

[Report 1967] / Medical Officer of Health, Salop / Shropshire County Council.

Contributors

Shropshire (England). County Council.

Publication/Creation

1967

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COUNTY COUNCIL OF SALOP



ANNUAL REPORT

OF THE

County Medical Officer of Health

1967



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 1967.

The statistics obtained from the Registrar General's office in relation to the County show some changes from recent years. The Birth Rate is down (18.21 in 1966 to 17.68 for 1967) but within the reduced number of births the illegitimacy rate is up. This is consistent with the national trend. The Death Rate from all causes is down but the Infant Mortality Rate is up (15.7 in 1966 to 19.78 in 1967) due to 22 more deaths of infants under one year of age; the majority of these deaths occurred in the first four weeks of life and approximately half of the increase was due to congenital malformations; the other major cause of death accounting for the increase was pneumonia; several were ascribed to rather ill defined causes; these will be carefully scrutinised to see whether any avoidable factors can be identified.

1967 saw the opening of nine "well women" clinics, at which specimens are taken in order to identify early cancers of the neck of the womb. Publicity in connection with these clinics was purposely limited owing to restricted laboratory facilities; we were fortunate, however, in having assistance from the pathological laboratory in Wolverhampton which examined smears taken at four of our clinics. It is hoped that when the laboratory facilities in Shrewsbury are able to take more specimens a county wide campaign will be adopted. Women attend the clinics by appointment, an average of 20 being seen per session.

These cervical cytology sessions are but one instance of screening procedures carried out by the department; our child health clinics, geriatric clinics, audiology services, etc., are examples of the way we survey the health of the community. Screening basically is the use of one or more tests applied on a community basis to determine presumptive evidence of unrecognised cases of chronic non-communicable disease in the pre-symptomatic stage. Attempts are made to detect disease before any signs or symptoms arise which would cause the patient to seek the doctor's help. It must be emphasised that these tests are not meant to be diagnostic in themselves, they are merely pointers and any positive or suspicious findings are referred to the appropriate family doctor.

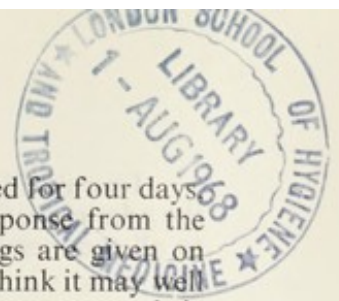
There are three different methods of screening:

- (a) by examination;
- (b) by specific tests, ranging from biochemical to simple tests of hearing, and
- (c) by observation.

There is at present an upsurge of interest in screening. The main reasons are as follows:

1. Cheaper—also easier—to treat early stages of disease.
2. Nation benefits economically—less working hours lost.
3. Makes more effective and therefore more economic use of scarce medical manpower.
4. The greater longevity of the population with a greater attendant liability to degenerative disease.
5. The relative intractability to treatment of some chronic conditions, e.g. chronic bronchitis.

Complete evaluation economically of screening procedures is not really possible. So many variables play a part and it is difficult to measure improvements in health (apart from long term improvements reflected in changing mortality and morbidity statistics).



A screening clinic was held in Oswestry in October, 1967. The clinic was opened for four days the sessions being from 2.0—8.0 p.m. each day. There was an enthusiastic response from the public and a total attendance of 1,259. The details of the clinic and the findings are given on pages 53—55 and 87. There is no doubt that this venture was well worth while. It think it may well be a pointer to the future pattern of medicine as organised outside hospital, but more research is required into this approach, as there are many variations which may well be fruitful if put into practice. It is hoped to look into some of these in the future, one of the ideas under consideration at present being the possibility of screening the entire population on a particular general practitioner's list or alternatively screening selected populations in order to determine urban and rural differences or differences ascribed to occupation, age, sex and socio-economic circumstances.

Rota systems for nurses and midwives were introduced during the year. The County was divided into nine areas, all of which will function as separate entities. The staff will work a five-day week; arrangements for contacting nurses in the day time will be unchanged. At night all requests for midwifery assistance will be telephoned to the Central Ambulance Headquarters at Abbey Foregate, Shrewsbury. This means that patients, their relatives and the family doctors will only have one number to ring and this will save them ringing around trying midwife after midwife as occasionally happens when the midwife booked is on leave, on holiday or on a refresher course. The main advantage from the nursing staff point of view is that they have more time off; in any set period they have approximately half the nights off call; when they are on call they may occasionally be asked to travel outside their area, which they have not previously done. Secondly, it is hoped that the rota system will help to improve recruitment. At the end of the year six rota areas were actually in operation.

Our Mental Health Service is continually expanding. The case load carried by the Mental Welfare Officers is still increasing. During the year one of the most noteworthy developments in this field was the commencement of building of our first Adult Training Centre, which is at Monkmoor, Shrewsbury. It is a 60-place training centre with a 30-bedded hostel.

We were fortunate during the year in having a visit from Professor A. D. B. Clarke of the Department of Psychology, University of Hull. Professor Clarke is an internationally acknowledged expert in the field of mental subnormality. He came to look at the work being done in our training centres and to talk to the staff. His visit was of great interest and benefit to all concerned. He particularly made us aware of the potentialities of subnormal children and what can be achieved with appropriate training. Following his visit some of the Assistant Supervisors in the Shrewsbury Junior Training Centre now take individual children for a 20-minute period prior to the commencement of the morning session. This approach would seem to be worth while.

I would not wish to finish my introduction to the Annual Report for 1967 without commenting on the outstanding feature of the year. This was the increasing co-operation which we are receiving from our general practitioner colleagues. I hope that in the future the local health authority medical services will work closely with the general practitioner service. This development will occur along two main lines:

(1) The attachment of staff to general practices. At the time of writing two health visitors in Shrewsbury are attached full time to general practitioner firms. In other areas of the County health visitors are developing informal links with practitioners in their areas. At present, owing to inequality of numbers and the establishment of health visitors being under strength, it is not practical to introduce a countywide policy of attachment. The possibility of our nursing staff working as part of the general practitioner team is also being considered at present.

(2) Health Centres: There has been an increasing interest in the provision of health centres throughout the country as a whole and Shropshire has been no exception to this national trend. Clinic projects which were down in our original ten year plan have now been replaced by health centres, and the Health Committee have accepted a revised programme containing eight provisionally named places for health centre developments—Wellington, Oakengates, Donnington, Storchley, Hadley, Oswestry, Bridgnorth and Shrewsbury. Two-thirds of county councils now have health centres in the pipeline and approximately one-half of county boroughs.

I would like to thank all members of the staff who have contributed to this Report and to the administrative staff for their support and help in its preparation. I am particularly indebted to all the members of the Health Committee for their co-operation and encouragement during this year.

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.

June, 1968.

HEALTH COMMITTEES AND SUB-COMMITTEES

(As at December, 1967)

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.

RHAIADR-JONES, J. R.

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.

BURGESS, J. F.

GASK, MRS. D. I. P.

HARRIS, A. G.

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.

PUGH, A. H.

WILLIAMS, A. C.

WILLIAMS, F.

CO-OPTED MEMBERS :

BECKETT, H. R.

JONES, F.

RYLE, DR. J. C.

WOOD, MISS N. E.

WAKEMAN, MRS. P. R. A.

SYMON, DR. H. D.

} 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

FELL, W. M. W.

HAMAR, DR. L. A. (CHAIRMAN)

HAYWARD, MRS. J. A.

JONES, T.

JONES, T. H.

MCDONALD, L.

MORRIS, T. E.

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)

HAYWARD, MRS. J. A.

HODGSON, MRS. N. B.

MARSH, MRS. B. E.

MORRIS, T. E.

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. R. A.

WOOD, MISS N.

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

BURGESS, J. F.

FELL, W. M. W.

HAMAR, DR. L. A.

JONES, T.

JONES, T. H.

MCDONALD, L.

PUGH, A. H.

RHAIADR-JONES, J. R. (Chairman)

SMITH, C.

THOMAS, E. B.

WILLIAMS, F.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer and Principal School Medical Officer:

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.P.H., D.Obst., R.C.O.G.

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. (Resigned 30th June, 1967)

Administrative Medical Officer

*KENNETH CARTWRIGHT, M.B., B.Ch., D.P.H. (Resigned 12th March, 1967)

Assistant County, School and District Medical Officers:

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

JOHN BURROWES, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1st April, 1967)

KENNETH E. JONES, M.B., Ch.B., D.P.H. (Appointed 1st April, 1967)

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

DOUGLAS R. McCULLY, 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. (Resigned 31st March, 1967)

ALICE N. O'BRIEN, M.B., Ch.B., D.P.H. (Appointed 1st October, 1967)

SAMUEL SMITH, M.B., Ch.B., D.P.H. (Resigned 11th March, 1967)

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

Assistant County and School Medical Officers:

Whole-time:

JOHN C. HINCHLIFFE, M.B., Ch.B., D.P.H. (Appointed 14th August, 1967)

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.

BARBARA J. CAWTHORNE, M.R.C.S., L.R.C.P. (Appointed 31st March, 1967) (Resigned 2nd May, 1967)

SHEILA M. G. CROSLAND, M.B., B.S.

MARGARET DAVIES, M.B., Ch.B. (Appointed 17th August, 1967)

JOAN B. DEACON, M.R.C.S., L.R.C.P. (Resigned 30th June, 1967)

MOIRA FORDYCE, M.B., Ch.B. (Appointed 12th October, 1967) (Resigned 13th December, 1967)

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

IONA LLYWARCH, M.R.C.S., L.R.C.P. (Appointed 3rd April, 1967)

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

MURIEL NANKIVELL, M.B., Ch.B. (Appointed 4th December, 1967)

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

AUDREY ROSS, M.B., Ch.B. (Appointed 18th July, 1967)

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

SUSAN E. WALTON, M.B., Ch.B. (Appointed 11th September, 1967)

ELIZABETH A. WELTON, M.B., Ch.B.

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.
JOYCE K. GOODALL, B.D.S. (Appointed 11th December, 1967)
PETER HOWE, L.D.S. (Resigned 31st March, 1967)
PERCY J. JARRETT, B.D.S. (Appointed 12th January, 1967)
DAVID A. PRICE, B.D.S. (Appointed 12th January, 1967)
GEORGE B. WESTWATER, L.D.S.

Part-time:

PATRICIA R. ABBOTT, B.D.S. (Resigned 23rd February, 1967)
ALEXANDER J. LAVELLE, L.D.S., R.F.P.S.
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.

Dental Technicians:

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Dental Hygienist:

NANCY SMITH

Dental Auxiliaries:

JACQUELINE H. HAMBROOK (Appointed 1st September, 1967) (Resigned 24th November, 1967)
SUSAN J. HEBDON (Appointed 1st September, 1967)
JUDITH C. BISHOP (née POLLITT)

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.
MARGARET FARROW, M.Ch.S., S.R.Ch.
GEORGE GRAHAM, M.Ch.S., S.R.Ch.
CATHERINE W. SMITH, M.Ch.S., S.R.Ch.
WILLIAM G. SMITH, M.Ch.S., S.R.Ch.

Chief Administrative Assistant:

ALAN R. BRAWN

County Public Health Inspector:

DAVID COUPS, Cert. R.S.I.

Assistant County Public Health Inspector:

GEORGE R. 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.

PAMELA K. EVANS, L.C.S.T. (Appointed 11th September, 1967)

CYNTHIA M. MAUGHAN, L.C.S.T. (Part-time)

ROSEMARY MOORCROFT, L.C.S.T. (Appointed 29th August, 1967)

MARGARET D. L. PEARCE, L.C.S.T. (Appointed 11th September, 1967)

CYNTHIA D. PEDLEY, L.C.S.T. (Part-time)

MARJORY M. SHELDON, L.C.S.T. (Part-time)

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 J. BOWEN

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

NORMAN GRAY, R.M.N.

ANTHONY GRIFFITHS, R.M.N.

HYWEL M. HUGHES (Appointed 1st April, 1967)

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.

KATHLEEN G. TEAGUE

ERIC G. SLARK, R.M.N., S.R.N. (Appointed 5th June, 1967)

DESMOND G. THOMAS, R.M.N.

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

Training Centre Supervisors:

PAMELA A. STYLES, Dip. N.A.M.H.

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

ETHEL E. WARD, S.R.N., S.C.M., H.V. (Resigned 31st March, 1967)

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-1967
<i>Mixed Appointments:</i>				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	*Shrewsbury Borough	9,418	50,428	53,870
W. MOORE, M.B., B.Ch., B.A.O., D.Obst., R.C.O.G., D.T.M.H., D.P.H. (Resigned 31st March, 1967)	*Oswestry Rural	63,308	29,741	31,490
K. E. JONES, M.B., Ch.B., D.P.H. (Appointed 1st April, 1967)				
S. SMITH, M.B., Ch.B., D.P.H. (Resigned 11th March, 1967)	*North Shropshire Rural	111,857	29,769	31,420
A. N. O'BRIEN, M.B., Ch.B., D.P.H. (Appointed 1st October, 1967)				
W. HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst., R.C.O.G., D.P.H.	*Atcham Rural *Clun and Bishop's Castle Rural	139,511 133,465	22,457 9,755	25,650 10,050
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	*Bridgnorth Rural	125,667	29,471	31,000
E. CAPPER, M.B., Ch.B., D.P.H.	*Ludlow Rural	120,457	22,839	23,480
D. R. McCAULLY, B.A., M.D., B.Ch., B.A.O., D.P.H.	Market Drayton Rural	56,071	15,444	17,100
K. CARTWRIGHT, M.B., Ch.B., D.P.H. (Resigned 12th March, 1967)	Dawley Urban	9,459	20,010	21,240
J. BURROWES, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1st April, 1967)				
<i>Whole-time:</i>				
H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.	Newport Urban Oakengates Urban Wellington Urban *Shifnal Rural Wellington Rural	921 2,424 2,281 31,476 56,167	4,460 12,134 13,654 13,290 24,290	5,820 15,790 16,630 15,800 26,670
TOTAL		862,482	297,742	326,010

*Acreage and population revised in accordance with the Salop (No. 2) Order, 1966.

Annual Report for 1967

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)	.. .. .	862,482
Rateable Value (at 1st April, 1967)	.. .. .	£11,410,397
Estimated product of 1d. rate (at 1st April, 1967)	.. .. .	£46,019

General Statistics

	Urban Districts	Rural Districts	County
POPULATION:			
Estimated population (mid-1967)	113,350 (113,240*)	212,660 (212,870*)	326,010 —
BIRTHS:			
Live Births	2,032	3,732	5,764
Rate per 1,000 population	17.94	17.53	17.68
Illegitimate live births	150	246	396
Percentage of total live births	7.4%	6.6%	6.9%
Stillbirths	30	64	94
Rate per 1,000 live and still births	14.55	16.86	16.05
Total live and still births	2,062	3,796	5,858
INFANT DEATHS:			
Deaths under one year	50	64	114
Mortality rates			
All infants per 1,000 live births	24.61	17.15	19.78
Legitimate infants per 1,000 legitimate live births	25.50	16.64	19.75
Illegitimate infants per 1,000 illegitimate live births	13.33	24.39	20.20
Deaths under four weeks	31	43	74
Neo-natal mortality rate per 1,000 live births	15.26	11.52	12.84
Deaths under one week	27	36	63
Early neo-natal mortality rate per 1,000 live births	13.29	9.65	10.93
Deaths under one week and stillbirths	57	100	157
Perinatal mortality rate per 1,000 live and still births	27.64	26.34	26.80
MATERNAL DEATHS:			
Deaths (including abortion)	—	1	1
Rate per 1,000 live and still births	—	0.26	0.17
DEATHS:			
Total deaths from all causes	1,207	2,212	3,419
Rate per 1,000 population	10.66	10.39	10.49

*Adjusted to take account, for the calculation of Birth and Death Rates only, of the boundary alterations effective from 1st April, 1967.

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

	1931 Census		1951 Census		1961 Census		Mid-1967	
	Persons	%	Persons	%	Persons	%	Persons	%
Urban Districts	121,665	49.8	139,570	48.2	151,720	50.9	113,350	34.77
Rural Districts	122,491	50.2	150,232	51.8	146,022	49.1	212,660	65.23
County	244,156	100.00	289,802	100.00	297,742	100.00	326,010	100.00

On 1st April, 1967, the Salop (No. 2) Order, 1966, gave effect, inter alia, to the revision of certain District Boundaries within the County which are summarised below:

				Increase (+) or Decrease (—) Acreage (land and inland water)	Census Population 1961
<i>Municipal Boroughs and Urban Districts</i>				—14,628	—37,956
*Bishop's Castle M.B.	..	..	..	— 1,867	— 1,228
*Bridgnorth M.B.	..	..	..	— 2,645	— 7,552
*Ellesmere U.D.	..	..	..	— 1,220	— 2,261
*Ludlow M.B.	..	..	..	— 1,068	— 6,796
*Oswestry M.B.	..	..	..	— 2,173	—11,215
Shrewsbury M.B.	..	..	..	+ 1,300	+ 862
*Wem U.D.	..	..	..	— 903	— 2,606
*Whitchurch U.D.	..	..	..	— 6,052	— 7,160
<i>Rural Districts</i>				+14,626	+37,956
Atcham	..	..	..	+ 5,021	+ 153
Bridgnorth	..	..	..	+ 7,910	+ 8,253
*Clun	..	..	..	—132,511	— 8,604
**Clun and Bishop's Castle	..	..	..	+133,464	+ 9,755
*Ellesmere	..	..	..	—48,254	— 7,037
Ludlow	..	..	..	+ 1,425	+ 6,874
**North Shropshire	..	..	..	+111,857	+29,769
Oswestry	..	..	..	+ 1,782	+11,143
Shifnal	..	..	..	— 5,726	— 744
*Wem	..	..	..	—60,342	—11,606

*Areas which ceased to exist on 1st April, 1967.

