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COUNTY COUNCIL OF SALOP

Annual Report

OF THE

County Medical Officer of Health

1966



COUNTY HEALTH DEPARTMENT,
SHIREHALL, ABBEY FOREGATE, SHREWSBURY

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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 Report of the Council's Health Department for 1966.

This Report contains an account of the work of the Health Department during 1966. The majority of this was carried out under the wise supervision of Dr. Tom Hall, who for 13 years was County Medical Officer until he retired on 6th November. It is a record of steady expansion and consolidation of past achievement.

The Vital Statistics show that Shropshire compares favourably with England and Wales in most aspects of health. The population increased by 4,520 to 321,720. The Infant Mortality Rate was the lowest ever recorded (15.7 Salop, 19.0 England and Wales), but the Still Birth Rate, although reduced, still shows room for improvement (17.4 Salop, 15.4 England and Wales). The Neo-natal Mortality Rate was the best ever recorded for Shropshire (10.24 Salop and 12.9 England and Wales), and the Maternal Mortality Rate was the same as for 1965 (0.17 Salop, 0.26 England and Wales).

The tables on pages 36 and 37 are worthy of mention. They show that the high level of Vaccination and Immunisation that has been achieved in past years was maintained in the child population in 1966. This is most important as there is no doubt that it plays a large part in maintaining the low incidence of infectious diseases such as Whooping Cough, Poliomyelitis, Diphtheria and Tuberculosis.

There are many other items of interest in the Report but they are too numerous to mention in detail. The Report has been altered in size and shape. It has been reduced from foolscap to quarto size and the number of pages has been reduced by approximately one third, but it still contains a wealth of information illustrating the many ways in which the Health Department helps to serve the community.

I would like to thank all those who have made contributions to this Report and also Mr. Brawn, who has been largely responsible for compiling it.

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

Your obedient Servant,

PHILIP C. MOORE

County Medical Officer of Health.

County Health Department,
The Shirehall,
Abbey Foregate,
SHREWSBURY.
(Tel. No. Shrewsbury 52211)
June, 1967.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1966)

HEALTH COMMITTEE

CHAIRMAN: ALDERMAN DR. L. A. HAMAR

VICE-CHAIRMAN: COUNCILLOR C. SMITH

ALDERMEN:

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

DYER, SIR LEONARD S. S., Bt.
(Vice-Chairman of Council)

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

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

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

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.

CHRESESON, G., M.B.E.

DAWSON, G. A.

HARRISON, MRS. E.

HAYWARD, MRS. J. A.

HODGSON, MRS. N. B.

JONES, T.

JONES, T. H.

JONES, W. G.

MARSH, MRS. B. E.

MCDONALD, L.

MORRIS, T. E.

RHAIADR-JONES, J. R.

WILLIAMS, A. C.

Vacancy

CO-OPTED MEMBERS:

BECKETT, H. R.

Vacancy

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

CHRESESON, G.

FELL, W. M. W.

HAMAR, DR. L. A. (Chairman)

HAYWARD, MRS. J. A.

JONES, T. H.

MORRIS, T. E.

POOLER, DR. W. R. H.

RHAIADR-JONES, J. R.

SMITH C.

STEPHENS, MRS. I. E.

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.

MORRIS, T. E.

POOLER, DR. W. R. H.

RHAIADR-JONES, J. R.

RYLE, DR. J. C.

SMITH C.

STEPHENS, MRS. I. E.

THOMAS, E. B.

Co-opted Members:

BOROUGH, MRS. M. L.

CHOLMONDLEY, MRS. V. M.

MACLEAN, 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

BEAVAN, A. F.

FELL, W. M. W.

HAMAR, DR. L. A.

JONES, T.

JONES, T. H.

MCDONALD, L.

RHAIADR-JONES, J. R. (Chairman)

SMITH, C.

THOMAS, E. B.

Two vacancies

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.
(Retired: 6th November, 1966)

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.P.H., D.Obst.R.C.O.G.
(Appointed: 7th November, 1966)

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:

*KENNETH CARTWRIGHT, M.B., B.Ch., D.P.H.

Assistant County, School and District Medical Officers:

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

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

DOUGLAS R. McCAULLY, B.A., M.D., B.Ch., B.A.O., D.P.H.

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.

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

Assistant County and School Medical Officers:

Whole-time:

JOHN BURROWES, M.B., B.Ch., B.A.O., D.P.H. (Appointed: 9th May, 1966)

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

FLORA MACDONALD, M.B., B.S., D.P.H. (Retired: 30th September, 1966)

LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland) (Resigned: 11th April, 1966)

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

Part-time:

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

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

ELIZABETH J. CARTER, M.B., B.S. (Appointed: 6th October, 1966)

SHEILA M. G. CROSLAND, M.B., B.S. (Appointed: 3rd October, 1966)

JOAN B. DEACON, M.R.C.S., L.R.C.P.

MOIRA FORDYCE, M.B., Ch.B. (Appointed: 10th March, 1966; Resigned: 15th June, 1966)

ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.S., L.R.C.P.

FLORA MACDONALD, M.B., B.S., D.P.H. (Appointed: 1st October, 1966)

MURIEL NANKIVELL, M.B., Ch.B. (Appointed: 8th December, 1966)

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

JOAN P. H. THOMPSON, M.R.C.S., L.R.C.P.

ELIZABETH A. WELTON, M.B., Ch.B. (Appointed: 24th June, 1966)

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

*Also District Medical Officer of Health

Dental Officers:

Whole-time:

GEOFFREY G. FIELD, B.D.S.
NOEL GLEAVE, L.D.S.
PETER HOWE, L.D.S.
GEORGE B. WESTWATER, L.D.S.

Part-time:

PATRICIA R. ABBOTT, B.D.S., (Appointed: 25th January, 1966)
HARRY B. KIDNER, L.D.S., R.C.S. (Resigned: 30th November, 1966)
ALEXANDER J. LAVELLE, L.D.S., R.F.P.S. (Appointed: 2nd November, 1966)
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.

Dental Technicians:

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Dental Hygienists:

MARY HATFIELD (Resigned: 28th February, 1966)
NANCY SMITH

Dental Auxiliaries:

PAMELA A. UPTON (Resigned: 31st December, 1966)
JUDITH C. POLLITT (Appointed: 1st September, 1966)

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.

Senior Chiropodists:

ETHEL DAVIES, L.Ch., S.R.Ch. (Appointed: 26th September, 1966)
MARGARET FARROW, M.Ch.S., S.R.Ch. (Appointed: 12th April, 1966)
GEORGE GRAHAM, M.Ch.S., S.R.Ch. (Appointed: 31st October, 1966)
JOHN POXON, L.Ch., H.Ch.D., S.R.Ch. (Resigned: 9th September, 1966)
CATHERINE W. SMITH, M.Ch.S., S.R.Ch.
WILLIAM G. SMITH, M.Ch.S., S.R.Ch.

Chief Administrative Assistant:

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:

ELIZABETH CASWELL, L.C.S.T. (Appointed: 1st September, 1966)

CYNTHIA M. MAUGHAN, L.C.S.T. (Part-time) (Resigned 23rd September, 1966)

MARJORY M. SHELDON, L.C.S.T., (Part-time) (Appointed: 9th May, 1966)

CYNTHIA D. PEDLEY NEE WAGG, L.C.S.T.

Tuberculosis Health Visitor:

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

Administrative Mental Welfare Officer:

ERNEST A. R. WARD

Deputy Administrative Mental Welfare Officer:

CHARLES T. FRANCIS

Mental Welfare Officers:

DAVID JAMES BOWEN (Appointed: 8th August, 1966)

HAROLD W. CURETON, S.R.N., R.M.N.

NORMAN GRAY, R.M.N.

ANTHONY GRIFFITHS, R.M.N.

FREDERICK R. KING, S.R.N., R.M.N.

ELIZABETH J. KYNASTON, S.R.N., R.M.N.

LEONARD PUGH, R.M.N., S.R.N., (Appointed: 26th September, 1966)

RONALD G. SHAW, R.M.N. (Resigned: 13th November, 1966)

KATHLEEN G. TEAGUE

DESMOND GEORGE THOMAS, R.M.N.

ANNE D. WARD, S.R.N., R.M.N., Certificate in Social Work

Training Centre Supervisors:

MARY E. C. TYLER, Dip. N.A.M.H.

ETHEL E. WARD, S.R.N., S.C.M., H.V.

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

Consultant Chest 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 Children's Psychiatrist:

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

Consultant Orthodontists:

BRIAN T. BROADBENT, F.D.S.

MICHAEL F. SCOTT, L.D.S.

District Medical Officers of Health

Medical Officer	Districts	Acreage	Population	
			Census 1961	Estimated Mid-1966
<i>Mixed Appointments:</i>				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough	8,118	49,566	52,450
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	12,120
	Oswestry Rural	61,526	18,598	19,240
S. SMITH, M.B., Ch.B., D.P.H.	Ellesmere Urban	1,220	2,261	2,390
	Wem Urban	903	2,606	2,940
	Whitchurch Urban	6,052	7,160	7,200
	Ellesmere Rural	48,253	7,037	7,520
	Wem Rural	60,343	11,606	12,130
M. H. F. TURNBULL, M.B., Ch.B.,	Bridgnorth Borough	2,645	7,552	9,390
	*Bridgnorth Rural	117,757	21,218	18,880
	†Wenlock Borough	—	3,800	3,800
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	1,260
	Atcham Rural	134,490	22,304	24,950
	Clun Rural	132,512	8,604	8,860
	*Ludlow Rural	119,032	15,965	
E. CAPPER, M.B., Ch.B., D.P.H.	Ludlow Borough	1,068	6,796	7,080
D. R. McCAULLY, B.A., M.D., B.Ch., B.A.O., D.P.H.	*Market Drayton Rural	56,071	15,444	16,780
K. CARTWRIGHT, M.B., Ch.B., D.P.H.	*Dawley Urban	9,459	20,010	18,650
<i>Whole-time:</i>				
H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.	Newport Urban	921	4,460	5,420
	*Oakengates Urban	2,424	12,134	15,450
	Wellington Urban	2,281	13,654	16,300
	*Shifnal Rural	37,202	14,034	15,950
	*Wellington Rural	56,167	24,290	26,680
TOTAL		862,484	297,742	321,720

*Acreage and population revised in accordance with the Salop Order, 1966.

†Population figure included by the Registrar General in respect of the period 1st January to 31st March 1966 only. To allow calculation of valid Birth and Death rates, the figure shown is approximately one quarter of the estimated population of the area as it existed during the period concerned.

Annual Report for 1966

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 sewage 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)	.. .. .	862,484
Rateable Value (at 1st April, 1966)	.. .. .	£10,988,430
Estimated product of 1d. rate (at 1st April, 1966)	.. .. .	£44,408

General Statistics

	Urban Districts	Rural Districts	County
POPULATION: Estimated population (mid-1966)	154,450	167,270	321,720
BIRTHS:			
Live Births	2,810	3,049	5,859
Rate per 1,000 population	18.19	18.23	18.21
Illegitimate live births	185	183	368
Percentage of total live births	6.6%	6%	6.3%
Stillbirths	51	53	104
Rate per 1,000 live and still births	17.83	17.09	17.44
Total live and still births	2,861	3,102	5,963
INFANT DEATHS:			
Deaths under one year	44	48	92
Mortality rates:			
All infants per 1,000 live births	15.56	15.74	15.70
Legitimate infants per 1,000 legitimate live births	14.10	15.00	14.57
Illegitimate infants per 1,000 illegitimate live births	37.83	27.32	32.61
Deaths under four weeks	28	32	60
Neo-natal mortality rate per 1,000 live births	9.96	10.50	10.24
Deaths under one week	24	29	53
Early neo-natal mortality rate per 1,000 live births	8.54	9.51	9.05
Deaths under one week and stillbirths	75	82	157
Perinatal mortality rate per 1,000 live and still births	26.22	26.43	26.33
MATERNAL DEATHS:			
Deaths (including abortion)	—	1	1
Rate per 1,000 live and still births	—	0.32	0.17
DEATHS:			
Total deaths from all causes	1,914	1,822	3,736
Rate per 1,000 population	12.39	10.89	11.61

Population.—The growth of population in comparison with the Census years is shown below:

	1931 Census		1951 Census		1961 Census		Mid-1966	
	Persons	%	Persons	%	Persons	%	Persons	%
Urban Districts ..	121,665	49.8	139,570	48.2	151,720	50.9	154,450	48.01
Rural Districts ..	122,491	50.2	150,232	51.8	146,022	49.1	167,270	51.99
County	244,156	100	289,802	100	297,742	100	321,720	100

On 1st April, 1966, The Salop Order 1966 gave effect, inter alia, to the revision of certain District Boundaries within the County and these are summarised below:

		<i>Increase (+) or Decrease (—)</i>	
		<i>Acreage</i>	<i>Census</i>
		<i>(land and inland water)</i>	<i>Population 1961</i>
<i>Municipal Boroughs and Urban Districts</i>		—23,867	—13,078
*Church Stretton Urban District	.. .. .	— 6,198	— 2,707
*Dawley Urban District	.. .. .	— 3,259	— 9,558
**Dawley Urban District	.. .. .	+ 9,459	+20,010
*Market Drayton Urban District	.. .. .	— 1,240	— 5,859
Oakengates Urban District	.. .. .	+ 28	— 29
*Wenlock Municipal Borough	.. .. .	—22,657	—14,935
<i>Rural Districts</i>		+23,867	+13,078
Bridgnorth	.. .. .	+16,860	+ 6,380
*Drayton	.. .. .	—54,831	— 9,585
Ludlow	.. .. .	+ 6,198	+ 2,707
**Market Drayton	.. .. .	+56,071	+15,444
Shifnal	.. .. .	— 2,080	— 193
Wellington	.. .. .	+ 1,649	— 1,675

*Areas which ceased to exist on 1st April, 1966.

**Areas newly created on 1st April, 1966.

The County population as a whole increased by 4,520 compared with the previous year. Excess of births over deaths gave a natural increase of 2,123.

The density of population was 0.37 persons per acre, with 3.9 persons per acre in urban areas and 0.2 in rural areas.

Births.—The live births registered in and appertaining to this County in 1966 numbered 5,859—an increase of 77 compared with the previous year—of which 5,491 were legitimate and 368 illegitimate. This latter figure is 29 less than in 1965 and represents 6.3 per cent of the total births (a decrease of 0.4%) giving an illegitimacy rate of 63 per 1,000 live births compared with 79 for England and Wales.

Stillbirths.—In 1966 there were 104 stillbirths, giving a rate of 17.4 per 1,000 live and still births, or 0.4 less than the previous year. While this continues to be an improvement on earlier years, it is above that for England and Wales of 15.4 for 1966.

Stillbirths Rates

Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Still births
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
1965	105	5,782	5,887	17.8
1966	104	5,859	5,963	17.4

Illegitimate stillbirths numbered 6, giving a rate of 16.0 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1966 of infants who died before reaching one year of age numbered 92—a decrease of 11 compared with 1965. There were five more deaths from other defined and ill-defined diseases (including prematurity) but eleven fewer children died as a result of congenital malformations.

The infant mortality rate for 1966 of 15.7 per 1,000 live births is the lowest rate ever recorded for Shropshire and compares very favourably with the provisional rate for England and Wales of 19.0 for 1966.

Infant Mortality Rates

Year	Live Births	Deaths	Rate per 1,000 live births	
			Shropshire	England and Wales
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
1965	5,782	103	17.8	19
1966	5,859	92	15.7	19

Deaths of illegitimate infants numbered 12 and 7 of these were in urban districts, giving a rate for the urban area of 37.84 per 1,000 illegitimate live births, as against 32.61 for the County.

Below are given the causes of infant deaths registered in 1966, with comparative figures for the previous year:

Deaths of Infants under one year

	Under 4 weeks		4 weeks to 1 year		Total	
	M	F	M	F	1966	1965
Other defined and ill-defined diseases (including prematurity)	28	17	4	—	49	44
Congenital malformations	4	8	7	2	21	32
Pneumonia	1	1	9	2	13	14
Accidents—other than motor vehicles ..	—	1	1	—	2	5
Meningococcal infections	—	—	1	—	1	2
Gastritis, enteritis and diarrhoea	—	—	—	1	1	2
Bronchitis	—	—	2	1	3	2
Homicide	—	—	—	—	—	1
Coronary disease, angina	—	—	—	—	—	1
Heart disease	—	—	1	—	1	—
Other diseases of respiratory system ..	—	—	—	1	1	—
TOTAL ..	33	27	25	7	92	103

As will be seen from the table below, 60 of the 92 infant deaths registered in 1965 (or 65.2 per cent) occurred in the first month of life. Of these 39 were regarded as "premature", being 5½ lb. or less in weight at birth. Further particulars regarding such premature infants are to be found in the section of this Report dealing with "Care of Mothers and Young Children".

Infant Deaths—Age Groups

	1963		1964		1965		1966	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Under one week ..	59	60.2	63	58.3	52	50.5	53	57.6
1—4 weeks ..	11	11.2	11	10.2	11	10.7	7	7.6
1—12 months ..	28	28.6	34	31.5	40	38.8	32	34.8
TOTAL ..	98	100	108	100	103	100	92	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 two-thirds of infant deaths continue to occur in the first month after birth and the neo-natal rate for 1966 was 10.24 per 1,000 live births—the best recorded rate for Shropshire. By comparison, the rate for England and Wales for 1966 was 12.9.

Neo-Natal Mortality Rates

Year	Deaths in first month	% of deaths under one year	Rate per 1,000 live births	
			Shropshire	England and Wales
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
1965	63	61.2	10.9	13.0
1966	60	65.2	10.24	12.9

Perinatal Mortality.—In 1966, deaths under one week and stillbirths totalled 157, giving a mortality rate of 26.3 per 1,000 live and still births, compared with 27 in the previous year, and a provisional rate for England and Wales of 26.3 for 1966.

Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births	
				Shropshire	England and Wales
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
1965	52	105	157	27	26.9
1966	53	104	157	26.3	26.3

Maternal Mortality.—The death of one Shropshire case registered in 1966 was attributed directly or indirectly to pregnancy, giving a rate of 0.17 per 1,000 live and still births, compared with 0.26 for England and Wales.

This case, a woman aged 27 years and unbooked by doctor or midwife, died at home after a 6—8 weeks ectopic pregnancy, the cause of death being:

1. (a) Massive intraperitoneal haemorrhage.
- (b) Ruptured ectopic pregnancy in right fallopian tube.

Maternal Mortality

Year	Deaths	Rate per 1,000 live and still births	
		Shropshire	England and Wales
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
1965	1	0.17	0.25
1966	1	0.17	0.26

Deaths.—Deaths of Shropshire residents registered in 1966 numbered 3,736—an increase of 282 compared with the previous year. Male and female deaths were 1,959 and 1,777 respectively.

The death rate per 1,000 population was 11.61 for the County as a whole, and the standardised rate 11.96 compared with 11.7 for England and Wales.

The standardised death rates for Shropshire for the past three years, with comparable rates for England and Wales are as follows:

Standardised Death Rates

	1964	1965	1966
Urban Districts ..	11.98	11.49	12.27
Rural Districts ..	11.29	10.55	11.54
Shropshire ..	11.62	11.0	11.96
England and Wales ..	11.30	11.5	11.7

The following table lists the principal causes of death in order of numerical importance with particulars of increases and decreases compared with 1965. The most significant increases occurred in conditions affecting the respiratory system—in particular pneumonia—whilst deaths resulting from congenital malformations and suicides decreased by 17 and 10 respectively.

Principal Causes of Death, 1966

Cause of Death	Deaths	Rate per 1,000 Population	% of Total Deaths	Comparison with 1965	
				Increase	Decrease
Heart Disease	1,239	3.85	33.16		— 4
Cancer (including Leukaemia)	632	1.96	16.92	+13	
Vascular Lesions of Nervous System ..	579	1.80	15.50	+23	
Pneumonia	228	0.71	6.10	+73	
Bronchitis	176	0.55	4.70	+28	
Other Circulatory Disease (other than Heart Disease)	159	0.49	4.26	+37	
Other Respiratory Diseases (other than Tuberculosis)	92	0.29	2.46	+61	
Accidents (other than Motor Vehicle) ..	90	0.28	2.41	+16	
Motor Vehicle Accidents	57	0.17	1.53	+11	
Diabetes	34	0.11	0.91	+ 8	
Congenital Malformations	31	0.11	0.83		—17
Suicide	28	0.09	0.75		—10
Ulcer of Stomach and Duodenum	27	0.08	0.72	+ 2	
Nephritis and Nephrosis	19	0.06	0.51	+ 6	
TOTAL ..	3,391	10.54	90.76	+278	—31

Coronary disease and angina.—Deaths from heart disease, which include coronary disease and angina, hypertension with heart disease and other cardiac conditions, decreased by 4. The 687 deaths from coronary disease and angina, however, were 2 more than in the previous year and the highest so far recorded in this County. These diseases have the highest mortality rate of any, and the table below records this mortality over the past decade.

Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
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
1965	435	250	685	2.16
1966	441	246	687	2.14

Age Groups.—Percentages of deaths according to age groups and, by comparison with 1936, the extent to which mortality below 55 years has decreased, are indicated below:

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
1966	1.61	0.86	0.83	0.56	1.02	1.18	1.95	6.47	15.02	24.97	45.53
1965	1.82	1.16	0.69	0.61	1.25	0.87	2.32	5.94	15.37	25.85	44.12
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
1936		5.71		2.25	1.89	2.61	3.28	4.99	8.09	16.17	25.65
											29.36

Compared with 1965, four age groups show increased mortality as follows:—

Age Group Increase in Mortality

1—4	0.14%
25—34	0.31%
45—54	0.53%
75+	1.41%

Single causes responsible for significant mortality in certain age groups are indicated below:

Motor Vehicle Accidents	.. ..	Females	5—14	..	13 out of 24 deaths = 54%
		Males	25—34	..	10 out of 27 deaths = 37%
Coronary Disease, Angina	.. ..	Males	35—44	..	10 out of 45 deaths = 22%
			45—54	..	50 out of 154 deaths = 32%
			55—64	..	116 out of 348 deaths = 33%
Other Heart Disease	.. ..	Females	75+	..	213 out of 952 deaths = 22%
Vascular Lesions of Nervous System		Females	75+	..	218 out of 952 deaths = 23%

Tuberculosis.—During the year 13 deaths were registered from Respiratory Tuberculosis—6 more than in 1965—giving a mortality rate of 0.040 per 1,000 of population compared with 0.43 for England and Wales.

There was in addition one death from Non-respiratory Tuberculosis—one less than in 1965—giving a death rate of 0.003 compared with the national rate of 0.005.

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
1926	208	136	0.86	0.56	117	34	0.48	0.14
1936	169	95	0.70	0.39	118	23	0.49	0.09
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
1965	40	7	0.13	0.022	15	2	0.05	0.006
1966	37	13	0.12	0.040	13	1	0.04	0.003

Cancer.—Deaths from cancer during 1966 numbered 632—an increase of thirteen compared with the previous year. The death-rate per 1,000 of population was 1.96, which was 0.01 more than the rate for 1965.

Deaths from Cancer—Age Groups

Age Groups				1964			1965			1966		
				M	F	Total	M	F	Total	M	F	Total
Under 4 weeks	..	..	..	—	—	—	—	—	—	—	—	—
4 weeks—1 year	..	..	..	—	—	—	—	—	—	—	—	—
1—5 years	..	..	..	1	—	1	1	—	1	1	—	1
5—15 years	..	..	..	3	—	3	2	3	5	2	—	2
15—25 years	..	..	..	1	1	2	2	1	3	1	3	4
25—35 years	..	..	..	1	7	8	3	4	7	6	3	9
35—45 years	..	..	..	11	15	26	7	10	17	5	9	14
45—55 years	..	..	..	30	25	55	36	31	67	34	42	76
55—65 years	..	..	..	96	77	173	86	55	141	84	68	152
65—75 years	..	..	..	128	75	203	127	84	211	98	88	186
Over 75 years	..	..	..	73	77	150	84	83	167	86	102	188
TOTAL ..				344	277	621	348	271	619	317	315	632

The table below lists the deaths from cancer since 1957, according to the location of the disease.

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						
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
1965	53	34	87	108	23	131	1	50	51	—	19	19	176	132	308	10	13	23	348	271	619
1966	40	37	77	103	17	120	—	66	66	—	24	24	165	164	329	9	7	16	317	315	632

There was increased mortality from cancer of the breast (15 more), uterus (5 more), and other forms (21 more), while cancer of the lung and bronchus decreased by 11, of the stomach by 10, and Leukaemia by 7. The total increase of 13 in deaths from all forms of this condition resulted from an increase of 44 in female deaths and a decrease of 31 in male deaths.

Cancer of the Lung.—Of the 120 deaths from cancer of the lung and bronchus, 103 occurred in males and 17 in females in the following age groups:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
15—24 years ..	1	—	1
45—55 years ..	11	—	11
55—65 years ..	39	6	45
65—75 years ..	37	6	43
Over 75 years ..	15	5	20
TOTAL ..	103	17	120

Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
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
1965	0.433	0.392	0.413	0.553
1966	0.440	0.311	0.373	0.562

Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
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
1965	1 : 18	1 : 78	1 : 18	1 : 62	1 : 18	1 : 70
1966	1 : 17	1 : 114	1 : 22	1 : 96	1 : 19	1 : 105

Leukaemia.—Deaths from Leukaemia and Aleukaemia numbered 16 in 1966—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.

Birth Rates, Death Rates and Analysis of Mortality

							<i>Shropshire</i>	<i>England & Wales</i>
Live births—rate per 1,000 population							(a) 18.21 (b) 18.57	17.7
Stillbirths—rate per 1,000 live and still births							17.4	15.4
Deaths per 1,000 population—all causes							(a) 11.61 (b) 11.96	11.7
—respiratory tuberculosis							0.040	0.043
—non-respiratory tuberculosis							0.003	0.005
—cancer of lung and bronchus							0.372	0.562
—other malignant neoplasms							1.591	1.687
Maternal deaths—per 1,000 live and still births							0.17	0.26
Infant deaths per 1,000 live births								
—under four weeks							10.24	12.9
—under one year							15.70	18.9
Infant deaths under one week and still births—per 1,000 live and still births							26.33	26.3
							(a) Crude rate	(b) Standardised rate

General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
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
1965	5,782	18.23	3,454	10.89	2,328	17.81	1.95
1966	5,859	18.21	3,736	11.61	2,123	15.70	1.96

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

INFECTIOUS DISEASES

Certificates of notifiable diseases received by District Medical Officers and recorded by them in Quarterly Returns to the Registrar General during the year, are set out with totals for 1965 in brackets.

Scarlet Fever	..	..	..	123	(276)	Whooping Cough	184	(44)
Measles	..	..	..	2,030	(2,670)	Acute Pneumonia	57	(48)
Meningococcal Infection	..	..	..	3	(3)	Dysentery	58	(63)
Puerperal Pyrexia	..	..	..	1	(7)	Food Poisoning	8	(7)
Tuberculosis (Respiratory)	..	..	..	33	(37)	Erysipelas	6	(12)
„ (C.N.S. and Meninges)	..	..	..	3	(—)			
„ (Non-Respiratory)	..	..	..	9	(14)			

NOTE.—No returns were received in respect of the North East Salop Combined Districts (Shifnal and Wellington Rural District and Newport, Oakengates and Wellington Urban Districts) for the first two quarters of the year.

Particulars of deaths resulting from the principal infectious conditions will be found on page 83.

VENEREAL DISEASES

One special treatment centre is operated in the County by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury, as follows:

Females	..	Mondays	3.30 p.m. to 5.30 p.m.	} Dr. E. M. McCarter
		Thursdays	5.00 p.m. to 7.00 p.m.	
Males	..	Tuesdays	} 6.00 p.m. to 8.00 p.m.	Dr. J. P. G. Rogerson
		Fridays		

Returns from Physicians-in-Charge of treatment centres indicate that the following new cases from Shropshire were seen during the year.

Centre	New Cases from Shropshire 1966			
	Syphilis	Gonorrhoea	Other Conditions	Total
Shrewsbury ..	1 (6)	24 (40)	207 (167)	231 (213)
Wolverhampton	1 (1)	9 (10)	29 (32)	39 (43)

(1965 figures in brackets)

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births.—Particulars of births which occurred in the County during 1966, and as adjusted for transfers “in” to and “out” of the area according to the ordinary residence of the mother, are given below with comparative totals for the previous four years:

	Live Births		Still Births		Totals	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Domiciliary	1,632	1,627	6	6	1,638	1,633
Institutional	4,469	4,239	96	95	4,565	4,334
Totals .. 1966 ..	6,101	5,866	102	101	6,203	5,967
1965 ..	5,942	5,826	106	108	6,048	5,934
1964 ..	6,021	5,803	105	103	6,126	5,906
1963 ..	5,784	5,549	98	99	5,882	5,648
1962 ..	5,462	5,271	103	100	5,565	5,371

Premature Births.—Births of infants whose birth weight did not exceed 5½ lb. are summarised below, together with the survival rates for this and the previous four years:

Year	BORN				DIED			SURVIVED		STILL BIRTHS		
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %	At Home	In Hospital	In Nursing Home
1962	88	285	*18	391	38	12	50	341	87.2	11	42	*4
1963	88	*285	2	375	20	17	37	338	90.1	5	44	1
1964	74	*349	2	425	31	16	47	378	88.9	6	44	—
1965	56	*291	1	348	16	10	26	322	92.5	6	57	—
1966	57	*322	—	379	25	14	39	340	89.7	3	58	—

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

Incidence of Congenital Malformations.—At the request of the Ministry of Health, congenital malformations detectable at birth are notified to the Registrar General without identifying the child concerned.

Difficulty is sometimes experienced in obtaining the requisite information for Shropshire children born elsewhere, but for children born within the County the appropriate particulars are included in the notification of birth.

In a comparatively few instances where the diagnosis may be in doubt or insufficient information is given, further enquiries are made of the General Practitioner or Paediatrician concerned.

Particulars of the 133 conditions recorded in 102 births (85 live and 17 still) during the year are given below:

	Live Births	Still Births		Live Births	Still Births
CENTRAL NERVOUS SYSTEM:			URO-GENITAL SYSTEM:		
Anencephalus	1	9	Renal agenesis	1	—
Encephalocele	1	—	Hypospadias, epispadias	6	—
Arnold Chiari Malformation	1	—	Other defects of male genitalia	1	—
Hydrocephalus	6	4	Defects of uro-genital system NOS	2	—
Spina Bifida	18	5			
Other defects of spinal cord	1	—	LIMBS:		
EYE, EAR:			Reduction deformities (amelia, hemi-melia, phocomelia, etc.)	1	—
Other defects of eye	1	—	Polydactyly	4	—
Other defects of ear	2	—	Dislocation of hip	2	—
ALIMENTARY SYSTEM:			Talipes	23	—
Cleft lip	5	—	Other defects of hand	3	—
Cleft Palate	6	—	Defects of lower limb NOS	2	—
Tracheo-oesophageal fistula, oesophageal atresia and stenosis	2	—	OTHER SKELETAL:		
Hirschprung's Disease	1	—	Defects of ribs and sternum	1	—
Rectal and anal atresia	3	—	OTHER SYSTEMS:		
Other defects of alimentary system	2	—	Vascular defects of skin, subcutaneous tissues and mucous membranes (including lymphatic defects)	1	—
Defects of alimentary system NOS	1	—	Other defects of skin (including ichthyosis congenita)	1	—
HEART AND GREAT VESSELS:			Exomphalos, omphalocele	2	1
Common truncus	1	—	OTHER MALFORMATIONS:		
Defects of aortic arch	1	—	Conjoined twins	—	1
Persistent ductus arteriosus	2	—	Multiple malformations NOS	2	1
Other defects of heart and great vessels	2	—			
Congenital heart disease NOS	3	—			

NOS = Not otherwise specified.

Phenylketonuria.—Routine testing, by the use of a reagent strip pressed against a freshly wet napkin, is offered for all Shropshire children (whether born in or outside the County) in many cases during the first few weeks of life and in all cases at the sixth week.

Of the tests at the sixth week of life, detailed below, undertaken in the year, one doubtful result was the subject of further laboratory investigation which proved to be negative.

Negative Tests performed in 1966

	Born in County	Born out of County	Total
Tested	5,330	337	5,667
Left County before test	107	9	116
Died before test	61	9	70
Not tested (refused, etc.)	11	2	13
TOTAL ..	5,509	357	5,866

Further negative tests, numbering 104, were performed in children who were not ordinarily resident in Shropshire at the time of birth.

Neo-Natal Cold Injury.—"Cold injury" or a sustained abnormal reduction in body temperature can be a very serious matter to the very young and to the aged.

The staff of the Department are alert to this danger and a central stock of electric/oil radiators and paraffin heaters is maintained for immediate loan to necessitous cases where inadequate heating is available at the time of a domiciliary confinement expected during the critical months from November to March.

Family Planning Clinics.—Clinics are operated by the Family Planning Association at the Child Welfare Centre, Murivance, Shrewsbury, and the Child Welfare Centre, Haygate Road, Wellington, and in accordance with the recommendations of the Minister of Health rent free accommodation is provided by the County Council, who also refund any expenditure incurred in connection with patients referred to the Clinic on medical grounds.

The following statistical information for 1966 has been supplied by the Association:

							<i>Shrewsbury*</i> <i>Branch</i>	<i>Wellington**</i> <i>Branch</i>
Number of patients who used the clinic	..	..	..	..	..	..	769	223
New patients	..	..	..	..	..	..	467	36
Check visits	..	..	..	..	..	..	528	38
Visits for supplies only	..	..	..	..	..	..	1,923	134
Post orders	..	..	..	..	..	..	328	2
Number of clinic sessions	..	..	..	..	..	..	114	12
Total number of patients using oral contraceptives	..	..	..	..	..	..	138	25
Cases referred by Local Authority	..	..	..	..	..	..	25	3

*Includes Wellington Sub-branch to 30th September, 1966.

**From 1st October, 1966.

Welfare Centres.—Attendances of pre-school children at Welfare Centres numbered 76,036, involving a total of 11,848 children of whom 3,963 were born in 1966, equivalent to 68% of the Shropshire children born during the year.

The table which follows sets out particulars of these attendances against the Centres concerned.

Work on the new clinic premises at Harlescott, Shrewsbury, was well advanced at the end of the year and further new clinic provision is contemplated as part of the first Community Centre in the area of the Dawley New Town, at Sutton Hill.

Replacement of existing unsatisfactory clinics at Hadley, Donnington and Oswestry is proposed in the early part of the development programme for the next ten years.

Attendances at Child Welfare Centres, 1966

CENTRE	CHILDREN									EXPECTANT MOTHERS	
	Children referred elsewhere	Cases—born in			Total Cases	Attendances—born in			Total Attendances	Total Cases (Post-natal in brackets)	Total Attendances
		1966	1965	1961—64		1966	1965	1961—64			
Albrighton	6	153	128	218	499	1,361	1,134	820	3,315	x	x
Baschurch	2	7	19	30	56	44	121	119	284	x	x
Bayston Hill	1	102	70	35	207	786	602	245	1,633	x	x
Bishop's Castle	—	12	25	25	62	52	115	80	247	x	x
Bridgnorth—											
*Grove	—	17	27	14	58	82	91	40	213	—	—
Northgate	92	325	253	273	851	2,515	2,160	995	5,670	†39	184
Broseley	3	76	56	41	173	476	335	221	1,032	x	x
Church Stretton	—	51	44	29	124	259	175	88	522	—	—
Clee Hill	—	13	14	15	42	53	113	70	236	x	x
Cleobury Mortimer	4	38	48	72	158	202	427	280	909	x	x
Conover	—	11	20	16	47	44	111	75	230	x	x
Dawley	2	140	180	216	536	1,354	1,186	1,167	3,707	—	—
Donnington—											
Turrell Hall	3	146	132	62	340	1,231	1,097	219	2,547	—	—
Depot	—	41	17	14	72	239	108	98	445	x	x
Ellesmere	—	74	62	41	177	608	459	274	1,341	—	—
Hadley	—	97	21	12	130	652	560	423	1,635	x	x
Highley	8	94	162	124	380	216	342	199	757	x	x
Ironbridge	—	43	105	96	244	414	470	226	1,110	—	—
Ludlow—											
Dinham	2	78	59	47	184	394	473	267	1,134	†32	66
East Hamlet	—	34	51	26	111	464	597	272	1,333	x	x
Madeley	—	95	93	77	265	887	1,154	376	2,417	—	—
Market Drayton	61	133	143	205	481	1,313	1,258	964	3,535	—	—
Much Wenlock	—	52	47	27	126	271	273	150	694	—	—
Newport	14	170	152	186	508	1,623	1,471	814	3,908	‡52	123
Oakengates	1	203	143	101	447	1,702	1,143	403	3,248	—	—
Oswestry	40	238	229	215	682	1,889	1,650	1,100	4,639	—	—
Pontesbury	—	43	39	35	117	228	294	114	636	—	—
Prees	—	16	25	26	67	104	203	173	480	x	x
St. Martin's	—	57	54	45	156	347	296	162	805	x	x
Shawbury	—	55	65	136	256	670	481	692	1,843	x	x
Shifnal	—	91	76	109	276	796	821	575	2,192	x	x
Shrewsbury—											
Harlescote	1	149	174	212	535	1,169	1,344	661	3,174	x	x
Meole Brace	—	75	98	89	262	262	731	627	1,620	x	x
Monkmoor	—	116	142	123	381	560	596	387	1,543	x	x
Murivance	3	143	161	121	425	729	1,100	380	2,209	167(1)	272(1)
Springfield	—	66	69	97	232	293	425	194	912	x	x
Whitehouse	3	191	181	190	562	1,678	1,386	681	3,745	126(2)	238(2)
Wellington	4	248	240	232	720	1,898	1,590	457	3,945	—	—
Wem	8	79	87	95	261	644	712	557	1,913	—	—
Whitchurch	1	82	62	74	218	513	694	393	1,600	†108	118
Whittington	—	27	26	21	74	88	160	98	346	x	x
TOTAL	263	3,881	3,799	3,822	11,502	29,110	28,458	16,136	73,704	524(3)	1,001(3)

x = No ante-natal clinic

† = District Nurse's sessions

*Closed 22nd December, 1966

‡ = Includes District Nurse's sessions

R.A.F. Welfare Centres

Buntingsdale	1	51	59	68	178	560	614	242	1,416	x	x
Cosford	1	31	55	82	168	182	333	397	912	x	x
TOTAL (R.A.F.) ..	2	82	114	150	346	742	947	639	2,328	x	x
GRAND TOTAL ..	265	3,963	3,913	3,972	11,848	29,852	29,405	16,775	76,032	524(3)	1,001(3)

x = No Ante-Natal Clinic

Child Guidance : Pre-School Children

The assistance of the Council's Child Guidance Service under the leadership of Dr. D. R. Benady continues to be available to the staff of child welfare centres in cases of possible emotional difficulty in children below school age.

Co-operation in this field is enhanced by the provision of facilities for Child Guidance Clinics in the Welfare Centres and four of these are now attended by the Consultant Psychiatrist at regular intervals—an arrangement which is of immense value to all concerned, more particularly the young patients and their parents who are thus spared frequent long journeys to the main clinic in Shrewsbury.

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 1966, these amounted to £900 to Lichfield and £550 to Hereford.

Particulars are given in the following tables of the work undertaken during 1966 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 174 children came under supervision during the year, representing 47 per cent of the illegitimate births assigned to the County.

In all, 209 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.

Supervisory Work undertaken by Moral Welfare Workers

Association	Moral Welfare Workers	Case Visits	Unmarried Expectant Mothers coming under supervision
Lichfield	1*	266	132
Hereford	2†	147	56
TOTAL ..	3	413	188

*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 of her time.

Children Supervised

	Lichfield	Hereford	Total
On Register on 1st January ..	109	51	160
Added during year	123	51	174
Removed during year	112	43	155
On Register on 31st December ..	120	59	179

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 1966 these grants amounted to £350 and £600 respectively.

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 following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1966:

Chaddeslode, Shrewsbury	18
Myford House, Horsehay	—
Mrs. Hay Memorial Home, Wolverhampton ..	3
Mrs. Legge Memorial Home, Wolverhampton	1
The Grange, Blackburn	1
Elmswood, Liverpool	2
	25

REPORT OF PRINCIPAL DENTAL OFFICER

Expectant and Nursing Mothers can now receive free Dental Treatment under the National Health Service from General Practitioners. Consequently we have not actually encouraged mothers to seek dental treatment through the Local Authority Service. Nevertheless, we still have quite a number requesting treatment, and they are seen and treated at our evening clinics.

Consistently parents are encouraged to have pre-school children examined, and treated if necessary. If we could improve our staffing situation considerable development could take place on this aspect of the service. Careful surveys of children in this age group would help early diagnosis of dental problems, and enable us to plan treatment well ahead. Mr. Broadbent, one of the orthodontists giving part-time sessions to the authority, is particularly interested in this work, and is studying ways of compiling statistical data for future treatment planning in relation to these children.

