2,850	30	29,835
Wem Rural	Branch Mains	Nov., 54	157,776	36,000	850	30	2,850	30	1,160
	Comprehensive Scheme (Priority Portion)	Sept., 59	21,800	—	170	30	290	30	1,380
	Llanyblodwel and Crickheath	Nov., 60	32,350	—	230	30	460	30	3,880
	Mardy Reservoir	Sept., 59	127,460	—	485	30	970	30	1,154
Wem Rural	Ruyton-xi-Towns	Nov., 61	172,700	—	750	30	1,500	30	—
	South-East Area—Stage II	Nov., 64	223,850	—	1,167	30	2,334	30	—
	South Western Area	May, 62	6,700	—	83	30	166	30	236
	Burlton	Nov., 61	10,500	—	118	30	236	30	128
Wem Rural	Hadnall	May, 62	11,080	—	128	30	256	30	—
	Shawbury Extension	May, 63	1,720	194	—	—	194	—	—
	Weston and Wixhill-under-Redcastle	—	—	—	—	—	—	—	—
			£2,942,747						
									£214,884

*The Ministry grant is in respect of the All Stretton Ward only.

Table 119 : Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1964, and approved in principle for grant purposes

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R.	West Atcham	£ 4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000.		
	*Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R.	Farmcote and Gatacre Extensions	15,000	For extending a piped water supply to Farmcote and Gatacre.
	*Low Level	5,300	For the provision of a piped water supply to Dye Lane and Low Lane areas of Alveley Parish.
	*Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
Bridgnorth R. with Ludlow R.	*Joint High Level Scheme (Revised estimate)	493,000	For providing a piped water supply to the high level areas in the West of Bridgnorth Rural District and the east of Ludlow Rural District.
Clun R.	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	Brockton, Lydbury North and Edgton.	140,000	For the provision of improved supplies to Brockton, Lydbury North Parish, Bruns- low in Edgton Parish, and Kempton and Clunton in Clunbury Parish.
	*Newcastle, Whitcott Keysett and Mardu.	32,625	For providing a piped water supply to the villages of Newcastle, Whitcott Keysett and Mardu.
	Revised scheme for South-Eastern Area	94,500	For the provision of improved supplies to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton, Purslow, Bedstone Village, The Mynde and a connection to the extending main at Bucknell.
	The following scheme will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Revised scheme for Lydham, More, Norbury and Wentnor.	85,000	For the provision of a piped supply to Lydham, More, Norbury, Wentnor, Whitcott, Crifftin, Walkmill and Asterton.
Drayton R.	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District originally estimated to cost £185,000.		
	Adderley and Moreton Say	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	South-Eastern Parishes	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	Stoke Park and Langley Dale	2,840	For the extension of an existing Main to Stoke Park and Langley Dale.
	*Wistanswick	13,000	For the provision of a piped water supply for the village of Wistanswick and a few properties in neighbouring parish.
	Carried forward	1,073,439	

(Continued on page 82)

(Continuation of Table on page 81)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board	Brought forward ..	£ 1,073,439	
	*Allscott and Walcot	13,500	For providing a piped water supply to the villages of Allscott and Walcot.
	*Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	*Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	*Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	*Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	*Crudgington and Waters Upton	20,500	For the provision of a piped water supply to Crudgington, Crudgington Green and Stych Lane.
	*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 supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	*High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	*Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	*Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	*Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	*Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	*Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	*Much Wenlock	3,680	For augmenting the existing water supply at Much Wenlock.
	*Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	*Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	*Pitchcroft	850	For the provision of a piped water supply to the hamlet of Pitchcroft.
	*Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	*Sheriffhales	20,000	For an additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	*Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Carried forward ..	1,259,757	

(Continued on page 83)

(Continuation of Table on page 82)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 1,259,757	
	*Tilstock and The Raven, Prees Heath and Catterals Lane extensions	19,430	For the extension of the piped water supply to the areas Tilstock and The Raven, Prees Heath and Catterals Lane, Brough-hall.
	*Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	*Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	*Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ellesmere R. ..	*The following schemes form part of a comprehensive scheme for the whole of the Ellesmere Rural District, originally estimated to cost £357,600. Comprehensive (Northern Area)	241,400	For the provision of piped supply to the parishes of Ellesmere Rural, Hordley, Cockshutt and Petton.
	Stanwardine	7,700	For the provision of a piped water supply to the hamlet of Stanwardine-in-the-Fields.
Ludlow R. ..	*Cleobury Mortimer	855	For the extension of water mains at Cath-erton Road and Pinkham.
	*Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Silvington and other parishes (distribution mains)	57,750	For tapping the trunk mains which will run through the Parishes of Silvington, Lough-ton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Scheme.
	Southern-Eastern Parishes—Whatmore extensions	4,104	For extending water main from Coreley Bridge to Whatmore Hill.
	*Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural District.
	Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
Oswestry R.	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District, originally estimated to cost £510,000.		
	*Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
	*Mains extensions	5,870	For providing a piped water supply to various properties in parishes of Oswestry Rural District.
	Carried forward ..	2,192,721	

(Continued on page 84)

(Continuation of Table on page 83)

Authority	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 2,192,721	
Wem R.	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
	Loppington	12,000	For the provision of a piped supply to the village of Loppington.
Whitchurch U. ..	*Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL ..	2,565,071	

*Work on these schemes has either been completed or commenced during the year.

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 were 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 86.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1964, grants under these Acts had been *paid or promised* by the County Council in respect of twenty-five sewage disposal schemes, particulars of which are contained in the following table:

Table 120 : Rural Water Supplies and Sewerage Acts, 1944—1955

Sewerage Schemes—Grants paid or promised by the County Council

Rural District	Scheme	Approved	Estimated Capital Cost	Exchequer Contribution			County Council Grant			
				Lump Sum	Half-yearly Payment	Period (years)	Annual Maximum	Period (years)	Total Maximum	Paid to 31st Dec., 1964
Atcham	Bayston Hill I & II ..	May, 56	£ 17,781	£ 3,000	£ 87	30	£ 345	30	£ 11,158	£ 3,868
	Bayston Hill III ..	Nov. 61	44,905	—	305	30	610	30	18,300	1,770
	Bomere Heath ..	Nov. 62	32,479	—	213	30	426	30	12,780	350
	Cross Houses ..	Nov. 50	17,590	8,750	—	—	393	30	11,790	5,328
	Minsterley ..	Nov. 63	71,781	—	642	30	1,284	30	38,520	—
	Pontesbury ..	Nov. 61	26,867	—	190	30	380	30	11,400	680
Bridgnorth	Alveley ..	Nov. 63	49,345	—	167	30	334	30	10,020	—
	Claverley ..	Nov. 56	42,300	—	480	30	960	30	30,294	7,111
	Eardington ..	Sept. 58	12,900	—	165	30	330	30	10,158	1,908
	Highley Stage I ..	Nov. 56	34,200	—	383	30	766	30	24,162	6,870
	Worfield ..	Sept. 60	3,830	950	—	—	950	Lump sum	950	950
Drayton	Hodnet ..	Nov. 49	14,220	2,400	—	—	122	30	3,660	1,707
Ludlow	Ashford Carbonel ..	Sept. 57	20,650	—	175	30	320	30	10,246	2,830
	Clee Hill ..	Sept. 58	28,000	—	480	30	798	30	24,639	5,487
	Clee Hill (Extension) ..	Nov. 59	5,000	1,250	—	—	1,250	Lump sum	1,250	1,250
	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	3,696
	Craven Arms ..	Nov. 63	69,000	—	146	30	292	30	8,760	410
Oswestry	Morda ..	Nov. 54	16,763	3,500	—	—	200	30	6,080	2,080
	Pant and Llanymynech ..	Sept. 60	73,395	—	475	30	950	30	28,500	2,850
	Weston Rhyn and Chirk (Revised) ..	Sept. 59	67,130	—	880	30	880	30	26,400	4,400
Shifnal	Shifnal ..	Feb. 64	58,560	—	370	30	740	30	22,200	740
	Beckbury ..	May 64	27,680	—	113	30	226	30	6,780	180
Wellington	Chetwynd Aston ..	July 63	42,197	—	369	30	738	30	22,140	—
	Edgmond ..	April 52	62,700	—	920	30	1,840	30	55,200	5,289
	High Ercall ..	Nov. 54	10,623	6,500	—	—	285	30	8,335	1,780
	Lilleshall Extension and Donnington ..	July 63	69,100	—	796	30	1,592	30	47,760	—
Wem	Prees ..	Feb. 64	115,000	—	1,275	30	2,550	30	76,500	—
	Hadnall ..	Nov. 64	85,189	—	770	30	1,540	30	46,200	—
Wenlock B.	Madeley (Aqueduct) ..	July 64	73,015	—	490	30	980	30	29,400	980
			1,225,720				22,619		612,472	62,514

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1964, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on pages 87—88, from which it will be observed that the capital cost of these schemes amounted to a total of £1,880,977.