**Areas newly created on 1st April, 1967.

The County population as a whole increased by 4,290 compared with the previous year. Excess of births over deaths gave a natural increase of 2,345.

The density of population was 0.38 persons per acre with 4.6 persons per acre in urban areas and 0.3 in rural.

Births.—The live births registered in and appertaining to this County in 1967 numbered 5,764—a decrease of 95 compared with the previous year—of which 5,368 were legitimate and 396 illegitimate. This latter figure is 28 more than in 1966 and represents 6.9 per cent of the total births (an increase of 0.6%) giving an illegitimacy rate of 69 per 1,000 live births.

Stillbirths.—In 1967 there were 94 stillbirths, giving a rate of 16.05 per 1,000 live and still births, or 1.35 less than the previous year. While this continues to be an improvement on earlier years, it is above that for England and Wales of 14.8 for 1967.

Stillbirths Rates

Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Still births
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
1967	94	5,764	5,858	16.05

Illegitimate stillbirths numbered 12, giving a rate of 29.4 per 1,000 illegitimate live and still births.

Infant Mortality.—Deaths registered in 1967 of infants who died before reaching one year of age numbered 114—an increase of 22 compared with 1966. There were eight more deaths from other defined and ill-defined diseases (including prematurity), ten more children died as a result of congenital malformations and nine more from pneumonia.

The infant mortality rate for 1967 of 19.78 per 1,000 live births is the highest for five years and, for the first time during that period, compares unfavourably with the provisional rate for England and Wales at 18.3.

Infant Mortality Rates

Year	Live Births	Deaths	Rate per 1,000 live births	
			Shropshire	England and Wales
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
1967	5,764	114	19.78	18.3

Deaths of illegitimate infants numbered 8, and 6 of these were in rural districts, giving a rate for the rural area of 24.39 per 1,000 illegitimate live births, as against 20.20 for the County.

Below are given the causes of infant deaths registered in 1967, 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	1967	1966
Other defined and ill-defined diseases (including prematurity)	28	23	3	3	57	49
Congenital malformations	11	8	4	8	31	21
Pneumonia	1	3	11	7	22	13
Accidents—other than motor vehicles	—	—	—	1	1	2
Meningococcal infections	—	—	—	—	—	1
Gastritis, enteritis and diarrhoea	—	—	—	—	—	1
Bronchitis	—	—	1	—	1	3
Heart disease	—	—	2	—	2	1
Other diseases of respiratory system	—	—	—	—	—	1
TOTAL ..	40	34	21	19	114	92

As will be seen from the table below, 74 of the 114 infant deaths registered in 1967 (or 64.9 per cent) occurred in the first month of life. Of these 41 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

	1964		1965		1966		1967	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Under one week ..	63	58.3	52	50.5	53	57.6	63	55.3
1—4 weeks ..	11	10.2	11	10.7	7	7.6	11	9.6
1—12 months ..	34	31.5	40	38.8	32	34.8	40	35.1
TOTAL ..	108	100	103	100	92	100	114	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 1967 was 12.84 per 1,000 live births. By comparison, the rate for England and Wales for 1967 was 12.5.

Neo-Natal Mortality Rates

Year	Deaths in first month	% of deaths under one year	Rate per 1,000 live births	
			Shropshire	England and Wales
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
1967	74	64.9	12.84	12.5

Perinatal Mortality.—In 1967, deaths under one week and stillbirths totalled 157, giving a mortality rate of 26.8 per 1,000 live and still births, compared with 26.3 in the previous year, and a provisional rate for England and Wales of 25.4 for 1967.

Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births	
				Shropshire	England and Wales
1958	56	108	164	34	35
1959	63	110	173	36	34
1960	67	118	185	37	33
1961	69	112	181	34	32
1962	78	105	183	34	31
1963	59	99	158	28	29.3
1964	63	105	168	28	28.2
1965	52	105	157	27	26.9
1966	53	104	157	26.3	26.3
1967	63	94	157	26.8	25.4

Maternal Mortality.—The death of one Shropshire case registered in 1967 was attributed directly or indirectly to pregnancy, giving a rate of 0.17 per 1,000 live and still births, compared with 0.20 for England and Wales.

This case, a woman aged 28 years, was booked for home confinement, admitted to hospital at the thirty-seventh week and died there, the cause of death being

1. (a) Cerebral and Cerebellar Haemorrhage.
- (b) Toxaemia of Pregnancy.

Maternal Mortality

Year	Deaths	Rate per 1,000 live and still births	
		Shropshire	England and Wales
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
1967	1	0.17	0.20

Deaths.—Deaths of Shropshire residents registered in 1967 numbered 3,419—a decrease of 317 compared with the previous year. Male and female deaths were 1,777 and 1,642 respectively.

The death rate per 1,000 population was 10.49 for the County as a whole, and the standardised rate 11.01 compared with 11.2 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

	1965	1966	1967
Urban Districts	11.49	12.27	11.83
Rural Districts	10.55	11.54	10.60
Shropshire	11.0	11.96	11.01
England and Wales ..	11.5	11.7	11.20

The following table lists the principal causes of death in order of numerical importance with particulars of increases and decreases compared with 1966. The main increase occurred in deaths resulting from congenital malformations, whilst heart disease, pneumonia and bronchitis showed significant decreases.

Principal Causes of Death, 1967

Cause of Death	Deaths	Rate per 1,000 Population	% of Total Deaths	Comparison with 1966	
				Increase	Decrease
Heart Disease	1,148	3.52	33.58		—91
Cancer (including Leukaemia)	620	1.94	18.13		—12
Vascular Lesions of Nervous System ..	574	1.76	16.79		—5
Other Defined and Ill-defined Diseases ..	265	0.81	7.75		—28
Pneumonia	183	0.56	5.35		—45
Other Circulatory Disease (other than Heart Disease)	156	0.48	4.56		—3
Bronchitis	132	0.40	3.86		—44
Accidents (other than motor vehicle) ..	79	0.24	2.31		—11
Motor Vehicle Accidents	47	0.14	1.37		—10
Congenital Malformations	42	0.13	1.23	+11	
Diabetes	38	0.12	1.11	+4	
Ulcer of Stomach and Duodenum	30	0.09	0.88	+3	
Suicide	26	0.08	0.76		—2
Other Respiratory Diseases (other than Tuberculosis)	20	0.06	0.59		—72
TOTAL ..	3,360	10.31	98.27	+18	—323

Coronary Disease and Angina.—Deaths from heart disease, which include coronary disease and angina, hypertension with heart disease and other cardiac conditions, decreased by 91. The 657 deaths from coronary disease and angina alone numbered 30 less than in the previous year but continued to constitute the highest mortality from any single cause.

Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
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
1967	429	228	657	2.02

Age Groups.—Percentages of deaths according to age groups and, by comparison with 1937, 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
1967	2.16	1.17	0.85	0.61	1.20	1.02	2.55	5.06	15.85	25.51	44.02
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
1937		6.00	1.79	1.51	2.53	3.86	4.73	7.73	14.18	25.16	32.51

Compared with 1966, four age groups show increased mortality as follows:

Age Group	Increase in Mortality
Under 4 weeks	23.33%
4 weeks and under 1 year	25.00%
15—24	7.89%
35—44	19.18%

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

Congenital Malformations	Females ..	1—4 ..	3 out of 9 deaths = 33%
Motor Vehicle Accidents	Males ..	15—24 ..	11 out of 33 deaths = 33%
Coronary Disease, Angina	Males ..	35—44 ..	20 out of 60 deaths = 33%
		45—54 ..	30 out of 108 deaths = 28%
		55—64 ..	109 out of 360 deaths = 30%
		65—74 ..	140 out of 485 deaths = 29%
		75 and over	129 out of 610 deaths = 21%
Vascular lesions of the Nervous System	Females ..	75 and over	208 out of 895 deaths = 23%
Other Heart Disease	Females ..	75 and over	228 out of 895 deaths = 25%

Tuberculosis.—During the year 6 deaths were registered from Respiratory Tuberculosis—7 less than in 1966—giving a mortality rate of 0.018 per 1,000 of population compared with 0.37 for England and Wales.

There was in addition one death from Non-respiratory Tuberculosis—the same as 1966—giving a death rate of 0.003 compared with the national rate of 0.005.

Tuberculosis—Respiratory and Non-Respiratory. Notifications 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
1927	191	129	0.66	0.53	131	44	0.54	0.18
1937	158	97	0.66	0.40	111	39	0.46	0.16
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
1967	39	6	0.12	0.018	10	1	0.03	0.003

Cancer.—Deaths from cancer during 1967 numbered 620—a decrease of twelve compared with the previous year. The death-rate per 1,000 of population was 1.90 which was 0.06 less than the rate for 1966.

Deaths from Cancer—Age Groups

Age Groups			1965			1966			1967		
			M	F	Total	M	F	Total	M	F	Total
Under 4 weeks	..	..	—	—	—	—	—	—	—	—	—
4 weeks—1 year	..	..	—	—	—	—	—	—	—	—	—
1—5 years	..	..	1	—	1	1	—	1	3	—	3
5—15 years	..	..	2	3	5	2	—	2	2	1	3
15—25 years	..	..	2	1	3	1	3	4	2	—	2
25—35 years	..	..	3	4	7	6	3	9	4	3	7
35—45 years	..	..	7	10	17	5	9	14	10	10	20
45—55 years	..	..	36	31	67	34	42	76	27	30	57
55—65 years	..	..	86	55	141	84	68	152	100	63	163
65—75 years	..	..	127	84	211	98	88	186	108	103	211
Over 75 years	..	..	84	83	167	86	102	188	69	85	154
TOTAL	..	..	348	271	619	317	315	632	325	295	620

The table below lists the deaths from cancer since 1958, 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						
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
1967	42	26	68	108	27	135	—	54	54	—	28	28	165	152	317	10	8	18	325	295	620

There was increased mortality from cancer of the lung and bronchus (15 more), uterus (4 more), and leukaemia (2 more), while cancer of the breast decreased by 12, of the stomach by 9, and other forms by 12. The total decrease of 12 in deaths from all forms of this condition resulted from an increase of 8 in male deaths and a decrease of 20 in female deaths.

Cancer of the Lung.—Of the 135 deaths from cancer of the lung and bronchus, 108 occurred in males and 27 in females in the following age groups:

	Males	Females	Total
35—44 years ..	1	1	2
45—55 years ..	9	3	12
55—65 years ..	45	8	53
65—75 years ..	38	10	48
Over 75 years ..	15	5	20
TOTAL ..	108	27	135

Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
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
1967	0.459	0.390	0.414	0.584

Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
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
1967	1 : 16	1 : 48	1 : 17	1 : 71	1 : 16	1 : 61

Leukaemia.—Deaths from Leukaemia and Aleukaemia numbered 18 in 1967—2 more 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) 17.68	17.2	(b) 17.86	
Stillbirths—rate per 1,000 live and still births	16.05	14.8		
Deaths per 1,000 population—all causes	(a) 10.49	11.2	(b) 11.01	
—respiratory tuberculosis	0.018	0.037		
—non-respiratory tuberculosis	0.003	0.005		
—cancer of lung and bronchus	0.414	0.584		
—other malignant neoplasms	1.488	1.691		
Maternal deaths—per,1000 live and still births	0.17	0.20		
Infant deaths per 1,000 live births				
—under four weeks	12.84	12.5		
—under one year	19.78	18.3		
Infant deaths under one week and still births—per 1,000 live and still births	26.8	25.4		
(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			
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
1967	5,764	17.68	3,419	10.49	2,345	19.78	1.90

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 1966 in brackets.

Scarlet Fever	122	(123)	Whooping Cough	263	(184)
Measles	2,976	(2,030)	Acute Pneumonia	50	(57)
Meningococcal Infection	6	(3)	Dysentery	44	(58)
Puerperal Pyrexia	2	(1)	Food Poisoning	14	(8)
Tuberculosis (Respiratory)	39	(33)	Erysipelas	4	(6)
„ (C.N.S. and Meninges)	3	(3)			
„ Non-Respiratory	7	(9)			

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 1967			
	Syphilis	Gonorrhoea	Other Conditions	Total
Shrewsbury ..	4 (1)	30 (24)	210 (207)	244 (232)
Wolverhampton ..	1 (1)	6 (9)	36 (29)	43 (39)
Stoke-on-Trent ..	—	—	3	3
Wrexham ..	—	—	2	2
Stafford ..	—	—	1	1
TOTAL ..	5 (2)	36 (33)	252 (236)	293 (271)

(1966 figures in brackets)

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births.—Particulars of births which occurred in the County during 1967, 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 ..	..	..	..	1,430	1,430	10	10	1,440	1,440
Institutional ..	..	..	..	4,617	4,321	81	84	4,698	4,405
Totals ..	1967	..	..	6,047	5,751	91	94	6,138	5,845
	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

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
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	—
1967	47	319	1	367	27	14	41	326	88.8	3	47	—

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 132 conditions recorded in 96 births (79 live and 17 still) during the year are given below:

	Live Births	Still Births		Live Births	Still Births
CENTRAL NERVOUS SYSTEM:			LIMBS:		
Anencephalus	1	11	Reduction deformities (amelia, hemimelia, phocomelia, etc.)	1	1
Encephalocele	1	—	Polydactyly	4	1
Hydrocephalus	4	4	Syndactyly	7	—
Microcephalus	1	—	Dislocation of Hip	2	—
Other defects of brain	—	1	Talipes	17	2
Spina Bifida	9	3	Other defects of shoulder girdle, upper arm, and forearm	1	—
Other defects of spinal cord	2	—	Other defects of pelvic girdle and lower limb	3	—
EYE, EAR:			Defects of lower limb NOS	1	1
Other defects of eye	1	—	OTHER SKELETAL:		
ALIMENTARY SYSTEM:			Defects of skull and face	2	—
Cleft lip	7	—	Defects of ribs and sternum	1	—
Cleft palate	7	—	Osteogenesis imperfecta	1	—
Tracheo-oesophageal fistula, oesophageal atresia and stenosis	1	—	OTHER SYSTEMS:		
Rectal and anal atresia	1	—	Vascular defects of skin, subcutaneous tissues, and mucous membranes (including lymphatic defects)	1	—
Other defects of alimentary system	1	—	Defects of endocrine glands	1	—
HEART AND GREAT VESSELS:			Exomphalos, omphalocele	1	—
Transposition of great vessels	1	—	OTHER MALFORMATIONS:		
Persistent ductus arteriosus	1	—	Mongolism	7	—
Other defects of heart and great vessels	1	—	Other specific syndromes	—	1
Congenital heart disease NOS	11	—	Multiple malformations NOS	1	1
URO-GENITAL SYSTEM:					
Hypospadias, epispadias	1	—			
Other defects of bladder and urethra	1	—			
Other defects of male genitalia	1	—			
Defects of female genitalia (includes female pseudo-hermaphroditism)	1	—			
Defects of uro-genital system NOS	1	—			

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. There were no positive findings during the year.

Negative Tests performed in 1967

	Born in County	Born out of County	Total
Tested	5,191	331	5,522
Left County before Test	127	11	138
Died before Test	69	9	78
Not Tested (refused, etc.)	11	2	13
TOTAL	5,398	353	5,751

Further negative tests, numbering 120, 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. At the end of the year arrangements were in hand to open a Clinic in Oswestry.

The following statistical information for 1967 has been supplied by the Association:

	<i>Shrewsbury Branch</i>	<i>Wellington Branch</i>
Number of patients who used the clinic	661	1,010
New patients	298	130
Check visits	926	191
Visits for supplies only	757	689
Post orders	382	14
Number of clinic sessions	96	57
Total number of patients using oral contraceptives	93	314
Total number of patients using cap	98	—
Total number of patients fitted with I.U.D.	51	—
Cases referred by Local Authority	11	6

Family Planning Act, 1967.—The Act enables Local Health Authorities, either directly or through the agency of voluntary organisations, to give advice on contraception, prescribe or supply any necessary substances or appliances and arrange for the medical examination of persons seeking advice. No distinction is drawn between married and unmarried persons nor between males and females.

The Minister has given general approval for authorities to provide these services and to make charges for prescriptions and supplies in non-medical cases but such charges are not to be made in medical cases.

Medical examination and advice is to be free of charge in all cases.

The Health Committee recommended the Council to exercise the powers conferred by the Act to the fullest extent compatible with current financial circumstances and, at the end of the year, the question of providing such services directly or through the agency of voluntary organisations was under consideration.

Child Health Centres.—Attendances of pre-school children at Child Health Centres numbered 76,114, involving a total of 11,642 children, of whom 3,761 were born in 1967, equivalent to 65% of the Shropshire children born during the year.

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

A new clinic at Harlescott, Shrewsbury, came into use on 1st May, replacing the clinics previously held at White House, Ditherington, and Harlescott Church Hall. As reported last year, new clinic premises will be provided as part of the Community Centre now under construction at Sutton Hill Development Site in the area of the Dawley New Town. Pending completion, which is expected to be in mid-1968, arrangements were made for the clinic to be held temporarily, commencing in December, in the Play Centre on the same site.