A Dental Health Exhibition was held at the West Midland Show in May, and to produce this exhibition we co-operated with the Dental Hygienists Department of the Birmingham Dental School.

I think it was on the whole a success, and gave the girls an opportunity to put teaching theory into practice, and on a very limited budget.

The figures for the year are set out below in the form now required by the Ministry:

Dental Services for Expectant and Nursing Mothers and Children under 5 Years

<i>Attendances and Treatment:</i>								<i>Children</i>	<i>Expectant and</i>
Number of Visits for Treatment During Year:								(0—4 inclusive)	Nursing Mothers
First Visit	..	..	..	..	..	..	..	628	266
Subsequent Visits	..	..	..	..	..	..	..	615	820
Total Visits	..	..	..	..	..	..	..	1,243	1,086
Number of Additional Courses of Treatment other than the First Course commenced during year								69	15
Treatment provided during year:									
Number of Fillings	..	..	..	..	..	..	..	839	454
Teeth Filled	..	..	..	..	..	..	..	727	418
Teeth Extracted	..	..	..	..	..	..	..	921	650
General Anaesthetics given	..	..	..	..	..	..	..	395	123
Emergency Visits by Patients	..	..	..	..	..	..	..	255	42
Patients X-Rayed	..	..	..	..	..	..	..	5	40
Patients Treated by Scaling and/or Removal of stains from the teeth (Prophylaxis)								16	128
Teeth Otherwise Conserved	..	..	..	..	..	..	..	87	
Teeth Root Filled	..	..	..	..	..	..	..	—	—
Inlays	..	..	..	..	..	..	..	—	—
Crowns	..	..	..	..	..	..	..	—	—
Number of Courses of Treatment Completed during the year								300	144
<i>Prosthetics:</i>									
Patients Supplied with F.U. or F.L. (First Time)								35	
Patients Supplied with Other Dentures								65	
Number of Dentures Supplied								157	
<i>Anaesthetics:</i>									
General Anaesthetics Administered by Dental Officers								65	
<i>Inspections:</i>									
Number of Patients given First Inspections during year								A. 744	D. 229
Number of Patients in A and D above who require Treatment								B. 493	E. 217
Number of Patients in B and E above who were offered Treatment								C. 489	F. 213
<i>Sessions:</i>									
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:									
For Treatment								231	
For Health Education								29	

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, 1966, eighty-seven distribution centres functioning in the County, of which eight 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 Royal Voluntary Services is also gratefully acknowledged.

The following are particulars of issues during 1966 with comparable figures for the previous year:

Welfare Foods Issues

Items	Average weekly issues		Total issues	
	1965	1966	1965	1966
National Dried Milk—tins	850	753	44,206	39,167
Orange Juice—bottles	1,168	1,274	60,721	66,246
Cod Liver Oil—bottles	85	79	4,403	4,116
Vitamin A & D Tablets—packets ..	78	69	4,056	3,592
TOTAL ..	2,181	2,175	113,386	113,121

NURSING STAFF AND SERVICES

Particulars of Nursing Staff employed at 30th September, 1966, as recorded for the purpose of the Annual Return to the Ministry of Health, are summarised below:

Staff Employed at 30th September, 1966

	STAFF		Establishment	WHOLE-TIME EQUIVALENT			
	Category	Number		Health Visiting	Midwifery	Home Nursing	School Nursing
WHOLE-TIME	Supervisory	4	4	1.72	0.96	0.72	0.60
	Health Visitors	38	52	31.28	—	—	6.72
	School Nurses	4		—	—	—	4.00
	T.B. Health Visitor ..	1		1.00	—	—	—
	Nurse-Midwives	84	95	2.74	38.22	41.22	1.82
PART-TIME	Health Visitors	4		1.34	—	—	—
	School and Clinic Nurses	14		1.93	—	0.62	3.22
	Nurses and Midwives ..	28		—	2.12	10.78	—
*Total Whole-time Staff Equivalent			147	38.29	40.34	52.62	15.76

*Totals exclude Supervisory Staff.

The total Health Visiting/School Nursing Staff equivalent to 54.05 inclusive of part-time clinic assistants compares with the notional establishment of 52, but falls far short of the 69 full-time officers envisaged by the Council's Ten Year Development Plan to bring case loads into line with the recommendations of the Working Party for the Training of Health Visitors.

District Training.—No nurses were recruited to take their district training in 1966, but one candidate was appointed for the four months' course at Manchester beginning in January, 1967.

Transport.—All Nurses and Midwives, including full-time and part-time relief staff, use motor transport for duty purposes, and the position on 31st December, 1966, was as follows:

Transport for Nursing Services

Nursing Staff	Number	Cars	
		County Council	Privately Owned
Nurse-Midwives ..	77	37	40
Midwives ..	6	4	2
Home Nurses ..	29	12	17

Housing of Nursing Staff.—Particulars of the accommodation occupied by nurses and midwives, including Supervisory Nursing Staff, Health Visitors and School Nurses in the Council's employment on 31st December, 1966, are as follows:

Accommodation owned by the County Council ..	23
Accommodation rented by the County Council ..	23
Private accommodation	68
	114

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

MIDWIFERY SERVICE

The Council are 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, her Deputy and two Assistants.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1966:

Local Health Authority—					
Domiciliary Service	78				
Ambulance Service	2				
Agency arrangement	3				
Hospitals—National Health Service	79				
Nursing Homes	1				
TOTAL ..					163

Notifications.—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 1966, are listed below with comparable figures for the two preceding years:

Notifications issued by Midwives

Year	Medical aid	Stillbirths	Death of mother or child	Liability to be a source of infection
1964	366	40	3	33
1965	349	42	6	30
1966	257	34	4	25

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 1966, there were in all 1,632 domiciliary confinements, of which 13 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 1,619 cases in which a County Council or agency domiciliary midwife was in attendance.

The table on page 84 shows the distribution of these 1,619 cases throughout the Nursing Districts of the County. Attendance on these cases involved 16,103 ante-natal and 24,065 midwifery post-natal visits—a total of 40,168 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 6 whole-time Midwives in the Borough of Shrewsbury attended 311 cases, or an average of 51 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 19 cases each.

In addition, 2,429 cases were attended following discharge from hospital after confinement (involving 11,426 visits), classified as follows according to the "in-patient" period in days between delivery and discharge, with comparative figures for the preceding year:

Discharged hospital maternity cases

In-Patient post-natal period (days)	Cases		Total visits by domiciliary midwife	
	1965	1966	1965	1966
1— 2	243	293	2,509	2,934
3— 5	403	487	2,748	3,235
6— 8	1,104	1,307	3,926	4,441
9—10	391	342	857	816
TOTAL ..	2,141	2,429	10,040	11,426

When the birth rate rises, with resultant increased pressure on hospital maternity beds, there must of necessity be earlier discharges and it will be seen that the percentage of such discharges within 5 days of delivery during the year was 32% (30% in 1965 and 33% in 1964).

Ante-natal care was also afforded by the domiciliary midwives to 244 cases booked for confinement in hospital, involving 1,907 visits.

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

Cases attended by Domiciliary Midwives

Year	Staff	Domiciliary Confinements				Discharged Institutional Cases	
		Cases	Visits			Cases	Visits
			Ante-natal	Post-natal	Total		
1965	Midwives	347	4,169	4,882	9,051	366	1,794
	Nurse-Midwives ..	1,425	13,746	21,473	35,219	1,775	8,246
	TOTAL ..	1,772	17,915	26,355	44,270	2,141	10,040
1966	Midwives	311	3,471	4,366	7,837	377	1,701
	Nurse-Midwives ..	1,308	12,632	19,699	32,331	2,052	9,725
	TOTAL ..	1,619	16,103	24,065	40,168	2,429	11,426

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 1,619 confinements, a doctor had been booked to provide maternity medical services in 1,603 cases (99 per cent); a doctor was present at delivery in 380 (24 per cent) of these cases.

Of the remaining 16 cases (1 per cent) in which no doctor had been booked, one was present at delivery in 6 cases (38 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 cases where a County Council midwife is not involved, blood testing outfits are sent to the practitioner on request.

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 "Rhesus Factor"; blood containing this property is called Rh. positive, and that without Rh. negative.

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

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

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

Reports were received by midwives on the results of blood specimen examinations for the Rhesus Factor in 1,603 cases (99%) of which 1,394 (87%) were positive and 209 (13%) negative. Wassermann Reactions and Kahn Tests were reported upon in 1,398 cases (86%) of which two were positive.

Twelve of the sixteen cases in which Rhesus Factor results were not known by the midwife were emergency cases. Nine had not booked a doctor for maternity medical services. In seven cases, birth occurred before the arrival of doctor or midwife. In 9 cases, admission to hospital was necessary—of the mother in 2 cases and of mother and child in 7 cases.

Coombs tests were performed in 251 cases, of which 247 produced a negative result and 4 were positive. In 6 Rhesus negative cases in which a Coombs test was not performed, birth occurred in two cases before arrival of doctor or midwife, in one case the doctor only was present, and one child was removed to hospital.

In the Coombs positive cases arising on the District two of the four babies were slightly jaundiced shortly after birth but the condition resolved without recourse to exchange transfusion.

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.

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 of the required beds can be made available. Of just over 4,508 institutional maternity cases, 54 per cent were discharged to the care of the domiciliary midwives before the tenth day and, of these, 780 or 17 per cent of the total hospital cases came out within 5 days of delivery.

The Local Maternity Liaison Committee 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 1966, shown in the table below according to age and pregnancy, included 203 cases (13 per cent)—those outside the thick lines—who satisfied the conditions for hospital confinement. One must, of course, bear in mind the fact that emergencies occur where hospital booked cases have to be delivered at home, as well as the freedom of the individual to choose home confinement when all relevant factors point to hospitalisation.

The report on Confidential Enquiries into Maternal Deaths in England and Wales, 1961—1963, published early in 1966, shows that in 296 deaths with avoidable factors, *the patient or her relatives* were deemed responsible for 121, and partially responsible for 33—a total of more than half.

Domiciliary Cases by Age and Pregnancy

Age Group	Total Cases	Current Pregnancy										
		1	2	3	4	5	6	7	8	9	10	11
15—20 years ..	154	58	79	16	1	—	—	—	—	—	—	—
21—25 „ ..	581	83	300	133	50	10	5	—	—	—	—	—
26—30 „ ..	557	46	190	183	94	30	10	3	1	—	—	—
31—35 „ ..	237	5	46	78	54	26	18	3	2	1	—	—
36—40 „ ..	81	1	7	16	23	14	7	10	—	1	—	1
40—45 „ ..	9	—	2	1	1	3	1	—	—	1	—	—
TOTAL ..	1,619	193	624	427	223	83	41	16	3	3	—	1

Analgesics.—Pethidine was administered on its own or in conjunction with trilene and/or gas/air in 1,114 confinements (69 per cent).

Trilene was given on its own or with pethidine or gas/air in 775 cases (48 per cent).

Gas/air was given on its own or with trilene or pethidine in 549 cases (34 per cent.).

Analgesics were given in 1,466 domiciliary cases—91 per cent of the total confinements attended by County Council midwives.

Births.—Domiciliary confinements attended by County Council midwives resulted in the birth of 1,619 live infants (including 6 pairs of twins) and 6 stillbirths.

Of the 6 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 5 cases and negative in one case. The stillbirth rate per 1,000 domiciliary live and still births was 3.7 compared with 17.4 for domiciliary and institutional births in the County generally.

Premature Births.—Forty-nine of the 1,619 confinements resulted in the birth of 53 live infants weighing 5½ lb. or less.

General.—Complications, either during or after pregnancy, arose in 187 cases, and removal to hospital was necessary in 57 cases as under:

Mother ..	..	32
Child ..	..	10
Both ..	..	15

From the date of booking by the midwife to the termination of the puerperium, these 1,619 cases involved 206,347 days under care, or an average of 128 days per case.

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

During 1966, no cases of Puerperal Pyrexia were notified compared with 4 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 such cases notified in 1966.

Pre-Eclamptic Toxaemia.—Cases confined in 1966 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 107, 54 cases being delivered in hospital and 53 at home.

There were 2 stillbirths, representing 1.9 per cent of these confinements, and two babies died shortly after birth. In addition, 8 of the confinements resulted in a “premature weight” birth ($5\frac{1}{2}$ 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 1966, a total of 1,806 outfits was issued.

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.

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 1966, applications were received in respect of 1,166 maternity patients for admission to hospital on “social” grounds. Of these, 40 were withdrawn by the patients before beds were reserved, 15 were booked for confinement on “medical” grounds, and the remaining 1,111 cases are accounted for as follows:

Recommended for hospital confinement and accepted by hospital concerned	..	..	1,090
Not recommended	..	..	21

Relief Arrangements.—There are 54 Nursing Districts in the County, in several of which the nursing staff relieve each other for holiday and off-duty periods.

In an increasing number of areas, however, it has been possible to recruit married nurses to undertake general nursing relief, mainly part-time in the district in which they live but the greatest difficulty lies in obtaining full-time mobile relief nurses who can be moved around to cover vacant districts, holidays, emergencies through sickness, etc.

The first night rota system to operate in the County was introduced in Shrewsbury (where seven full-time midwives are employed) on 1st October, 1963. This has worked very satisfactorily in all aspects, particularly for the staff who appreciate their increased evening leisure which results.

Subsequently the system has been introduced in one other area of the County and steps are being taken to bring four or five other areas into line.

Local Maternity Liaison Committee.—Two meetings of the Liaison Committee were held during 1966.

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 five of the Council's midwives, all in Shrewsbury, are approved as teaching district midwives.

During 1966, seven pupils completed their district training and one other pupil was in training on the district on 31st December.

Medical Practitioners (Fees) Regulations, 1948.—The rules of the Central Midwives Board require midwives, in certain defined circumstances, to seek the assistance of a Medical Practitioner by the issue of a "Medical Aid" Form.

In 1966 the sum of £2 11s. 6d. was paid to practitioners in respect of two claims for the provision of Medical Aid. No fee is payable by the Council under these regulations where the practitioner has undertaken to provide Maternity Medical Services in respect of which payment is made by the Executive Council.

HEALTH VISITING

Work Performed.—Work undertaken by Health Visitors during the year is summarised below:

Type of Case	Whole-time		Part-time		Total	
	Cases	Visits	Cases	Visits	Cases	Visits
1. Children—born in 1966	5,407	22,570	882	4,582	6,289	27,152
2. „ born in 1965	5,313	17,911	813	3,629	6,126	21,540
3. „ born in 1961—64	10,391	24,615	1,818	4,076	12,209	28,691
4. Persons aged 65 or over	1,293	3,010	241	1,249	1,534	4,259
5. Mentally Disordered Persons	533	1,951	47	235	580	2,186
6. Patients discharged from Hospital (other than Maternity)	227	290	26	35	253	325
7. Tuberculous Households	563	1,723	58	184	621	1,907
8. Households visited on account of other Infectious Diseases	114	177	—	—	114	177
9. School Children	1,375	2,560	547	1,546	1,922	4,106
10. Home Help	—	230	—	195	—	425
11. All Other Cases	1,462	3,023	60	240	1,522	3,263
TOTAL ..	26,678	78,060	4,492	15,971	31,170	94,031

As hitherto, the majority of the visits were to children under five years, of whom 24,624 individual children were seen (25,034 in 1965).

Cases visited at the request of a Hospital or General Practitioner:

Aged 65 years or over	96 (included in item 4 above)
Mentally disordered	15 (included in item 5 above)
Hospital discharges	35 (included in item 6 above)

Sessions attended by Health Visitors:

County Council Clinics	3,007
Hospital (including Chest) Clinics	252
Other sessions or clinics	1,099
School Health Service Sessions	1,070
(including Hygiene inspections)	5,428

In addition, the full-time Tuberculosis Health Visitor made 442 visits to 130 households and attended 197 clinic sessions. Ineffective visits by all Health Visitors numbered 10,934 (922 less than the previous year).

Health Visitor Training Scheme.—The Council's Training Scheme is open to State Registered Nurses under 35 years of age who have:

- (a) obtained the State Certified Midwives Certificate, or
- (b) passed the first examination of the Central Midwives Board, or
- (c) completed a course of instruction in obstetric nursing as part of general nursing training, and are willing to enter into a contract of service with the County Council for a period of thirty-six months from the date of commencement of training.

The County Council bears the cost of training and examination fees and during her period of training (approximately twelve months in duration) the student receives a tax-free grant equivalent to three-quarters of the minimum salary of a Health Visitor.

Two students who started their training in October, 1965, returned to the Council's service in July, 1966, on the successful completion of their course.

Three students were accepted for training during 1966, these being the first students to take the extended (12 months) course.

Since the inception of this scheme in 1947 until the end of 1966, the number of students accepted for training was 50, of whom 44 were successful in obtaining their Certificate and three were in training at the end of the year.

Health Services and General Medical Practitioners.—The attachment at mid-year of the first member of the Council's Health Visiting Staff to an urban Group Practice of three Doctors proved an unqualified success, both for the Practitioners and Health Visitor and, not least, to the benefit of the patients—so much so that at the end of the year a second similar arrangement was under consideration.

The field of co-operation is wide and the potential benefits of equal significance. At the end of the year discussion and further enquiries were on hand to explore and develop these possibilities to whatever extent the services are available and individual situations require.

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 Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which are covered by agency arrangements with the County of Radnor.

Of the nine full-time Home Nurses in the Council's service at the end of the year, seven were employed in Shrewsbury, one in Much Wenlock and one in Oswestry. 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 1966, home nursing was provided for 6,214 patients, who received 142,278 visits—an average of 23 per case. Compared with the previous year, cases increased by 78 and visits increased by 59.

The whole-time Home Nurses in Shrewsbury where the service is operated separately from Midwifery each attended on average 133 cases for 4,038 visits or 30 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 70 cases for 1,520 visits—an average of 22 visits per case.

More cases were attended for conditions such as anaemia (126 more), other respiratory diseases (70 more), and complications of pregnancy and the puerperium (94 more). Fewer cases were attended suffering from other defined and ill-defined diseases (133 less), diseases of the veins (50 less) and injuries (49 less).

The table on page 84 gives particulars of the number of cases attended in 1966 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,214 cases attended:

3,223 (52 per cent) were 65 years or over when first visited during the year and received 97,060 visits (68 per cent of the total);

312 (5 per cent) were children under 5 years and received 1,895 visits (1.3 per cent of the total).

Nursing of Children.—The principal conditions necessitating home nursing treatment for children are summarised below.

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	73	55	128
Other defined and ill-defined diseases	58	42	100
Diseases of the skin and subcutaneous tissue	30	34	64
Upper respiratory diseases	20	19	39
Other respiratory diseases	24	12	36
Diseases of urinary system and male genital organs	28	—	28

Health Visitors are advised when notifications are received from hospitals of the discharge of children to ensure that full advantage is taken of the local health services and any other appropriate agency.

Completed Cases.—Of the 6,214 cases attended, 4,924 (or 79 per cent) were removed from the books during the year as follows:

	Cases	Percentage
Recovered, relieved or convalescent	2,828	57.4
Admitted to hospital or nursing home	882	17.9
Died	498	10.1
Referred to out-patients, own doctor, etc.	240	4.9
Gone away	362	7.4
Treatment undertaken by patient, relative, etc.	47	1.0
Discontinued	56	1.1
Others	11	0.2
	4,924	100.0

Of the 498 patients who died, major conditions necessitating home nursing were diseases of the heart and arteries (27 per cent), cancer (24 per cent), vascular lesions affecting the central nervous system (16 per cent) and senility (11 per cent).

Diseases.—The table on page 85 shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

Conditions as follows were responsible for the larger proportion of cases attended: Anaemia (874), diseases of the heart and arteries (500), diseases of the skin and subcutaneous tissues (496), injuries (453), other defined and ill-defined diseases (431), and complications of pregnancy and puerperium (401).

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned: 4,845 or 78 per cent of the cases attended were referred by Practitioners.

Treatments.—Of the 6,214 patients visited, 1,309 patients (21 per cent of the total) were attended solely for injections, 1,207 (19 per cent) solely for dressings, 778 (13 per cent) for general nursing care and 366 (6 per cent) for blanket baths only.

VACCINATION AND IMMUNISATION

The Council's proposals for services under Section 26 of the National Health Service Act, 1946, provide for vaccination against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis to be given to children up to the age of 16 years, by General Medical Practitioners or by Assistant County Medical Officers at Clinics and Schools.