Table 121 : Local Government Act, 1958
Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Estimated Cost	County Council Grant		
				Basis	Amount promised	Paid
Bishop's Castle B.	Bishop's Castle ..	Nov., 56	£ 14,650	10% of cost	£ 1,465	£ 1,456
Bridgnorth B. ..	Bridgnorth	July, 48	90,000	20% of original cost of £62,000	12,400	12,200
Dawley U. . . .	Dawley	Nov., 49	76,650	30% of cost of Phase I: 20% of Phase II	25,905	25,688
Ludlow B. . . .	Ludlow	Dec., 57	259,469	9% of cost	23,352	14,990
Newport U. . . .	Newport	Mar., 57	162,176	6% of cost	9,730	9,730
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 B. . .	Bicton Heath	Nov., 54	6,800	7% of net cost of £5,800	406	406
	Harlescott	Feb., 53	2,985	—	1,000	1,000
	Shrewsbury	Dec., 57	630,975	5% of cost	31,548	27,000
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
	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	1,819
	(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
	Madeley (Hill Top) ..	Nov., 54	3,300	15% of cost	500	433
Whitchurch U. . .	Whitchurch	Sept., 57	102,506	3% of cost	3,075	—
			£1,829,475		£163,158	£140,857

*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 122 : Rural Water Supplies and Sewerage Acts, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1964, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
Atcham R.	Longden, Annscroft and Hookgate	£ 50,545	For the provision of sewerage and sewage disposal facilities in the villages of Longden, Annscroft and Hookgate
Bridgnorth R.	Alveley (Revised)	49,345	For the provision of sewerage and sewage disposal facilities for the village of Alveley.
	Ackleton and Stableford	74,000	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	39,960	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.
	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.
Ellesmere R.	Cockshutt	48,184	For the provision of sewerage and sewage disposal facilities in the village of Cockshutt.
Ludlow R.	Clee Hill—Spring Farm	1,810	For the extension of sewers to serve Spring Farm area.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R.	Ruyton-xi-Towns	86,300	For the provision of sewerage and sewage disposal facilities for the village of Ruyton-xi-Towns.
Shifnal R.	Albrighton	35,460	For improvement of the existing sewerage system and extension of the sewage disposal works.
	Carried forward	£787,384	

(Continued on page 88)

(Continuation of Table on page 87)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 787,384	
Wellington R. ..	Hadley and Ketley (Revised) ..	261,182	For providing improved sewerage in the Hadley and Ketley areas and constructing a new disposal works at Hadley.
	Ketley Extensions—Mannerley Lane and The Rock ..	11,100	For the provision of sewerage facilities for properties at Mannerley Lane and The Rock.
	Preston and Horton ..	43,437	For the provision of sewerage and sewage disposal facilities for village of Preston and hamlet of Horton.
	Roden	9,770	For the provision of sewerage and sewage disposal facilities for the village of Roden.
	Sambrook	44,100	For the provision of sewerage and sewage disposal facilities for the village of Sambrook.
	Tibberton & Cherrington: Tibberton Section ..	44,300	For the provision of sewerage and sewage disposal facilities for the village of Tibberton.
	Cherrington Section ..	21,000	For the provision of sewerage and sewage disposal facilities for the village of Cherrington.
	Waters Upton	33,560	For the provision of sewerage and sewage disposal facilities for the village of Waters Upton and the Sitch Lane area.
	Wrockwardine	182,615	For the provision of a sewerage scheme for Wrockwardine Village, Allscott, Walcot, Charlton and Rodington.
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.
	Ash, Tilstock and Whitchurch Heath ..	120,000	For the provision of proper sewerage and sewage disposal facilities for the villages of Ash, Tilstock and Whitchurch Heath.
	Clive, Preston Brockhurst, Yorton and Grinshill ..	115,000	For the provision of sewerage and sewage disposal facilities for the villages of Clive, Preston Brockhurst, Yorton and Grinshill.
	Higher Heath	95,000	For the extension of the existing works and the provision of a sewerage system to serve the Higher Heath development.
	Loppington	29,250	For the provision of sewerage and sewage disposal facilities in the village of Loppington.
	Shawbury, Edgebolton and Moreton Mill ..	76,500	For the provision of sewerage scheme for the village of Shawbury and the adjacent areas of Edgebolton and Moreton Mill.
	TOTAL ..	1,880,977	

During the year work commenced on the following Sewerage Schemes:

District	Scheme
Atcham Rural	Minsterley Battlefield/Hadnall
Clun Rural	Clun
Newport Urban	Newport, Contract 2
Oakengates Urban	Trench Works
Wem Rural	Battlefield/Hadnall

D. COUPS,

County Public Health Inspector

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

Severn River Board—Rivers (Prevention of Pollution) Acts, 1951—1961.—Under the provisions of Section 7 of the 1951 Act, all new discharges of sewage and trade effluent had to receive River Board consent.

The principal effect of the 1961 Act was to require the River Board's consent for all discharges of sewage and trade effluent existing before the commencement of the Rivers (Prevention of Pollution) Act, 1951.

Section 1(1) provided in effect that after a date to be appointed by the Minister it would be unlawful to make a discharge of sewage or trade effluent to a stream without making an application for the River Board's consent.

The Minister fixed 1st June, 1963, as the "appointed date". All persons making pre-1951 discharges of sewage or trade waste were required to make application to the appropriate River Board before 1st June to continue to do so.

The findings of the Board's Analyst upon the samples of sewage effluents in Shropshire during 1964 may be summarised by saying that of 101 samples reported upon, 17 were like crude sewage, 35 more were unsatisfactory, 25 were fair and 24 satisfactory. One Rural District had 15 samples taken from 7 sites, of which 11 resembled crude sewage (2 weak, 6 average and 3 strong), 3 others were bad, 1 fair and none satisfactory.

STATISTICAL TABLES

TABLE I

Population, Acreage and Density of Population in the various Districts of Shropshire in 1964 (mid-year)

Districts	Population (estimated mid-1964)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,230	1,867	0.66
Bridgnorth Borough	8,530	2,645	3.22
Church Stretton Urban	2,850	6,198	0.46
Dawley Urban	10,480	3,259	3.22
Ellesmere Urban	2,360	1,220	1.93
Ludlow Borough	6,910	1,068	6.47
Market Drayton Urban	6,160	1,216	5.06
Newport Urban	5,080	768	6.61
Oakengates Urban	13,930	2,396	5.81
Oswestry Borough	11,940	2,173	5.49
Shrewsbury Borough	51,130	8,118	6.29
Wellington Urban	15,580	2,281	6.83
Wem Urban	2,750	903	3.05
Wenlock Borough	15,050	22,657	0.66
Whitchurch Urban	7,170	6,053	1.18
TOTAL—Urban Districts	161,150	62,822	2.57
RURAL			
Atcham	23,750	134,490	0.18
Bridgnorth	13,810	100,897	0.14
Clun	8,890	132,512	0.07
Drayton	10,010	54,058	0.18
Ellesmere	7,380	48,253	0.15
Ludlow	13,430	112,823	0.12
Oswestry	19,460	61,524	0.32
Shifnal	15,250	39,562	0.39
Wellington	26,880	54,516	0.49
Wem	11,870	60,343	0.20
TOTAL—Rural Districts	150,730	798,978	0.19
ADMINISTRATIVE COUNTY	311,880	861,800	0.36