Attendances at Child Health Centres, 1967

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
		1967	1966	1962—65		1967	1966	1962—65			
Albrighton	7	118	150	217	485	1,150	1,244	581	2,975	*	*
Baschurch	14	15	11	13	39	41	35	77	153	*	*
Bayston Hill .. .	—	86	74	29	189	534	724	225	1,483	*	*
Bishop's Castle ..	—	18	19	26	63	75	102	66	243	*	*
Bridgnorth	69	255	338	344	937	2,032	2,617	1,142	5,791	***33	159
Broseley	—	99	74	48	221	561	539	270	1,370	*	*
Church Stretton ..	—	40	46	36	122	141	239	51	431	—	—
Clee Hill	26	25	13	20	58	94	86	125	305	*	*
Cleobury Mortimer ..	2	32	39	73	144	142	365	339	846	*	*
Condover	—	5	10	13	28	38	65	87	190	*	*
Dawley	—	98	150	101	349	1,162	1,072	1,158	3,392	*	*
Donnington—											
Turreff Hall .. .	—	137	143	94	374	903	1,081	339	2,323	—	—
Depot	—	26	41	22	89	167	212	64	443	*	*
Ellesmere	—	64	56	47	167	625	608	297	1,530	—	—
Hadley	1	105	137	57	299	609	797	332	1,738	*	*
Highley	—	38	64	60	162	322	457	162	941	*	*
Ironbridge	—	25	43	39	107	415	345	175	935	—	—
Ludlow—											
Dinham	—	67	39	42	148	374	310	270	954	**16	36
East Hamlet .. .	1	58	45	48	151	809	481	271	1,561	*	*
Madeley	—	111	135	77	323	928	889	328	2,145	—	—
Market Drayton .. .	1	137	171	212	520	1,096	1,203	852	3,151	—	—
Much Wenlock .. .	2	50	48	37	135	275	367	181	823	—	—
Newport	24	200	172	205	577	1,927	1,516	636	4,079	***64	173
Oakengates	7	175	155	134	464	1,494	1,475	462	3,431	—	—
Oswestry	—	213	214	224	651	2,011	1,995	864	4,870	—	—
Pontesbury	—	32	44	36	112	148	267	121	536	*	*
Prees	—	20	20	25	65	97	140	134	371	*	*
St. Martin's	—	61	64	36	161	262	275	121	658	*	*
Shawbury	15	46	75	107	228	482	647	543	1,672	*	*
Shifnal	—	83	91	135	309	734	789	584	2,107	*	*
Shrewsbury—											
xAlbert Road .. .	—	217	33	85	335	2,335	1,486	790	4,611	83(1)	142(8)
†Harlescott .. .	—	22	135	146	303	143	602	277	1,022	*	*
Meole	—	82	74	141	297	633	607	766	2,006	*	*
Monkmoor	—	133	127	188	448	621	746	423	1,790	*	*
Murivance	—	164	119	122	405	835	733	363	1,931	165	272
Springfield .. .	—	82	77	99	258	503	586	340	1,429	*	*
‡Whitehouse .. .	—	54	147	122	323	213	715	276	1,204	45	71
§Sutton Hill	—	11	4	—	15	20	5	—	25	*	*
Wellington	—	282	249	234	765	1,930	1,757	608	4,295	—	—
Wem	—	46	53	71	170	534	709	737	1,980	—	—
Whitchurch	—	109	61	97	267	770	584	512	1,866	**90	102
Whittington	—	31	19	24	74	107	87	74	268	*	*
TOTAL	169	3,672	3,779	3,886	11,337	28,292	29,559	16,023	73,874	496(1)	955(8)

xOpened 1st May, 1967

†Closed 25th April, 1967

‡Closed 28th April, 1967

§Opened 11th December, 1967

*No ante-natal clinic

**District Nurse Sessions

***Includes District Nurse's Session

R.A.F. Child Health Centres

Buntingsdale	—	45	50	55	150	526	682	171	1,379	*	*
Cosford	—	44	41	70	155	301	250	310	861	*	*
TOTAL (R.A.F.) ..	—	89	91	125	305	827	932	481	2,240	*	*
GRAND TOTAL ..	169	3,761	3,870	4,011	11,642	29,119	30,491	16,504	76,114	496(1)	955(8)

* 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 health 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 Child Health 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 1967, these amounted to £900 to Lichfield and £550 to Hereford.

Particulars are given in the following tables of the work undertaken during 1967 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 191 children came under supervision during the year, representing 48 per cent of the illegitimate births assigned to the County.

In all, 205 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*	315	115
Hereford	2†	178	61
TOTAL ..	3	493	176

*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 ..	120	59	179
Added during year	126	65	191
Removed during year	130	62	192
On Register on 31st December ..	116	62	178

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 1967 these grants amounted to £350 and £750 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 1967:

Chaddeslode, Shrewsbury	23
Myford House, Horsehay	5
Mrs. Hay Memorial Home, Wolverhampton ..	1
Mrs. Legge Memorial Home, Wolverhampton	1
St. Faiths, Coventry	1
St. Teresa's, Salford	1
Methodist Mat. Home, Manchester	1
	33

REPORT OF PRINCIPAL DENTAL OFFICER

1967 saw the commencement of voluntary evening clinics for the medical and dental examination of elderly patients. A special dental chart was devised to record accurately any abnormality and pathology or other problems. The Dental Officers carrying out these clinics were of the opinion that they were useful, and if possible should be extended to other areas where staffing permitted. Old and not so old poorly made and ill-fitting dentures were found to be the major problem and these patients were referred to local General Dental Practitioners for correction. The people concerned seemed to be adapting reasonably well to these dentures, but any irritant to soft tissues can cause a neoplasm, and therein lies the danger. One suspected neoplasm was discovered and arrangements made for further examination.

These are services, together with that of inspection and treatment of school children, which I feel the Local Authority Dental Service is basically well adapted to cope with efficiently and competently on a friendly personal basis. But, and it is a very large but, Local Authorities must do everything possible to recruit and retain staff to enable continuity of care and efficient running of the Service.

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

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

<i>Attendances and Treatment:</i>								<i>Children</i> (0—4 inclusive)	<i>Expectant and Nursing Mothers</i>
Number of Visits for Treatment During Year:									
First Visit	..	..	..	..	..	..	..	639	231
Subsequent Visits	..	..	..	..	..	..	..	710	704
Total Visits	..	..	..	..	..	..	..	1,349	935
Number of Additional Courses of Treatment other than the First Course commenced during year								55	15
Treatment provided during year:									
Number of Fillings	..	..	..	..	..	..	..	1,042	553
Teeth Filled	..	..	..	..	..	..	..	919	522
Teeth Extracted	..	..	..	..	..	..	..	1,095	592
General Anaesthetics given	..	..	..	..	..	..	..	414	96
Emergency Visits by Patients	..	..	..	..	..	..	..	264	56
Patients X-Rayed	..	..	..	..	..	..	..	5	34
Patients Treated by Scaling and/or Removal of stains from the teeth (Prophylaxis)								58	88
Teeth Otherwise Conserved	..	..	..	..	..	..	..	162	—
Teeth Root Filled	..	..	..	..	..	..	..	—	2
Inlays	..	..	..	..	..	..	..	—	6
Crowns	..	..	..	..	..	..	..	—	1
Number of Courses of Treatment Completed during the year	..	..	..	..	..	..	..	277	138
<i>Prosthetics:</i>									
Patients Supplied with F.U. or F.L. (First Time)								33	
Patients Supplied with Other Dentures								49	
Number of Dentures Supplied								140	
<i>Anaesthetics:</i>									
General Anaesthetics Administered by Dental Officers								27	
<i>Inspections:</i>									
Number of Patients given First Inspections during year								A. 658	D. 180
Number of Patients in A and D above who require Treatment								B. 471	E. 174
Number of Patients in B and E above who were offered Treatment								C. 469	F. 173
<i>Sessions:</i>									
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:									
For Treatment								167	
For Health Education								24	

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, 1967, seventy-nine distribution centres functioning in the County, of which nine 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 1967 with comparable figures for the previous year:

Welfare Foods Issues

Items	Average weekly issues		Total issues	
	1966	1967	1966	1967
National Dried Milk—tins	753	627	39,167	32,600
Orange Juice—bottles	1,274	1,328	66,246	69,058
Cod Liver Oil—bottles	79	76	4,116	3,927
Vitamin A & D Tablets—packets ..	69	64	3,592	3,338
TOTAL ..	2,175	2,095	113,121	108,923

NURSING STAFF AND SERVICES

Particulars of Nursing Staff employed at 30th September, 1967, as recorded for the purpose of the Annual Return to the Ministry of Health, are summarised below:

Staff Employed at 30th September, 1967

	STAFF		Establishment	WHOLE-TIME EQUIVALENT			
	Category	Number		Health Visiting	Midwifery	Home Nursing	School Nursing
WHOLE-TIME	Supervisory	4	4	2.08	0.92	0.60	0.40
	Health Visitors	42	52	34.44	—	—	7.56
	School Nurses	4		—	—	—	4.00
	T.B. Health Visitor ..	1		1.00	—	—	—
	Nurse-Midwives	84	95	2.30	37.54	42.54	1.62
PART-TIME	Health Visitors	4		1.39	—	—	—
	School and Clinic Nurses	19		2.74	—	0.23	2.97
	Nurses and Midwives ..	37		—	3.41	14.45	—
*Total Whole-Time Staff Equivalent			147	41.87	40.95	57.22	16.15

*Totals exclude Supervisory Staff.

The total Health Visiting/School Nursing Staff, equivalent to 58.02 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.—One nurse was recruited to take her district training in 1967, and two further candidates were appointed for the four months' course at Birmingham beginning in January, 1968.

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, 1967, was as follows:

Transport for Nursing Services

Nursing Staff	Number	Cars	
		County Council	Privately Owned
Nurse-Midwives ..	74	37	37
Midwives ..	6	3	3
Home Nurses ..	39	16	23

Housing of Nursing Staff.—Particulars of the accommodation occupied by full-time nursing staff, including Supervisory Nursing Staff, Nurses, Midwives, Health Visitors and School Nurses in the Council's employment on 31st December, 1967, are as follows:

Accommodation owned by the County Council ..	25
Accommodation rented by the County Council ..	22
Private accommodation	73
	120

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, 1967:

Local Health Authority—				
Domiciliary Service	77			
Ambulance Service	2			
Agency arrangement	2			
Private	2			
Hospitals—National Health Service	82			
Nursing Homes	1			
TOTAL ..	166			

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 1967, 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
1965	349	42	6	30
1966	257	34	4	25
1967	234	29	6	26

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 1967, there were in all 1,439 domiciliary confinements, of which 26 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 1,413 cases in which a County Council or agency domiciliary midwife was in attendance.

The table on page 84 shows the distribution of these 1,413 cases throughout the Nursing Districts of the County. Attendance on these cases involved 14,293 ante-natal and 20,944 midwifery post-natal visits—a total of 35,237 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 9 whole-time Midwives in Shrewsbury, Wellington and Whitchurch attended 424 cases, or an average of 47 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 15 cases each.

In addition, 2,455 cases were attended following discharge from hospital after confinement (involving 12,025 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	
	1966	1967	1966	1967
1—2	293	363	2,934	3,470
3—5	487	595	3,235	3,845
6—8	1,307	1,143	4,441	3,924
9—10	342	354	816	786
TOTAL	2,429	2,455	11,426	12,025

With 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 39% (32% in 1966 and 30% in 1965).

Ante-natal care was also afforded by the domiciliary midwives to 243 cases booked for confinement in hospital, involving 2,008 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		
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
1967	Midwives	424	4,791	6,478	11,269	629	2,926
	Nurse-Midwives ..	989	9,502	14,466	23,968	1,826	9,099
	TOTAL	1,413	14,293	20,944	35,237	2,455	12,025

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 1,413 confinements, a doctor had been booked to provide maternity medical services in 1,404 cases (99 per cent); a doctor was present at delivery in 304 (22 per cent) of these cases.

Of the remaining 9 cases (1 per cent) in which no doctor had been booked, one was present at delivery in 2 cases (22 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 Child Health 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 where necessary 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 1,398 cases (99%) of which 1,201 (86%) were positive and 197 (14%) negative. Wassermann Reactions and Kahn Tests were reported upon in 1,185 cases (84%), all of which were negative.

Eleven of the fourteen cases in which Rhesus Factor results were not known by the midwife were emergency cases. Six had not booked a doctor for maternity medical services. In seven cases, birth occurred before the arrival of doctor or midwife. In 5 cases, admission to hospital was necessary—of the mother in 2 cases, of mother and child in 2 cases, and of the child only in 1 case.

Coombs tests were performed in 197 cases, of which 195 produced a negative result and 2 were positive. In 10 Rhesus negative cases in which a Coombs test was not performed, birth occurred in one case when the doctor only was present, and one mother and child were removed to hospital.

In the Coombs positive cases arising on the District one of the two babies was admitted to hospital for exchange transfusion and both children progressed satisfactorily.

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 4,637 institutional maternity cases, 53 per cent were discharged to the care of the domiciliary midwives before the tenth day and, of these, 958 or 21 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 1967, shown in the table below according to age and pregnancy, included 160 cases (11 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	12	13	14	15	16
15—20 years ..	138	46	75	14	3	—	—	—	—	—	—	—	—	—	—	—	—
21—25 „ ..	523	50	292	135	38	4	4	—	—	—	—	—	—	—	—	—	—
26—30 „ ..	468	24	184	142	88	23	5	1	—	1	—	—	—	—	—	—	—
31—35 „ ..	199	2	52	69	41	17	13	3	2	—	—	—	—	—	—	—	—
36—40 „ ..	74	—	8	15	22	11	8	6	1	1	1	—	—	1	—	—	—
41—45 „ ..	11	—	1	2	3	1	2	—	1	—	—	—	—	—	—	—	1
TOTAL ..	1,413	122	612	377	195	56	32	10	4	2	1	—	—	1	—	—	1

Analgesics.—Pethidine was administered on its own or in conjunction with trilene and/or gas/air in 978 confinements (69 per cent).

Trilene was given on its own or with pethidine in 635 cases (45 per cent).

Gas/air was given on its own or with pethidine in 457 cases (32 per cent).

Analgesics were given in 1,239 domiciliary cases—88 per cent of the total confinements attended by County Council midwives.

Births.—Domiciliary confinements attended by County Council midwives included one pair of twins and resulted in the birth of 1,405 live infants and 9 stillbirths.

Of the 9 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 6 cases and negative in one case. The stillbirth rate per 1,000 domiciliary live and still births was 6.9 compared with 16.05 for domiciliary and institutional births in the County generally.

Premature Births.—Forty-two of the 1,413 confinements resulted in the birth of 42 live and one stillborn infants weighing 5½ lb. or less.

General.—Complications, either during or after pregnancy, arose in 175 cases, and removal to hospital was necessary in 61 cases as under:

Mother ..	..	33
Child ..	..	10
Both ..	..	18

From the date of booking by the midwife to the termination of the puerperium, these 1,413 cases involved 182,014 days under care, or an average of 129 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 1967, one case of Puerperal Pyrexia was notified compared with none 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 1967.

Pre-Eclamptic Toxaemia.—Cases confined in 1967 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 97, 48 cases being delivered in hospital and 49 at home.

There were 4 stillbirths, representing 4.1 per cent of these confinements, and two babies died shortly after birth. In addition, 10 of the confinements resulted in a “premature weight” birth (5½ lb. or less).

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

Outfits and extra dressings are delivered by the manufacturers direct to district midwives for issue on request and stocks are also held at the County Health Department and the Child Health Centres, Murivance and Albert Road, Shrewsbury, for collection by patients in the Borough of Shrewsbury.

During 1967, a total of 1,698 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 1967, applications were received in respect of 1,313 maternity patients for admission to hospital on “social” grounds. Of these, 23 were withdrawn by the patients before beds were reserved, 8 were booked for confinement on “medical” grounds, and the remaining 1,282 cases are accounted for as follows:

Recommended for hospital confinement and accepted by hospital concerned	..	..	1,223
Not recommended	..	..	59

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 six 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 five other areas of the County, leaving two areas to be brought into line.

Local Maternity Liaison Committee.—One meeting of the Liaison Committee was held during 1967.

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 1967, ten pupils completed their district training and three other pupils were in training on the district on 31st December.

Medical Practitioners (Fees) Regulations, 1967.—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 1967, the sum of £1 7s. 0d. was paid to a practitioner in respect of one claim 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 1967	5,657	23,542	690	3,764	6,347	27,306
2. „ born in 1966	6,197	18,509	678	2,826	6,875	21,335
3. „ born in 1962—65	10,347	23,566	1,450	3,015	11,797	26,581
4. Persons aged 65 or over	992	3,188	304	1,224	1,296	4,412
5. Mentally Disordered Persons	485	1,778	45	314	530	2,092
6. Patients discharged from Hospital (other than Maternity)	286	389	28	36	314	425
7. Tuberculous Households	551	1,492	36	107	587	1,599
8. Households visited on account of other infectious Diseases	135	195	3	6	138	201
9. School Children	1,653	3,475	540	1,207	2,193	4,682
10. Home Help	—	208	—	156	—	364
11. All Other Cases	1,670	3,467	56	191	1,726	3,658
TOTAL	27,973	79,809	3,830	12,846	31,803	92,655

As hitherto, the majority of the visits were to children under five years, of whom 25,019 individual children were seen (24,624 in 1966).

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

Aged 65 years or over	117 (included in item 4 above)
Mentally disordered	16 (included in item 5 above)
Hospital discharges	44 (included in item 6 above)

Sessions attended by Health Visitors:

County Council Clinics	3,358
Hospital (including Chest) Clinics	145
Other sessions or clinics	773
School Health Service Sessions	1,060
(including Hygiene inspections)	5,336

In addition, the full-time Tuberculosis Health Visitor made 393 visits to 89 households and attended 192 clinic sessions. Ineffective visits by all Health Visitors numbered 11,886 (952 more 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.