The recommended programme of immunisation is as follows:

<i>Vaccination and Immunisation Programme</i>	
<i>Recommended Age</i>	<i>Vaccines</i>
2 months	Diphtheria-Tetanus-Whooping Cough and Oral Poliomyelitis First doses
3 months	Ditto Second doses
4 months	Ditto Third doses
1 year	Smallpox
18 months	Diphtheria-Tetanus-Whooping Cough and Oral Poliomyelitis Reinforcing doses
School Entry	Diphtheria-Tetanus and Oral Poliomyelitis Ditto
11 years	Diphtheria-Tetanus Ditto
11 years	Smallpox Revaccination
Over 11 years	B.C.G. Vaccination

Particulars of the work undertaken during the year and the state of immunity of Shropshire children born in 1965 and 1966 at the end of the latter year, are given in the following tables:

Primary and Reinforcing Vaccinations performed in 1966

Vaccination against		CHILDREN				Others under 16 years	Total	PERFORMED BY	
		Born in 1966	Born in 1965	Born in 1964—59	Total			County Council Medical Officer	General Practitioner
Diphtheria	Primary ..	2,406	2,547	591	5,544	415	5,959	3,391	2,568
	Reinforcing	—	1,083	4,890	5,973	2,364	8,337	6,240	2,097
Whooping Cough	Primary ..	2,352	2,486	301	5,139	13	5,152	2,674	2,478
	Reinforcing	—	1,013	2,142	3,155	97	3,252	1,889	1,363
Tetanus	Primary ..	2,406	2,548	1,216	6,170	1,818	7,988	5,257	2,731
	Reinforcing	—	1,082	4,505	5,587	2,022	7,609	5,324	2,285
Polomyelitis	Primary ..	2,102	3,119	852	6,073	166	6,239	3,878	2,361
	Reinforcing	—	264	3,311	3,575	503	4,078	2,991	1,087

Successful Vaccinations against Smallpox performed in 1966

Smallpox Vaccination	CHILDREN				Others	Total	PERFORMED BY	
	0—1 year	2—4 years	Total Pre-school	5—15 years			County Council Medical Officer	General Practitioner
Primary	622	3,498	4,120	248	52	4,420	2,295	2,125
Reinforcing	—	25	25	907	277	1,209	928	281

Percentage of Children Protected at 31st December, 1966

Protected Against	Born in 1966		Born in 1965	
	Immunised	% of Births	Immunised	% of Births
Smallpox ..	4,008 (34%)			
Diphtheria ..	2,406	41 %	5,070	88 %
Whooping Cough	2,352	40 %	4,959	86 %
Tetanus	2,406	41 %	5,073	88 %
Poliomyelitis ..	2,102	36 %	4,716	82 %

Comparison with National Figures 1966

	Children born in 1965			Smallpox (children under 2 yrs.)
	Whooping Cough	Diphtheria	Poliomyelitis	
England & Wales	72 %	73 %	68 %	*38 %
SALOP	86 %	88 %	82 %	*59 %

*Children vaccinated in 1966 when under 2 years old calculated as a percentage of children born in 1965 only.

Diphtheria.—The last notification of, and death from, diphtheria in the County were recorded in 1961. The former—a boy of 13 who had been immunised as a baby—recovered fully after treatment and the latter—a woman of 72 years—was certified as due to syncope, toxæmia and throat infection which was not supported by bacteriological evidence of diphtheria. In 1940 there were 236 notified cases and eleven deaths.

Whooping Cough.—During the year 184 cases, none of which was fatal, were notified—an increase of 49 over the previous year—and the trend in both cases and deaths over the last fifteen years, by five year averages, is indicated below:

Whooping Cough—Five Year Averages

	1952—56	1957—61	1962—66
CASES: Total Average	3,765 753	1,830 366	699 139.8
DEATHS: Total Average	9 1.8	— —	2 0.4

Poliomyelitis.—No cases of Poliomyelitis have been notified in the County since 1962 when there were two such cases, one of whom died.

In addition to the protection of children and young persons recorded above, 117 adults received primary vaccination and 5 others, booster doses. A further 430 doses were given at H.M. Prison, Shrewsbury, and H.M. Borstal, Stoke Heath.

Yellow Fever.—Since 1st July, 1960, the Department has been a designated Yellow Fever Vaccination Centre, where travellers are vaccinated by appointment and international certificates are issued. A fee of fourteen shillings is charged for the service.

A total of 213 persons were dealt with during the year, making a total of 1,020 since the service was inaugurated.

Central Syringe Service.—The production of the service, inaugurated on 1st May, 1961, continued to expand to a level of 62,594 sterile outfits (4,012 more than the previous year) but nineteen outlying nursing areas remained outside its scope.

Improvements in the range and cost of disposable equipment and anticipated increases in staffing costs indicated a review of these arrangements which was in progress at the end of the year.

AMBULANCE SERVICE

Report of the County Ambulance Officer

In the days when the writer first took charge of an ambulance service one crossed the boundary of one's authority area with some trepidation—would payment be made for the journey and by whom, and would there be complaint of trespass or criticism by audit if bad debts were incurred? When the gist of Section 27 of the National Health Service Act was known, it seemed that such troubles were over.

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 Amendment Act of 1949 restored some of the problems in that it modified the original definition of responsibility (where the need arises) so 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.

The National Health Service (Amendment) Act, 1957, enables Local Health Authorities to make a charge for providing ambulances in certain circumstances and for purposes outside the National Health Service Act dependent upon the availability of vehicles and other factors. During 1966 the Ambulance Service was reimbursed to the extent of £560 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.

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 and from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth and Craven Arms.

The success in Ambulance Service administration depends upon the tightness of control upon use of the Service and its costs.

The stress on the Control Room is at times very real and tends to show. In conjunction with the extensions proposed to our Ambulance Service Headquarters, one of the main objects will be to improve if possible the Control Room facilities and its method of operation.

Communications.—The best means of communications available are desirable. During the year a new automatic switchboard has been installed and an automatic telephone answering device provided.

Telephones and/or alarm bells are provided in the homes of 48 of the staff to cope with "on call duty" and the manning of the Service in a major emergency.

It would be impossible in present conditions to operate without radio telephones. The Service uses 45 mobile sets with transmitters at Abdon Burf in the Brown Clee Hills and at Lyth Hill.

Roads.—Increase in road traffic and congestion in the larger towns make attendance at accidents more frequent and also more difficult.

New Stations.—The new Bridgnorth Ambulance Station was completed in October, but at the time of writing is not fully operational due to difficulties in the provision of houses to enable drivers to live near enough to the Station to perform "on call" duty in the evenings and at weekends.

Training.—We have continued to be pre-occupied with training and the difficulty inherent in giving it during working hours.

All recruits and some existing staff have undergone an intensive course of one week's duration covering as many as possible of the various aspects of ambulance work and, as circumstances allowed, individual members of the staff attended the Royal Salop Infirmary for a course of training of one week's duration in the various Departments of the Hospital.

We have as always been assisted by Hospital Consultants and Staff, the Police, Fire Service and others to whom we are very grateful.

Our interest in educating the public in First Aid and how best to help our staff in emergency has not abated. Lectures have been given to various bodies to this end, whilst officers have given organised courses of lectures to schools, scouts and guides, and so on. Our display stand which can be erected rapidly at need at shows and exhibitions, was again in demand during the year.

The County Competition in May was judged by Dr. Cartwright and won by a Shrewsbury crew. The Regional Competition, however, was won by Stoke-on-Trent.

Driving Awards.—During the year the following awards were received for safe driving during 1965:

- Nineteen Diplomas
- One 5-year Medal
- One 2nd Bar to 5-year Medal
- One 3rd Bar to 5-year Medal
- Six 4th Bars to 5-year Medals
- Two 5th Bars to 5-year Medals
- Two 10-year Medals
- One 1st Oak Leaf Bar to 10-year Medal
- Two 2nd Oak Leaf Bars to 10-year Medals
- One 1st Corresponding Bar to 15-year Brooch (blue enamel centre)

The recipients were presented with the awards by the County Medical Officer of Health at an informal social function in the Civil Defence Club.

Co-operation with other Services.—The major emergency Services in the County, Police, Fire and Ambulance Services, continued harmonious, and it is hoped effective, co-operation. This extends to two way co-operation in training.

A major disaster scheme prepared jointly by Police and Hospital Authorities exists to deal with incidents which involve a large number of casualties. The Royal Air Force establishments at Shawbury and Tern Hill and their hospital at Cosford are always willing to give assistance or help with training within the limits imposed by their Service obligations. Departmental co-operation within the County Council's establishments is also generally very good. In addition to the Hospitals within the County, patients are carried to the Birmingham Accident Hospital and Birmingham Unit, and to the Premature baby units at Sorrento and Marston Green, amongst many others in Birmingham, Wolverhampton, Worcestershire, Staffordshire, Denbighshire and other adjoining areas. By and large co-operation with these Hospitals is good and constant contact is maintained between Senior Officers to continue and improve this pleasant relationship, which inevitably suffers in moments of stress on either side.

The Minister of Health has declared publically that it is his view that the balance of advantage lies on the side of transfer of the Ambulance Service from Local Health Authorities to Regional Hospital Boards, and consultations with Local Authority Associations and other bodies are in progress to this end.

So far as this County is concerned there appears to be only doubtful advantage to be gained by any such re-organisation. The standard of training offered to the staff is good, as is our co-operation with neighbours, related Services and Hospitals, and if all this is continued and furthered locally the patient and the rate-payer will get the best value for money.

Civil Defence.—The Service has a Staff Instructor who has been occupied not only with the whole-time staff training but with the organisation and training of the Ambulance and First Aid Section of the Civil Defence Corps; as time with the former has increased, so has the latter decreased.

At the time of writing it is known that the Ambulance and First Aid Section of the Civil Defence Corps is, together with the Rescue and Welfare Sections, to disappear in the re-organisation of a general purpose Corps, and whilst no announcement has yet been made it is understood that some form of Auxiliary Ambulance Service will be recruited for the purpose of any necessary war-time expansion of the peace-time Ambulance Service.

Staff.—During the year one member of the operational staff resigned, and five recruits entered the Service, and in May a further three members of the staff were successful in the Graduate examination of the Institute of Ambulance Officers.

Vehicles.—Ambulances are replaced after seven years' service, dual-purpose vehicles and cars after five years. The former have usually run at least 170,000 miles when due for replacement, and the latter about 120,000 miles.

Vehicles are serviced by their drivers at home Station or Headquarters Workshop, where a mechanic and a semi-skilled assistant carry out all repairs within the capacity of our workshop equipment. Alterations to the Workshop in the coming year may enable more to be done there, with resultant saving of time. Major repairs are carried out at the Council's Central Vehicle Workshop or private garages.

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, 1966, 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 1966, with a comparison with the previous year or years, are set out in the following pages.

Once again there was a rise in the number of patients carried and mileage run, with a slight reduction in the mileage per patient. The reduction in the whole-time car mileage arises from a reduction in the number of cars capable of carrying sitting cases only. As these cars become due for replacement new estate cars are being purchased which can be converted when necessary to carry a patient on a stretcher, and are re-classified therefore as dual-purpose vehicles.

W. WALKER,
County Ambulance Officer.

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

Ambulance Stations	At 31st December							
	Ambulances		Dual-purpose Vehicles		Sitting-case Cars		Total Vehicles	
	1965	1966	1965	1966	1965	1966	1965	1966
Shrewsbury	16	16	4	6	4	2	24	24
Oswestry	5	5	1	1	—	—	6	6
Whitchurch	2	2	1	1	—	—	3	3
Market Drayton	1	1	—	—	—	—	1	1
Donnington and Shifnal ..	5	5	4	3	—	—	9	9
Wenlock	—	—	1	1	—	—	1	1
Bridgnorth	2	3	—	—	—	—	2	3
Craven Arms	5	5	1	2	—	—	6	6
TOTAL ..	36	37	12	14	4	2	52	53

Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Personnel Employed				Maximum Authorised Full-time Establishment
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants		Total	
	M	F	M	M	F	M	M	F		
1965	55	5	5½	3	10	60½	3	15	78½	95
1966	58	5	5½	3½	10	63½	3½	15	82	95

Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1965					31st December, 1966				
	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	—	—	3	29	5	—	—	3
Oswestry	7	—	2	6	1	8	—	1	9	2
Whitchurch	1	—	3	1	1	1	—	3	1	1
Market Drayton ..	—	—	3	—	2	—	—	3	—	2
Donnington and Shifnal	9	—	1	—	6	9	—	1	2	4
Wenlock	—	—	1	—	2	—	—	1	—	3
Bridgnorth	2	—	1	—	2	3	—	1	—	2
Craven Arms	6	—	—	1	5	8	—	—	1	4
TOTAL ..	55	5	11	8	22	58	5	10	13	21

Work performed by Ambulances and Sitting-case Cars

Year	Ambulances		Cars		Women's Royal Voluntary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
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
1965	109,326	1,078,730	6,334	87,944	7,143	138,131	122,803	1,304,805
1966	117,140	1,110,631	3,321	38,408	7,707	176,187	128,168	1,325,226

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

Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants (as at 31st Dec., 1966) in terms of whole-time personnel)
Shrewsbury	22,270	49,592	439,748	35.15
Oswestry	2,551	19,180	162,683	11.27
Whitchurch	1,643	7,486	78,794	4.35
Market Drayton ..	570	3,383	33,442	2.24
Donnington	4,348	20,155	189,828	12.32
Shifnal	894	2,768	28,285	1.80
Wenlock	415	1,702	17,676	0.87
Bridgnorth	1,302	6,603	62,831	4.12
Craven Arms	1,953	9,592	135,752	9.75
TOTAL ..	35,946	120,461	1,149,039	81.87

Categories of Patients Conveyed

Maternity	1,431
Mental	396
Accident	2,735
Infectious	66
General	123,540
TOTAL ..	128,168

Patients carried and Mileage covered

Year	Patients	Mileage	Mileage per patient
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
1965	122,803	1,304,805	10.6
1966	128,168	1,325,226	10.3

Note.—Two more vehicles were equipped with radio-telephones during 1966, making a total of 44 vehicles so equipped out of 53.

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.—Two-elevenths of the time of two Chest Physicians is made available by the Birmingham Regional Hospital Board for prevention and after-care purposes and an equivalent proportion of the Chest Physicians' salaries is paid by the Council.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by whole-time Health Visitors; a whole-time Tuberculosis Health Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Hospital Management Committee in addition to her visiting duties, an appropriate portion of her salary being borne by the hospital authorities.

Mass Miniature Radiography.—Visits to this County for the purposes of public, industrial and school surveys were made during 1966 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.

Detection of Tuberculosis

Unit	Sessions	Persons X-rayed			Tuberculosis			
					Active		Inactive	
		M	F	Total	M	F	M	F
WOLVERHAMPTON	Public	67	60	127	—	—	—	1
	Industrial	1,214	1,334	2,548	1	—	4	4
	G.P. Referrals	1,257	1,440	2,697	7	—	15	16
	TOTAL	2,538	2,834	5,372	8	—	19	21
STOKE-ON-TRENT	Public	280	240	520	1	—	3	4
	Industrial	1,200	2,301	3,501	1	—	4	6
	G.P. Referrals	158	154	312	2	1	3	4
	TOTAL	1,638	2,695	4,333	4	1	10	14

Other Conditions

Condition or Abnormality	Wolverhampton Unit			Stoke-on-Trent Unit		
	Males	Females	Total	Males	Females	Total
Non-tuberculous fibrosis, emphysema and pleural thickening	30	12	42	26	16	42
Inflammatory lesions	30	14	44	8	9	17
Bronchiectasis	—	1	1	4	3	7
Abnormality of diaphragm	1	2	3	2	3	5
Old Empyema	—	—	—	1	1	2
Cardio-vascular lesions	20	12	32	25	14	39
Congenital abnormality of bony thorax	7	6	13	3	1	4
Acquired condition of ribs	2	—	2	2	0	2
Pneumoconiosis	1	3	4	2	1	3
Enlarged thyroid gland	—	—	—	1	0	1
Sarcoidosis	14	3	17	8	1	9
Bronchial carcinoma	2	1	3	1	0	1
Metastases in lung	—	—	—	3	0	3
Old rib fracture	2	2	4	5	6	11
Miscellaneous	—	—	—	3	0	3
Cases referred for further investigation and on whom a final diagnosis has not yet been reached	—	—	—	—	—	—
TOTAL	109	56	165	94	55	149

Medical Arrangements for Long-Stay Immigrants.—All long-stay immigrants, both Commonwealth and alien, are provided at the port or airport of arrival with a "hand-out" card printed in six languages giving brief information of the medical services available in this country and advising registration with a doctor.

Port and Airport Health Authorities notify Medical Officers of Local Health Authorities of immigrants proceeding to their areas, for follow-up with a view to ensuring registration with a general practitioner and offering the advantages of the Mass Radiography Service and B.C.G. vaccination scheme.

The numbers of advice notes received and of successful visits made to immigrants are required by the Ministry of Health by way of quarterly returns, and the following table contains particulars of the work done during the year.

Medical Arrangements for Long-Stay Immigrants

Country where passport was issued	Advice Notes received	Visited during 1966	Left County before visit	Not Traced	Visits not necessary	Visited during 1967	Notifications of Tuberculosis (Respiratory)
Commonwealth Countries:							
Caribbean	23	17	—	—	5 Hospital staff	1	—
India	17	11	2	1	3 Hospital staff and family	—	—
Pakistan	3	2	—	—	—	1	—
Other Asian	—	—	—	—	—	—	—
African	3	3	—	—	—	—	—
Other	6	3	1	—	1 (returned home)	1	—
Non-Commonwealth Countries:							
European	19	15	2	2	—	—	—
Other	—	—	—	—	—	—	—
TOTAL ..	71	51	5	3	9	3	—

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home Helps and during 1966 assistance was supplied in 8 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra.

B.C.G. vaccination is offered to Home Helps willing to attend tuberculous cases. Twenty-six Home Helps had chest x-rays, none with significant findings.

Open-Air Shelters.—The distribution on 31st December, 1966, of the 26 shelters owned by the County Council was as follows:

At Patients' Homes	12
In Store	14

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 1966 a total of 167 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 245 for the previous year.

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

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

The following are the particulars of schools visited for B.C.G. Vaccination purposes during 1966 with the comparative figures for 1965.

B.C.G. Vaccination in Schools

	Maintained and Grant-aided Schools		Independent Schools	
	1965	1966	1965	1966
Schools visited	34	47	17	25
Children tested	2,248	3,496	276	600
Reactors—positive	145	200	28	70
negative	1,963	3,097	242	526
Not read	140	199	6	4
Children vaccinated	1,925	3,034	232	507
Negative reactors not vaccinated	38	63	10	19

Eight Maintained and Grant-aided schools were visited twice during the year, which brings the total actual visits paid to schools to 80.

The acceptance rate for B.C.G. Vaccination for 1966 was 78.6 per cent. In addition, a special survey was made at one school where children had been in contact with a known case of Tuberculosis:

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>	<i>Not Read</i>	<i>Negative Reactors Vaccinated</i>
Children (all ages) ..	107	35	72	—	—*

*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.

Also included in the above figures are eight children who were missed at a survey in 1965, who were subsequently seen early in 1966.

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 15 m.ms and above) to have follow-up X-rays four months and sixteen months after their initial chest X-ray. During 1966, 125 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.

	<i>Pupils</i>	<i>Home Contacts</i>	<i>Staff</i>
Cases investigated	602	212	177
Recalled for large film examination ..	5	8	3
Cases of tuberculosis discovered	—	2	—

The two cases found among the home contacts were notified as suffering from active pulmonary tuberculosis following their X-ray as contacts of their children who had Mantoux positive reactions.

Included in the above figures are 357 children and 166 staff from the schools at which special surveys were made. Three pupils and three members of staff were recalled for large film examination.

Of the three pupils, one showed no abnormal physical signs in chest and no definitely significant abnormality but previous X-ray film requested for comparison, and there is also a possibility that this girl was given B.C.G. in Tehran in 1963. One, whose follow-up X-ray seemed to be within normal limits is being kept under observation, and one has left the County for Hull, the case notes having been sent on by the Chest Physician.