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in 1964

DISTRICTS	DEATHS		BIRTHS				DEATHS OF INFANTS						
	Deaths at all ages	Rate per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Under one month	Neo-natal mortality rate	Under one year	Infant mortality rate
URBAN													
Bishop's Castle Borough	20	16.26	7.80	16	—	16	13.01	16.39	—	1	62.5	1	62.5
Bridgnorth Borough	86	10.08	9.68	158	13	171	20.05	18.85	—	3	17.5	3	17.5
Church Stretton Urban	49	17.19	9.45	37	1	38	13.33	16.26	—	—	—	—	—
Dawley Urban	100	9.54	12.21	214	11	225	21.47	19.54	4	4	17.8	7	31.1
Ellesmere Urban	33	13.98	12.30	39	3	42	17.79	19.75	2	1	23.8	1	23.8
Ludlow Borough	110	15.92	11.62	101	7	108	15.63	16.26	1	—	—	1	9.3
Market Drayton Urban	82	13.31	12.64	146	8	154	25.00	27.00	4	—	—	—	—
Newport Urban	60	11.81	11.34	105	10	115	22.64	20.83	3	1	8.7	1	8.7
Oakengates Urban	132	9.48	11.66	288	15	303	21.75	20.88	5	4	13.2	7	23.1
Oswestry Borough	145	12.14	12.87	200	11	211	17.67	17.14	4	2	9.5	3	14.2
Shrewsbury Borough	579	11.32	11.77	899	63	962	18.81	18.06	12	14	14.6	17	17.7
Wellington Urban	172	11.04	11.37	275	15	290	18.61	18.98	5	3	10.3	9	31.0
Wem Urban	32	11.64	11.41	44	2	46	16.73	18.57	—	1	21.7	1	21.7
Wenlock Borough	214	14.22	12.94	224	13	237	15.75	16.38	4	6	25.3	6	25.3
Whitchurch Urban	98	13.67	9.29	104	7	111	15.48	16.87	2	—	—	1	9.0
Aggregate	1,912	11.86	11.98	2,850	179	3,029	18.80	18.61	46	40	13.2	58	19.1
RURAL													
Aicham	254	10.69	11.33	473	22	495	20.84	21.47	12	4	8.0	5	10.1
Bridgnorth	128	9.27	11.77	232	9	241	17.45	19.37	5	5	20.7	7	29.0
Clun	89	10.01	9.91	132	10	142	15.97	18.21	1	4	28.2	4	28.2
Drayton	93	9.29	11.52	158	8	166	16.58	15.42	6	1	6.0	2	12.0
Ellesmere	68	9.21	10.13	106	6	112	15.18	15.94	2	2	17.9	4	34.8
Ludlow	160	11.91	11.43	196	13	209	15.56	17.74	3	6	28.7	6	28.7
Oswestry	233	11.97	9.34	297	12	309	15.88	17.47	6	2	6.5	2	6.5
Shifnal	110	7.21	10.17	293	13	306	20.06	21.66	3	3	9.8	6	19.6
Wellington	235	8.74	11.97	526	35	561	20.87	21.08	15	6	10.7	12	21.4
Wem	136	11.46	12.61	213	13	226	19.04	19.80	6	1	4.4	2	8.8
Aggregate	1,506	9.99	11.29	2,626	141	2,767	18.36	19.46	59	34	12.3	50	18.1
ADMINISTRATIVE COUNTY	3,418	10.96	11.62	5,476	320	5,796	18.58	18.95	105	74	12.8	108	18.6

TABLE IV
Causes of death by sex and age groups in Shropshire during 1964

AGE GROUPS	Sex	All Causes	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
URBAN DISTRICTS : Under 4 weeks 4 weeks and under 1 year 1 year and under 5 years 5 years and under 15 years 15 years and under 25 years 25 years and under 35 years 35 years and under 45 years 45 years and under 55 years 55 years and under 65 years 65 years and under 75 years 75 years and over	M	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE V
Return of Cases of Notifiable Diseases during 1964

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	Typhoid
URBAN AND BOROUGH :																			
Bishop's Castle ..	2	6	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgnorth ..	1	1	—	110	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Church Stretton ..	1	5	—	10	17	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Dawley ..	28	4	1	262	8	—	—	—	—	—	1	—	1	—	1	—	—	—	—
Ellesmere ..	—	—	—	45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow ..	1	7	—	166	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Market Drayton ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Newport ..	—	3	—	16	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oakengates ..	2	—	—	45	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—
Oswestry ..	3	—	1	42	—	—	—	—	—	1	—	2	4	—	—	—	—	—	—
Shrewsbury ..	11	10	8	102	3	—	—	—	—	1	4	—	12	—	2	—	1	—	—
Wellington ..	10	—	—	108	3	—	—	—	—	—	—	—	2	—	1	—	—	—	—
Wem ..	1	1	—	15	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wenlock ..	1	13	—	170	11	1	—	—	—	—	—	—	2	—	—	—	—	—	—
Whitchurch ..	10	—	10	71	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
TOTAL ..	71	50	20	1,164	52	1	—	—	—	2	6	2	26	—	5	—	1	—	—
RURAL :																			
Atcham ..	5	26	—	126	8	—	—	—	—	—	2	—	3	—	2	—	—	—	—
Bridgnorth ..	4	5	—	60	6	—	—	—	—	—	1	9	2	—	—	—	—	—	—
Clun ..	1	3	1	18	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Drayton ..	—	2	1	40	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ellesmere ..	—	2	—	33	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Ludlow ..	4	3	—	358	10	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Oswestry ..	12	—	—	146	1	—	—	—	—	—	—	—	2	—	2	—	—	—	—
Shifnal ..	7	20	7	191	14	1	—	—	—	1	1	—	1	—	—	—	—	—	—
Wellington ..	6	14	—	143	5	1	—	—	—	—	2	—	10	—	2	—	—	—	—
Wem ..	10	54	2	113	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	49	129	11	1,228	47	2	—	—	—	1	7	9	22	—	6	—	—	—	—
ADMINISTRATIVE COUNTY:																			
Total for 1964 ..	120	179	31	2,392	99	3	—	—	—	3	13	11	48	—	11	—	1	—	—
Total for 1963 ..	168	221	8	3,240	82	7	—	—	—	5	13	4	59	—	19	—	—	—	—
Increase (+) or Decrease (—) ..	—48	—42	+23	—848	+17	—4	—	—	—	—2	—	+7	—11	—	—8	—	+1	—	—

—No notifications.

†Notifications exclude cases notified after death, and do not necessarily compare with the numbers of new cases of Respiratory Tuberculosis reported on page 14.