Three students who started their training in October, 1966, returned to the Council's service in September, 1967, on the successful completion of their course.

Since the inception of this scheme in 1947 until the end of 1967, the number of students accepted for training was 50, of whom 47 were successful in obtaining their Certificate.

No students were in training at the end of the year.

Health Services and General Medical Practitioners

Following the success of the attachment in mid-1966 of the first member of the Council's Health Visiting Staff to an urban Group Practice of three doctors, a second similar arrangement involving the attachment of a Health Visitor to a Group Practice of four doctors was started on 1st March, 1967, with the same successful results.

A trial scheme of informal attachments of Health Visitors to Group Practices in a typical rural town in the County was brought into operation in the latter half of the year. Although it is a little early to make a final assessment of the success or otherwise of this scheme, it would seem at this stage that it can only be regarded as partially successful. The main reason for this is that the staffing in the area concerned is such that it is not possible to attach the same Health Visitor continuously to a particular Practice, with a resulting lack of continuity.

Throughout the County a high degree of co-operation exists at the individual level and continues to receive every encouragement.

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 fourteen full-time Home Nurses in the Council's service at the end of the year, seven were employed in Shrewsbury, two each in Wellington and Oswestry and one each in Much Wenlock, Whitchurch and Hinstock. 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 1967, home nursing was provided for 6,063 patients, who received 150,198 visits—an average of 25 per case. Compared with the previous year, cases decreased by 151 and visits increased by 7,920.

The whole-time Home Nurses in Shrewsbury, Whitchurch and Much Wenlock, where the service operated separately from Midwifery for the full year, each attended on average 114 cases for 3,853 visits or 34 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 69 cases for 1,580 visits—an average of 23 visits per case.

More cases were attended for conditions such as anaemia (30 more), diseases of skin and subcutaneous tissues (37 more), and injuries (37 more). Fewer cases were attended suffering from other defined and ill-defined diseases (131 less), other respiratory diseases (51 less) and upper respiratory diseases (35 less).

The table on page 84 gives particulars of the number of cases attended in 1967 in each nursing district of the County, including those covered by agency arrangements.

Of the 6,063 cases attended:

3,285 (54 per cent) were 65 years or over when first visited during the year and received 103,790 visits (69 per cent of the total);

265 (4 per cent) were children under 5 years and received 1,599 visits (1.1 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	90	63	153
Other defined and ill-defined diseases	47	42	89
Diseases of the skin and subcutaneous tissue	44	31	75
Other respiratory diseases	18	17	35
Upper respiratory diseases	14	13	27
Diseases of urinary system and male genital organs	12	—	12

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 6,063 cases attended, 4,686 (or 77 per cent) were removed from the books during the year as follows:

	Cases	Percentage
Recovered, relieved or convalescent	2,750	58.7
Admitted to hospital or nursing home	873	18.6
Died	509	10.9
Gone away	251	5.3
Referred to out-patients, own doctor, etc.	216	4.6
Treatment undertaken by patient, relative, etc.	40	0.9
Discontinued	37	0.8
Others	10	0.2
	4,686	100.0

Of the 509 patients who died, major conditions necessitating home nursing were diseases of the heart and arteries (26 per cent), cancer (25 per cent), vascular lesions affecting the central nervous system (19 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 (913), diseases of skin and subcutaneous tissues (533), injuries (490), diseases of the heart and arteries (471), complications of pregnancy and puerperium (373) and vascular lesions affecting the central nervous system (342).

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned: 4,942 or 82 per cent of the cases attended were referred by Practitioners.

Treatments.—Of the 6,063 patients visited, 1,616 patients (27 per cent of the total) were attended solely for injections 1,318 (22 per cent) solely for dressings, 724 (12 per cent) for general nursing care and 371 (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 during the year was 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 1966 and 1967 at the end of the latter year, are given in the following tables:

Primary and Reinforcing Vaccinations performed in 1967

Vaccination against		CHILDREN					Total	PERFORMED BY	
		Born in 1967	Born in 1966	Born in 1965—60	Total	Others under 16 years		County Council Medical Officer	General Practitioner
Diphtheria	Primary ..	2,373	2,737	531	5,641	510	6,151	3,424	2,727
	Reinforcing	—	1,465	5,691	7,156	2,810	9,966	7,016	2,950
Whooping Cough	Primary ..	2,302	2,662	306	5,270	8	5,278	2,644	2,634
	Reinforcing	—	1,278	2,664	3,942	101	4,043	2,296	1,747
Tetanus	Primary ..	2,373	2,737	645	5,755	2,026	7,781	4,939	2,842
	Reinforcing	—	1,465	5,870	7,335	3,520	10,855	7,606	3,249
Poliomyelitis	Primary ..	1,915	2,949	745	5,609	169	5,778	3,952	1,826
	Reinforcing	—	1,431	4,802	6,233	359	6,592	4,710	1,882

Successful Vaccinations against Smallpox performed in 1967

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	463	4,581	5,044	182	23	5,249	3,173	2,076
Reinforcing	—	21	21	728	42	791	564	227

Percentage of Children Protected at 31st December, 1967

Protected Against	Born in 1967		Born in 1966	
	Immunised	% of Births	Immunised	% of Births
Smallpox ..	4,119 (35%)			
Diphtheria ..	2,373	41%	5,143	88%
Whooping Cough	2,302	40%	5,014	86%
Tetanus	2,373	41%	5,143	88%
Poliomyelitis ..	1,915	33%	5,051	86%

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, 263 cases, none of which was fatal, were notified—an increase of 79 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

	1953—57	1958—62	1963—67
CASES: Total Average	3,955 791	1,033 206.6	891 178.2
DEATHS: Total Average	5 1	1 0.2	1 0.2

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, 78 adults received primary vaccination and 5 others, booster doses. A further 230 doses were given at 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 243 persons were dealt with during the year, making a total of 1,263 since the service was inaugurated.

Central Syringe Service.—The review of arrangements mentioned in last year's report was completed and resulted in a decision to run down the Central Syringe Service (inaugurated on 1st May, 1961), and to purchase disposable equipment for use in all injection and vaccination procedures.

An initial order for the supply of 79,500 units was placed with the Brunswick Corporation (U.K.) Limited and delivery commenced in August, 1967. 34,523 units were issued up to the end of the year.

AMBULANCE SERVICE

Report of the County Ambulance Officer

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

The National Health Service (Amendment) Acts, 1949 and 1957.—The Amendment Act of 1949 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 increase in administration caused by this change can be reduced by good neighbourly arrangements between adjoining Local Health Authorities.

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 1967 the Ambulance Service was reimbursed to the extent of £335 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 is operated from a Central Control situated in the Ambulance Service Headquarters, Abbey Foregate, Shrewsbury (Telephone No. Shrewsbury 6331), 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, and this is under daily review. The words "where necessary" in Section 27 of the Act make it clear that the Local Health Authority are entitled to satisfy themselves in each case that there is a need for special transport, requests for which will normally be made by a Doctor or Hospital though, on occasion, a request from a dentist, midwife, nurse or Health Visitor may need to be accepted.

Hence, an Ambulance Service telephonist or Controller is not being impertinent if he asks questions "to satisfy himself" of the need.

In conjunction with the extensions in progress at Ambulance Service Headquarters, an effort is being made to improve the Control Room facilities and its method of operation.

Communications.—The best means of communications available are desirable; they are also costly.

Telephones and/or alarm bells are provided in the homes of 47 of the staff to cope with "on call duty" and the manning of the Service in a major emergency.

One of the first Services to use the medium, it would be impossible in present conditions to operate without radio telephones. The Service uses 51 mobile sets with transmitters at Abdon Burf in the Brown Clee Hills and at Lyth Hill.

Misuse of the "999" system by practical jokers and others, both adult and juvenile, whilst not a major problem, is still a serious nuisance which could on occasion have deplorable consequences.

Roads.—Increase in road traffic and congestion in the larger towns make attendance at accidents more frequent and also more difficult; co-operation by road users is in the main very good, and the assistance of the police in clearing a path for ambulances is invaluable.

New Stations.—One of the difficulties of assessing the need for additional stations, vehicles and staff, is the insidious manner in which such a need grows. A variation in established routine at a hospital, the introduction of a new service to the public, and particularly the wide scattering of such new patients throughout the County, causes a gradual build up of work which is barely noticed, and so is absorbed initially, but is suddenly a strain on existing resources. The Hospital Car Service organised on behalf of the Ambulance Service by the W.R.V.S. is most useful in helping us to meet such additional tasks, but even this service is strained by efforts to meet the calls for transport from welfare services in addition to our own.

National Competition for Ambulance Services.—The County was represented at the Regional Competition at Lichfield by a Crew from Craven Arms Station who, competing for the first time, had won the County Competition held in the Shirehall grounds on the 29th April.

Driving Awards.—Awards from the Royal Society for the Prevention of Accidents for safe driving were received during the previous year by 44 men.

Co-operation with other Services.—The major emergency Services in the County, Police, Fire and Ambulance Service, continued harmonious, and it is hoped effective, co-operation. The Ambulance Service will hope that the removal of Police Headquarters to Worcester will not diminish the friendly and always helpful relations between the two Services.

Civil Defence.—The Ambulance and First Aid Section of the Civil Defence Corps, together with the Rescue and Welfare Sections, disappeared in the re-organisation of a general purpose Corps in the early part of the year and much time and energy was spent in the latter part of the year recruiting, very successfully, volunteers for the Ambulance Reserve which was to provide the additional personnel required in time of war. All members of the regular services were given training in their expected war time role, but at the time of writing it is known that as a result of defence cuts, Ambulance Reserve training is to be suspended.

Staff.—During the year three members of the operational staff resigned, and four recruits entered the Service, and in May a member of the staff was successful in the Associate 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 at their home stations or Ambulance Headquarters workshop; 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 is responsible for the Council's motor cars used by District Nurses, Midwives and Health Visitors. At 31st December, 1967, 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 1967, 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. The reduction in the whole-time car mileage continues with the 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	
	1966	1967	1966	1967	1966	1967	1966	1967
Shrewsbury	16	16	6	4	2	1	24	21
Oswestry	5	*6	1	2	—	—	6	8
Whitchurch	2	2	1	1	—	—	3	3
Market Drayton	1	1	—	—	—	—	1	1
Donnington and Shifnal	5	5	3	4	—	—	9	9
Wenlock	—	—	1	1	—	—	1	1
Bridgnorth	3	4	—	—	—	—	3	4
Craven Arms	5	5	2	2	—	—	6	7
TOTAL ..	37	39	14	14	2	1	53	54

*Includes one vehicle damaged in accident and pending write off.

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	Driver	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Driver	Attendants		Total	
	M	F	F	M	M	F	M	F	M	F		Driver-Attendants
1966	58	—	5	5½	3½	10	63½	—	3½	15	82	95
1967	61	1	5	5	2½	10	66	1	2½	15	84½	95

Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1966					31st December, 1967					
	Full-time		Part-time			Full-time			Part-time		
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Driver	Attendants	Driver- Attendants	Attendants	
	M	F	M	M	F	M	F	F	M	M	F
Shrewsbury	29	5	—	—	3	28	—	5	—	—	2
Oswestry	8	—	1	9	2	8	—	—	1	10	2
Whitchurch	1	—	3	1	1	2	—	—	1	—	2
Market Drayton ..	—	—	3	—	2	—	—	—	2	—	2
Donnington and Shifnal	9	—	1	2	4	10	—	—	1	1	5
Wenlock	—	—	1	—	3	—	—	—	1	—	3
Bridgnorth	3	—	1	—	2	4	—	—	—	—	2
Craven Arms	8	—	—	1	4	8	1	—	1	—	4
TOTAL ..	58	5	10	13	21	60	1	5	7	11	22

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
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
1967	123,537	1,176,364	1,805	21,019	7,630	178,968	132,972	1,376,351

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

Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage
Shrewsbury	22,022	48,677	426,330
Oswestry	2,623	20,601	175,516
Whitchurch	1,529	8,067	87,312
Market Drayton ..	580	3,577	35,118
Donnington	5,897	21,913	194,250
Shifnal	775	2,425	25,166
Wenlock	386	1,788	16,246
Bridgnorth	1,627	7,075	71,430
Craven Arms	2,238	11,219	166,015
TOTAL ..	37,677	125,342	1,197,383

Categories of Patients Conveyed

Maternity	1,487
Mental	302
Accident	2,447
Infectious	94
General	128,642
TOTAL ..	132,972

Patients carried and Mileage covered

Year	Patients	Mileage	Mileage per patient
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
1967	132,972	1,376,351	10.35

Note.—Three more vehicles were equipped with radio-telephones during 1967, making a total of 47 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 1967 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			
		M	F	Total	Active		Inactive	
					M	F	M	F
WOLVERHAMPTON	Public	245	273	518	1	—	2	3
	Industrial	4,649	2,990	7,639	2	—	17	9
	G.P. Referrals	880	562	1,442	6	1	9	11
	TOTAL	5,774	3,825	9,599	9	1	28	23
STOKE-ON-TRENT	Public	311	760	1,071	1	1	5	5
	Industrial	336	899	1,235	—	—	1	1
	G.P. Referrals	220	221	441	1	—	2	3
	TOTAL	867	1,880	2,747	2	1	8	9

Other Conditions

Condition or Abnormality	Wolverhampton Unit			Stoke-on-Trent Unit		
	Males	Females	Total	Males	Females	Total
Non-tuberculous fibrosis, emphysema and pleural thickening	33	17	50	14	3	17
Inflammatory lesions	36	13	49	6	2	8
Bronchiectasis	1	5	6	4	1	5
Abnormality of diaphragm	5	3	8	6	2	8
Old Empyema	—	—	—	1	—	1
Cardio-vascular lesions	17	24	41	25	3	28
Congenital abnormality of bony thorax	7	5	12	5	1	6
Acquired condition of ribs	18	—	18	3	—	3
Pneumoconiosis	—	2	2	2	3	5
Enlarged thyroid gland	5	2	7	1	1	2
Enlarged glands of unknown etiology	15	6	21	7	1	8
Sarcoidosis	—	3	3	—	1	1
Bronchial carcinoma	—	—	—	3	—	3
Metastases in lung	4	5	9	10	6	16
Old rib fracture	3	—	3	3	3	6
Miscellaneous	144	85	229	90	27	117
Cases referred for further investigation and on whom a final diagnosis has not yet been reached						
TOTAL						

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 1967	Left County before visit	Not Traced	Visits not necessary	Visited during 1968	Notifications of Tuberculosis (Respiratory)
Commonwealth Countries:							
Caribbean	19	13	2	—	4 Hospital staff	—	—
India	10	5	1	—	4 Hospital staff and family	—	—
Pakistan	4	1	—	2 did not arrive	1 Hospital staff	—	—
Other Asian	15	11	4	—	—	—	—
African	4	1	—	—	1 Hospital staff	—	—
Other	1	—	—	—	2 students 1 Hospital staff	—	—
Non-Commonwealth Countries:							
European	14	11	—	1	—	2	—
Other	2	2	—	—	—	—	—
TOTAL ..	69	44	7	3	13	2	—

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home Helps and during 1967 assistance was supplied in three 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. Fourteen Home Helps had chest X-rays, of which two indicated slight abnormalities which did not require further investigation.

Open-Air Shelters.—The distribution on 31st December, 1967, of the 24 shelters owned by the County Council was as follows:

At Patients' Homes	8
In Store	16

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 1967 a total of 335 persons were vaccinated at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 167 for the previous year.

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

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

The following are the particulars of schools visited for B.C.G. Vaccination purposes during 1967 with the comparative figures for 1966.

B.C.G. Vaccination in Schools

	Maintained and Grant-aided Schools		Independent Schools	
	1967	1966	1967	1966
Schools visited	39	47	20	25
Children tested	3,372	3,496	522	600
Reactors—positive	140	200	53	70
negative	3,057	3,097	458	526
Not read	175	199	11	4
Children vaccinated	3,006	3,034	442	507
Negative reactors not vaccinated	51	63	16	19

Eight Independent and six maintained and Grant-aided schools were visited twice during the year, which brings the total actual visits paid to schools to 73.

The acceptance rate for B.C.G. Vaccination for 1967 was 94.3 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)	33	4	28	1	—*

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

Mass Radiography.—Appointments for chest X-ray by Mass Radiography are offered to all positive reactors and also to their home contacts. In addition, since February, 1964, arrangements have been made for those pupils who have had large Mantoux 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 1967, 73 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	196	191	244
Recalled for large film examination ..	4	—	3
Cases of tuberculosis discovered	1	—	1

The one case found among the pupils was notified as suffering from active pulmonary tuberculosis following a strongly positive reaction to the skin test given at school, was recalled for large film examination following an abnormality shown on the first X-ray.

Included above are 30 staff from the school at which a special survey was made. None were recalled for large film examination.

During the year, a new scheme was put into operation whereby appointments for chest X-ray were made for all entrants to the County's Welfare Homes, for Ambulance personnel, and also for the County's Health Visiting and Nursing staff.