Of the members of staff, one seemed to have had pneumonitis which has now cleared. One seems to have been an old probably healed case of Pulmonary Tuberculosis who has been under the care of the Chest Clinic since 1957. Further reports have not yet been received for the third member of staff.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1966 was as indicated in the table following, with comparative figures for the previous year:

Tuberculosis Registers

	1965		1966	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January	1,148	249	1,065	229
ADDED: New cases	41	15	37	13
Transfers in	21	1	17	1
Restored to register	3	1	4	3
REMOVED: Cured	105	31	81	19
Non-tuberculosis	1	1	2	—
Died (all causes)	23	3	26	3
Transfers out	19	2	29	3
On register on 31st December	1,065	229	985	221

On 31st December, 1966, the 985 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors	699
Not requiring supervision	264
In hospitals and sanatoria, as listed below	21
In Shelton Hospital, having treatment apart from Tuberculosis	1
	985

Patients in Hospitals and Sanatoria

Cross Houses Hospital	6
Wrekin Hospital	6
Shelton Hospital	9
	21

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 1966 assistance was given in this way to 74 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 the last three years funds were also raised by the sale of Christmas cards.

During 1966 the case committee met on nine occasions and approved assistance in a variety of ways to 50 cases (of whom 13 were new ones) at a cost of £561 compared with 46 cases and £394 during the previous year.

HEALTH EDUCATION

"Learning to Live".—Between September, 1965, and July, 1966, the second school year of the "Learning to Live" Programmes on Personal Relationships for young people has seen a steady growth in popularity. Seventy-one courses (averaging three visits per course) were completed, compared with 61 in the first year, in secondary schools of all types and in one College of Further Education.

The team responsible for this programme continues to be composed of Mrs. Jean Owen, Health Education Lecturer, a Medical Officer if requested by the school concerned, and Mr. H. Harris, Health Education Officer.

Schools are now integrating the courses into their yearly programmes and a pattern of visits is emerging. Two of the original recipients of our programme have now evolved their own.

Parent Teacher Associations, Women's Institutes and Women's Clubs are asking us to give explanatory talks and show the film "Learning to Live" (London Foundation for Marriage Education).

We hope that the satisfactory response from our young school audiences forecasts a happy maturity which is the main target of our efforts.

Report of Health Education Officer:

Health Propaganda.—In 1966 there was a decrease in the recorded overall figures of talks delivered, schools concerned and numbers in audience, coupled with an increase in the total numbers of speakers. There are indications that future demand is likely to increase and that more attention is being paid in schools to the special needs of school leavers and of the older school population.

The main fields of our endeavour continue to be the schools, maternity and child welfare centres, organised groups, youth clubs, women's institutes and townswomen's guilds. There is a strong call for the illustrated talk with films—and a comparative dearth of good modern films.

Talks.—The table shows the formal talks delivered and the persons concerned with them. The majority had film support.

Health Education Talks

Given by	Lecturers	Talks delivered			Audiences	Time	
		Total	In School	Elsewhere		Day	Evening
Assistant County Medical Officers	13	57	25	32	2,650	47	10
Dental Officers and Hygienists ..	3	148	138	10	5,415	138	10
Health Visitors and Nurses ..	16	46	5	41	807	41	5
Health Education Lecturer ..	1	161	152	9	11,421	152	9
Health Education Officer ..	1	35	17	18	1,199	23	12
Others	6	5	—	5	91	1	4
TOTAL ..	40	452	337	115	*21,583	402	50

*Includes 18,847 in Schools

Displays.—At the Shropshire and West Midland Agricultural Show a stand was taken to illustrate the County Dental Services and at the Old People's Festival in Shrewsbury, organised by the Shropshire Old People's Welfare Committee, the Department showed the Central Council for Health Education exhibit "Preparation for Retirement" featuring leisure activities to be pursued at the cessation of regular employment.

Smoking and Health.—Not all of us practise what we preach, yet we must admit that there is a definite relation between cigarettes and the incidence of lung cancer and that tobacco is addictive and not beneficial to health. On these and financial grounds we must advise against the formation of the smoking habit in youth and encourage the older addicted in any resolution they may form to give up or cut down the use of tobacco and especially of cigarettes.

Talks with film support are available on request to schools and organised groups, as also are posters and leaflets.

Accidents in the Home.—A total of only 135 accidents in the home was reported or culled from coroners' inquest reports in the press during the year. These figures are clearly quite inadequate to serve as a basis for analysis, but even though they represent no more than a fraction of the incidence of home accidents in Shropshire they do give rise to comment. Four accidents were fatal. Ambulances were summoned to 20 cases. Disability was associated with 4 accidents. Twenty-six cases went to hospitals. Twenty-four women and 6 men were aged 65 years or over. Thirty-four boys and 15 girls under 5 years were victims of home accidents. There were 22 falls. Forty males and 43 females were burned or scalded. Eight children under 5 swallowed tablets of one kind or another. A boy of 3 had his eye removed following the slamming of a door with a glass panel that shattered.

The great majority of the known victims needed nursing care.

Many of these accidents must be preventable. When we recall that there are three accidental deaths arising in the home for every two that occur on the roads we cannot congratulate ourselves on these low figures nor hope that they give the full story.

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 1966, but paid Night Helps were employed to help in two cases for one session per case—one case received the help free of charge and the other paid 3/-.

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.

Since October, 1956, the services of a trained woman visitor employed by the N.S.P.C.C. 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, and particulars of her work during the year are as follows:

Cases open at 1st January, 1966	..	..	..	..	..	..	19
New cases	..	..	..	..	..	..	7
							— 26
Cases closed as satisfactory	..	..	..	..	..	..	3
Unsatisfactory cases needing further action by Inspector	..	..	..	..	..	..	3
Cases returned to Inspector for transfer or other reason	..	..	..	..	..	..	1
							— 7
Cases open at 31st December, 1966	..	..	..	..	..	..	19
Children in new cases opened	..	..	..	..	..	..	16
Total visits of supervision to families	..	..	..	..	..	..	668
Total miscellaneous visits to officials	..	..	..	..	..	..	366

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 £105 in 1966, the total of their Shropshire grants amounts to £1,355.

Marie Curie Memorial Foundation—Cases Assisted

Assistance provided	Amount expended in 1966		
	Cases	£	s. d.
Domestic help, including Day and Night Nursing Service	3	97	12 10
Extra nourishment	7	11	7 9
Fuel	1	3	3 0
Toilet necessities	1	4	8 0
TOTAL	12	116	11 7

Other Aspects of Care and After-Care

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. Application should be made in office hours to the Health Department, Shirehall, Abbey Foregate, 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 692 patients, direct from the Health Department in 459 cases and by nurses and midwives in 233 cases, a total of 1,054 items being supplied as summarised below:

Issues of Nursing Equipment

Items	Issued by		Total
	Health Dept.	Nurses	
Air rings	4	59	63
Back rests	94	88	182
Bed pans	77	103	180
Bed cradles	47	6	53
Bed tables	3	5	8
Bedsteads	17	2	19
Commode chairs	91	6	97
Crutches	19	—	19
Dunlopillo rings	35	18	53
Feeding cups	2	11	13
Fireguards	11	—	11
Patient lifters	7	—	7
Mattresses	23	1	24
Urinals	44	63	107
Walking aids	27	—	27
Wheel chairs	119	5	124
Miscellaneous	42	25	67
TOTAL ..	662	392	1,054

Incontinence Pads.—Ministry of Health Circular 14/63 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, and 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.

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

Year	<i>Pads Issued</i>
1962	12,700
1963	27,300
1964	44,600
1965	60,300
1966	61,600

Recuperative Convalescence.—Patients who are in need of a short period of convalescence 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 1966, the following Convalescent Homes received 50 cases at a gross cost of £960 7s. 2d., of which £53 5s. 2d. was recovered, no charge being made in 36 cases:

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	37	—
Victorian Convalescent Home, Bognor Regis ..	1	—
St. Margarets, Weston-super-Mare	—	1
Boarbank Hall, Grange-over-Sands	1	—
The Rest Convalescent Home, Porthcawl ..	5	—
Unitarian Holiday Home, Buxton	1	1
Charles Best Home, Parkgate	1	—
Rest Haven, Exmouth	2	—
TOTAL ..	48	2

CHIROPODY SERVICE

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

Eligibility of aged persons for treatment is restricted to those of pensionable age and who are mainly dependent upon Retirement Pension and/or Supplementary benefits. A charge of 2/6d. per treatment is made to all, whether treated by County Chiropodists or through local schemes, and this charge may be remitted for Supplementary benefit cases and others deemed by application of the Council's assessment scale to warrant free treatment.

Staffing.—One private Chiropodist undertakes the treatment of surgery and domiciliary cases in his locality under contractual arrangements with the Council.

During 1966, five whole-time Senior Chiropodists were employed by the Council and, to keep pace with increasing demands upon the Service, a sixth post was authorised and filled from 1st October, 1966.

Sessions are allocated to the Shrewsbury Group Hospital Management Committee for the treatment by a County Chiropodist of patients at Shelton Hospital; and to the County Welfare Committee to meet the chiropodial needs of residents in eight Welfare Homes.

At the end of 1966, arrangements were being made for foot inspections of children in senior schools to be undertaken by the County Chiropodists. In addition, in anticipation of this scheme, treatments were arranged of sporadic cases of verruca in school children referred by general practitioners.

Private Chiropodist.—The following patients were dealt with in 1966:

Category	Domiciliary		Surgery	
	Patients	Treatments	Patients	Treatments
Aged	65	253	117	557
Handicapped ..	3	25	2	11
Expectant mothers ..	—	—	1	1
TOTAL ..	68	278	120	569

County Chiropodists.—Patients treated at County Council clinics and in their own homes during 1966, as indicated below, totalled 1,325 and received 6,849 treatments.

Category	Domiciliary		Clinic	
	Patients	Treatments	Patients	Treatments
Aged	701	3,452	602	3,314
Handicapped ..	9	43	—	—
Expectant mothers ..	—	—	—	—
School children ..	9	27	4	13
TOTAL ..	719	3,522	606	3,327

Except in the case of school children, a charge is made of 2/6d. per treatment, which is remitted in cases of hardship. No charge was made to 111 cases in respect of 623 treatments.

In addition, the County Chiropodists treated 128 patients in Welfare Homes, giving 633 treatments.

Voluntary Schemes.—Patients treated under Chiropody schemes organised by Voluntary Committees and clubs, within the framework of the County service, numbered 1,111 and 5,725 treatments were given.

In total, cases treated through the County Chiropody Service in 1966 numbered 2,624 and received 13,421 treatments.

POPULATION SCREENING FOR CANCER OF THE CERVIX

In October, 1966, the Ministry of Health issued a circular urging co-operation between the hospital, general practitioner and local health authority services with a view to expediting the provision of facilities for cervical smear testing.

By the end of the year new extensions to the Group Laboratory became available in Shrewsbury and discussions started with a view to providing Local Authority Clinics for taking cervical smears early in 1967.

(Note.—These clinics were, in fact, started on a limited basis on 17th April, 1967).

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 deferred positive action until assurance could be given that the benefits of fluoridation would be commensurate with the costs involved, since the County was, at that time, 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 which together with the East Shropshire Board then covered the County. In view, however, of legal action then impending against 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 furtherance of investigations with the Water Boards until this litigation had been settled. When, in 1965, these proceedings were discontinued, the Shropshire Water Boards were accordingly asked to supply the necessary technical information so that approximate costs might be ascertained.

The West Shropshire Water Board, however, notwithstanding a request from the Ministry of Health during 1966 to review their attitude, have categorically stated that they are not prepared to adopt the principle of fluoridation and consider that no useful purpose would therefore be served in investigating the technical aspects or in calculating approximate costs.

By the end of the year the East Shropshire Water Board had not indicated their views on the matter of principle but investigation by the Board's Engineer of the technical aspects of fluoridation of the main sources of supply in their area continued with a view to estimating the cost involved.

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

MENTAL HEALTH SERVICE

Report of the Administrative Mental Welfare Officer

Responsibility for the administration of the Mental Health Service is delegated by the Council to the Health Committee.

Staff.—On 31st December, 1966, the staff wholly employed in the Mental Health Service consisted of the following officers:

Administrative Mental Welfare Officer	1
Deputy Administrative Mental Welfare Officer ..	1
Mental Welfare Officers	10

Junior Training Centres and Hostel:

Supervisors	3
Assistant Supervisors	12
Senior Housemother	1
Assistant Housemothers	5

Hostel for Mentally Ill:

Matron	1
Assistant Matron	1

The recruitment of candidates for appointment as Mental Welfare Officers continues to be very difficult owing to the shortage of personnel having the desired qualifications and experience. Among reasons for this state of affairs are the expanding need for Mental Welfare Officers everywhere, delays in the past in providing courses of training, and perhaps some dissatisfaction with salary gradings having regard to the nature of the work. Appreciation is, however, recorded of the progressive policy the Committee and Council continue to show in their seconding of staff to courses which widen their knowledge of social work and enhance their value to the public whom they serve.

During the year two Mental Welfare Officers commenced two-year courses leading to the Certificate in Social Work Training, while another officer completed his first year on a similar course. An Assistant Supervisor from the Shrewsbury Junior Training Centre also commenced a two-year Diploma Course for Teachers of the Mentally Handicapped

Mental Illness:

Liaison with Hospital Services.—A system of “teams” each comprising a Consultant Psychiatrist and hospital social workers or mental welfare officers continues to operate both in the hospital setting and in the community and the weekly clinical conferences organised by Dr. M. D. Enoch, Consultant Psychiatrist and Post-graduate Clinical Tutor, University of Birmingham, are of great academic value and are also most useful practically in helping to resolve particularly difficult problem cases.

At the request of the Tutor-in-Charge of the Shelton Hospital Nurse Training School, the Administrative Mental Welfare Officer gave further lectures to student nurses, and programmes of domiciliary visits with Mental Welfare Officers were arranged for them.

The County Medical Officer is a member of the Shelton Hospital Nurse Education Committee and both he and the Deputy County Medical Officer collaborate closely with the Consultant Psychiatrists who likewise have been good enough to give their support and public acknowledgement to the good relationships which they share with the Local Health Authority workers.

Admission to Hospital for Mental Illness.—The Mental Welfare Officers were concerned with the admission to hospital of 527 mentally ill patients in 1966, practically all of whom were admitted to Shelton Hospital. Particulars of these admissions are given in the following table:—

Mentally Ill patients dealt with by Mental Welfare Officers

<i>Mental Health Act, 1959:</i>					Males	Females	Total
Informal patients	..	..	..	..	124	139	263
Compulsory patients							
(a) Section 29 Emergency Order	..	..	..	..	18	20	38
(b) Section 25 Observation Order	..	..	..	..	78	120	198
(c) Section 26 Treatment Order	..	..	..	..	17	7	24
(d) Section 60 Court Order	..	..	..	..	4	—	4
TOTAL					241	286	527

In addition 169 investigations were carried out into further cases of alleged mental illness, but admission to hospital was not indicated.

Care and After-care of the Mentally Ill.—An after-care service is accepted as an essential extension of hospital treatment and, as mentioned earlier in this report, the service in Shropshire has been developed with a view to the closest possible integration with the hospital staff. There is also close co-operation with the General Medical Practitioners and the combined efforts of all concerned help to ensure that the medical and social needs of patients, which are frequently so closely related, are under review after the patients return to the community.

The occurrence of mental illness in one member of a family brings many pressures to bear on the other members. Many voluntary and social organisations can help with problems which may ensue and Mental Welfare Officers must maintain close touch with such agencies. The happy relationships which our officers have with so many go a long way towards ensuring that families have the right kind of help at the right time.

The following table shows particulars of patients receiving after-care during 1966 with the figures for the previous four years:

Mentally Ill Persons receiving After-care by Mental Welfare Officers

At 31st December	Patients	Visits
1966	695	6,842
1965	661	5,906
1964	608	5,086
1963	457	3,744
1962	279	2,669

Elms House.—This building was adapted for use as a Rehabilitation Hostel and was opened in March, 1966, for female patients recovering from mental illness. It is staffed by a Matron, Deputy Matron and domestic assistants and up to 14 residents can be accommodated.

Some people with a history of mental illness are able to work in open employment but cannot tolerate the isolation of life in lodgings, or even in some cases find life with their relatives unbearable.

The intention in setting up this Hostel was to provide a bridging stage between the sheltered hospital environment and the ordinary stresses of everyday life, but experience may show that a small number of people who have suffered from mental illness will always need the support of a hostel.

It is infinitely better that they should earn their living and with the help of social workers live an otherwise fairly normal life than remain in hospital as "chronic patients" doing routine chores and largely dependent on the hospital nursing staff. Hospitals these days are geared to providing care and treatment for acutely ill people for comparatively short periods.

The residents of Elms House have been much helped and encouraged by the Portland Nurseries Ladies' Club, the Column Branch of the Townswomen's Guild and the British Red Cross Society whose members have made social visits and have invited the residents to join in their activities. Our lady Mental Welfare Officers, the Matron, Deputy Matron and the residents themselves joined with the Portland Nurseries Ladies' Club in arranging a Summer Fayre in July, 1966, and a similar function is planned for Mental Health Week, 1967.

Psychiatric Social Club.—The Social Club run by the Mental Welfare Officers has continued its fortnightly meetings in the hall of the Shrewsbury Junior Training Centre and now has its own committee. We gratefully acknowledge the help of friends who have given their time to add variety and lustre to our usual entertainments.

Registration of Mental Nursing Homes.—Two establishments are registered by the Council as Mental Nursing Homes:

- (a) *The Grove House, Church Stretton*, is registered for 30 female mentally ill patients who may, if necessary, be detained in accordance with the provisions of the Mental Health Act, 1959.
- (b) *Loppington House, Wem*, was registered for 80 severely subnormal children under the age of 16 years and who are not subject to detention. The children are long-stay patients who require nursing care and the Birmingham Regional Hospital Board has a contractual arrangement with the Managers for a number of beds.

Both Homes are inspected periodically by officers of the County Health Department.

Subnormality and Severe Subnormality

Referrals.—During the year new cases of subnormality or severe subnormality were referred from the following sources:—

(a) Education Department

(i) Unsuitable for attendance at school 15

(ii) In need of supervision on leaving school 44

(b) Transferred from other Counties 6

(c) Others 1

Adult Training Centres.—The lack of facilities for adult severely subnormal patients remains as one of our most acute problems but I am pleased to report that a start has been made on the building of an Adult Training Centre and Hostel in Shrewsbury and that the plans for a similar project at Wellington are well advanced.

These two when completed will make a substantial contribution to the community care provision for the severely subnormals and will ensure the very necessary continuity of training commenced in the Junior Centres.

Junior Training Centres and Hostel.—Two full-time Centres, one with an associated Hostel, and three part-time Centres have been provided to meet the needs of the young mentally handicapped as indicated in the next table:

Centre	Places		No. on Register on 31.12.66	
	Training	Hostel	Training	Hostel
Shrewsbury	80	40	83	39
Wellington	40	—	45	—
Part-time Centres ..	15	—	14	—
TOTAL	135	40	142	39

Home Visiting.—The help and counselling which skilled social workers can give to both patient and family alike during visits to the home is one of the most important and fundamental aspects of the community care service and it is sometimes over-shadowed by the more obvious provisions such as training centres which are there for the public to see for themselves.

The numbers of subnormal and severely subnormal patients who on 31st December, 1966, were receiving home visits by the Local Health Authority's officers were as follows:

Subnormal and Severely Subnormals receiving Home Visits

	Under 16	Over 16	Total
Male	86	421	507
Female	74	384	458
Total	160	805	965

Hospital Care.—Patients from Shropshire requiring hospital care are admitted to either Stallington Hall Hospital, Blythe Bridge or to Lea Castle Hospital, Kidderminster, according to their home address. A few cases are also admitted to Loppington House Mental Nursing Home. Prior to admission the patient is seen by a Consultant Psychiatrist from the hospital concerned either at the patient's home or at a clinic held monthly at the Shrewsbury Junior Training Centre. Additionally patients who are presenting behaviour problems in the community are referred for advice.

During 1966, 25 patients were admitted to hospital for long-term care and a further 21 were admitted for temporary periods to enable their families to take a holiday or to assist them over some domestic emergency. At the end of the year 31 patients were waiting for long-term vacancies and were classified as follows:

	Under 16	Over 16	Total
Male	6	8	14
Female	7	10	17
TOTAL	13	18	31

Guardianship.—One Shropshire patient was under a Guardianship Order at the end of the year. He resides in Surrey and is supervised by the Brighton Guardianship Society on behalf of Salop County Council.

Voluntary Organisations.—The Shrewsbury and Wellington Societies for Mentally Handicapped Children run youth clubs for the mentally handicapped and also arrange a holiday based at the Shrewsbury Junior Training Centre each year for the young adults. Support and gifts from other organisations and private individuals are given to the Junior Centres and the many kindnesses shown are much appreciated.