TABLE VI
Work performed in Nursing Districts in 1964

NURSING DISTRICT	STAFF		MIDWIFERY				HOME NURSING		HEALTH VISITING Visits	ALL OTHER VISITS	TOTAL VISITS
	Nurses and Midwives	On 31st Dec., 1964 W.T. P.T.	Domiciliary Confinements		Discharged Hospital Cases		Cases	Visits			
			Cases	Visits	Cases	Visits					
Alberbury ..	1	1	9	215	30	149	64	1,166	772	339	2,641
Albrighton ..	1	1	35	953	60	250	86	2,749	—	341	4,293
Ash ..	1	1	16	505	12	62	57	1,821	833	350	3,571
Atcham ..	1	1	52	1,191	42	195	91	3,510	—	12	4,908
Baschurch ..	1	1	18	455	19	85	71	779	697	276	2,292
Bishop's Castle ..	1	1	7	174	3	18	114	2,236	1,586	42	4,056
Bomere Heath ..	1	1	15	333	21	94	49	1,114	—	15	1,556
Bridgenorth ..	3	3	40	911	53	256	204	4,759	871	160	6,957
Burford ..	1	1	10	273	10	36	75	1,678	553	109	2,649
Chirbury ..	1	1	4	90	5	15	41	630	377	13	1,125
Church Stretton ..	2	2	16	393	33	185	359	5,834	412	265	7,089
Claverley ..	1	1	16	347	7	36	47	1,374	341	60	2,158
Cleobury Mortimer ..	2	2	16	433	47	137	139	2,029	1,770	175	4,544
Clun ..	1	1	9	281	8	65	156	3,365	—	190	3,901
†Clunjunford ..	1	1	—	—	1	13	10	56	—	15	84
Craven Arms ..	1	1	7	175	16	66	78	2,358	630	127	3,356
Dawley ..	2	2	87	2,038	132	484	187	3,546	—	65	6,133
Dunnington ..	2	2	91	1,812	90	389	112	2,712	—	45	4,958
Dorrington ..	1	1	13	343	20	124	107	1,494	552	34	2,547
Ellesmere ..	2	2	25	582	30	128	92	1,875	—	62	2,647
Gobowen ..	1	1	27	708	29	152	125	2,605	—	852	4,317
Hadley ..	1	1	47	1,043	43	220	103	1,726	—	266	3,255
Higley ..	1	1	8	251	12	43	49	1,444	63	59	1,860
Hinstock ..	1	1	14	338	11	95	40	856	404	6	1,699
Hodnet ..	1	1	9	237	24	108	61	1,121	887	228	2,581
Ironbridge ..	3	3	52	1,220	36	161	173	5,607	—	372	7,360
Kinnerley ..	1	1	20	416	10	44	51	3,436	637	263	4,796
Longden ..	1	1	14	335	18	70	66	1,555	—	1	1,961
Ludlow ..	3	2	26	652	19	127	144	4,282	440	266	5,767
Market Drayton ..	2	2	84	2,024	59	259	96	2,542	—	146	4,971
Moreton Corbet ..	1	1	23	530	29	140	51	783	—	73	1,526
Morton ..	1	1	15	371	25	132	107	2,221	—	233	2,957
Much Wenlock ..	1	1	2	48	7	26	54	2,438	275	362	3,149
Munslow ..	1	1	6	141	5	20	72	1,116	548	—	1,825
Newport ..	2	2	71	1,678	103	526	65	928	—	120	3,252
Oakenates ..	3	3	159	3,920	78	421	202	3,889	—	420	8,650
Oswestry ..	4	3	76	1,925	83	387	515	11,139	—	1,063	14,514
Pontesbury ..	1	1	15	354	19	95	59	1,315	—	104	1,868
Prees ..	1	1	36	860	21	109	64	1,019	—	55	2,043
Shifnal ..	2	2	35	913	29	157	77	2,125	—	74	3,269
Shrewsbury ..	13	13	361	9,319	323	1,659	905	26,184	—	959	38,121
Stiperstones ..	1	1	5	93	12	75	35	1,501	329	23	2,021
Stoke-on-Tern ..	1	1	20	619	12	81	61	940	553	42	2,235
Stoke St. Milborough ..	1	1	5	118	12	23	39	517	582	30	1,270
Sunderne ..	1	1	21	408	29	113	47	762	648	1	1,932
Trefonen ..	1	1	16	418	21	87	62	2,402	—	245	3,152
Wellington ..	3	3	98	2,769	137	534	175	4,141	—	418	7,862
Wem ..	1	1	42	1,081	13	66	85	1,310	—	142	2,599
Westbury ..	1	1	19	434	12	52	49	1,406	706	73	2,671
West Felton ..	1	1	14	341	8	27	76	1,261	—	47	1,676
Weston Rhyn ..	1	1	17	431	36	150	104	1,396	—	63	2,040
Whitchurch ..	2	3	87	2,529	16	147	101	2,632	—	195	5,503
Whixall ..	1	1	15	323	14	86	83	808	582	297	2,096
Wrockwardine ..	1	1	18	408	31	123	38	620	748	35	1,934
Agency—Radnorshire ..	—	—	3	80	1	1	21	636	—	—	717
Agency—Montgomeryshire ..	—	—	—	—	—	—	4	158	4	—	162
Relief Staff ..	6	3	—	—	—	—	—	—	—	—	—
TOTAL ..	94	89	1,966	48,839	1,976	9,303	6,198	143,906	16,800	10,228	229,076

*Also employed in Oswestry Nursing District.

†Reconstituted as a Nursing District from 7th November, 1964.

TABLE VII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1964

DISEASE	CASES		MALES										FEMALES									
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—	
Tuberculosis, all forms	8	16	24	—	3	1	1	1	2	2	—	1	4	—	—	—	5	5	2	—	3	
Other infectious diseases	21	36	57	1	—	2	—	—	2	1	3	5	1	3	1	1	2	2	3	14	5	
Parasitic diseases	4	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant and lymphatic neoplasms	131	147	278	—	—	1	—	1	11	38	47	33	1	1	1	3	7	21	36	51	28	
Asthma	9	30	39	—	1	2	—	1	2	3	5	9	—	—	—	2	2	6	2	6	8	
Diabetes mellitus	26	71	97	—	—	1	—	1	2	6	18	36	51	2	2	16	38	47	71	141	166	
Anaemia	113	538	651	—	—	—	1	2	6	17	68	78	1	—	—	—	—	2	1	32	18	
Vascular lesions affecting central nervous system	171	222	393	—	1	1	—	1	6	5	13	4	2	2	2	2	3	11	14	31	10	
Other mental and nervous diseases	32	97	129	1	1	1	—	1	1	1	2	4	2	2	2	5	2	1	1	3	3	
Diseases of the eye	20	19	39	2	10	2	6	3	11	2	7	3	10	9	5	2	2	2	3	85	177	
Diseases of the ear	34	35	69	5	9	2	1	2	2	37	75	92	—	—	—	2	2	9	32	76	5	
Diseases of the heart and arteries	218	308	526	—	—	1	1	2	4	7	8	5	—	—	1	4	7	8	27	71	76	
Diseases of the veins	28	218	246	14	14	5	6	6	4	1	1	3	11	16	14	10	10	3	9	23	56	
Upper respiratory diseases	54	76	130	8	4	—	1	4	4	12	16	30	18	1	2	5	8	9	3	14	19	
Other respiratory diseases	79	137	216	8	4	—	1	4	6	10	16	33	6	8	7	11	9	11	13	19	51	
Constipation	97	135	232	12	11	1	4	5	11	17	8	16	12	9	13	13	19	7	19	34	28	
Other diseases of digestive system	92	154	246	18	4	5	5	8	4	9	12	16	—	—	—	—	—	—	—	—	—	
Diseases of urinary system and male genital organs	90	370	460	33	14	3	1	—	2	9	12	16	—	—	—	24	41	38	32	86	109	
Diseases of breast and female genital organs	—	370	370	—	—	—	—	—	—	—	—	—	—	—	—	88	128	35	—	—	—	
Complications of pregnancy and puerperium	—	251	251	—	—	—	—	—	—	—	—	—	—	—	—	13	23	18	17	43	49	
Diseases of skin and subcutaneous tissues	171	256	427	29	28	15	8	9	12	20	22	28	27	15	1	3	4	2	15	26	55	
Diseases of bones, joints and muscles	46	181	227	—	2	3	—	1	2	11	10	17	1	1	3	26	15	16	23	60	86	
Injuries	215	326	541	44	57	31	14	13	10	15	8	21	32	35	—	—	—	—	33	15	176	
Senility	71	191	262	—	—	—	—	—	—	—	—	63	—	—	—	—	—	—	—	—	—	
Other defined and ill-defined diseases	226	422	648	36	14	6	11	14	29	46	46	24	39	9	24	28	49	71	72	88	42	
Diseases not specified	2	—	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTAL	1,958	4,240	6,198	210	173	80	61	76	132	278	411	537	166	114	245	343	299	331	506	910	1,326	

TABLE VIII
Home Nursing Service—Cases Completed in 1964—Duration of Treatment, Visits and Disposal