Following a circular received from the Ministry of Health advising chest X-ray for all people who came into close contact with children, members of the Children's Department, including staff at Children's Homes, were X-rayed. None were recalled for large film examination.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1967 was as indicated in the table following, with comparative figures for the previous year:

Tuberculosis Registers

		1966		1967	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January	.. ..	1,065	229	985	221
ADDED: New cases	.. ..	37	13	36	10
Transfers in	.. ..	17	1	9	—
Restored to register	.. ..	4	3	4	—
REMOVED: Cured	.. ..	81	19	76	15
Non-tuberculosis	.. ..	2	—	—	—
Died (all causes)	.. ..	26	3	28	—
Transfers out	.. ..	29	3	17	2
On register on 31st December	.. ..	985	221	913	214

On 31st December, 1967, the 913 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors	.. ..	622
Not requiring supervision	.. ..	263
In hospitals and sanatoria, as listed below	.. ..	25
In Shelton Hospital, having treatment apart from Tuberculosis	.. ..	3
		913

Patients in Hospitals and Sanatoria

Cross Houses Hospital	.. ..	6
Wrekin Hospital	.. ..	7
Shelton Hospital	.. ..	11
East Hamlet Hospital	.. ..	1
		25

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 1967 assistance was given in this way to 60 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 is largely derived from the sale of Chest and Heart Christmas seals and Christmas cards, together with a number of generous donations.

During 1967 the case committee met on eight occasions and approved assistance in a variety of ways to 43 cases (of whom 13 were new ones) at a cost of £458 compared with 50 cases and £561 during the previous year.

HEALTH EDUCATION

"Learning to Live".—Between September, 1966, and July, 1967, the "Learning to Live" programmes on Personal Relationships, including Sex Education, have developed steadily. Sixty-three school courses were completed compared with seventy-one in the previous year, a lower figure reflecting the fact that the Health Education Lecturer was unable, through illness, to meet all requests in the Summer Term. Thirty Secondary Schools in the county employed the service, also one College of Further Education, one Private School and two Special Schools. As many boys as girls were included in the courses, which continue to consist of approximately three visits in each programme made by Mrs. Jean Owen, Health Education Lecturer, with a Medical Officer if required by the school. Extensions of the basic course were three lectures on Venereal Diseases conducted by the Medical Officers. Preliminary preparations were made for similar programmes on Drug Addiction. Liaison with the Education Department developed during the year and Mrs. Owen spoke about the work to six Parent Teacher Meetings and seven Women's Organisations.

An interesting development was that many schools find that the younger age groups benefit from the programme and that it is helpful for a secondary school pupil to receive the "Learning to Live" programme at the age of eleven, i.e. before the age of emotional involvement, with suitable continuation programmes at approximately fourteen and again before leaving school. This plan seems to help the girls and boys to discuss personal problems with those with whom they are in daily contact, their parents and their school teachers.

Report of Health Education Officer:

Health Propaganda.—1967 saw a decrease in the recorded numbers of talks, schools visited and overall audiences. This may be due in part to the outbreaks of foot-and-mouth disease in cattle and consequent cancellations of various public meetings. There are strong indications that this is merely a temporary phenomenon.

All our talks are given on invitation, from heads of schools, organisers of youth clubs, women's institutes, townswomen's guilds, old people's clubs, parent-teacher associations and other organised groups. Wherever practicable they are illustrated by films, or filmstrips, slides and other visual aids. Films generally have a more universal appeal and impact, but they are costly to produce. Good "health" films continue to be rare. All too few are released (especially British ones) and these are largely sponsored by public-spirited commercial firms.

Our "Learning to Live" programme is probably the one most generally requested, both for schools and other organised groups whose members are interested in current educational trends. Programmes of an allied nature (such as menstruation and venereal disease) have also been requested, and these not solely in schools. Dental health comes next in popularity. Family Planning, Drugs, Cancer, are all new additions to our well-established repertoire of dental health, food and nutrition, food and personal hygiene, smoking, foot health, home safety—all of which topics are in fairly constant demand.

Talks.—The following table gives particulars of talks undertaken during the year:

Talks	Audience	School	Other	Total	Day	Evening
With Aids ..	11,112	*117	56	173	136	37
Without ..	7,134	113	24	137	132	5
TOTALS ..	18,246	230	80	310	268	42

*54 Primary; 63 Secondary Schools

Displays.—On 15th March, the date of the official opening of the Shirehall by H.M. The Queen and the occasion of an "Open Day" when the public visited the new building, the Department staged displays on the Mental Health Services and work of the Junior Training Centres and the County Health Services generally, coupled with a continuous showing of health education films throughout the afternoon.

In May, at the Shropshire and West Midland Agricultural Show, the County Education and Health Departments staged a combined exhibit dealing with the needs of "the Handicapped Child" and the medical and educational facilities available to assist the handicapped to take their fullest possible place in the life of the community.

Smoking and Health.—Smoking, especially of cigarettes, is an addiction not beneficial to health. There is an undoubted relation between cigarettes smoked and lung cancer incidence. This may well apply to cigars and pipes although this is not proven by known facts and figures. The tobacco habit is an expensive one that can be justified neither on economic nor health grounds. If some of us continue in it with full knowledge of the facts this is certainly addiction and addiction is in no sense a recommendation or any example to be followed.

We offer talks with film support, to schools and organised groups, together with posters and leaflets, and hope our efforts discourage the young from adopting this allegedly "grown-up" habit and stimulate older addicts to give up or at least cut down their usage of cigarettes.

Accidents in the Home.—There were 116 accidents in the home reported from nursing, ambulance, health visiting and hospital sources. That is, 116 severe injuries needing nursing at home (56), in hospital (53), transportation by ambulance (44).

More than half were Burns and Scalds injuries (87), of which 50 required nursing and 33 were conveyed by ambulance to hospitals. Fifteen patients were 65 years or over, 37 were under five years of age. One patient of middle-age had a history of epilepsy.

The 13 Poisoning victims were all under 5 years. Five of them had swallowed aspirin tablets in quantity, one spastic boy had eaten rat poison. All went to hospital, 4 by ambulance.

Of the 10 reported Falls cases, 4 went to hospital by ambulance, 4 required nursing at home, 3 were aged 65 years or over, 6 were under 5 years. One boy of 21 months fell while carrying a milk bottle and cut his hand.

Other forms of injury (6) included a child with an arm trapped in a washing machine, another with electric shock and a baby who swallowed a safety-pin. Three cases went to hospital by ambulance. Two patients were aged 65+, three were under fives. Two cases required nursing care at home.

These figures appear lower than those recorded for 1966. It is too much to hope that they are anything more than an indication of the pattern of accidents that are constantly befalling us, that are more numerous than we think and that are largely preventable. To quote from one of our films—"These (or most of them) are average homes. Average people live in these homes, having average accidents—*because they don't use average intelligence . . .*"

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 1967, but paid Night Helps were employed in two cases—one of which received help for two sessions and the other for one session. No charge was made in either case.

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, 1967	..	..	..	..	..	..	17
New cases	..	..	..	..	..	..	7
							— 24
Cases closed as satisfactory	..	..	..	..	..	..	4
Unsatisfactory cases needing further action by Inspector	..	..	..	..	..	..	1
Cases discontinued	..	..	..	..	..	..	1
							— 6
Cases open at 31st December, 1967	..	..	..	..	..	..	18
Total visits of supervision to families	..	..	..	..	..	..	658
Total miscellaneous visits to officials	..	..	..	..	..	..	353

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 £100 in 1967, the total of their Shropshire grants amounts to £1,455.

Marie Curie Memorial Foundation—Cases Assisted

Assistance provided	Amount expended in 1967		
	Cases	£	s. d.
Domestic help, including Day and Night Nursing Service	4	94	2 5
Extra nourishment	5	4	10 1
Fuel	2	5	11 8
Toilet necessities	—	—	—
TOTAL	11	104	4 2

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 904 patients, direct from the Health Department in 589 cases and by nurses and midwives in 315 cases, a total of 1,255 items being supplied as summarised below:

Issues of Nursing Equipment

Items	Issued by		Total
	Health Dept.	Nurses	
Air rings	6	71	77
Back rests	90	89	179
Bed pans	70	106	176
Bed cradles	60	14	74
Bed tables	6	2	8
Bedsteads	23	6	29
Commode chairs	121	12	133
Crutches	16	—	16
Dunlopillo rings	62	6	68
Feeding cups	3	16	19
Fireguards	16	—	16
Patient lifters	14	—	14
Mattresses	30	7	37
Urinals	39	77	116
Walking aids	55	—	55
Wheel chairs	170	3	173
Miscellaneous	42	23	65
TOTAL ..	823	432	1,255

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:

<i>Year</i>	<i>Pads Issued</i>
1962	12,700
1963	27,300
1964	44,600
1965	60,300
1966	61,600
1967	79,200

Waterproof pants with disposable linings are also provided for ambulant incontinent patients and 81 pants with 5,150 linings were issued during the year.

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 1967, the following Convalescent Homes received 47 cases at a gross cost of £827 14s. 0d., of which £42 7s. 3d. was recovered, no charge being made in 39 cases:

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	40	—
Victorian Convalescent Home, Bognor Regis ..	1	—
Boarbank Hall, Grange-over-Sands ..	4	—
The Rest Convalescent Home, Porthcawl ..	1	—
The Brooklands Convalescent Home, Coggeshall ..	1	—
TOTAL ..	47	—

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.—Two private Chiropodists undertake the treatment of surgery and domiciliary cases in their localities under contractual arrangements with the Council.

During 1967, five whole-time Senior Chiropodists were employed by the Council and, to keep pace with increasing demands upon the Service, a sixth post, previously authorised, was filled at the end of the year.

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.

Foot inspections carried out by the County Chiropodists, routinely in Senior Schools and on request in Primary Schools, numbered eleven and three, respectively, during the year. 3,381 pupils were inspected and 123 cases of verruca noted, 50 of which were already being treated, and 46 cases of tinea pedis of which 10 were receiving treatment. 638 other abnormal conditions were also noted and, of these, 34 were already under treatment.

Private Chiropodist.—The following patients were dealt with in 1967:

Category	Domiciliary		Surgery	
	Patients	Treatments	Patients	Treatments
Aged	135	513	253	941
Handicapped ..	7	18	4	9
Expectant mothers ..	—	—	—	—
TOTAL ..	142	531	257	950

County Chiropodists.—Patients treated at County Council clinics and in their own homes during 1967, as indicated below, totalled 2,232 and received 10,053 treatments.

Category	Domiciliary		Clinic	
	Patients	Treatments	Patients	Treatments
Aged	987	4,614	799	4,244
Handicapped ..	43	129	10	40
Expectant mothers ..	1	1	1	8
School children ..	102	356	289	661
TOTAL ..	1,133	5,100	1,099	4,953

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 171 cases in respect of 876 treatments.

In addition, the County Chiropodists treated 279 patients in Welfare Homes, giving 1,160 treatments.

Voluntary Schemes.—Patients treated under Chiropody schemes organised by Voluntary Committees and clubs, within the framework of the County Service, numbered 1,212 and 6,239 treatments were given.

In total, cases treated through the County Chiropody Service in 1967 numbered 3,843 and received 17,773 treatments.

GERIATRIC CLINIC

With the approval of the Local Medical Committee a pilot Geriatric Clinic, with the object of helping elderly people to remain well and active for as long as possible thereby relieving undue pressure on hospital beds and places in Welfare Homes, was started at Murivance Child Health Centre, Shrewsbury, on 8th June, 1967. Attendances are by appointment and publicity is undertaken through the various Old People's Organisations.

By the end of the year eight sessions had been held, catering for 43 old people and consideration was being given to the extension of the pilot scheme.

Among the defects noted were:

Eyesight	16
Hearing	8
Heart	7
Lungs	11
Anaemia	3
Arthritis	12
Bronchitis	8
Urine:	
Albumin	15
Sugar	1

Of these it seemed likely that 13 conditions were probably not known to the family doctor. In each case the family doctor was notified of the findings.

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.

New extensions to the Group Laboratory became available in Shrewsbury by the end of 1966, and a limited programme of Local Authority "well women" clinics for taking cervical smears from women aged 30 and over was started in the middle of April, 1967.

These clinics are held at nine Child Health Centres in the County, one afternoon session per month being held at each. It is hoped that the service may be extended when the Shrewsbury Group Laboratory are able to cope with more smears. In the meantime, valuable co-operation is also received from the Wolverhampton Group Laboratory, who examine smears from four of the nine clinics.

The numbers of smears taken during 1967 were as follows:

Clinic	Number of Smears
Ludlow	92
Madeley	101
Market Drayton	114
Newport	124
Oswestry	109
Shrewsbury (Albert Road)	139
Shrewsbury (Murivance)	189
Wellington	219
Whitchurch	81
TOTAL ..	1,168

(N.B.—In addition a total of 564 cervical smears was taken at the Multiple Screening Clinic held at Oswestry Child Health Centre in October, 1967—see page 53—55 and 87).

Negative reports were received from the Laboratory on 1,093 of these smears. The Laboratory recommended that repeat smears should be obtained in 75 cases, the gradings of which were as follows:

<i>Papanicolaou Grades</i>	<i>No.</i>
II R .. Atypical findings (e.g. infections) but no evidence of malignancy	71
III A .. Suspicious superficial cells	1
III .. Suspicious cells (endometrial and endocervical)	2
III B .. Suspicious basal cells	—
IV .. Suggestive of malignancy	1
V .. Evidence of malignancy	—
TOTAL ..	75

The tables below show the age groups and Registrar General's social categories of the women concerned, and the distribution by grade.

Age Groups and Social Categories

Age Group	Social Category					Totals
	I	II	III	IV	V	
Under 35 ..	—	2	7	1	2	12
35—44 ..	—	8	15	8	1	32
45—54 ..	—	3	15	4	5	27
55—64 ..	—	—	4	—	—	4
65—75 ..	—	—	—	—	—	—
Over 75 ..	—	—	—	—	—	—
TOTALS ..	—	13	41	13	8	75

Distribution by Grade

Papanicolaou Grade	Age Group						Social Category				
	Under 35	35—44	45—54	55—64	65—75	Over 75	I	II	III	IV	V
II R ..	11	31	25	4	—	—	—	11	39	13	8
III A ..	1	—	—	—	—	—	—	—	1	—	—
III ..	—	—	2	—	—	—	—	2	—	—	—
III B ..	—	—	—	—	—	—	—	—	—	—	—
IV ..	—	1	—	—	—	—	—	—	1	—	—
V ..	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	12	32	27	4	—	—	—	13	41	13	8

All these patients were referred to their own doctors who, in 53 cases, themselves took whatever further action they considered to be necessary. In the remaining 22 cases (21 Papanicolaou Grade II R and one Grade III), the general practitioners concerned asked for the repeat smears to be taken at a Local Authority clinic. Nineteen of these proved satisfactory on repeat, the remaining three being referred for further repeat smears to be taken in six to twelve months' time.

MULTIPLE SCREENING

Multiple screening is the use of two or more simple laboratory tests, examinations or procedures applied on a mass basis to determine presumptive evidence of unrecognised disease.

After discussion with the Group Consultants and the Local Medical Committee, it was decided to hold a pilot Multiple Screening Clinic at a suitable location in the County in the latter half of 1967.

In selecting conditions for which the screening procedure would be made available, the following criteria were applied:

1. The disease should be relatively common. From this it followed that there should be a high yield and the disease should have fairly serious consequences if undiscovered and untreated.
2. The disease must be readily distinguishable from normality.
3. The disease must be reversible, controllable by treatment.
4. The test must be reliable.
5. The test must be acceptable to the public.

With these points in mind, it was decided that a sensible limited initial range of tests would be:

- (a) Cervical cytology
- (b) Mass Miniature Radiography
- (c) Vision screening
- (d) Urine test
- (e) Haemoglobin estimation

In the event, the town of Oswestry with a population of about 12,000 and a surrounding rural district of a further 20,000 in the north-west of the County, and considered to be a typical Shropshire community, was selected for the purpose. The local General Practitioners were consulted and agreed to co-operate, and the Clinic was held at Oswestry Child Health Centre from 2.30 p.m. to 7.30 p.m. on each of the days from 24th to 27th October.

Attendance was open to the public without appointment, and appropriate publicity was given by notices in the local press and by the display of posters in the town.

It had been anticipated that the attendance over the four days would number about 1,000, but the response was better than expected and a total of 1,259 people (393 males and 866 females) attended. The table on page 87 shows how these were distributed by age groups and by the Registrar General's social categories, how many took each test and the number of defects found.

The family doctors were notified of the results of all these tests, i.e. whether defects were found or not, and it is hoped that, with their co-operation, a proper evaluation of the findings may be made.

In the meantime the following notes on the results of each test may be of interest:

1. Cervical Cytology

The table below shows the distribution by Papanicolaou grade of those found defective, i.e. cases in which the Laboratory recommended a repeat smear:

Papanicolaou Grade	Age Group						Social Category					
	Under 25	25—34	35—44	45—54	55—64	65 and over	I	II	III	IV	V	Not known
II R	1	5	8	15	6	1	—	5	17	9	1	4
III A	—	—	1	—	—	—	—	—	—	1	—	—
III	—	—	2	1	—	—	—	1	1	1	—	—
III B	—	—	1	—	—	—	—	—	1	—	—	—
IV	—	—	—	—	—	—	—	—	—	—	—	—
V	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	1	5	12	16	6	1	—	6	19	11	1	4

2. Chest X-ray

Particulars of the 50 defective cases are as follows:

Enlargement of left cardiac ventricle	8
Cardiac enlargement of aortic shape	1
Dextro cardia with transposition of abdominal viscera	1
Dense shadows in upper lobes	5
Shadowing in left base	5
Increased basal lung markings	3
Hypertranslucency of lung fields (? emphysema)	12
Fibrotic scarring	1
Pleural scarring	2
? Simple pneumoconiosis	3
? Silicosis with progressive fibrosis	1
Inactive bi-lateral tuberculosis	1
Slight widening of right upper hilum	1

Enlargement of thyroid gland	3
Roundish shadow in left cardio-phrenic angle	1
Dorsal scoliosis	1
? Hiatus hernia	1

In 14 of these cases, the Director of the Mass Radiography Unit recommended that further films be taken.