The parents of the young adults have, with the Council, been concerned about the delays which have occurred in the Adult Centre building programme; and the Shrewsbury Society when they heard that Sutton Lodge was no longer needed for County purposes, suggested that they might have the building for use as a temporary Centre for adults pending the provision of the Council's purpose-built Centre and Hostel. This was approved by the Council who agreed to let the Society have the free use of Sutton Lodge and to make a grant to the Society to help meet the running costs.

E. A. R. WARD,

Administrative Mental Welfare Officer

DOMESTIC HELP SERVICE

Particulars of the Domestic Help Offices operating within the County on 31st December, 1966, are given below:

Home Help Offices

Centres	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	Child Welfare Centre, Murivance
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 (now at Murivance), which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the Service before recommending the extent to which assistance should be provided.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for domestic assistance—5/6d. per hour in 1966—may elect to furnish particulars of their financial circumstances so that the charge may be assessed in accordance with their means. The assessment scale is based upon the Ministry of Social Security allowances for supplementary benefits and is adjusted whenever these are changed.

Help is provided without charge where the applicant receives Supplementary Benefits.

A Public Liability Insurance Policy covers possible claims for damages by Home Helps against householders making use of the Service.

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 1966 were 4/6d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 4/5½d. 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.

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. In a few cases the appropriate mileage allowance is paid in connection with the use of motor vehicles.

On 31st December, 1966, 254 Home Helps were employed (7 full-time and 247 part-time).

Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	31	31
Church Stretton ..	—	3	3
Ludlow ..	—	32	32
Market Drayton ..	1	10	11
Newport ..	—	10	10
Oswestry ..	—	27	27
Shrewsbury ..	6	66	72
Wellington ..	—	52	52
Whitchurch ..	—	16	16
Total for 1966	7	247	254
Total for 1965	7	207	214

The 254 part-time Home Helps are equivalent to 127 whole-time workers, or 0.40 per 1,000 of population, and it is anticipated under the Council's development plan that this figure and rate should increase to 184 (0.56) by 1970 and 244 (0.71) by 1975.

Work Performed.—During 1966, 1,557 cases were assisted, at an average of 912 per week, and the hours worked and travelled by Home Helps amounted to 241,227. This gives a case rate of 4.8 per 1,000 population, with each case receiving an average of 3.0 hours help per week (inclusive of travelling time).

Particulars of the individual categories of cases are given below. That this is a very important service for the elderly and chronic sick is emphasized by the fact that they represent 86.5 per cent of the cases and that 225, 295 or (93.4 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.

Cases Attended by Home Helps

Centres	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Mental Illness	Total
Bridgnorth ..	148	2	10	4	1	1	2	168
Church Stretton ..	19	2	3	—	—	—	—	24
Ludlow ..	97	—	—	1	—	1	1	100
Market Drayton ..	55	—	4	—	—	—	—	59
Newport ..	49	—	7	1	—	—	—	57
Oswestry ..	137	8	11	6	—	3	—	165
Shrewsbury ..	419	10	68	12	4	4	2	519
Wellington ..	361	5	10	5	2	1	5	389
Whitchurch ..	62	4	6	1	1	2	—	76
Total for 1966 ..	1,347	31	119	30	8	12	10	1,557
Total for 1965 ..	1,180	34	139	15	8	10	11	1,397

Cases in the chronic sick and aged category included 1,226 aged 65 years or over.

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)
1957	709	475	67	140,778	116,449	83
1958	786	530	67	142,552	118,398	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
1965	1,397	1,180	85	225,033	210,656	94
1966	1,557	1,347	87	241,227	225,295	93

Income.—The sum recovered during 1966 from those taking advantage of the Service was £5,113, compared with £4,085 during 1965 and £3,822 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 1962 to 1965 are also given.

Hours worked and travelled by Home Helps

	1962	1963	1964	1965	1966
Standard Rate ..	13,123 = 7.2%	11,276 = 5.8%	10,225 = 4.9%	11,087 = 4.9%	15,969 = 6.6%
Assessed Rate ..	93,375 = 51.4%	49,708 = 25.8%	22,669 = 10.9%	26,965 = 12.0%	26,522 = 10.9%
Free	75,315 = 41.4%	131,938 = 68.4%	175,691 = 84.2%	186,981 = 83.1%	198,736 = 82.5%
TOTAL ..	181,813	192,922	208,585	225,033	241,227

REGISTRATION OF NURSING HOMES

The registration of one home providing twenty-four general beds was voluntarily withdrawn during the year and no new homes were registered.

At the end of the year eight homes providing for a total of 177 patients (8 maternity, 67 general and 110 mental) remained on the register under the Public Health Act, 1936, Part VI.

REGISTRATION OF NURSERIES AND CHILD MINDERS

Five pre-school playgroups, registered as Nurseries in accordance with the Nurseries and Child-Minders Regulation Act, 1948, and one Child-Minder ceased to function and there were no new registrations during the year.

At 31st December, 1966, there remained on the register twelve premises with places for 212 children.

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 1966 totalled 875, as indicated below, and a further 44 examinations were made on our behalf by other local authorities:

	<i>Examinations</i>
Teaching profession and Teachers' Training College Students ..	283
Staff—Superannuation purposes	504
Breathing apparatus courses and retained firemen	33
Miscellaneous	17
On behalf of other local authorities	38
	875

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 the numbers on the Register at 31st December, 1966.

Blind and Partially Sighted Persons:

Register of Blind and Partially-Sighted Persons

	Men	Women	Children	Total
Blind	245	362	21	628
Partially-Sighted ..	39	54	19	112
TOTAL ..	284	416	40	740

Additions to the Register.—During the year, the number of persons examined by Ophthalmologists at the request of the County Welfare Officer was 117. Of these, 95 persons (35 male and 60 female) were certified as blind and were included in the Register. In addition, 14 persons (5 male and 9 female) were certified and registered as partially sighted; 8 persons were found to be neither blind nor partially-sighted.

Of the 109 people added to the register during the year, 83 blind persons (28 males and 55 females) and 14 partially-sighted persons (4 males and 10 females) were 60 years of age or more.

Causes of Blindness.—In 21 of the new cases (19.8 % of the total) the primary cause of blindness was Cataract, 20 of these cases were aged 70 years or more. Other major causes of blindness were: Macular Degeneration 30, Glaucoma 9.

Blind persons for whom treatment was recommended numbered 69, medical treatment being suggested in 23 cases, surgical in 17 cases and optical in 9 cases. Ophthalmic medical supervision was recommended in 20 cases. No treatment was suggested in 26 cases.

One person for whom surgical treatment had been recommended refused to accept it.

Although treatment of one form or another or hospital supervision was recommended in 69 cases, it was thought that this would result in the removal of only 6 persons from the category of blind persons. In addition, it was considered inadvisable, on general grounds, to carry out for 2 persons treatment which might have resulted in their removal from the Blind category.

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

Follow-up of Registered Blind and Partially-Sighted Persons

	CAUSE OF DISABILITY									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight
Cases registered during 1966 in respect of whom the ophthalmologist's recommendation was:										
(a) No treatment	4	—	—	—	—	—	22	1	26	1
(b) Treatment (medical, surgical or optical)	15	2	5	—	—	—	29	5	49	7
(c) Hospital supervision	2	1	4	1	—	—	14	4	20	6
Cases at (b) and (c) above which have received, or will receive, treatment or supervision...	16	3	9	1	—	—	29	6	54	10

Deaf Persons:

Other Handicapped Persons

Category	Sex	Age		Total
		16—64	Over 65	
Deaf with Speech ..	Males	24	4	28
	Females	20	1	21
TOTAL ..		44	5	49
Deaf without Speech	Males	40	5	45
	Females	23	7	30
TOTAL ..		63	12	75
GRAND TOTAL		107	17	124

Epileptics:

Males	Females	Total
18	26	44

(Of these, 19 were accommodated in their own homes; 2 were in hospital; 1 was in a Private Nursing Home; 6 were in accommodation on behalf of the Council by voluntary organisations; and 16 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948.)

Spastic Paralysis:

Males	Females	Total
12	24	36

(Of these, 26 were accommodated in their own homes; 1 was in hospital; 1 was in a special school. The others were in Homes administered by voluntary organisations, the expenses being paid by the Welfare Committee.)

Other persons registered as Permanently and Substantially Handicapped

Reason for Registration (Ministry of Labour Classification)	Males	Females
Amputation	20	16
Arthritis and Rheumatism	50	114
Congenital Malformations	19	32
Diseases	75	60
Injuries	38	19
Organic Nervous Diseases	40	47
Other Nervous and Mental Disorders	34	43
Tuberculosis (Respiratory)	7	4
Tuberculosis (Non-Respiratory)	1	5
Other diseases and injuries	24	24
	308	364

INSPECTION AND SUPERVISION OF FOODS

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

Qualitative Sampling of Milk and Other Foods

Milk

During the year, 1,218 samples of milk were tested within the Department's laboratory; 15 of these were found to be below the legal standards as follows:

- | | |
|--|--|
| 7 slightly deficient in fat | } —Warning letters were sent to the vendors concerned. |
| 1 slightly deficient in Solids-not-Fat | |
| 7 contained extraneous water and formal samples were forwarded to the Analyst. | |

Antibiotics in Milk

456 samples of milk were tested within the Health Department's Laboratory; 6 were found to be unsatisfactory of which 4 comparative samples were forwarded to the Analyst.

Analyses by the County Analyst

32 samples were analysed, 16 of which were adulterated as follows:

- 3 contained an excess of penicillin
- 6 contained foreign matter
- 7 samples from one producer contained extraneous water.

Legal proceedings were instituted in respect of 15 of the above cases and a warning letter sent in respect of the remaining sample.

Other cases

Arising from complaints, 7 cases of foreign matter in milk were investigated. In 3 of these legal proceedings were instituted. Warning letters were sent in three instances and in the remaining case no action was taken in view of the misuse of milk bottles in the school concerned.

Proceedings under the Food and Drugs Act

Magistrates' Court				Analysis	Result	Fine £ s. d.	Costs £ s. d.
Whitchurch	..	..	..	Excess penicillin	Guilty	3 0 0	2 12 0
Bridgnorth	..	..	..	Glass	Guilty	20 0 0	4 0 0
Oswestry	..	..	..	Foreign matter	Guilty	10 0 0	8 18 0
Wellington	..	..	..	Extraneous water	Guilty	20 0 0	30 10 0
Wellington	..	..	..	{ (1) Foreign matter	Guilty	15 0 0	19 13 0
				{ (2) Foreign matter	Guilty	15 0 0	
Market Drayton	..	..	..	Foreign matter	Guilty	30 0 0	9 3 0
Oswestry	..	..	..	Foreign matter	Guilty	10 0 0	5 0 0
Mid-Shropshire	..	..	..	Excess penicillin	Guilty	10 0 0	4 14 0
Bridgnorth	..	..	..	Foreign matter	Guilty	15 0 0	7 17 0
Ironbridge	..	..	..	Foreign matter	Guilty	10 0 0	7 17 0
Oswestry	..	..	..	Excess penicillin	Dismissed	—	—

Radioactivity in Milk (Iodine 131)

Three composite samples from 48 farms were tested. Each sample was below the limit of detection for Iodine 131.

Average Composition of Milk

	Ordinary Milk			Channel Islands Milk		
	Samples	Percentages		Samples	Percentages	
		Fat	Solids-not-Fat		Fat	Solids-not-Fat
1966	1,038	3.64	8.71	180	4.67	9.05
1965	983	3.66	8.74	224	4.78	9.10

Of the 1,218 samples tested, 15 (1.2 per cent) were either adulterated or below the required standard.

Other Food and Drugs.—

The table on page 66 summarises the 402 samples examined by the Public analyst and the following particulars indicate the action taken in respect of those samples found to be non-genuine.

Formal Samples submitted as the result of complaints

Sample	Nature of adulteration or irregularity	Action Taken
Bread	Soiled Dough	Legal proceedings
Cod Fries	Fly resembling blowfly	Legal proceedings
Potato Crisps	Charred Potato	Manufacturers informed.
Fruit Salad	Insects	In view of warranties obtained by firms concerned no action was taken.
Cockles in Vinegar	Spent Match	Warning letter
Bacon	Sawdust	Warning letter
Toffee Apple	Charred Sugar	Manufacturers informed.
Potato Crisps	Charred potato	Warning letter
Bread	Cardboard	Legal proceedings
Shortcake	Volatile mineral oil	Legal proceedings
Cream Doughnuts	Gritty Dust	District Public Health Inspector to take such action as considered appropriate.
Bread	Dough stained with iron compounds and oily matter	Legal proceedings
Soft Drink	Mat of rodent hairs	Legal proceedings
Bread	Rodent droppings, grit and sand	Legal proceedings

Informal samples submitted as the result of complaints

Custard	Taint	Due to overheating
Corned Beef	Excessive Water	Stocks withdrawn
Bread	Insect	Warning letter

Informal samples obtained as routine

Biscuits	Incorrect labelling	Manufacturers informed
Mint in Vinegar	Incorrect labelling	Firm to produce new labels.
Chewing Gum	Incorrect labelling	Firm to produce new labels.

Other Cases

Crumpets	Mouldy	Legal proceedings
Biscuits	Piece of String	Warning letter
Frozen Peas	Snail	Legal proceedings
Spongecake	Mouldy	Legal proceedings
Stewed Steak	Mouldy	Warning letter
Sausages	Mouldy	Legal proceedings
Bread	Cinder	Warning letter
Swiss Roll	Mouldy	Legal proceedings
Apple Pie	Mouldy	Legal proceedings
Steak and Kidney pie	Bristles	Warning letter
Sugar Buns	Rust and carbonised sugar	Warning letter.
Tinned Tomatoes	Caterpillar	Warning letter
Medicine	Fly	Warning letter

Court Proceedings

Magistrates Court	Sample	Analysis	Result	Fine	Costs		
				£	£	s.	d.
Bishops Castle	Bread	Soiled Dough	Guilty	10	13	18	0
Wellington	Cod Fries	Fly resembling a blowfly	Guilty	25	14	8	0
Bridgnorth	Bread	Cardboard	Guilty	10	9	9	0
Ludlow	Shortcake	Volatile mineral oil	Guilty	1	34	0	0
Wellington	Bread	Dough stained with iron compounds and oily matter	Guilty	15	9	3	0
Shifnal	Soft Drink	Mat of rodent hairs	Guilty	50	14	8	0
Market Drayton	Bread	Rodent dropping, grit and sand	Guilty	10	9	3	0
Wellington	Crumpets	Mouldy	Guilty	10	10	10	0
Wellington	Frozen Peas	Snail	Guilty	15	15	15	0
Market Drayton	Spongecake	Mouldy	Guilty	2	3	3	0
Wellington	Sausages	Mouldy	Guilty	25	15	15	0
Shifnal	Swiss Roll	Mouldy	Guilty	10	5	5	0
Ellesmere	Apple Pie	Mouldy	Guilty	10	3	3	0

Food and Drug Samples Analysed by the County Analyst

Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Bread, Cereals, Flour	26	—	4	20	2
Butter, Cheese, Cream, etc. .. .	39	—	—	39	—
Condiments, Cooking Fats, etc. ..	56	—	—	55	1
Meat, Fish	37	1	3	32	1
Medicine and Drugs	90	1	—	89	—
Sweets, Cakes, Puddings, Preserves etc.	58	3	3	50	2
Tea, Coffee, Beverages etc. .. .	62	15	1	46	—
Vegetables and Fruit	34	1	3	30	—
	402	21	14	361	6

Sampling of Raw Milk Supplies

Source	Brucella Abortus								
	Bulk Samples				Individual Samples				
	Herds Investigated	Samples		Herds Investigated	Herds		Samples Obtained	Samples	
		Neg.	Pos.		Neg.	Pos.		Neg.	Pos.
Untreated Retail	89	97	2	99	89	10	2,422	2,396	26
Undesignated consents	10	12	—	3	3	—	67	67	—
School Supplies	3	2	1	2	2	—	38	38	—
TOTAL	102	111	3	104	94	10	2,527	2,501	26

Of the 104 herds where animals were sampled individually for Brucella Abortus, 10 were herds not previously tested and 3 of these (30%) involving 3 animals, were found to be positive. Of the remaining 94 herds, 7 (7.4%) involving 23 animals, were found to be positive, of which 8 had not been previously tested, being animals bought in at markets. Therefore, of the total of 26 animals, 11 (42%) had not been previously tested.

Of the infected 26 animals above, 14 were sold for slaughter, the milk from 2 was used for rearing beef calves and the milk from the remaining 10 animals was sent for heat treatment. Several of these animals will be sent for slaughter at the end of the current lactation period.

There are 118 herds producing milk for retail sale which is sold without heat treatment. All herds were sampled during the year, either individually or in bulk.

Milk (Special Designation) Regulations 1963-1965

During the year 272 Dealer's (Pre-packed Milk) licences (which cover "Untreated", "Pasteurised", "Sterilised" and "Ultra Heat Treated" milks) and 15 Dealer's (Untreated) licences were issued.

Pasteurised Milk

During the year 4 Dealers (Pasteuriser's) licences were renewed.

129 samples were obtained from the pasteurising establishments and submitted for the statutory phosphatase test. All samples proved to be satisfactory.

Milk (Special Designations) (Specified Areas) Orders 1956-60

Samples obtained from Retailers

Grade	Samples Obtained	Phosphatase Test		Methylene Blue Test			Turbidity Test
		Passed	Failed	Passed	Failed	Void	
Pasteurised	991	988	3	928	38	25	—
Channel Islands Pasteurised	251	251	—	242	3	6	—
Untreated Channel Islands Bottled ..	8	—	—	8	—	—	—
Untreated Bottled	14	—	—	14	—	—	—
Sterilised	81	—	—	—	—	—	81
Untreated Farm Bottled	240	—	—	204	30	6	—
Untreated Channel Islands Farm Bottled	122	—	—	104	16	2	—
	1,707	1,239	3	1,500	87	39	81

Samples Obtained from Welfare Homes

Pasteurised	55	55	—	51	3	1
Untreated Bottled	4	—	—	4	—	—
	59	55	—	55	3	1

Samples Obtained from Schools

Pasteurised	87	87	—	82	4	1
Untreated	4	—	—	2	2	—
	91	87	—	84	6	1

Warning letters were sent in respect of the Methylene Blue failures shown above or the appropriate licensing authority was informed. One phosphatase failure was from a dairy outside the County and investigations were carried out in respect of the other two failures.

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 or 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 on page 86.

The number of houses demolished included in clearance areas is 108, an increase of 13 properties above the 1965 figure, and other individually unfit houses demolished are shown as 243, an increase of 75.

In addition 204 houses have been closed, compared with 238 in 1965. This figure, as mentioned in previous reports, is exceedingly high, especially when compared with houses demolished in clearance areas and as individually unfit houses.

The table shows that 104 houses were demolished in 4 of 5 Boroughs; 114 were demolished in 6 of 7 Urban Districts, and 133 were demolished in 10 of 10 Rural Districts, so that in 1 Borough and 1 Urban District, no houses were demolished during the year as being unfit under the Housing Acts.

In all 556 houses have been improved with standard or improvement grants, compared with 636 in 1965.

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 1966.

Grants paid by the County Council up to 31st December, 1966, under the Housing Acts, 1936—61

District	Houses eligible for grants	Grants	
		Paid in 1966	Total
		£	£
Atcham Rural	163	242	4,485
Bridgnorth Rural	94	176	2,839
Clun Rural	107	161	3,136
Dawley Urban	465	2,049	13,312
Ellesmere Rural	135	379	3,999
Ludlow Rural	44	78	1,311
Market Drayton Rural	82	215	2,406
Oswestry Rural	52	73	1,595
Shifnal Rural	19	28	555
Wellington Rural	82	—	2,305
Wem Rural	49	85	1,308
TOTAL	1,292	3,486	37,251

Water Supply.—The table below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their areas.