DISEASE	TOTAL CASES	DURATION OF TREATMENT		VISITS			DISPOSAL OF CASES							
		Length (days)	Average per case (days)	Total		Average per case	Recovered, relieved or convalescent	Admitted to hospital or nursing home	Died	Gone away	Out-patient, X-ray, own doctor, etc.	Treatment undertaken by patient	Discontinued	Others
				Day	Night									
Tuberculosis, all forms	17	1,100	65	766	—	45.1	7	3	2	4	1	—	—	—
Other infectious diseases	52	4,083	79	1,762	7	34.0	43	6	—	1	2	—	—	—
Parasitic diseases	8	161	20	85	—	10.6	8	—	—	—	—	—	—	—
Malignant and lymphatic neoplasms	248	14,300	58	8,322	82	33.9	18	52	169	2	4	—	3	—
Asthma	26	1,479	57	397	4	15.4	9	10	2	2	2	1	—	—
Diabetes mellitus	56	13,109	235	10,667	1	190.5	12	21	3	11	—	9	—	—
Anaemia	319	75,250	236	10,603	4	33.3	186	49	13	49	16	—	5	—
Vascular lesions affecting central nervous system	322	33,533	105	20,191	36	62.8	59	98	135	21	1	3	—	5
Other mental and nervous diseases	69	18,331	266	9,196	—	133.3	14	30	7	13	1	1	3	—
Diseases of the eye	32	3,554	112	2,006	—	62.7	22	5	—	—	4	1	—	—
Diseases of the ear	64	1,196	19	643	—	10.0	49	5	—	1	9	—	—	—
Diseases of the heart and arteries	393	54,315	139	19,597	10	49.9	102	113	132	26	11	5	4	—
Diseases of the veins	162	19,371	120	7,052	—	43.5	128	24	—	3	4	2	1	—
Upper respiratory diseases	126	820	7	715	1	5.7	120	2	—	—	4	—	—	—
Other respiratory diseases	195	5,294	28	3,804	2	19.5	140	34	9	2	8	—	2	—
Constipation	216	1,681	8	679	—	3.1	200	7	1	1	7	—	—	—
Other diseases of digestive system	213	12,348	58	6,011	2	28.2	151	30	9	2	25	1	—	—
Diseases of urinary system and male genital organs	83	3,902	47	1,487	—	17.9	67	9	6	1	—	—	—	—
Diseases of breast and female genital organs	312	14,239	46	2,387	4	7.7	255	13	5	4	31	1	2	1
Complications of pregnancy and puerperium	247	2,823	12	1,979	6	8.0	162	65	—	1	10	3	6	—
Diseases of skin and subcutaneous tissues	380	21,488	57	9,220	—	24.3	325	27	1	6	19	1	—	1
Diseases of bones, joints and muscles	121	30,408	252	7,467	—	61.7	43	39	12	15	5	3	2	2
Injuries	507	9,284	19	4,521	5	8.9	408	29	7	13	41	4	4	1
Senility	167	29,955	180	7,377	1	44.2	21	74	49	13	2	7	1	1
Other defined and ill-defined diseases	619	7,682	13	2,975	7	4.8	180	70	4	5	354	3	2	—
Diseases not specified	2	43	22	15	—	7.5	2	—	—	—	—	—	—	—
TOTAL	4,956	379,749	77	139,924	172	28.1	2,731	815	559	198	561	46	35	11

TABLE IX
Child Welfare Centres

Name and Address of Centre	Sessions
ALBRIGHTON The Surgery, Shaw Lane Tel. Albrighton 301/2	<i>Child Welfare</i> Wednesdays 2.00 p.m.— 3.45 p.m. <i>Immunisations</i> 1st, 3rd and 5th Wednesdays .. 2.00 p.m.— 3.45 p.m.
BASCHURCH Secondary Modern School	<i>Child Welfare</i> <i>Immunisation</i> 1st Tuesday 2.30 p.m.— 4.30 p.m. <i>Welfare Foods</i>
BAYSTON HILL Memorial Hall	<i>Child Welfare</i> Mondays 2.00 p.m.— 5.00 p.m. <i>Immunisations</i> 3rd Monday 9.30 a.m.—12.00 noon <i>Welfare Foods</i> Mondays 2.00 p.m.— 5.00 p.m.
BISHOP'S CASTLE Stone House	<i>Child Welfare</i> 2nd and 4th Fridays 1.30 p.m.— 4.30 p.m. <i>Chiropody</i> 4th Tuesday 9.30 a.m.—12.30 p.m. <i>Immunisations</i> 2nd and 4th Fridays 2.00 p.m.— 5.00 p.m. 1.30 p.m.— 4.30 p.m.
BRIDGNORTH (Northgate) Northgate Tel. Bridgnorth 3357	<i>Ante-Natal</i> Mondays 2.00 p.m.— 4.00 p.m. <i>Chest</i> 2nd and 4th Tuesdays 9.00 a.m.— 1.00 p.m. <i>Child Welfare</i> Mondays 10.30 a.m.—12.30 p.m. <i>Chiropody</i> 4th Thursday 1.30 p.m.— 4.30 p.m. <i>Dental</i> 2.00 p.m.— 5.00 p.m. <i>District Nurses' Sessions</i> By arrangement <i>Domestic Help</i> Mondays 2.00 p.m.— 4.00 p.m. Mondays and Fridays 10.00 a.m.—12.00 noon 2.15 p.m.— 4.30 p.m. Wednesdays 2.15 p.m.— 4.30 p.m. <i>Immunisations</i> 1st Monday 9.30 a.m.—12.30 p.m. <i>Mothercraft and Relaxation</i> Wednesdays 2.30 p.m.— 4.00 p.m. <i>Probation Reporting Centre</i> 2nd and 4th Tuesdays 4.00 p.m.— 6.30 p.m. 2nd and 4th Thursdays 4.00 p.m.— 6.30 p.m. <i>Psychiatric (Adults)</i> Wednesdays 9.30 a.m.— 1.00 p.m. <i>School</i> 1st Monday 9.00 a.m.—10.30 a.m. <i>Speech Therapy</i> Fridays 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. <i>Welfare Foods</i> Mondays 2.15 p.m.— 4.30 p.m. <i>W.V.S. Play Group</i> Thursday afternoons
BRIDGNORTH (Grove) St. Mary's Church Hall	<i>Child Welfare</i> <i>Immunisations</i> 4th Thursday 1.30 p.m.— 4.30 p.m. <i>Welfare Foods</i>
BROSELEY Victoria Institute	<i>Child Welfare</i> 1st, 3rd and 5th Thursdays .. 2.30 p.m.— 4.30 p.m. <i>Chiropody</i> 1st and 3rd Tuesdays and 1st and 3rd Fridays 2.30 p.m.— 5.00 p.m. <i>Immunisations</i> 1st, 3rd and 5th Thursdays .. 2.30 p.m.— 4.30 p.m. 1st Thursday 9.30 a.m.—11.00 a.m.
BUNTINGSDALE (R.A.F.) Market Drayton	<i>Child Welfare</i> Thursday afternoons <i>Immunisations</i> Alternate Thursday afternoons <i>Welfare Foods</i> Thursdays 2.30 p.m.— 4.00 p.m.
CHURCH STRETTON Sylvester Horne Institute	<i>Ante-Natal</i> 1st and 3rd Thursdays 2.00 p.m.— 4.30 p.m. <i>Child Welfare</i> 1st and 3rd Thursdays 2.00 p.m.— 4.30 p.m. <i>Chiropody</i> 2nd and 4th Thursdays 9.30 a.m.—12.30 p.m. <i>Immunisations</i> 4th Thursday 2.00 p.m.— 5.00 p.m. 1st and 3rd Thursdays 2.00 p.m.— 4.30 p.m.
CLEOBURY MORTIMER Parish Hall	<i>Child Welfare</i> 1st and 3rd Wednesdays 2.00 p.m.— 4.00 p.m. <i>Chiropody</i> 2nd and 4th Wednesdays 9.30 a.m.—12.30 p.m. <i>Immunisations</i> 2nd Wednesday 2.00 p.m.— 5.00 p.m. <i>Welfare Foods</i> 1st and 3rd Wednesdays 2.00 p.m.— 4.00 p.m. Wednesdays 2.00 p.m.— 4.00 p.m.
COSFORD (R.A.F.) R.A.F. Cosford	<i>Child Welfare</i> Thursdays 2.15 p.m.— 4.00 p.m. <i>Immunisations</i> At Station Sick Quarters on Thurs- day afternoons <i>Welfare Foods</i> Thursday afternoons
DAWLEY Doseley Road Tel. Dawley 400	<i>Ante-Natal</i> 1st, 3rd and 5th Tuesdays .. 1.30 p.m.— 4.30 p.m. <i>Audiology</i> By arrangement <i>Child Welfare</i> Tuesdays 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. <i>Dental</i> By arrangement <i>Immunisations</i> 1st Wednesday 9.30 a.m.—12.00 noon <i>Mothers' Club</i> Thursdays 7.30 p.m. onwards <i>Mothercraft and Relaxation</i> 2nd and 4th Wednesdays .. 2.00 p.m. onwards (Post-Natal Exercises 3.00 p.m.) <i>Probation Reporting Centre</i> Wednesdays & alternate Thursdays 4.00 p.m.— 7.00 p.m. <i>Registrar's Office</i> Monday 9.00 a.m.—11.00 a.m. Wednesday 9.00 a.m.—11.00 a.m. Friday 6.00 p.m.— 7.00 p.m. 9.00 a.m.—11.00 a.m. 6.00 p.m.— 7.30 p.m. <i>Welfare Foods</i> Tuesdays 10.30 a.m.—12.00 noon 2.00 p.m.— 4.00 p.m.