3. Vision

Those people whose visual acuity was found to be 6/12 or worse in both eyes were counted as defective. In some cases, however, the patient, although normally using spectacles for some purposes, did not bring them to the clinic and therefore had to be tested without them. As a result defects were found which would normally be corrected.

4. Urinalysis

The defective cases shown are those who were found to have a trace of either glucose or protein in the urine. Those with more than a trace were:

Glucose: 10 (including one known diabetic)
Protein: 19

5. Haemoglobin Estimation

Those with a Haemoglobin level of 10 g./100 ml. or less were recorded as defective.

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 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 to review their attitude, categorically stated that they were not prepared to adopt the principle of fluoridation and considered that no useful purpose would be served in investigating the technical aspects or in calculating approximate costs.

The East Shropshire Water Board, whose Engineer had made preliminary investigations into the technical aspects and likely costs, also decided, during 1967, that they would not arrange for the fluoridation of their supplies.

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, 1967, 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	12

Junior Training Centres and Hostels:

Supervisors	3
Assistant Supervisors	13
Senior Housemother	1
Assistant Housemothers	5

Hostels for Mentally Ill:

Matron	1
Deputy Matron	1

A further post was added to the establishment for Mental Welfare Officers during the year which has helped to keep pace with the increasing demands made on the service. The secondment of Mental Welfare Officers and Training Centre Staff on full-time Training Courses has continued although the economic situation will mean some curtailment in the numbers released for training.

Mental Illness:

Liaison with Hospital Service.—Close liaison with Shelton Hospital is actively maintained by the operation of "Psychiatric Teams" each of which is lead by a hospital Consultant Psychiatrist. A Hospital Social Worker and Mental Welfare Officers provide social support for patients in hospital and in the community and the Mental Welfare Officers attend the weekly hospital clinical meetings. The County Medical Officer is a member of both the Nurse Education Committee and the Medical Advisory Committee at Shelton Hospital. The training syllabus of the student nurses includes lectures by the Administrative Mental Welfare Officer and domiciliary visits with other Mental Welfare Officers.

Admissions to Hospital for Mental Illness.—The Mental Welfare Officers were concerned with the admission to hospital of 509 mentally ill patients in 1967, nearly all of whom were admitted to Shelton Hospital. Particulars of the admissions are given in the following table:

Mentally Ill Patients dealt with by Mental Welfare Officers

Mental Health Act, 1959	Male	Female	Total
Informal Admissions	95	121	216
Compulsory Admissions:			
(a) Section 29 Emergency Order	27	24	51
(b) Section 25 Observation Order	83	129	212
(c) Section 26 Treatment Order	17	11	28
(d) Section 60 Court Order	2	—	2
TOTAL ..	224	285	509

In addition, 144 investigations were carried out into further alleged cases of mental illness but hospital admission was not indicated.

Care and After-Care of the Mentally Ill.—This is an essential extension of hospital treatment requiring the closest possible co-operation between hospital staff, general practitioners and the local authority social workers. The Psychiatric Teams have been developed to meet this need. The occurrence of mental illness in one member of the family brings various pressures and problems to the other members and the Mental Welfare Officers through their close relationships with many voluntary and social work organisations can mobilise resources to meet a wide variety of special needs.

The following table shows particulars of patients receiving after-care during 1967 with the figures for the previous four years:

At 31st December	Patients	Visits
1967	756	7,381
1966	695	6,842
1965	661	5,906
1964	608	5,086
1963	457	3,744

Elms House.—This large old family house, pleasantly situated in its own grounds on the outskirts of Shrewsbury, was opened by the Council in March, 1966, to provide accommodation for up to 14 female patients recovering from mental illness. It is staffed by a Matron, Deputy Matron and domestic assistants, and is an extremely valuable aid towards the rehabilitation of certain patients with special difficulties who need skilled and fairly intensive social support.

Psychiatric Social Club.—The Social Club run by the Mental Welfare Officers continued its fortnightly meetings at the Shrewsbury Junior Training Centre. We gratefully acknowledge the help of friends whose efforts add variety to the 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*, is registered for 100 severely subnormal children under the age of 16 years and who are not subject to detention. The children are mainly long-stay cases requiring nursing care and a number of beds are reserved for National Health Service cases under a contractual arrangement between the Managers of the Home and the Birmingham Regional Hospital Board.

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

Subnormality and Severe Subnormality:

Referrals: During the year new cases of subnormality and severe subnormality were referred from the following sources:

- (a) Education Department:
 - (i) Unsuitable for attendance at school 24
 - (ii) In need of supervision on leaving school .. 55
- (b) Transferred from other Counties 8
- (c) Others 10

Adult Training Centres and Hostels.—The first adult Centre and Hostel to be provided by the Council were nearing completion at Shrewsbury by the end of the year and will open in the Summer of 1968. There will be 60 training places and 30 residential places. A second Centre and Hostel are to be built at Wellington and these facilities will make a much needed contribution to the community care service.

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 following table:

Centre	Places		No. on Register on 31st Dec., 1967	
	Training	Hostel	Training	Hostel
Shrewsbury	80	40	87	44
Wellington	40	—	48	—
Part-time Centres ..	15	—	14	—
TOTAL ..	135	40	149	44

In March, 1967, Miss E. E. Ward retired from her appointment as Supervisor of the Shrewsbury Junior Training Centre after many years in the Council's service. She commenced her service as a Health Visitor and subsequently took an active part in the training of the young mentally handicapped from the inception of the scheme and saw the service grow from part-time provision in Child Welfare premises to the purpose-built Centres and Hostel of today. On retirement Miss Ward was offered employment by the Shrewsbury Society for Mentally Handicapped Children and has since run the Society's temporary Centre for some 18 young adult females pending the opening of the Council's Adult Training Centre.

Mrs. P. A. Styles, formerly an Assistant Supervisor at the Shrewsbury Centre, was appointed as Supervisor in succession to Miss Ward.

Home Visiting.—Contact with the Mentally Handicapped in their own homes is a vital part of the community service and a great deal of help and encouragement can be given to the families and patients by skilled social workers. The numbers of subnormal and severely subnormal patients who on 31st December, 1967, were receiving home visits by the Local Health Authority's Officers were as follows:

	Under 16	Over 16	Total
Male ..	94	424	518
Female ..	82	390	472
TOTAL ..	176	814	990

Hospital Care.—Shropshire is served by two Hospitals—Stallington Hospital, Blythe Bridge, Stoke-on-Trent, and Lea Castle Hospital, Kidderminster—and patients are admitted to these Hospitals according to the location of their home address. Prior to admission a Consultant Psychiatrist from the Hospital concerned sees the patient either at his home or at a monthly clinic held at the Shrewsbury Junior Training Centre. Additionally patients in the community presenting behaviour problems are referred for advice. During the year 16 patients were admitted to hospital for long-term care and a further 17 for temporary periods to relieve their families. At the end of the year 24 patients were waiting for long-term vacancies and were classified as follows:

	Under 16	Over 16	Total
Male ..	5	8	13
Female ..	6	5	11
TOTAL ..	11	13	24

Guardianship.—One Shropshire patient was subject to a Guardianship “Order” at the end of 1967.

Voluntary Organisations.—The Shrewsbury and Wellington Societies for the Mentally Handicapped run Youth Clubs and arrange outings, holidays and other activities. In addition, the Shrewsbury Society have since April, 1967, organised a temporary training centre at Sutton Lodge, Shrewsbury, which is owned by the County Council, pending the opening of the Council’s new Adult Centre in Shrewsbury. The Council pay certain approved running expenses and allow the Society the use of the building without charge.

The W.R.V.S. continue to give great assistance in transporting children to the Training Centres; the invaluable help which the W.R.V.S. provide through their Clothing and Furniture Schemes is much appreciated.

Standing Conference for Mental Health.—Early in 1967 the Shropshire Council for Social Service set up a Working Party to consider the need for the formation in Shropshire of a local branch of the National Association for Mental Health and its findings were that the functions which could be carried out by such a branch were already being covered to a large extent by existing statutory and voluntary bodies. The Working Party considered, however, that there was a need for a co-ordinating body for mental health activities in the County and the establishment of a Standing Conference for Mental Health was recommended and adopted by the Council for Social Service. A wide range of organisations are represented on the Standing Conference which meets under the chairmanship of the County Medical Officer two or three times a year to review activities and needs in the mental health field within the county.

E. A. R. WARD,

Administrative Mental Welfare Officer.

DOMESTIC HELP SERVICE

Particulars of the Domestic Help Offices operating within the County on 31st December, 1967, are given below:

Home Help Offices

Centres	Address
BRIDGNORTH	Child Health Centre, Northgate
CHURCH STRETTON ..	Cottage Room, Silvester Horne Institute
LUDLOW	Child Health Centre, Dinham
MARKET DRAYTON ..	Child Health Centre, Longslow Road
NEWPORT	Child Health Centre, Beaumaris Road
OSWESTRY	Child Health Centre, 30 Upper Brook Street
SHREWSBURY	Child Health Centre, Murivance
WELLINGTON	Child Health Centre, Haygate Road
WHITCHURCH	Child Health 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 1967—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 rate in operation at the end of 1967 was 4/11½d. per hour, 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, 1967, 270 Home Helps were employed (6 full-time and 264 part-time).

Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	36	36
Church Stretton ..	—	5	5
Ludlow ..	—	36	36
Market Drayton ..	1	10	11
Newport ..	—	9	9
Oswestry ..	—	31	31
Shrewsbury ..	5	66	71
Wellington ..	—	54	54
Whitchurch ..	—	17	17
Total for 1967	6	264	270
Total for 1966	7	247	254

The 270 full-time and part-time Home Helps are equivalent to 144 whole-time workers, or 0.44 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 1967, 1,679 cases were assisted, at an average of 1,031 per week, and the hours worked and travelled by Home Helps amounted to 276,207. This gives a case rate of 5.2 per 1,000 population, with each case receiving an average of 3.2 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 87.4 per cent of the cases and that 261,105 (or 94.5 per cent) of the hours worked by the Home Helps were devoted to their help; and this work is a big factor in helping elderly and chronic sick cases to avoid having to leave their homes to enter hospital or welfare accommodation.

Cases Attended by Home Helps

Centres	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Mental Illness	Total
Bridgnorth ..	153	2	12	4	1	1	2	175
Church Stretton ..	23	1	1	1	—	—	—	26
Ludlow ..	123	—	5	—	—	1	1	130
Market Drayton ..	61	5	8	1	—	—	—	75
Newport ..	51	—	5	4	—	—	—	60
Oswestry ..	159	4	19	1	—	1	2	186
Shrewsbury ..	431	16	53	14	—	4	1	519
Wellington ..	387	3	16	5	1	2	4	418
Whitchurch ..	80	1	4	3	1	—	1	90
Total for 1967 ..	1,468	32	123	33	3	9	11	1,679
Total for 1966 ..	1,347	31	119	30	8	12	10	1,557

Cases in the chronic sick and aged category included 1,339 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)
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
1967	1,679	1,468	87	276,207	261,105	95

Income.—The sum recovered during 1967 from those taking advantage of the Service was £6,573, compared with £5,113 during 1966 and £4,085 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 1963 to 1966 are also given.

Hours worked and travelled by Home Helps

	1963	1964	1965	1966	1967
Standard Rate ..	11,276 = 5.8%	10,225 = 4.9%	11,087 = 4.9%	15,969 = 6.6%	22,403 = 8.1%
Assessed Rate ..	49,708 = 25.8%	22,669 = 10.9%	26,965 = 12.0%	26,522 = 10.9%	21,698 = 7.9%
Free	131,938 = 68.4%	175,691 = 84.2%	186,981 = 83.1%	198,736 = 82.5%	232,106 = 84.0%
TOTAL ..	192,922	208,585	225,033	241,227	276,207

REGISTRATION OF NURSING HOMES

At the end of the year eight homes providing for a total of 197 patients (8 maternity, 59 general and 130 mental) were on the register under the Public Health Act, 1936, Part VI.

No new homes were registered and no registrations withdrawn during the year.

REGISTRATION OF NURSERIES AND CHILD-MINDERS

One pre-school playgroup, registered as a Nursery in accordance with the Nurseries and Child-Minders Regulation Act, 1948, ceased to function and there were two new registrations—one Nursery and one Child-Minder during the year.

At 31st December, 1967, there were twelve registered premises and one registered minder providing for 238 and 6 children respectively.

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 1967 totalled 960, as indicated below, and a further 58 examinations were made on our behalf by other local authorities:

	Examinations
Teaching profession and Teachers' Training College Students ..	371
Staff—Superannuation purposes	492
Breathing apparatus courses and retained firemen	61
Miscellaneous	4
On behalf of other local authorities	32
	960

WELFARE OF HANDICAPPED PERSONS

The following report is contributed by the County Welfare Officer:

Responsibility under Section 29 of the National Assistance Act, 1948, for the welfare of persons 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 on 31st December, 1967.

Blind and Partially Sighted Persons:

	Men	Women	Children	Total
Blind	256	358	27	641
Partially-Sighted ..	42	53	18	113
TOTAL ..	298	411	45	754

Additions to the register.—During the year 117 persons were examined by ophthalmologists at the request of the County Welfare Officer. Of these, 91 persons (34 male and 57 female) were certified as blind, and 19 (6 male and 13 female) as partially-sighted; 7 persons were found to be neither blind nor partially-sighted.

Of the 110 people added to the register during the year, 78 blind persons (25 males and 53 females) and 13 partially-sighted persons (3 males and 10 females) were 60 years of age or more.

Causes of Blindness.—In 15 of the new cases (13.6% of the total) the primary cause of blindness was cataract, 13 of these cases were aged 70 years or more. Other major causes of blindness were: macular degeneration 22, glaucoma 19, optic atrophy 9.

Blind persons for whom treatment was recommended numbered 80, medical treatment being suggested in 27 cases, surgical in 18 cases and optical in 3. Ophthalmic medical supervision was recommended in 32 cases. No treatment was suggested in 11 cases. Two persons for whom surgical treatment had been recommended refused to accept it.

Although treatment of one form or another or hospital supervision was recommended in 80 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 to carry out for 4 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 1967 in respect of whom the ophthalmologist's recommendation was:										
(a) No treatment	3	—	—	—	—	—	8	1	11	1
(b) Treatment (medical, surgical or optical)	8	1	10	—	—	—	30	4	48	5
(c) Hospital supervision	4	2	9	1	—	—	19	10	32	13
Cases at (b) and (c) above which have received, or will receive, treatment or supervision	10	3	15	1	—	—	43	14	68	18

Deaf Persons:

Category	Sex	Age			Total
		Under 16	16—64	Over 65	
Deaf with Speech ..	Males ..	—	19	3	22
	Females ..	1	15	—	16
TOTAL ..		1	34	3	38
Deaf without Speech ..	Males ..	—	44	5	49
	Females ..	1	30	8	39
TOTAL ..		1	74	13	88
GRAND TOTAL ..		2	108	16	126

Epileptics:

Males	Females	Total
20	25	45

(Of these, 21 were living in their own homes; 4 were in hospital; 6 were in voluntary homes on behalf of the Council; and 14 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

Cerebral Palsy:

Males	Females	Total
11	27	38

(Of these, 29 were accommodated in their own homes; 1 was in hospital; 1 was in accommodation provided by this Authority under Part III of the National Assistance Act, 1948. 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	21	18
Arthritis and Rheumatism	68	129
Congenital Malformations	25	45
Diseases	40	31
Injuries	36	23
Organic Nervous Diseases	113	121
Other Nervous and Mental Disorders	17	17
Tuberculosis (Respiratory)	5	1
Tuberculosis (Non-Respiratory)	1	6
Other diseases and injuries	13	8
	339	399

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, 1,288 samples of milk were tested within the Department's Laboratory; 14 of these were found to be below the legal standards as follows:

- 7 slightly deficient in fat and warning letters were sent to the producers concerned.
- 2 informal samples deficient in fat and formal samples obtained.
- 1 deficient in fat and warning letter sent to producer and Ministry of Agriculture, Fisheries and Food informed.
- 1 informal sample contained extraneous water and a formal sample was obtained.
- 3 samples contained extraneous water and the comparative formal samples were forwarded to the Analyst.

Antibiotics in Milk:

753 samples of milk were tested within the Public Health Department's Laboratory and 3 were found to be unsatisfactory. Two of these were informal and the follow-up samples proved to be genuine. The remaining sample was unsatisfactory and the comparative formal sample was forwarded to the Analyst.

Analyses by the County Analyst:

11 samples were analysed, 5 of which were adulterated as follows:

- 3 samples from two producers contained extraneous water. (Legal proceedings instituted).
- 1 contained excess of penicillin. (Proceedings not instituted on legal advice).
- 1 contained sediment. (Warning letter).

Other Cases:

Arising from complaints, 5 cases of foreign matter in milk were investigated. In one instance legal proceedings were instituted. Warning letters were sent in three instances and in the remaining case where the cork liner of the cap had broken, although the bottle remained hermetically sealed, the complainant was informed.

Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
			£ s. d.	£ s. d.
Market Drayton ..	38.8% extraneous water ..	Guilty	10 0 0	13 1 0
Wellington ..	11.8% and 9.2% extraneous water	Guilty	20 0 0	15 15 0
Ludlow ..	Contained a soft drink wrapper ..	Guilty	3 0 0	—
Oswestry* ..	Excess penicillin ..	Guilty	25 0 0	75 0 0
				County Council
				140 0 0 to
				Central Dairies

*This was reported in the 1966 report as "Dismissed". The County Council successfully appealed and the hearing was continued when Central Dairies cross-summoned the Milk Marketing Board with the above results.