Water Supplies.—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	WATER SUPPLIES				Other Supplies (Wells, Streams Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Dr. Smith						
Ellesmere Urban	1,062	1,062	—	—	—	—
Ellesmere Rural	2,360	†	†	†	†	†
Wem Urban	1,024	1,014	—	—	—	10
Wem Rural	3,418	718	7	694	16	1,983
Whitchurch Urban	2,474	†	†	†	†	†
Dr. Moore						
Oswestry Borough	4,444	4,425	2	13	—	4
Oswestry Rural	5,964	4,944	†	†	†	†
Dr. Capper						
Ludlow Borough	2,505	2,429	76	—	—	—
Dr. Hall						
Atcham Rural	8,350	6,230	186	403	89	1,442
Bishop's Castle Borough ..	465	430	23	6	3	3
Clun Rural	3,084	1,503	5	380	—	1,196
Ludlow Rural	4,519	†	†	†	—	—
Dr. Turnbull						
Bridgnorth Borough	3,258	3,242	11	2	—	3
Bridgnorth Rural	6,508	3,089	32	373	—	1,026
Dr. Cartwright						
Dawley Urban	7,062	†	†	†	†	†
Dr. McCaully						
Market Drayton Rural	4,989	4,203	59	51		676
Dr. Bury						
Newport Urban	1,773	1,743	29	—	—	1
Oakengates Urban	5,499	5,477	22	—	—	—
Shifnal Rural	4,454	3,792	9	250	—	403
Wellington Urban	5,159	5,152	7	—	—	—
Wellington Rural	8,678	7,523	—	185	—	970
Dr. Mackenzie						
Shrewsbury Borough	17,181	17,165	—	—	—	16

† Figures not available or not known

From the above incomplete table it may be seen that at least 576 properties still rely on getting their supplies from stand pipes. 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.

Every effort should be made by local authorities to obtain the information asked for in the above table, as the responsibility for requiring pure and wholesome water supplies to properties within their district under the Public Health Act is still the local authority's. In order to keep the table up to date and ensure that all properties within a reasonable distance of the public mains are provided with a pure and wholesome supply, the local authorities and Water Boards will have to co-operate and provide each other with up to date information regarding connections.

Sewage Disposal.—Particulars of the sewage disposal facilities available in the various sanitary districts are summarized in the table below.

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	1,062	1,059	3	—	—	—	—	—
Ellesmere Rural	2,360	295	†	†	†	†	—	—
Wem Urban	1,024	991	30	3	10	—	3	Weekly
Wem Rural	3,418	709	†	†	†	†	—	—
Whitchurch Urban	2,474	2,279	†	†	—	—	—	—
Dr. Moore								
Oswestry Borough	4,444	4,392	48	4	—	—	—	—
Oswestry Rural	5,964	2,792	2,133	1,039	†	†	—	—
Dr. Capper								
Ludlow Borough	2,505	2,446	37	22	22	—	—	—
Dr. Hall								
Atcham Rural	8,350	3,416	3,862	1,072	1,427	324	—	—
Bishop's Castle Borough	465	402	40	23	18	—	—	—
Clun Rural	3,084	†	†	†	†	†	—	—
Ludlow Rural	4,519	1,869	†	†	†	†	—	—
Dr. Turnbull								
Bridgnorth Borough	3,258	3,186	63	9	—	—	—	—
Bridgnorth Rural	6,508	1,020	2,419	1,064	1,141	—	—	—
Dr. Cartwright								
Dawley Urban	7,062	†	†	†	†	†	414	Weekly
Dr. McCaully								
Market Drayton Rural	4,989	2,885	1,241	863	863	—	—	—
Dr. Bury								
Newport Urban	1,773	1,760	5	8	—	8	—	—
Oakengates Urban	5,499	5,375	8	116	116	—	116	Weekly
Shifnal Rural	4,454	3,194	260	—	—	—	—	—
Wellington Urban	5,159	5,152	4	3	3	—	3	Weekly
Wellington Rural	8,678	6,636	†	†	†	†	169	Weekly
Dr. Mackenzie								
Shrewsbury Borough	17,181	16,891	206	84	84	—	—	—

†Figures not available or not known.

From the above table it may be seen that a number of Authorities need to step up work on sewerage and sewage disposal in their districts. It is essential that proper means of sewerage and sewage disposal are provided to all properties in the County, especially in areas where improved water supplies have been provided.

A number of schemes are in course of preparation by Local Authorities, but work on a great many others has still to be commenced.

Refuse Collection and Disposal.—Refuse collection services have improved, over the years, in all districts.

Atcham, Ellesmere and Wem Rural Districts have fortnightly collections, the remaining districts have weekly collections, some with part fortnightly to monthly services in outlying areas. One parish in Oswestry Rural District has no collection.

Bishop's Castle Borough, Ellesmere and Newport Urban Districts and Bridgnorth, Clun, Ellesmere, Ludlow and Wellington Rural Districts have semi-controlled tipping, the remaining districts having controlled tipping.

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	Wem Urban
Wenlock Borough	Whitchurch Urban
Dawley Urban	Bridgnorth Rural
Market Drayton Rural	Ludlow Rural
Newport Urban	Shifnal Rural
Oakengates Urban	Wellington Rural
Wellington Urban	Wem Rural

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
Ellesmere Urban	Oswestry Rural

Local Government Act, 1958.—Particulars of the grants which have been *paid or promised* by the County Council under Section 56 of the Local Government Act, 1958, are given on page 72

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 only urban water supply scheme submitted for grant purposes by District Councils up to the end of 1966, and which the County Council had approved in principle for grant purposes, subject to the submission of final details, is as follows:

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 1966 are given in the table on page 73.

NOTE: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1966, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given on pages 74 to 77.

Local Government Act, 1958

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

Authority and District	Scheme	Approved by C.C.	Estimated Cost	Ministry Grant	Loan		County Council Grant		
					Authorised	Period (Years)	Basis	Maximum	Paid to 31 Dec. 66
<i>West Shropshire Water Board</i>			£	£	£		50% Annual deficit	£	
Atcham Rural ..	Pimhill ..	4/5/35	16,300	2,500	{ 14,820 1,480 }	30 } 15 }		6,675	5,091
	West Atcham ..	2/5/36	75,100	15,000	57,297	30	"	24,000	19,189
Clun Rural ..	Bucknell ..	27/7/35	2,915	200	—	25	"	885	99
	Worthen and Brockton	1/5/37	4,500	400	5,100	30	"	1,245	729
Oswestry Rural ..	Nantmawr ..	7/11/36	1,268	—	1,160	30	"	639	314
	Gronwen ..	7/11/36	437	—	373	30	"	225	51
	Llynclys ..	7/11/36	783	—	746	30	"	415	153
	Selattyn (Extension) ..	7/11/36	1,748	—	1,748	30	"	2,032	1,355
<i>East Shropshire Water Board</i>									
Ludlow Rural ..	Clee Hill ..	6/11/37	5,516	—	5,516	30	33% annual deficit	1,837	1,657
Market Drayton Rural ..	Woore ..	3/11/34	4,080	—	{ 3,655 425 }	30 } 25 }	50% annual deficit	885	465
	Ightfield ..	7/11/36	6,550	75	6,475	30	"	3,179	1,015
	Norton-in-Hales ..	24/7/37	1,970	—	1,505	30	"	1,656	541
			121,167					43,673	30,659

County Council Grants totalling £4,450 have been fully paid in respect of Stottesdon, Kinlet, Kempton, Hodnet, Weston Rhyn, Llanymynech, Edgmond. The total estimated cost of these schemes was £24,847.

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

Authority and District	Scheme	Approved by C.C.	Estimated Cost	Ministry Grant	Loan		County Council Grant	
					Period Authorised (Years)	Period (Years)	Rate	Paid to 31 Dec. 66
West Shropshire Water Board	Pinhill	4/5/55	16,300	2,500	14,820	30	50% Annual deficit	£ 6,675 5,091
	West Asham	2/5/56	75,100	15,000	60,100	15	"	24,000 19,189
	Bucknell	27/7/55	2,915	200	2,715	25	"	885 99
	Worleston and Breckton	1/5/57	4,500	400	4,100	30	"	1,245 729
Oswestry Rural	Nantmawr	7/11/56	1,268	—	1,268	30	"	639 314
	Greenown	7/11/56	437	—	437	30	"	225 51
	Llynchys	7/11/56	793	—	793	30	"	415 153
	Selwyn (Extension)	7/11/56	1,748	—	1,748	30	"	2,032 1,355
East Shropshire Water Board	Coe Hill	6/11/57	5,516	—	5,516	30	33% annual deficit	1,837 1,657
	Woore	3/11/54	4,080	—	4,080	25	50% annual deficit	885 465
	Ighfield	7/11/56	6,550	75	6,475	30	"	3,179 1,015
	Norton-in-Hales	24/7/57	12,167	—	12,167	30	"	1,656 541
								43,671 30,659

County Council Grants totalling £1,405 have been fully paid in respect of Shropshire, Kinlet, Kington, Llangynidr, Ludlow, Market Drayton, Oswestry, Wellington, Wem, and Worcester. The total estimated cost of these schemes was £25,247.

Rural Water Supplies and Sewerage Acts, 1944 to 1955

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

Authority and District	Scheme	Approved	Estimated Capital Cost (£)	Exchequer Grant Period (Years)	County Council Grant		
					Annual Maximum (£)	Paid to 31 Dec. 1966 (£)	
West Shropshire Water Board Aucham Rural	Alberbury Borehole	July, 63	17,555	—	148	592	
	Castle-Poethwaite and Hildesley	Mar., 66	31,547	30	400	400	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Chas Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Eldon Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Oswestry Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Various Shropshire Water Board Bridgnorth Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Ludlow Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Market Drayton Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Stalford Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Wellington Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
Wem Rural	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
	Cherbury, Marston and Bent Lea	Nov., 66	11,000	—	107	—	
							3,384,915
							314,580

Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1966, and approved in principle for grant purposes

Authority	Scheme	Estimated Cost	Description of Scheme
West Shropshire Water Board	Alberbury (High Level) ..	£ 220,000	Water mains and reservoirs at Westbury, Pontesbury Hill and Blackmore
	Aston Rogers	4,000	Extension of existing supplies from Aston Piggott to Aston Rogers.
	West Atcham	4,664	Improvement of existing supplies to Drury Lane and Plox Green.
	Brockton, Lydbury North and Edgton	140,000	Improved supplies to Brockton, Lydbury North Parish, Brunslow in Edgton Parish, and Kempton and Clunton in Clunbury Parish.
	Cardington	1,500	Extending existing supply to an extra 8 domestic properties in Cardington.
	Clun Rural District— Revised scheme for South-Eastern Area	94,500	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.
	Ellesmere Rural Comprehensive (Northern Area) in progress	241,400	Supply to the parishes of Ellesmere Rural, Hordley, Cockshutt and Petton.
	Ford Pontesbury Pumping Main	89,000	Pumping main from Ford to Pontesbury
	Lydham, More, Norbury and Wentnor	85,000	Supply to Lydham, More, Norbury, Wentnor, Whitcott, Crifftin, Walkmill and Asterton.
	Newcastle, Whitcott Keysett and Mardu	32,625	Supply to the villages of Newcastle, Whitcott Keysett and Mardu.
	Mains extensions Oswestry Rural District	5,870	Supply to various properties in parishes of Oswestry Rural District
	Pennerley	25,225	Piped supply in Pennerley, Potters Pit Mine and Miners Arms area and service reservoir
	Trefonen	3,080	Supply to the village of Trefonen
	Allscott and Walcot	13,500	Supply to the villages of Allscott and Walcot.
East Shropshire Water Board	Arleston	1,130	Extension to Arleston House of an existing supply at Arleston Hill.
	Astley Abbots	7,600	Extension of existing supplies to the village of Astley Abbots.
	Bridgnorth Rural Low Level	5,300	Supply to Dye Lane and Low Lane areas of Alveley Parish.
	Carried forward ..	£974,394	

(Continued on page 75)

(Continuation of Table on page 74)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 974,394	
	Bridgnorth Rural with Ludlow Rural Joint High Level Scheme (Revised estimate)	493,000	Supply to the high level areas in the West of Bridgnorth Rural District and the east of Ludlow Rural District.
	Broad Lanes	3,180	Extension of supply to Broad Lanes area
	Brown Heath and Yorton Heath	7,470	Extending supplies to the Brown Heath and Yorton Heath area.
	Buildwas	2,740	Extension of the Harrington mains from Buildwas Power Station to Buildwas
	Cherrington	1,880	Supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Chetwynd	15,620	Extension of supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	Supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Cleobury Mortimer	855	Extension of mains at Catherton Road and Pinkham.
	Cold Hatton	7,540	Extension of supply to Cold Hatton.
	Colemore Green	2,060	Supply to Colemore Green
	Crudgington and Waters Upton	20,500	Supply to Crudgington, Crudgington Green and Stych Lane.
	Crudgington and Waters Upton Shray Hill extension	3,400	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.
	Market Drayton Rural District South-Eastern Parishes	136,100	Supply to the South-Eastern parishes of the Rural District.
	Ellerdine Heath and Rowton ..	37,500	Mains to serve Ellerdine Heath, Cold Hatton, Rowton and hamlet of Ellerdine
	Ercall Heath Extensions	3,900	Extension of mains from Tibberton to Ercall Heath
	Farley	1,700	Supply to the hamlet of Farley.
	Farmcote and Gateacre Extensions	15,000	Extending supply to Farmcote and Gateacre.
	Fauls Green	14,000	Supply to parts of parishes of Prees and Hodnet
	Gorsey Bank	6,125	Extension of an existing supply at Sheriff-hales to the hamlets of Gorsey Bank and Cross Roads.
	Carried forward	£ 1,755,654	

(Continued on page 76)

(Continuation of Table on page 75)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 1,755,654	
	Henley Common and Acton Scott Extension	11,300	Extension of Supply to Henley Common and Acton Scott.
	High Ercall	4,533	Supply in the village of High Ercall.
	Hinstock	15,500	Extension to part of Hinstock Village.
	The Hollies, Wistanstow	675	Extending mains 410 yards to Hollies.
	Hopton Wafers	3,670	Supply to the village of Hopton Wafers from the Elan Aqueduct.
	Homer and Wig-Wig	4,500	Extension of the existing mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	Extension of existing mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	Extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	Improvement and extension of a piped supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	Extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Loppington	12,000	Piped supply to the village of Loppington.
	Ludlow Rural Southern-Eastern Parishes—Whatmore extensions	4,104	Extension of main from Coreley Bridge to Whatmore Hill.
	Ludlow Rural Western Area ..	476,000	Supply to a substantial part of the Ludlow Rural District.
	Ludlow Rural Western Area (Soudley Section)	65,500	Supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
	Madeley (Beech Road)	1,990	Extension of existing supply at Madeley to the Beech Road housing sites.
	Much Wenlock	3,680	Augmenting the existing supply at Much Wenlock.
	Oakengates	35,325	Improvement of the existing supply in the Urban District.
	Pitchcroft	850	Supply to the hamlet of Pitchcroft.
	Rodington	12,060	Extension of the existing mains in High Ercall to Rodington.
	Sheet, Ludlow	2,210	Alternative source of supply to Sheet
	Carried forward	£ 2,438,576	

(Continuation of Table on page 76)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward	£ 2,438,576	
	Sheriffhales	20,000	Additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	Silvington and other parishes (Distribution mains)	57,750	Tapping the trunk mains which will run through the Parishes of Silvington Loughton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Scheme.
	Sutton Maddock	1,810	Extension to Sutton Maddock of an existing supply at Lay's Corner.
	Sutton and Woodseaves	15,200	Extending supply to Sutton and Woodseaves.
	Stoke Park and Langley Dale	2,840	Extension of an existing main to Stoke Park and Langley Dale.
	Tilstock and The Raven, Prees Heath and Catterals Lane Extensions	19,430	Extension of supply to the areas Tilstock and the Raven, Prees Heath and Catterals Lane, Broughall.
	Ticklerton and Wall	13,000	Extension to the villages of Rushbury and Wall. Construction of main from Ticklerton to Wall.
	Tong Havannah	4,025	Extension of the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	Connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	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.
	Wem Rural District	294,000	Supply to the whole of the Rural District.
	Whitchurch Urban District	66,350	New source of supply to replace the existing one in the Urban District.
	Woodfield	16,800	New rising main between Woodfield pumping station and Admaston.
	Wistanswick	13,000	Supply for the village of Wistanswick and a few properties in neighbouring parish.
	TOTAL	£ 2,989,561	

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 on page 80.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1966 grants under these Acts had been *paid or promised* by the County Council in respect of sewage disposal schemes, particulars of which are contained in the following table:

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

District	Scheme	Approved	Estimated Capital Cost	Exch. Cont. Period (years)	County Council Grant			
					Annual Maximum	Period (years)	Total Maximum	Paid to 31st Dec., 1966
Atcham	Bayston Hill I & II	May, 56	£ 17,781	30	£ 345	30	£ 11,158	£ 4,603
	Bayston Hill III	Nov. 61	44,905	30	610	30	18,300	3,050
	Bomere Heath	Nov. 62	32,479	30	426	30	12,780	1,278
	Cross Houses	Nov. 50	17,590	—	393	30	11,790	6,157
	Minsterley	Nov. 63	71,781	30	1,284	30	38,520	1,284
	Pontesbury	Nov. 61	26,867	30	380	30	11,400	1,520
	Hadnall/Battlefield Joint Scheme	Feb. 65	10,311	—	1,882	Lump Sum	1,882	—
Bridgnorth	Alveley	Nov. 63	49,345	30	334	30	10,020	—
	Claverley	Nov. 56	42,300	30	960	30	30,294	9,031
	Eardington	Sept. 58	12,900	30	330	30	10,158	2,568
	Highley Stage I	Nov. 56	34,200	30	766	30	24,162	8,402
Clun	Clun	July 66	114,740	30	1,540	30	7,800	520
Dawley	Madeley (Aqueduct) ..	July 64	73,015	30	980	30	29,400	2,940
Ludlow	Ashford Carbonel	Sept. 57	20,650	30	320	30	10,246	3,150
	Burford	Sept. 66	51,276	30	1,186	30	35,580	70
	Church Stretton and District	May 65	280,822	30	2,728	30	81,840	2,600
	Clee Hill	Sept. 58	28,000	30	798	30	24,639	6,285
	Cleobury Mortimer	Dec. 49	32,000	—	288	30	8,640	3,927
	Craven Arms	Nov. 63	69,000	30	292	30	8,760	670
Market Drayton	Cheswardine	July 66	21,151	30	260	30	7,800	520
	Hodnet	Nov. 49	14,220	—	122	30	3,660	2,072
Newport	Forton Islington	Transferred from Staffs. County Council			40	17	680	80
Oswestry	Morda	Nov. 54	16,763	—	200	30	6,080	2,480
	Pant and Llanymynech ..	Sept. 60	73,395	30	950	30	28,500	4,750
	Ruyton XI Towns	April 66	102,685	30	1,444	30	43,320	—
	Weston Rhyn and Chirk (Revised)	Sept. 59	67,130	30	880	30	26,400	6,160
Shifnal	Shifnal	Feb. 64	58,560	30	740	30	22,200	1,850
	Beckbury	May 64	27,680	30	226	30	6,780	565
Wellington	Chetwynd Aston	July 63	42,197	30	738	30	22,140	—
	Edgmond	April 52	62,700	30	1,840	30	55,200	20,240
	High Ercall	Nov. 54	10,623	—	285	30	8,335	3,490
	Lilleshall Extension and Donnington	July 63	69,100	30	1,592	30	47,760	—
Wem	Prees	Feb. 64	115,000	30	2,550	30	76,500	2,280
	Hadnall	Nov. 64	85,189	30	1,540	30	46,200	530
	Clive, Grinshill, Yorton ..	April 66	157,500	30	2,584	30	77,520	—
	Loppington	Nov. 66	42,225	30	476	30	14,280	—
	Shawbury	Feb. 66	114,000	30	1,762	30	52,860	—
			2,110,080		34,071		933,584	103,672

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1966, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on pages 80—82, from which it will be observed that the capital cost of these schemes amounted to a total of £3,371,278.

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
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	22,990
Shrewsbury B.	Shrewsbury ..	Dec. 57	630,975	5% of cost	31,548	27,000
Wellington U.	Wellington ..	Nov. 54	91,400	7% of cost	6,400	11,602
	(Stages 1 & 2)					
	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
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.	Madeley (Hill Top) ..	Nov. 54	3,300	15% of cost	500	433
Whitchurch	Whitchurch	Sept. 57	102,506	3% of cost	3,075	—
			£1,378,352		£108,561	£ 97,470

County Council Grants totalling £54,597 have been fully paid in respect of: Bridgnorth, Newport, Oakengates, Albrighton, Bicton Heath, Harlescott, Ketley and Lawley, Donnington and Muxton, Donnington and Muxton extensions, Broseley. The total estimated cost of these schemes was £451,123.