Name and Address of Centre	Sessions		
DONNINGTON Garrison Welfare Centre, Northgate, The Humbers	<i>Child Welfare</i>	2nd and 4th Fridays	2.00 p.m.— 4.30 p.m.
	<i>Immunisations</i>	2nd and 4th Fridays	2.00 p.m.— 4.30 p.m.
	<i>Welfare Foods</i>	Friday	2.00 p.m.— 4.00 p.m.
DONNINGTON Turreff Hall	<i>Ante-Natal</i>	1st, 3rd and 5th Wednesdays	1.30 p.m.— 4.30 p.m.
	<i>Child Welfare</i>	Wednesdays	10.30 a.m.—12.30 p.m.
	<i>Chiropody</i>	1st Tuesday	1.30 p.m.— 4.30 p.m.
	<i>Immunisations</i>	1st, 3rd and 5th Wednesdays	9.30 a.m.—12.30 p.m.
	<i>Welfare Foods</i>	3rd Wednesday	2.00 p.m.— 5.00 p.m.
ELLESMERE Brownlow Road Tel. Ellesmere 181	<i>Ante-Natal</i>	1st Tuesday	1.30 p.m.— 4.30 p.m.
	<i>Child Welfare</i>	1st, 3rd and 5th Tuesdays	10.00 a.m.—12.00 noon
	<i>Dental</i>	Tuesdays	1.30 p.m.— 4.30 p.m.
	<i>Immunisations</i>	1st Tuesday	1.30 p.m.— 4.30 p.m.
	<i>Registrar of Births, etc.</i> ..	1st, 3rd and 5th Tuesdays	10.00 a.m.—12.00 noon
	<i>Welfare Foods</i>	Tuesday and Thursday	9.30 a.m.— 4.00 p.m.
		1st Tuesday	10.00 a.m.—12.00 noon
		1st, 3rd and 5th Tuesdays	1.30 p.m.— 4.30 p.m.
HADLEY Old People's Rest Room	<i>Child Welfare</i>	Monday and Thursday	9.00 a.m.—10.45 a.m.
	<i>Chiropody</i>	Saturday	9.00 a.m.—10.30 a.m.
	<i>Immunisations</i>	Tuesdays	1.30 p.m.— 4.30 p.m.
	<i>Welfare Foods</i>	2nd and 4th Tuesdays	10.30 a.m.—12.30 p.m.
HIGHLEY Miners' Welfare Youth Centre	<i>Child Welfare</i>	1st, 2nd and 3rd Thursdays	2.00 p.m.— 5.00 p.m.
	<i>Chiropody</i>	2nd Tuesday	10.00 a.m.—12.00 noon
	<i>Immunisations</i>	2nd and 4th Tuesdays	10.30 a.m.—12.30 p.m.
	<i>Welfare Foods</i>	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
		1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
IRONBRIDGE Severn Bank House Tel. Ironbridge 2256	<i>Ante-Natal</i>	Friday	2.00 p.m.— 4.30 p.m.
	<i>Branch Library</i>	Tuesday and Friday	10.00 a.m.— 1.00 p.m.
			2.00 p.m.— 5.00 p.m.
			5.30 p.m.— 7.30 p.m.
	<i>Child Welfare</i>	Saturday	10.00 a.m.—12.30 p.m.
	<i>Chiropody</i>	Fridays	2.00 p.m.— 4.30 p.m.
	<i>Immunisations</i>	1st, 3rd and 4th Fridays	9.30 a.m.—12.30 p.m.
	<i>Magistrates' Clerk's Office</i> ..	1st and 3rd Fridays	2.00 p.m.— 4.30 p.m.
		Tuesday	9.00 a.m.— 1.00 p.m.
		Thursday	2.00 p.m.— 5.00 p.m.
LUDLOW Cliftonville, Dinham Tel. Ludlow 2566	<i>Ante-Natal</i>	Friday	2.00 p.m.— 4.00 p.m.
	<i>Audiology</i>	Alternate Wednesdays and alter- nate Thursdays	5.00 p.m.— 6.30 p.m.
	<i>Chest</i>	Fridays	2.00 p.m.— 4.00 p.m.
	<i>Child Welfare</i>	1st, 3rd and 4th Fridays	9.30 a.m.—12.30 p.m.
	<i>Dental</i>	1st and 3rd Fridays	2.00 p.m.— 4.30 p.m.
		Tuesday	9.00 a.m.— 1.00 p.m.
		Thursday	2.00 p.m.— 5.00 p.m.
	<i>District Nurses' Sessions</i> ..	Friday	2.00 p.m.— 4.00 p.m.
	<i>Domestic Help</i>	Alternate Wednesdays and alter- nate Thursdays	5.00 p.m.— 6.30 p.m.
	<i>Immunisations</i>	Fridays	2.00 p.m.— 4.00 p.m.
	<i>Mothercraft and Relaxation</i> ..	1st, 3rd and 4th Fridays	9.30 a.m.—12.30 p.m.
	<i>Speech Therapy</i>	1st and 3rd Fridays	1.30 p.m.— 4.30 p.m.
LUDLOW East Hamlet Hall	<i>Ante-Natal</i>	Monday	1.30 p.m.— 4.30 p.m.
	<i>Immunisations</i>	1st Wednesday	9.30 a.m.—12.30 p.m.
		3rd Tuesday	11.00 a.m. onwards
		Monday	1.30 p.m.— 4.30 p.m.
		Monday	9.30 a.m.—12.00 noon
		Monday	1.30 p.m.— 5.00 p.m.
		Saturdays	9.00 a.m.—12.00 noon
	<i>District Nurses' Sessions</i> ..	2nd and 4th Wednesdays	2.00 p.m.
	<i>Domestic Help</i>	Monday, Wednesday and Friday ..	2.15 p.m.— 4.15 p.m.
	<i>Immunisations</i>	2nd Monday	9.30 a.m.—12.00 noon
MADELEY Church Street Tel. Ironbridge 3354	<i>Ante-Natal</i>	2nd and 4th Fridays	2.30 p.m.— 4.00 p.m.
	<i>Audiology</i>	Thursday	10.00 a.m.—12.30 p.m.
	<i>Child Welfare</i>	Friday	1.30 p.m.— 5.00 p.m.
	<i>Chiropody</i>	By arrangement	1.30 p.m.— 4.30 p.m.
	<i>Dental</i>	Tuesdays	9.30 a.m.— 1.00 p.m.
	<i>General Practitioners' Ante-Natal</i> ..	By arrangement	2.00 p.m. onwards
	<i>Immunisations</i>	Tuesday	2.00 p.m. onwards
	<i>Orthopaedic</i>	2nd Wednesday	10.00 a.m.—12.00 noon
	<i>Speech Therapy</i>	Fridays (three-monthly)	9.30 a.m.— 1.00 p.m.
	<i>Welfare Foods</i>	Thursdays	10.00 a.m.—12.30 p.m.
MARKET DRAYTON Longslow Road Tel. Market Drayton 2634	<i>Ante-Natal</i>	Wednesdays	2.00 p.m.— 4.30 p.m.
	<i>Child Welfare</i>	Wednesdays	1.30 p.m.— 4.30 p.m.