An appeal by the Board against their conviction was dismissed.

Average Composition of Milk:

	Ordinary Milk			Channel Islands Milk		
	Samples	Percentages		Samples	Percentages	
		Fat	Solids-not-Fat		Fat	Solids-not-Fat
1967	1,105	3.68	8.75	183	4.74	9.22
1966	1,038	3.64	8.71	180	4.67	9.05

Of the 1,288 samples tested, 14 (1.1 per cent) were either adulterated or below the required standard. Of these, 13 were ordinary milk and 1 Channel Islands milk.

Other Food and Drugs:

The table on page 67 summarises the 401 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	Metal screw	Legal proceedings
Brown Bread	Part of metal spring	Legal proceedings
Hamburger Roll	Mouldy	Legal proceedings
Bread	Charred dough stained with iron compounds	Legal proceedings
Beef Hungaria	Infested with live beetles and their larvae	Legal proceedings
Bread	Textile fibres	Legal proceedings
Bread	Dough that escaped fermentation	Warning letter
Buffet Pork Pie	Stained with blue dye Methylene Blue	Warning letter
Soft Drink (2)	Algal threads, iron compounds and quartz crystals	Warning letter
Crisps	Small potato	Warning letter
Bread	Compacted dough	Warning letter
Bread	Vegetable fibres and miscellaneous dirt	Legal proceedings
Teething Rusks	Infested with spider beetles	Legal proceedings
Bread Roll	Fragment of sawdust, mould hyphae and vegetable tissue derived from wheat	Warning letter

Informal Samples obtained as routine:

Instant Milk Granules	Does not conform to Dried Milk Regulations	Retailer's stock withdrawn
Evaporated Pears	Does not conform to Labelling of Food Order	Firm to produce new labels
Calcium Drink with Vitamin C	Incorrect labelling	New legislation, no further action
Cottage Cheese	Incorrect labelling	New labels obtained

Other Cases (not forwarded to Analyst):

Pilchards	2½ in. nail	Warning letter
Cheese	Over-ripe	Warning letter
Pork Pie	Metal bolt	Warning letter
Irish Stewed Steak	Steel staple	Taken up with Irish Authorities by Ministry of Agriculture
Dundee Cake	Stone	Warning letter
Custard Pie	1½ in. nail	Warning letter
Bread	Vegetable oil and iron compounds	Warning letter
Salt	Pan-scale	Warning letter
Orange Drink	Glass	Warning letter
Potato Powder	Maggots and larvae	Warning letter
Cottage Cheese	Mouldy	Warning letter

Court Proceedings

Magistrates' Court	Sample	Analysis	Result	Fine	Costs		
				£	£	s.	d.
Mid-Shropshire	Bread	Part of a metal spring	Guilty	10	9	19	0
Bridgnorth	Hamburger Roll	Mouldy	Guilty	3	11	0	0
Bridgnorth	Bread	Charred dough stained with iron compounds	Guilty	10	11	0	0
Bridgnorth	Beef Hungaria	Infested with live beetles and their larvae	Guilty	25	17	6	0
Whitchurch	Bread	Textile fibres	Guilty	3	4	14	0
Market Drayton	Bread	Vegetable fibres and miscellaneous dirt	Guilty	10	9	19	0
Shifnal	Teething Rusks	Infested with spider beetles	Guilty	5	14	11	1

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	23	—	9	14	—
Butter, Cheese, Cream, etc. .. .	31	—	—	29	2
Condiments, Cooking Fats, etc. ..	62	—	—	62	—
Meat, Fish	48	4	3	41	—
Medicine and Drugs	73	—	—	73	—
Sweets, Cakes, Puddings, Preserves, etc.	52	—	—	52	—
Tea, Coffee, Beverages, etc. .. .	82	15	2	64	1
Vegetables and Fruit	30	1	1	27	1
	401	20	15	362	4

Sampling of Raw Milk Supplies

Total Herds investigated	107
Group bulk samples for Brucella Abortus	575
Individual samples for Brucella Abortus	1,272
Individual samples positive on cultural examination for Brucella Abortus	45
Herds positive on cultural examination for Brucella Abortus	11
Bulk samples for T.B. and Brucella Abortus	38
Bulk samples for T.B. only	53

Of the 45 positive animals, 22 were slaughtered, 3 were sold; and the milk from the remaining 20 was sent for heat treatment.

As the result of Ministry of Health Circular 17/66 on Brucellosis and discussions with the Director of the Public Health Laboratory, Shrewsbury, as from 1st July, 1967, herds were sampled once a quarter.

In October, 1967, Foot and Mouth disease was confirmed in the Oswestry area and instructions were issued to the Sampling Officers that no further samples should be taken within the County until the restrictions were lifted. At the end of the year the restrictions were still operative.

Milk (Special Designation) Regulations 1963—65:

During the year 281 Dealer's (Pre-packed Milk) licences (which cover "Untreated", "Pasteurised", "Sterilised" and "Ultra Heat Treated" milks) and 15 Dealer's (Untreated) licences were operative.

Pasteurised Milk:

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

119 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	1,107	1,106	1	1,013	43	51	—
Channel Islands Pasteurised	296	296	—	260	12	24	—
Untreated Channel Islands Bottled ..	11	—	—	10	1	—	—
Untreated Bottled	13	—	—	12	—	1	—
Sterilised	67	—	—	—	—	—	67
Untreated Farm Bottled	203	—	—	155	25	23	—
Untreated Channel Islands Farm Bottled	131	—	—	97	17	17	—
	1,828	1,402	1	1,547	98	116	67

Samples obtained from Welfare Homes

Pasteurised	65	65	—	59	6	—
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Samples obtained from Schools

Pasteurised	156	156	—	139	7	10
Untreated	6	—	—	6	—	—
	162	156	—	145	7	10

Warning letters were sent in respect of the Methylene Blue failures shown above or the appropriate licensing authority was informed. An investigation regarding the Phosphatase failure was made and a warning letter sent to the processor concerned.

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 is expected to visit the several county districts as occasion may require, giving the Medical Officer of Health of each county district prior notice of his visit so far as this may be practicable.

He is required to make in each year 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 174, an increase of 66 properties above the 1966 figure, and other individually unfit houses demolished are shown as 230, a decrease of 13.

In addition, 287 houses have been closed, compared with 204 in 1966. 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 106 houses were demolished in the one Borough; 155 were demolished in four Urban Districts, and 143 were demolished in 10 Rural Districts.

In all, 550 houses have been improved with standard or improvement grants, compared with 556 in 1966.

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 1967.

Grants paid by the County Council up to 31st December, 1967, under the Housing Acts, 1936—61

District	Houses eligible for grants	Grants	
		Paid in 1967	Total
Atcham Rural	186	242	4,728
Bridgnorth Rural	94	203	3,192
Clun Rural	107	161	3,297
Dawley Urban	465	1,024	15,360
Ludlow Rural	44	156	1,467
Market Drayton Rural	83	107	2,513
North Shropshire Rural	161	330	5,637
Oswestry Rural	52	73	1,668
Shifnal Rural	19	28	583
Wellington Rural	82	224	2,528
TOTAL ..	1,293	2,548	40,973

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. Burrowes Dawley Urban	7,112	6,751	278	12	66	5
Dr. Bury Newport Urban	1,977	1,969	8	—	—	—
Oakengates Urban	5,627	5,605	22	—	—	—
Shifnal Rural	4,565	4,539	3	19	—	4
Wellington Urban	5,309	5,302	7	—	—	—
Wellington Rural	9,004	7,858	—	185	—	961
Dr. Capper Ludlow Rural	8,268	†	†	†	†	†
Dr. Hall Atcham Rural	8,741	6,647	189	420	87	1,398
Clun and Bishop's Castle Rural	3,539	1,972	8	394	—	1,165
Dr. Jones Oswestry Rural	10,515	†	†	†	†	†
Dr. Mackenzie Shrewsbury Borough ..	17,918	17,902	—	—	—	16
Dr. McCaully Market Drayton Rural ..	5,185	4,426	46	51		662
Dr. O'Brien North Shropshire Rural ..	9,687	7,050*				2,637*
Dr. Turnbull Bridgnorth Rural	10,333	3,232‡	32	372	32	999

†Figures not available or not known.

*Estimated.

‡Does not include properties which were added as a result of Salop Orders, 1966.

From the above incomplete table it may be seen that at least 778 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 should co-operate and provide each other with information.

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						Collection of night soil by local authority	
		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				
					With proper means of disposal	Without proper means of disposal	Houses	Frequency	
Dr. Burrowes Dawley Urban	7,112	5,928	654	530	613	—	384	Weekly	
Dr. Bury Newport Urban	1,977	1,963	10	4	—	4	—	—	
Oakengates Urban	5,627	5,531	8	88	88	—	88	Weekly	
Shifnal Rural	4,565	3,301	1,264	—	—	—	—	—	
Wellington Urban	5,309	5,299	7	3	3	—	3	Weekly	
Wellington Rural	9,004	6,966	†	†	†	†	184	Weekly	
Dr. Capper Ludlow Rural	8,268	4,478	†	†	†	†	—	—	
Dr. Hall Atcham Rural	8,741	3,498	4,234	1,009	1,361	319	—	—	
Clun and Bishop's Castle Rural	3,539	1,023	†	†	†	†	—	—	
Dr. Jones Oswestry Rural	10,515	†	†	†	†	†	†	†	
Dr. Mackenzie Shrewsbury Borough ..	17,918	†	†	†	†	†	†	†	
Dr. McCaully Market Drayton Rural ..	5,185	3,066	1,260	859	859	—	—	—	
Dr. O'Brien North Shropshire Rural	9,687	5,257	†	†	†	†	2	Weekly	
Dr. Turnbull Bridgnorth Rural	10,333	1,137*	2,494*	1,034*	1,111*	—*	—*	—	

† Figures not available or not known.

* Does not include properties added as a result of Salop Orders, 1966.

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 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.

At the present time, it is unfortunate that some schemes are being delayed because of the present financial situation.

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

The Rural Districts of Atcham, Ludlow, Clun and Bishop's Castle and the Rural Parishes of North Shropshire Rural District have fortnightly collections, the remaining parishes and districts having weekly collections.

All districts have controlled or semi-controlled tipping.

Consideration is at present being given in the Dawley, Wellington, Oakengates and Newport conurbation for disposal by incineration. Talks have also taken place between other authorities with this object in view.

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:

Dawley Urban	Bridgnorth Rural
Market Drayton Rural	Ludlow Rural
Newport Urban	Shifnal Rural
Oakengates Urban	Wellington Rural
Wellington Urban	North Shropshire Rural (Whitchurch and Wem Portion)

Part of Bridgnorth Rural 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:

Clun and Bishop's Castle Rural	Atcham Rural
Shrewsbury Borough	Oswestry Rural
	North Shropshire Rural (Ellesmere Portion)

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 73.

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 1967, 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 1967 are given in the table on page 74.

NOTE: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1967, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given on pages 75 to 78.

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. 67
<i>West Shropshire Water Board</i>			£	£	£			£	£
Atcham Rural	Pimhill ..	4/5/35	16,300	2,500	{ 14,820 1,480	{ 30 15 }	50% Annual deficit	6,675	5,091
	West Atcham	2/5/36	75,100	15,000	57,297	30	„	24,000	19,589
<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
			96,916					32,512	26,337

County Council Grants totalling £15,611 have been fully paid in respect of Stottesdon, Kinlet, Kempton, Hodnet, Weston Rhyn, Llanymynech, Edgmond, Bucknell, Worthen and Brockton, Nantmawr, Gronwen, Llyncllys, Selattyn (extension), Woore, Ightfield, Norton-in-Hales. The total estimated cost of these schemes was £49,098.

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	County Council Grant		
				Exchequer Grant Period (Years)	Annual Maximum	Period Payable (Years)
West Shropshire Water Board						
Atcham Rural	Alberbury Borehole	July, 61	£ 17,415	—	£ 148	30
	Atcham Low Level	Mar., 63	31,547	30	439	30
	Castle Pulverbatch and Habbertley	Nov., 66	11,000	30	107	—
	Charlton Hill Main, Haughton Hill and Bull Farm Reservoirs	July, 64	155,407	30	3,048	30
	Crucknell Reservoir	Sept., 61	12,250	30	1,520	30
	Crucknell Shortfall	Nov., 61	5,051	—	58	—
	Crucknell Extension	Nov., 66	2,500	30	383	30
	Extensions to Dorrington and Rytton	Mar., 63	24,467	30	183	30
	Stanton and Venus Bank	Nov., 61	12,278	30	137	30
	Stanton Extension	Nov., 61	12,087	30	137	30
Clun Rural	Pinhill (East and West)	April, 61	149,677	30	2,467	30
	Pinhill (East and West)	April, 61	8,565	30	74	30
	Pontesford Hill	Mar., 62	138,402	30	2,285	30
	West Atcham and Pinhill (Extension)	May, 47	22,500	30	400	30
	West Atcham (Extension)	Nov., 59	75,300	30	1,000	30
	Uckington	Nov., 59	75,300	30	1,000	30
	Bedstone	Nov., 66	13,070	30	74	30
	Charbury, Marston and Bent Lort	Nov., 62	136,871	30	1,860	30
	Clunbury	Nov., 66	11,150	30	246	30
	Clunbury and Aston-on-Clun	Nov., 54	21,168	30	205	30
North Shropshire	Newcastle, Whitcot Keyes and Mardul	Feb., 67	45,000	30	296	30
	Snailbeach	Feb., 59	29,600	30	380	30
	Ellersmere, Northern Area	Nov., 66	251,430	30	5,340	30
	Myddle	May, 62	60,820	30	940	30
	Pentre, Platt Ridge and New Marston	Nov., 64	3,545	30	75	30
	Southern Area	Nov., 64	96,243	30	2,310	30
	Stanswade	Nov., 66	7,700	30	42	30
	Stanswade Extension	Nov., 62	19,850	30	350	30
	Welshampton	Nov., 63	15,440	30	396	30
	Welshampton Extension	Nov., 63	15,440	30	396	30
Oswestry Rural	Branch Main	April, 61	12,800	—	148	30
Various	Comprehensive Scheme (Priority)	Nov., 54	157,776	30	2,850	30
	Porton	Nov., 54	22,800	30	290	30
	Ilford and Cluckhead	Nov., 54	12,800	30	290	30
	Ilford and Cluckhead	Nov., 54	12,800	30	290	30
	Ryton-in-Towns	Nov., 59	127,460	30	970	30
	South-East Area—Stage II	Nov., 61	172,700	30	1,500	30
	South-Western Area	Nov., 64	223,850	30	2,334	30
	Various	Nov., 64	223,850	30	2,334	30
	Various	Nov., 64	223,850	30	2,334	30
	Various	Nov., 64	223,850	30	2,334	30
East Shropshire Water Board						
Bridgnorth Rural	Broad Lanes	Nov., 64	3,180	—	73	30
	Colemore Green	Sept., 66	2,060	—	40	30
	Little Wenlock	Sept., 64	6,750	30	102	30
	Low Level Area (Branch Main)	Nov., 59	353,000	30	8,854	30
	Low Level Area (Branch Main)	Nov., 59	41,680	30	680	30
	Church Stretton and All Stretton Works	July, 61	23,200	30	180	30
	Che Hill (Hill Top)	Dec., 50	2,270	30	48	30
	Corey	Sept., 50	4,260	30	38	30
	Croft Arms	Sept., 50	6,480	30	59	30
	Little Stretton and Marshbrook	Sept., 50	11,540	30	96	30
Ludlow Rural	Rushbury	April, 55	4,780	—	96	30
	Sheet, Ludlow	Sept., 66	2,210	—	42	30
	South-East Parishes	Nov., 59	134,868	30	1,760	30
	The Holmes, Wharfedale	Feb., 56	6,75	30	15	30
	Western Area, Munslow Section	April, 59	16,360	30	200	30
	Western Area, Stage I	Nov., 61	290,100	30	3,700	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
Market Drayton Rural	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
	Adeltery and Moreton Say	Nov., 66	48,271	30	500	30
North Shropshire	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
	Hodnet, Lignfield and Moreton Say	Nov., 54	38,320	30	650	30
Shifnal Rural	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
	Bentley	Nov., 66	10,547	12	55	12
Wellington Rural	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—
	Shackleton Lane, Dorrington	Nov., 66	6,500	—	—	—

Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1967, 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.
	Bayston Hill	94,500	Supplement supply to Bayston Hill area.
	West Atcham	4,664	Improvement of existing supplies to Drury Lane and Plox Green.
	Cardington	1,500	Extending existing supply to an extra 8 domestic properties in Cardington.
	Ford-Pontesbury Pumping Main	89,000	Pumping main from Ford to Pontesbury.
	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.
	South Clun Comprehensive ..	560,000	Supply properties in Bishop's Castle and the parishes of Colebatch, Mainstone, Lydham, More, Norbury, Wentnor, Ratlinghope, Myndtown, Lydbury North, Egton, Hopesay, Clun, Clunbury, Hopton Castle, Bedstone and Bucknell.
	Trefonen	3,080	Supply to the village of Trefonen.
East Shropshire Water Board	Allscott and Walcot	13,500	Supply to the villages of Allscott and Walcot.
	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.
	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.
	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.
	Carried forward	£ 1,554,949	

(Continued on page 76)