Rural Water Supplies and Sewerage Acts, 1944 to 1955
Sewerage Schemes submitted by District Councils up to the end of 1966, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Longden, Annscroft and Hookagate	£ 27,800	Sewerage and sewage disposal facilities in the villages of Longden, Annscroft and Hookagate
	Uffington, Upton Magna and Withington	86,700	Sewerage and sewage disposal facilities in the villages Uffington, Upton Magna and Withington.
Bridgnorth R. ..	Alveley (Revised) ..	49,345	Sewerage and sewage disposal facilities for the village of Alveley.
	Ackleton and Stableford	74,000	Sewerage and sewage disposal facilities for the villages of Ackleton and Stableford.
Carried forward ..		£237,845	

(Continued on page 81)

(Continuation of Table on page 80)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 237,845	
	Chorley	16,000	Sewerage and sewage disposal facilities for the village area at Chorley.
	Hilton	29,200	Sewerage and sewage disposal facilities for the village of Hilton.
	Morville	26,250	Sewerage and sewage disposal facilities for the village of Morville.
	Stottesdon	39,960	Sewerage and sewage disposal facilities for the village of Stottesdon.
	Woodhill	20,900	Replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
	Worfield Extension ..	875	Extension of existing sewer from Worfield to Davenport.
Clun R.	Bucknell and Bedstone	139,650	Sewerage and sewage disposal facilities for the villages of Bucknell and Bedstone.
	Chirbury	21,000	Sewering the village of Chirbury
	Burwarton, Worthen, Aston Rogers, Marton	98,429	Sewerage and sewage disposal facilities in the villages of Burwarton, Worthen, Aston Rogers, Marton
Ellesmere R. ..	Cockshutt	48,184	Sewerage and sewage disposal facilities in the village of Cockshutt.
	Myddle	129,900	Sewerage and sewage disposal facilities for the villages of Myddle and Harmer Hill
Ludlow R.	Clee Hill—Spring Farm	1,810	Extension of sewers to serve Spring Farm area
	Munslow	5,500	Sewage disposal facilities in an area as yet unsewered.
Market Drayton ..	Calverhall and Ightfield	88,000	Sewerage and sewage disposal facilities for the villages of Calverhall and Ightfield.
	Norton in Hales ..	45,000	Sewerage and sewage disposal facilities in the village of Norton in Hales.
	Woore	187,550	Sewerage and sewage disposal facilities in the village of Woore and the hamlets of Gravenhunger Moss, Irelands Cross, Dorrington and Pipegate
Oswestry R.	Gobowen, Whittington and Park Hall	330,000	Sewering the area known as The Rhewl, Gobowen and for the improvement of the present system for Gobowen, Whittington and Park Hall.
	Morda, Trefonen ..	147,700	Sewerage facilities in the village of Trefonen the hamlets of Treflach Wood and Coed-y-Go and for the completion of the Morda sewerage scheme.
	Penygarreg Lane, Pant.	2,632	Sewering of seven dwellings in Penygarreg Lane, Pant.
	Wern	10,500	For sewerage the hamlet of Wern.
	West Felton	84,900	Sewering of the village of West Felton
	Carried forward	£ 1,711,785	

(Continued on page 82)

(Continuation of Table on page 81)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 1,711,785	
Shifnal R. ..	Albrighton	35,460	Improvement of the existing sewerage system and extension of the sewage disposal works.
	Extension of main sewer Cross Road, Albrighton.	2,091	Extending existing sewer in Cross Road, Albrighton.
	Kemberton	36,300	Sewerage and sewage disposal facilities for the village of Kemberton.
	Sheriffhales	26,000	Sewerage and sewage disposal facilities for the village of Sheriffhales.
Wellington U. and R.	Trunk sewer and provision of new joint Disposal Works. Allscott.	182,615	Sewering Wrockwardine Parish
	Hadley and Ketley Sewerage Scheme. ..	123,800	Connecting all areas to east of New Allscott Works.
		501,220	Construction of new Joint Disposal Works at Allscott
		280,500	Improving sewerage system in Hadley and Ketley
Wellington R. ..	Preston and Horton ..	43,437	Sewerage and sewage disposal facilities for village of Preston and hamlet of Horton.
	Roden	9,770	Sewerage and sewage disposal facilities for the village of Roden.
	Sambrook	44,100	Sewerage and sewage disposal facilities for the village of Sambrook.
	Tibberton, Cherrington	86,200	Sewering of the villages of Tibberton and Cherrington
	Edgmond Disposal ..	73,000	Extension of Works
Wem R.	Ash, Tilstock and Whitchurch Heath ..	120,000	Sewerage and sewage disposal facilities for the villages of Ash, Tilstock and Whitchurch Heath.
	Higher Heath	95,000	Extension of the existing works and the provision of a sewerage system to serve the Higher Heath development.
	TOTAL	£ 3,371,278	

During the year work commenced on the following Sewerage Schemes:

<i>District</i>	<i>Scheme</i>
Bridgnorth Rural	Stottesdon

D. COUPS,

County Public Health Inspector

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

The following is a summary of reports on samples obtained by the Severn River Authority:

Satisfactory 23
Unsatisfactory 29

Continuation of Table on page 81)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward	£ 1,711,785	
Albrighton	Improvement of the existing sewerage system and extension of the sewage disposal works.	35,460	
	Extending existing sewer in Cross Road, Albrighton.	2,091	
Kemberton	Sewerage and sewage disposal facilities for the village of Kemberton.	36,300	
Sheriffhales	Sewerage and sewage disposal facilities for the village of Sheriffhales.	26,000	
Wellington U. and R.	Trunk sewer and provision of new joint Disposal Works. Allcott.	182,615	
	Hadley and Ketley Sewerage Scheme.	123,800	
	Construction of new Joint Disposal Works at Allcott.	501,220	
	Improving sewerage system in Hadley and Ketley.	280,500	
Wellington R.	Preston and Horton	43,437	
	Sewerage and sewage disposal facilities for village of Preston and hamlet of Horton.		
Roden	Sewerage and sewage disposal facilities for the village of Roden.	9,770	
Sambrook	Sewerage and sewage disposal facilities for the village of Sambrook.	44,100	
Tibberton, Cherrington	Sewering of the villages of Tibberton and Cherrington.	86,200	
Edmond Disposal	Extension of Works	73,000	
Wern R.	Ash, Tibstock and Whitchurch Heath	120,000	
	Higher Heath	95,000	
	Extension of the existing works and the provision of a sewerage system to serve the Higher Heath development.		
	TOTAL	£3,371,278	

During the year work commenced on the following Sewerage Schemes:

District	Scheme
Bridgnorth Rural	Stottesdon

D. COUPS,

County Public Health Inspector

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

The following is a summary of reports on samples obtained by the Severn River Authority:

Satisfactory 23
Unsatisfactory 29

Causes of Death in Shropshire—1966

Causes of Death in Shropshire—1966																																
CAUSE OF DEATH	AGE GROUPS																								TOTALS							
	Under 4 weeks		4 weeks & under 1 year		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over		Urban Districts		Rural Districts		County					
	M		F		M		F		M		F		M		F		M		F		M		F		M		F		M		F	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1 Tuberculosis—Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2 Tuberculosis—Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Syphilis Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningeal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute Polymyositis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Other Infective and Parasitic Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10 Malignant Neoplasm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11 —Stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12 —Lung, Bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13 —Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14 —Uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15 Other Malignant and Lymphatic Neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16 Leukaemia, Agranulocytosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17 Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18 Vascular Lesions of Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19 Coronary Disease, Angina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20 Hypertension with Heart Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21 Other Heart Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22 Other Circulatory Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
24 Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25 Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
26 Other Diseases of Respiratory System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
27 Ulcer of Stomach and Duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
28 Gastritis, Enteritis and Diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29 Nephritis and Nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Hyperplasia of Prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Pregnancy, Childbirth and Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32 Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
33 Other Defined and Un-defined Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
34 Motor Vehicle Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
35 All Other Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
36 Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
37 Homicide and Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS	33	27	25	7	13	18	10	11	24	14	27	17	45	28	154	88	348	213	531	402	749	952	999	915	960	862	1,859	1,777				

Work performed in Nursing Districts in 1966

Work performed in Nursing Districts in 1966												
NURSING DISTRICT	STAFF			MIDWIFERY				HOME NURSING		†HEALTH VISITING	ALL OTHER VISITS	TOTAL VISITS
	Nurses and Midwives	On 30th Sept., 1966		Domiciliary Confinements		Discharged Hospital Cases		Cases	Visits	Visits		
		W.T.	P.T.	Cases	Visits	Cases	Visits					
Alberbury	1	1	—	4	79	32	189	87	1,851	930	286	3,335
Albrighton	1	1	—	35	875	94	421	80	1,881	—	766	3,943
Ash	1	1	—	15	446	15	104	36	754	771	369	2,444
Atcham	1	1	1	63	1,480	14	80	115	3,262	—	13	4,835
Baschurch	1	1	—	21	463	5	22	47	486	571	255	1,797
Bishop's Castle	1	1	—	8	194	6	29	65	1,162	1,358	37	2,780
Bomere Heath	1	1	—	21	456	29	171	79	840	—	66	1,533
Bridgnorth	1	1	—	44	1,240	115	411	187	4,207	1,094	127	7,079
Burford	3	3	1	12	311	15	68	68	1,855	419	68	2,721
Chirbury	1	1	—	6	149	4	35	35	625	511	14	1,334
Church Stretton	2	2	—	14	365	41	226	352	5,490	631	253	6,965
Claverley	1	1	—	5	109	17	122	60	1,948	347	66	2,592
Cleobury Mortimer	2	2	1	14	350	46	151	133	2,252	1,780	166	4,699
Clun	1	1	—	3	91	5	14	128	3,769	—	303	4,177
Clungunford	1	1	—	6	150	4	24	89	2,761	—	48	2,983
Craven Arms	1	1	1	14	314	18	98	106	1,639	—	20	2,071
Dawley	1	1	—	60	1,406	130	559	210	3,692	—	51	5,708
Donnington	2	2	1	63	1,374	80	347	133	2,461	—	37	4,219
Dorrington	2	2	—	6	137	64	346	83	938	—	109	1,530
Ellesmere	1	1	—	18	410	35	160	62	1,575	—	27	2,172
Gobowen	2	2	1	26	647	28	140	136	2,845	—	909	4,541
Hadley	1	1	—	39	921	50	207	81	1,558	—	170	2,856
Highley	1	1	—	4	77	22	123	61	1,737	32	92	2,061
Hinstock	1	1	—	17	352	16	74	59	1,473	638	5	2,542
Hodnet	1	1	—	4	79	3	14	49	589	1,012	171	1,865
Ironbridge	3	3	1	47	1,167	74	276	114	2,990	—	134	4,567
Kinnerley	1	1	—	20	407	19	88	34	585	762	27	1,869
Longden	1	1	—	6	143	25	94	60	1,245	—	11	1,493
Ludlow	1	1	—	20	440	42	172	111	3,288	224	139	4,263
Market Drayton	3	3	3	20	440	42	172	110	2,783	—	162	4,802
Moreton Corbet	2	2	—	56	1,336	117	521	110	2,783	—	22	2,218
Moreton	1	1	—	17	375	28	148	75	1,673	—	153	4,595
Much Wenlock	1	1	1	13	360	31	152	110	3,930	—	42	2,014
Munslow	1	1	—	2	41	20	68	28	1,571	292	23	1,407
Newport	1	1	—	2	57	3	11	38	867	449	159	4,056
Oakengates	2	2	1	53	1,344	158	777	72	1,776	—	316	8,243
Oswestry	3	3	1	120	3,029	122	637	218	4,261	—	881	12,638
Pontesbury	4	4	1	57	1,419	65	333	476	10,005	—	145	1,871
Prees	1	1	—	6	145	21	130	51	1,451	—	62	1,332
Shifnal	1	1	—	27	638	14	82	44	550	—	69	3,169
Shrewsbury	2	2	2	19	440	39	208	66	2,452	—	971	38,777
Stiperstones	13	12	4	311	7,837	377	1,701	934	28,268	—	26	1,748
Stoke-on-Tern	1	1	—	—	—	12	65	29	1,171	486	59	2,256
Stoke St. Milborough	1	1	—	11	327	19	83	67	1,096	691	42	1,563
Sundorne	1	1	—	2	46	21	86	51	896	493	7	1,708
Trefonen	1	1	—	18	381	17	91	51	646	583	36	2,819
Wellington	1	1	—	4	95	19	92	75	2,596	—	394	8,477
Wem	3	3	1	98	2,695	146	586	219	4,802	—	443	4,970
Westbury	1	1	—	41	1,079	22	125	156	3,323	—	102	2,706
West Felton	1	1	—	12	303	10	62	43	1,567	672	27	1,173
Weston Rhyn	1	1	—	14	342	9	41	80	763	—	53	2,200
Whitchurch	1	1	—	14	348	30	147	102	1,652	—	209	4,651
Whixall	2	2	2	76	2,202	31	240	99	2,000	—	307	2,249
Wrockwardine	1	1	—	14	311	14	58	105	1,015	558	6	2,378
Agency—Radnorshire	1	—	—	15	335	36	217	42	1,153	667	—	304
Relief Staff	—	—	—	2	51	—	—	13	253	—	—	—
Relief Staff	6	4	3	—	—	—	—	—	—	—	—	—
TOTAL	94	84	28	1,619	40,168	2,429	11,426	6,214	142,278	15,971	9,455	219,298

*Also employed in Oswestry Nursing District.

†Includes School Nursing

Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1966

Disease	Cases		Males		Females	
	Total	1966	Total	1966	Total	1966
Tuberculosis, all forms	14	23	3	10	11	43
Other infectious diseases	12	32	5	35	7	5
Parasitic diseases	94	17	1	15	93	27
Malignant and lymphatic neoplasms	17	94	1	15	16	79
Asthma	22	22	1	15	21	7
Diabetes mellitus	733	89	1	15	732	74
Anemia	141	31	1	15	140	16
Vascular lesions affecting central nervous system	123	114	1	15	122	99
Other mental and nervous diseases	21	21	1	15	20	6
Disorders of the eye	25	26	1	15	24	11
Disorders of the ear and arteries	323	323	1	15	322	208
Disorders of the heart	142	142	1	15	141	127
Disorders of the veins	39	39	1	15	38	24
Upper respiratory diseases	140	140	1	15	139	124
Other respiratory diseases	87	87	1	15	86	71
Constipation	131	131	1	15	130	116
Other diseases of digestive system	77	77	1	15	76	62
Disorders of urinary system and male genital organs	315	315	1	15	314	275
Disorders of breast and female genital organs	401	401	1	15	400	385
Complications of pregnancy and puerperium	309	309	1	15	308	293
Disorders of skin and subcutaneous tissues	496	496	1	15	495	480
Disorders of bones, joints and muscles	280	280	1	15	279	264
Injuries	216	216	1	15	215	200
Other defined and ill-defined diseases	273	273	1	15	272	257
Other defined and ill-defined diseases	158	158	1	15	157	142
Diseases not specified	—	—	—	—	—	—
Total	1,840	1,840	1,840	1,840	1,840	1,840
	4,374	4,374	4,374	4,374	4,374	4,374
	6,214	6,214	6,214	6,214	6,214	6,214
	180	180	180	180	180	180
	114	114	114	114	114	114
	73	73	73	73	73	73
	51	51	51	51	51	51
	90	90	90	90	90	90
	134	134	134	134	134	134
	266	266	266	266	266	266
	396	396	396	396	396	396
	536	536	536	536	536	536
	132	132	132	132	132	132
	89	89	89	89	89	89
	322	322	322	322	322	322
	379	379	379	379	379	379
	301	301	301	301	301	301
	374	374	374	374	374	374
	486	486	486	486	486	486
	825	825	825	825	825	825
	1,466	1,466	1,466	1,466	1,466	1,466

Housing—Summary of Answers to Questionnaires.

	Atcham R.	Bishop's Cleeve B.	Bridgnorth B.	Bridgnorth R.	Chas. R.	Dawley U.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton R.	Newport U.	Oakenfold U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Whitchurch U.
Estimated Population Mid-Year	24,950	1,260	9,390	20,520	8,860	21,360	2,390	7,520	7,080	16,280	16,780	5,420	15,440	12,120	19,240	15,910	52,450	16,300	26,180	2,940	12,130	7,200
Total number of houses in district	8,350	465	3,258	6,508	3,084	7,062	1,062	2,360	2,505	4,519	4,989	1,773	5,499	4,444	5,964	4,454	17,181	5,159	8,678	1,024	3,418	2,474
Total number of houses owned by Local Authority	1,277	119	834	1,219	289	2,961	252	343	675	717	1,186	582	1,611	1,255	1,386	997	4,815	2,003	3,583	342	522	773
HOUSING ACTS, 1957 & 1961																						
Houses demolished in clearance areas	—	—	—	—	—	2	—	—	—	—	—	—	4	23	—	—	35	44	—	—	—	—
Houses demolished not in clearance areas	45	1	—	10	10	29	3	2	15	19	11	1	15	—	5	8	30	1	15	15	8	—
Unfit houses closed	106	—	—	5	—	16	11	4	—	12	8	—	—	2	1	6	7	—	—	—	20	6
Unfit houses made fit	118	3	—	2	10	—	—	4	2	12	†	46	77	19	41	3	—	8	39	4	33	—
Houses in which Defects were remedied (other than unfit houses made fit):																						
After formal notice under Public Health Acts	4	2	—	1	—	—	—	—	—	—	†	—	—	8	—	—	7	—	3	2	—	—
Unfit houses in temporary use (Housing Act, 1957). Position at end of year:	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Purchase of houses by agreement:																						
Houses in clearance areas other than those included in confirmed orders or																						
compulsory purchase orders	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Overcrowding:																						
(a) Number of houses overcrowded at 31st December, 1966	3	†	1	1	2	†	—	—	†	†	1	†	93	1	†	—	342	—	—	—	—	†
(b) Number of overcrowded families rehoused during year	2	—	—	1	—	6	1	—	4	†	—	—	5	1	—	2	104	—	—	—	—	—
Houses erected during the year:																						
By Local Authority	39	—	—	12	25	—	45	10	4	—	26	65	63	118	26	33	119	—	77	—	—	14
By private enterprise	—	3	162	80	24	22	3	43	62	81	88	16	249	77	30	134	465	216	182	27	19	38
Houses in course of erection:																						
By Local Authority	—	—	—	110	—	62	—	24	—	104	234	71	40	14	106	93	218	—	171	—	—	—
By private enterprise	—	1	105	141	12	5	9	24	33	53	59	82	125	57	52	51	248	33	190	61	34	5
Post-war houses erected from 1st April, 1945, to 31st December, 1966, by:																						
Local Authority	1,044	71	644	961	197	977	194	268	498	513	765	434	1,395	872	†	686	3,929	1,340	2,123	255	350	486
Private enterprise	†	21	1,119	651	190	644	211	230	416	738	666	535	1,822	680	†	1,326	3,475	1,609	1,662	152	364	247
Housing programme for 1967 for:																						
Slum clearance	—	—	—	47	20	25	30	20	183	—	231	—	6	20	21	—	250	55	†	—	—	48
Other purposes	—	12	—	75	28	46	66	49	—	104	—	—	23	145	66	101	—	206	†	—	—	16
Total number of Council Houses sold during year	—	—	—	—	2	15	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Total number of applicants on Housing List at end of year	461	44	209	535	79	570	143	121	454	526	219	148	572	324	325	368	2,120	—	2,145	90	†	170
Improvement Grants:																						
Discretionary Grants (Housing (Financial Provisions) Act, 1958, as amended):																						
(a) Number of dwellings in application approved during year:	—	3	3	47	18	—	—	8	19	27	19	2	—	3	17	2	†	—	16	—	49	11
(b) Average cost per dwelling approved on work ranking for grant	—	£400	£1,070	£296	£360	—	—	£1,186	£350	£1,085	£975	£606	—	£365	£1,093	£606	†	—	£1,027	—	£352	£300
(c) Amount of grant payable by Local Authority stated as %	—	50	37½	50	50	—	—	33	50	37	38	50	—	50	50	50	†	—	50	—	39	45
(d) Average cost per dwelling including repairs and improvements, etc.	—	£1,035	£1,800	£738	£1,163	—	—	£1,374	£815	£1,180	£1,164	£1,394	—	†	†	£847	†	—	£1,112	—	£1,237	£380
Standard Grants (Home Purchase & Housing Act, 1959, and Housing Act, 1964):																						
(a) Number of dwellings in applications approved during year	—	3	7	21	25	9	2	21	3	40	12	4	19	12	45	5	†	9	18	6	46	5
(b) Average amount of grant per dwelling paid by Council	—	£112	£142	£209	£186	£170	£97	£256	£145	£250	£232	£149	£213	£172	£202	£146	†	£103	£177	£121	£237	£145

† Information not available

‡ No List

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