Name and Address of Centre	Sessions			
MARKET DRAYTON (continued)	<i>Chiropody</i>	1st, 2nd and 3rd Wednesdays ..	9.30 a.m.—12.30 p.m.	
	<i>Dental</i>	1st and 3rd Wednesdays ..	2.00 p.m.— 5.00 p.m.	
	<i>Domestic Help</i>	By arrangement		
	<i>Immunisations</i>	Mondays, Wednesdays and Fridays	2.00 p.m.— 5.00 p.m.	
	<i>Probation Reporting Centre</i> ..	2nd and 4th Wednesdays ..	9.30 a.m.—12.00 noon	
		Alternate Tuesdays ..	5.00 p.m.— 8.00 p.m.	
		4th Thursdays ..	4.00 p.m.— 7.00 p.m.	
	<i>Psychiatric</i>	1st, 3rd and 5th Fridays ..	2.00 p.m. onwards	
	<i>Refraction</i>	By arrangement		
	<i>School</i>	Wednesdays	9.00 a.m.—10.30 a.m.	
	<i>Speech Therapy</i>	Friday	12.00 noon—12.30 p.m.	
			1.45 p.m.— 5.00 p.m.	
	<i>Welfare Foods</i>	Wednesday	10.00 a.m.—12.00 noon	
			2.15 p.m.— 4.15 p.m.	
		Saturday	10.00 a.m.—12.00 noon	
MUCH WENLOCK British Legion Hall	<i>Ante-Natal</i>	2nd Tuesday	2.00 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	2nd and 4th Tuesdays ..	2.00 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	2nd Tuesday	3.00 p.m.— 4.00 p.m.	
	<i>Welfare Foods</i>	2nd and 4th Tuesdays ..	2.00 p.m.— 4.00 p.m.	
NEWPORT Boyne House, Beaumaris Road Tel. Newport 2304	<i>Ante-Natal</i>	Fridays	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	Fridays	9.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	3rd Thursday	9.30 a.m.—12.30 p.m.	
			2.00 p.m.— 5.00 p.m.	
	<i>Darby and Joan Club</i>	Thursday afternoons		
	<i>Dental</i>	By arrangement		
	<i>District Nurses' Session</i> ..	1st and 3rd Tuesdays ..	2.00 p.m.	
	<i>Domestic Help</i>	Monday, Wednesday and Friday	2.15 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	1st Friday	9.30 a.m.—12.00 noon	
	<i>Mothers' Club</i>	Tuesdays	8.00 p.m.	
	<i>Mothercraft and Relaxation</i> ..	Tuesdays	2.30 p.m.— 5.00 p.m.	
	<i>Speech Therapy</i>	Wednesdays	10.00 a.m.— 1.00 p.m.	
			2.00 p.m.— 4.15 p.m.	
	<i>Welfare Foods</i>	Fridays	10.30 a.m.—12.30 p.m.	
			2.00 p.m.— 4.30 p.m.	
OAKENGATES Stafford Road Tel. Oakengates 3430	<i>Ante-Natal</i>	Fridays	1.30 p.m.— 4.30 p.m.	
	<i>Child Welfare</i>	Fridays	10.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	Fridays	1.30 p.m.— 4.30 p.m.	
		4th Wednesday	9.30 a.m.—12.00 noon	
	<i>Mothers' Club</i>	Wednesdays	7.30 p.m.— 9.30 p.m.	
	<i>Mothercraft and Relaxation</i> ..	Tuesdays	2.30 p.m.	
	<i>Welfare Foods</i>	Mondays and Wednesdays	2.15 p.m.— 4.15 p.m.	
		Fridays	10.30 a.m.—12.30 p.m.	
			2.15 p.m.— 4.15 p.m.	
OSWESTRY 28/32 Upper Brook Street Tel. Oswestry 2311	<i>Ante-Natal</i>	Wednesdays	10.30 a.m.—12.30 p.m.	
	<i>Ante-Natal Exercise</i>	Tuesdays	9.00 a.m.— 1.00 p.m.	
	<i>Audiology</i>	By arrangement		
	<i>Child Guidance</i>	Thursday morning and afternoon		
		Friday afternoon		
	<i>Child Welfare</i>	Wednesdays	10.00 a.m.—12.00 noon	
			1.30 p.m.— 4.30 p.m.	
	<i>Chiropody</i>	2nd and 4th Fridays	9.30 a.m.—12.30 p.m.	
		4th Friday	2.00 p.m.— 5.00 p.m.	
	<i>Dental</i>	Fridays	9.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
		Saturdays	9.00 a.m.—12.00 noon	
			and by arrangement	
	<i>Domestic Help</i>	Mondays	9.30 a.m.—12.00 noon	
			1.45 p.m.— 4.00 p.m.	
		Wednesdays and Fridays	9.30 a.m.—12.30 p.m.	
			2.00 p.m.— 4.00 p.m.	
	<i>Group Training Session</i> ..	Thursdays and Fridays ..	10.15 a.m.—12.30 p.m.	
			2.00 p.m.— 4.00 p.m.	
	<i>Helping Hand</i>	By arrangement		
	<i>Immunisations</i>	1st and 3rd Wednesdays ..	9.30 a.m.—12.00 noon	
	<i>Ministry of Health Sessions</i> ..	Mondays	10.30 a.m. onwards	
	<i>Ophthalmic</i>	Thursdays	9.30 a.m. onwards	
	<i>Orthopaedic</i>	Wednesdays	9.30 a.m.— 1.00 p.m.	
	<i>School</i>	Wednesdays and Fridays	9.00 a.m.—10.30 a.m.	
	<i>Speech Therapy</i>	Tuesdays	10.30 a.m.—12.30 p.m.	
			1.30 p.m.— 4.30 p.m.	
	<i>Welfare Foods</i>	Tuesdays	10.00 a.m.—12.30 p.m.	
		Wednesdays	10.00 a.m.—12.30 p.m.	
			2.00 p.m.— 5.00 p.m.	
		Fridays	10.00 a.m.—12.30 p.m.	
			2.00 p.m.— 4.00 p.m.	
	<i>Welsh Board</i>	Tuesdays	10.30 a.m. onwards	
PONTESBURY Public Hall	<i>Child Welfare</i>	2nd and 4th Tuesdays ..	2.00 p.m.— 4.30 p.m.	
	<i>Immunisations</i>	2nd and 4th Tuesdays ..	2.00 p.m.— 4.30 p.m.	
PREES (Higher Heath) Polish Recreation Hut, Site 21	<i>Child Welfare</i>	1st and 3rd Tuesdays ..	1.30 p.m.— 4.30 p.m.	

Name and Address of Centre	Sessions		
ST. MARTINS The Old C. of E. School	<i>Child Welfare</i>	1st and 3rd Tuesdays	2.00 p.m.— 4.30 p.m.
	<i>Chiropody</i>	2nd Tuesday	9.30 a.m.—12.30 p.m.
			2.00 p.m.— 5.00 p.m.
	<i>Immunisations</i>	4th Tuesday 1st Tuesday	2.00 p.m.— 5.00 p.m. 2.00 p.m.— 4.30 p.m.
SHAWBURY Parish Hall	<i>Child Welfare</i>	Tuesdays	2.00 p.m.— 4.30 p.m.
	<i>Chiropody</i>	1st and 3rd Wednesdays	2.00 p.m.— 5.00 p.m.
	<i>Immunisations</i>	2nd and 4th Tuesdays	2.00 p.m.— 4.30 p.m.
	<i>Welfare Foods</i>	Tuesdays	2.00 p.m.— 4.30 p.m.
SHIFNAL Curriers Lane	<i>Child Welfare</i>	Mondays	2.00 p.m.— 4.30 p.m.
	<i>Immunisations</i>	2nd and 4th Mondays	2.00 p.m.— 4.30 p.m.
	<i>Mothercraft and Relaxation</i>	Thursdays	2.30 p.m.— 4.30 p.m.
	<i>Speech Therapy</i>	Mondays	9.30 a.m.—12.00 noon
SHREWSBURY (Harlescott) Harlescott Church Hall, Meadow Farm Drive	<i>Child Welfare</i>	Tuesdays	10.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
	<i>Immunisations</i>	1st and 3rd Tuesdays	9.30 a.m.—12.00 noon
	<i>Welfare Foods</i>	Tuesdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
SHREWSBURY (Meole Brace) Peace Memorial Hall	<i>Child Welfare</i>		
	<i>Immunisations</i>	1st and 3rd Thursdays	2.45 p.m.— 5.00 p.m.
	<i>Welfare Foods</i>		
SHREWSBURY (Monkmoor) Abbey Parish Hall Tankerville Street	<i>Child Welfare</i>		
	<i>Immunisations</i>	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
	<i>Welfare Foods</i>		
SHREWSBURY (Murivance) Health Centre, Murivance Tel. Shrewsbury 51850	<i>Ante-Natal</i>	1st, 3rd and 5th Wednesdays	2.00 p.m.— 4.00 p.m. (Dr. Urquhart)
	<i>Ante-Natal Relaxation</i>	1st, 3rd and 5th Wednesdays	2.00 p.m.— 3.30 p.m.
	<i>Child Welfare</i>	Fridays	1.30 p.m.— 4.30 p.m.
	<i>Family Planning</i>	Mondays	1.30 p.m.— 3.30 p.m.
		2nd and 4th Mondays	6.00 p.m.— 7.30 p.m.
		2nd Wednesday	2.00 p.m.— 3.30 p.m. (Oral)
	<i>Ante-Natal</i>	Thursdays from 9.00 a.m. (Mr. Burke)	
	<i>Gynaecological and Post-Natal</i>	Tuesdays	9.00 a.m.—12.30 p.m. (Mr. Burke)
	<i>Immunisations</i>	1st and 3rd Fridays	9.30 a.m.—12.00 noon
	<i>Mothers' Club</i>	Tuesdays	7.30 p.m. onwards
	<i>School</i>	1st Friday	9.00 a.m.—10.30 a.m.
	<i>Teenagers Club</i>	1st and 3rd Wednesdays	7.30 p.m.
	<i>Welfare Foods</i>	Fridays	1.30 p.m.— 4.30 p.m.
SHREWSBURY (Springfield) St. Giles Hall, Springfield	<i>Child Welfare</i>	2nd and 4th Tuesdays	1.30 p.m.— 4.30 p.m.
	<i>Immunisations</i>	4th Tuesdays	1.30 p.m.— 4.30 p.m.
	<i>Welfare Foods</i>	2nd and 4th Tuesdays	1.30 p.m.— 4.30 p.m.
SHREWSBURY (White House) White House, Ditherington Tel. Shrewsbury 4308	<i>Ante-Natal</i>	2nd and 4th Wednesdays	2.00 p.m.— 4.00 p.m. (Dr. Urquhart)
	<i>Child Welfare</i>	Thursdays and Fridays	1.30 p.m.— 4.30 p.m.
	<i>Immunisations</i>	2nd and 4th Thursdays	9.30 a.m.—12.00 noon
	<i>Welfare Foods</i>	Thursdays and Fridays	2.00 p.m.— 4.30 p.m.
WELLINGTON Haygate Road Tel. Wellington 2760	<i>Ante-Natal</i>	Thursdays	10.30 a.m.—12.30 p.m.
	<i>Audiology</i>	By arrangement (Monday mornings)	
	<i>Child Guidance</i>	Tuesday mornings and Wednesdays	10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.00 p.m.
	<i>Child Welfare</i>	Thursdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	<i>Chiropody</i>	Tuesdays	2.00 p.m.— 5.00 p.m.
	<i>Dental</i>	Mondays to Fridays	9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m.
		Saturdays	9.30 a.m.—12.00 noon
	<i>Domestic Help</i>	Mondays to Thursdays	10.00 a.m.—12.30 p.m.
		Fridays	10.00 a.m.—12.30 p.m. 2.00 p.m.— 4.45 p.m.
	<i>Family Planning</i>	1st and 3rd Tuesdays	2.00 p.m.— 4.00 p.m.
	<i>Immunisations</i>	2nd and 4th Fridays	9.30 a.m.—12.00 noon
	<i>Ministry of Health Sessions</i>	Monday afternoons, Friday mornings	
	<i>Mothers' Club</i>	1st Wednesday	7.30 p.m.
	<i>Peter Pan Club</i>	Every other Friday	7.30 p.m.
	<i>School</i>	Thursdays	9.00 a.m.—10.30 a.m.
	<i>Speech Therapy</i>	Mondays	2.00 p.m.— 5.00 p.m.
	<i>Welfare Foods</i>	Thursdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	<i>Ante-Natal</i>	2nd and 4th Thursdays	1.30 p.m.— 4.30 p.m.
	<i>Child Welfare</i>	Thursdays	1.30 p.m.— 4.30 p.m.
	<i>Chiropody</i>	Every 4th Saturday	9.30 a.m.—12.30 p.m. 2.00 p.m.— 4.30 p.m.
	<i>Dental</i>	1st, 3rd and 5th Thursdays	9.45 a.m.—12.00 noon 1.30 p.m.— 4.30 p.m.
		2nd and 4th Thursdays	9.45 a.m.—12.00 noon

Name and Address of Centre	Sessions			
WEM (continued)	Group Training	Tuesdays from 10.15 a.m.		
	Immunisations	2nd and 4th Thursdays	2.00 p.m.— 4.00 p.m.	
	Welfare Foods	Thursdays	1.30 p.m.— 4.30 p.m.	
WHITCHURCH Deermoss Lane, Off Claypit Street Tel. Whitchurch 2196	Ante-Natal	1st and 3rd Thursdays	1.30 p.m.— 4.30 p.m.	
	Audiology	By arrangement		
	Chest	1st Friday	11.00 a.m.— 1.00 p.m.	
	Child Welfare	Thursdays	1.30 p.m.— 4.30 p.m.	
	Chiropody	2nd and 4th Mondays	2.00 p.m.— 5.00 p.m.	
	Dental	By arrangement		
	District Nurses' Ante-Natal ..	Tuesdays	2.15 p.m.— 4.15 p.m.	
	Domestic Help	Wednesdays and Fridays ..	10.15 a.m.—12.30 p.m.	
		Mondays and Fridays	2.15 p.m.— 4.15 p.m.	
	E.N.T. Outpatients	1st and 3rd Thursdays	10.30 a.m.— 1.00 p.m.	
	Group Training	Mondays and Wednesdays ..	10.00 a.m.	
	Gynaecological Outpatients ..	Saturdays	9.00 a.m.— 1.00 p.m. (monthly)	
	Immunisations	1st and 3rd Thursdays	1.30 p.m.— 4.30 p.m.	
	M.M.R. Unit	1st Friday	1.45 p.m.— 2.00 p.m. (Ante-natal and school children large X-rays)	
			2.00 p.m.— 4.00 p.m.	
	Probation Reporting Centre ..	Thursdays	5.00 p.m.	
		2nd Tuesday	7.00 p.m.	
	Psychiatric	2nd and 4th Fridays	2.00 p.m.	
	Speech Therapy	Fridays	10.30 a.m.—12.00 noon	
			2.00 p.m.— 5.00 p.m.	
	Surgical Outpatients	Wednesdays	2.00 p.m.— 5.00 p.m.	
	Welfare Foods	Thursdays	2.15 p.m.— 4.15 p.m.	
		Fridays	10.15 a.m.—12.30 p.m.	
			2.15 p.m.— 4.15 p.m.	
WHITTINGTON Parish Hall	Child Welfare	2nd Tuesday	1.30 p.m.— 4.30 p.m.	
	Immunisations	2nd Tuesday	1.30 p.m.— 4.30 p.m.	

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