(Continuation of Table on page 75)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 1,554,949	
	Chetwynd Parish	5,190	Supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Clee Hill Stage I	40,000	Distribution mains for Hopton Wafers area and emergency link between Corley reservoir and Clee Hill reservoirs.
	Cleobury Mortimer	855	Extension of mains at Catherton Road and Pinkham.
	Clive and Grinshill	55,000	Supply to Clive, Grinshill and Preston Brockhurst.
	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.
	Farley	1,700	Supply to the hamlet of Farley.
	Farmcote and Gateacre Extensions	15,000	Extending supply to Farmcote and Gateacre.
	Gorsey Bank	6,125	Extension of an existing supply at Sheriff-hales to the hamlets of Gorsey Bank and Cross Roads.
	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
	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.
	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.
	Carried forward	£ 1,893,666	

(Continuation of Table on page 76)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 1,893,666	
	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.
	Monkhopton and Monkhall Grange	2,500	Supply to properties at or near Monkhall Grange.
	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.
	Poynton and Wytheford	20,000	Supply to Poynton and Wytheford.
	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.
	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.
	Carried forward	£ 2,640,916	

(Continuation of Table on page 77)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 2,640,916	
	Wem Comprehensive, Whixall Section	174,850	Supply to parishes of Whitchurch Rural, Wem Rural, Whixall and Prees.
	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	£ 2,911,916	

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 1967 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., 1967
Atcham	Bayston Hill I & II ..	May 56	£ 17,781	30	£ 345	30	£ 11,158	£ 4,948
	Bayston Hill III ..	Nov. 61	44,905	30	610	30	18,300	3,660
	Bomere Heath ..	Nov. 62	32,479	30	426	30	12,780	1,704
	Cross Houses ..	Nov. 50	17,590	—	393	30	11,790	6,550
	Minsterley ..	Nov. 63	71,781	30	1,284	30	38,520	2,568
	Pontesbury ..	Nov. 61	26,867	30	380	30	11,400	1,900
	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
	Worfield ..	Nov. 63	8,830	—	950	Lump sum	950	950
Clun	Clun ..	July 66	114,740	30	1,540	30	7,800	1,740
Dawley	Madeley (Aqueduct) ..	July 64	73,015	30	980	30	29,400	3,920
Ludlow	Ashford Carbonel ..	Sept. 57	20,650	30	320	30	10,246	3,470
	Burford ..	Sept. 66	51,276	30	1,186	30	35,580	630
	Church Stretton and District ..	May 65	280,822	30	2,728	30	81,840	4,670
	Clee Hill ..	Sept. 58	28,000	30	798	30	24,639	7,085
	Clee Hill, Ludlow Road and Spring Farm extensions ..	Mar. 60	8,462	—	1,250	Lump sum	1,250	1,250
	Clee Hill extensions ..	Nov. 61	1,520	—	250	Lump sum	250	250
	Cleobury Mortimer ..	Dec. 49	32,000	—	288	30	8,640	4,158
Market Drayton	Craven Arms ..	Nov. 63	69,000	30	292	30	8,760	930
	Cheswardine ..	July 66	21,151	30	260	30	7,800	780
	Hodnet ..	Nov. 49	14,220	—	122	30	3,660	2,194
	Forton Islington ..	Transferred from Staffs County Council				40	17	680	80
Oswestry	Morda ..	Nov. 54	16,763	—	200	30	6,080	2,680
	Pant and Llanymynech ..	Sept. 60	73,395	30	950	30	28,500	5,700
	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	7,040
Shifnal	Albrighton ..	Nov. 44	13,077	—	3,269	Lump sum	3,269	3,269
	Albrighton Cross Roads ..	May 65	2,091	—	840	Lump sum	840	840
	Shifnal ..	Feb. 64	58,560	30	740	30	22,200	2,890
Wellington	Beckbury ..	May 64	27,680	30	226	30	6,780	904
	Chetwynd Aston ..	July 63	42,197	30	738	30	22,140	310
	Edgmond ..	April 52	62,700	30	1,840	30	55,200	22,080
	High Ercall ..	Nov. 54	10,623	—	285	30	8,335	3,775
	Lilleshall extension and Donnington ..	July 63	69,100	30	1,592	30	47,760	650
North Shropshire	Prees ..	Feb. 64	115,000	30	2,550	30	76,500	4,560
	Hadnall ..	Nov. 64	85,189	30	1,540	30	46,200	1,870
	Clive, Grinshill, Yorton ..	April 66	157,500	30	2,584	30	77,520	1,000
	Loppington ..	Nov. 66	42,225	30	476	30	14,280	90
	Shawbury ..	Feb. 66	114,000	30	1,762	30	52,860	760
			£ 2,144,060		£ 40,630		£ 940,143	£ 125,297

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1967, 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 £4,084,248.

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
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.	Brooklands Estate (Trunk Sewer) ..	Nov. 58	8,700	8% of cost	696	440
Wem U.	Wem (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	—
			£1,073,850		£65,651	£56,363

County Council Grants totalling £95,704 have been fully paid in respect of Bishop's Castle, Bridgnorth, Dawley, Newport, Oakengates, Albrighton, Bicton Heath, Harlescote, Ketley and Lawley, Donnington and Muxton, Donnington and Muxton extensions, Broseley, Wellington Stages I, II and III, and Railway Station and Herbert Avenue, Wem 1st portion. The total estimated cost of these schemes was £755,625.

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.	Cardington	£ 37,600	Sewerage and sewage disposal facilities for the village of Cardington.
	Cressage, Stage I ..	63,850	Sewerage and sewage disposal facilities for village area of Cressage.
	Hanwood and Hook-a-Gate	293,630	Sewerage for parts of parishes of Condover, Great Hanwood, Pontesbury, Church Pulverbatch and Stapleton. The villages of Hanwood, Cruckton, Hook-a-Gate, Annscroft, Longden, Church and Castle Pulverbatch. The hamlets of Cruckmeole, Arscott, Longden Common, Stapleton Common, Wrenthall and the area of Lyth Hill.
	Uffington, Upton Magna and Withington	86,700	Sewerage and sewage disposal facilities in the villages of Uffington, Upton Magna and Withington.
Bridgnorth R.	Ackleton and Stableford	74,000	Sewerage and sewage disposal facilities for the villages of Ackleton and Stableford.
	Carried forward ..	£555,780	

(Continued on page 81)

(Continuation of Table on page 80)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 555,780	
	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.
	Kingsley Road, Knighton	13,500	Sewerage and sewage disposal facilities for Kingsley Road, Knighton.
Ludlow R.	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.
North Shropshire	South Western Parishes	536,000	Sewerage and sewage disposal facilities for the villages of Baschurch, Myddle, Harmer Hill, Weston Lullingfields, Cockshutt, Stanwardine-in-the-Fields, Little Ness and Adcote (now Atcham R.D.), and hamlets of Yeaton, Weston Wharf, Walford Heath and Milford, Boreatton Park School, Petton School and Walford Farm Institute.
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	£ 2,399,326	

(Continuation of Table on page 81)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 2,399,326	
Shifnal R. ..	Albrighton	35,460	Improvement of the existing sewerage system and extension of the sewage disposal works.
	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 the 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.
	Edmond Disposal ..	73,000	Extension of Works.
North Shropshire R.	Walcot Housing Site ..	8,120	Sewerage and sewage disposal facilities for the Council houses at Walcot.
	Waters Upton, Crudgington, Great Bolas, Rowton, Ellerdine Heath and Cold Hatton	19,400	Sewerage and sewage disposal facilities for the villages of Waters Upton, Crudgington, Great Bolas and Rowton and the hamlets of Ellerdine Heath and Cold Hatton.
	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	£ 4,084,248	

D. COUPS,
County Public Health Inspector.

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

The following is a summary of reports on samples obtained:

Satisfactory	11
Excess suspended solids, otherwise satisfactory	5
Unsatisfactory	7

Causes of Death in Shropshire—1967

CAUSE OF DEATH	AGE GROUPS																						TOTALS						
	Under 4 weeks		4 weeks and 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	
1 Tuberculosis—Respiratory ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	1	—	1	—	—	—	5	1	5	1	
2 Tuberculosis—Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	
3 Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	1	2	1	2	
4 Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute Poliomyelitis ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
8 Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Other Infective and Parasitic Diseases ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	1	1	1	—	2	2	3	2	
10 Malignant Neoplasm ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11 —Stomach ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	1	11	2	16	14	11	9	15	10	27	16	42	26	
12 —Lung, Bronchus ..	—	—	—	—	—	—	—	—	—	—	—	—	1	1	9	3	45	8	38	10	15	5	40	12	68	15	108	27	
13 —Breast ..	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	9	—	14	—	16	—	12	—	16	—	38	54	—	
14 —Uterus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	4	—	8	—	12	—	2	—	9	—	19	—	28	
15 Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	2	—	2	1	2	—	4	3	7	1	15	13	41	30	52	49	40	55	56	54	109	98	165	152	
16 Leukaemia, Aleukaemia ..	—	—	—	—	1	—	—	—	—	—	—	—	1	3	—	—	3	1	2	2	3	2	2	3	8	5	10	8	
17 Diabetes ..	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	3	4	5	4	4	14	5	5	10	18	15	23	
18 Vascular Lesions of Nervous System ..	—	—	—	—	1	—	1	—	2	—	2	1	4	3	11	10	38	29	75	74	115	208	95	116	154	209	249	325	
19 Coronary Disease, Angina ..	—	—	—	—	—	—	—	—	—	—	—	—	20	1	30	2	109	37	140	75	129	113	162	82	267	146	429	228	
20 Hypertension with Heart Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	2	9	4	6	17	10	12	9	12	19	24	
21 Other Heart Disease ..	—	—	2	—	—	—	—	—	—	—	—	1	7	2	5	3	11	12	38	47	92	228	36	76	119	217	155	293	
22 Other Circulatory Disease ..	—	—	—	—	—	—	—	—	2	—	1	1	4	1	8	4	10	5	9	14	38	59	28	33	44	51	72	84	
23 Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	1	1	1	2	3	—	
24 Pneumonia ..	1	3	11	7	2	2	1	—	1	—	—	—	1	—	3	2	10	1	21	16	45	56	40	41	56	46	96	87	
25 Bronchitis ..	—	—	1	—	—	—	—	—	1	—	—	—	—	—	4	1	33	1	31	8	35	17	39	10	66	17	105	27	
26 Other Diseases of Respiratory System ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	1	7	1	8	1	5	1	13	2	
27 Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	5	4	9	3	7	2	15	6	22	8
28 Gastritis, Enteritis and Diarrhoea ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2	6	—	4	2	5	2	9	—
29 Nephritis and Nephrosis ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	1	2	1	4	5	4	2	6	6	10	8	—
30 Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	10	—	4	—	9	—	13	—
31 Pregnancy, Childbirth and Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
32 Other Defined and Ill-Defined Diseases ..	11	8	4	8	3	3	—	1	1	1	1	—	—	—	—	—	—	—	—	1	—	—	9	8	11	14	20	22	
33 Motor Vehicle Accidents ..	28	23	3	3	7	1	6	—	2	1	—	1	1	6	8	7	16	15	24	24	32	57	38	58	89	80	127	138	
34 All Other Accidents ..	—	—	—	—	—	1	2	—	11	2	8	1	1	—	—	—	3	4	—	—	4	2	17	2	21	7	38	9	
35 Suicide ..	—	—	—	—	—	1	3	1	3	1	9	3	2	4	1	3	1	6	5	7	5	19	9	15	33	22	42	37	
36 Homicide and Operations of War ..	—	—	—	—	—	—	—	—	2	1	2	2	5	1	—	—	3	4	—	—	3	1	1	2	7	12	5	14	12
TOTALS ..	40	34	21	19	20	9	17	4	33	8	23	12	60	27	108	65	360	182	485	387	610	895	628	579	1,149	1,063	1,777	1,642	

Work performed in Nursing Districts in 1967

Nursing District	STAFF			MIDWIFERY				HOME NURSING		†HEALTH VISITING	ALL OTHER VISITS	TOTAL VISITS
	Nurses and Midwives	On 30th Sept., 1967		Domiciliary Confinements		Discharged Hospital Cases		Cases	Visits			
		W.T.	P.T.	Cases	Visits	Cases	Visits			Visits		
Alberbury	1	1	—	8	184	26	177	120	1,723	814	160	3,058
Albrighton	1	1	2	25	619	116	576	80	2,296	—	164	3,655
Ash	1	1	—	12	366	9	64	36	733	661	178	2,002
Atcham	1	1	2	63	1,558	9	43	109	3,117	—	32	4,750
Baschurch	1	1	—	14	350	11	62	41	503	—	18	933
Bishop's Castle ..	1	1	—	6	110	11	71	63	1,482	1,526	—	3,189
Bomere Heath	1	1	—	24	566	21	101	63	824	—	29	1,520
Bridgnorth	3	3	1	26	549	109	533	180	4,134	920	101	6,237
Burford	1	—	1	1	15	—	—	44	1,194	—	4	1,213
Chirbury	1	1	—	2	45	12	87	32	855	517	17	1,521
Church Stretton ..	2	2	—	17	434	30	187	338	5,223	586	96	6,526
Claverley	1	1	—	10	213	22	131	55	2,089	290	50	2,773
Cleobury Mortimer ..	2	2	1	13	339	46	157	129	2,777	1,734	123	5,130
Clun	1	1	1	2	45	8	37	132	3,974	—	470	4,526
Clungunford	1	1	—	3	78	14	95	91	2,478	—	33	2,684
Craven Arms	1	1	1	10	254	17	98	139	2,567	—	26	2,945
Dawley	2	2	1	38	873	102	383	223	3,732	—	52	5,040
Donnington	2	2	1	71	1,687	83	368	125	2,166	—	25	4,246
Dorrington	1	1	—	8	195	48	272	88	895	—	27	1,389
Ellesmere	2	1	—	10	220	45	215	87	1,789	—	64	2,288
Gobowen	1	1	1	17	476	35	184	140	2,829	—	847	4,336
Hadley	1	1	—	26	646	42	236	81	1,766	—	77	2,725
Highley	1	1	—	4	110	25	103	49	1,251	29	64	1,557
Hinstock	1	1	—	18	496	5	31	46	1,300	127	—	1,954
Hodnet	1	1	—	8	213	18	89	45	505	1,132	90	2,029
Ironbridge	3	2	2	36	947	71	344	115	2,947	—	102	4,340
Kinnerley	1	—	—	14	309	12	53	10	158	428	3	951
Longden	1	1	—	12	261	15	77	67	1,345	—	33	1,716
Ludlow	3	—	2	17	336	80	257	123	3,829	—	69	4,491
Market Drayton ..	2	2	1	65	1,512	99	383	95	3,065	—	91	5,051
Moreton Corbet ..	1	1	—	18	443	30	179	60	1,522	—	22	2,166
Morton	1	1*	—	11	276	28	162	101	5,288	—	155	5,881
Much Wenlock	1	1	1	—	—	27	122	44	1,931	—	25	2,078
Munslow	1	1	—	3	74	8	32	42	726	451	8	1,291
Newport	2	2	1	60	1,460	57	327	87	1,712	—	13	3,512
Oakengates	3	3	1	78	1,875	118	577	176	4,492	—	103	7,047
Oswestry	4	5	2	61	1,496	61	396	476	11,287	—	822	14,001
Pontesbury	1	1	—	6	139	21	96	53	1,853	—	100	2,188
Prees	1	1	—	31	740	16	125	54	710	—	19	1,594
Shifnal	2	1	3	16	393	90	470	78	2,859	—	29	3,751
Shrewsbury	13	13	5	300	7,589	448	2,044	875	30,577	—	557	40,767
Stiperstones	1	1	—	4	98	10	67	39	1,044	507	4	1,720
Stoke-on-Tern	1	1	—	13	375	23	191	43	597	729	14	1,906
Stoke St. Milborough	1	1	1	4	100	16	110	59	1,144	—	118	1,472
Sundorne	1	1	—	19	428	14	58	51	524	589	6	1,605
Trefonen	1	1*	—	7	166	15	70	80	3,059	—	88	3,383
Wellington	3	4	1	61	1,653	143	585	221	5,647	—	401	8,286
Wem	1	1	1	27	715	29	141	134	3,150	—	193	4,199
Westbury	1	1	—	8	179	15	111	39	1,349	888	79	2,606
West Felton	1	1	—	7	166	30	163	49	1,403	—	42	1,774
Weston Rhyn	1	1	—	11	255	32	122	104	1,679	—	89	2,145
Whitchurch	2	2	—	63	2,027	38	297	110	2,175	—	744	5,243
Whixall	1	1	—	11	250	13	64	91	1,203	370	228	2,115
Wrockwardine	1	1	—	14	334	32	102	39	517	548	11	1,512
Agency—Radnorshire	—	—	—	—	—	—	—	12	204	—	—	204
Relief Staff	6	2	5	—	—	—	—	—	—	—	—	—
TOTAL	94	84	38	1,413	35,237	2,455	12,025	6,063	150,198	12,846	6,915	217,221

*Also employed in Oswestry Nursing District.

†Includes School Nursing

Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1967

DISEASE	CASES			MALES												FEMALES											
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—						
Tuberculosis, all forms	12	8	20	—	—	—	—	1	4	4	1	2	—	1	1	—	—	2	2	1	1						
Other infectious diseases	12	25	37	2	—	—	—	2	1	1	4	2	1	—	—	—	1	2	3	9	9						
Parasitic diseases	8	3	11	—	8	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—						
Malignant and lymphatic neoplasms	133	133	266	—	1	—	2	4	13	30	57	26	—	—	—	—	5	17	36	38	37						
Asthma	24	25	49	—	—	—	—	2	3	4	6	9	—	—	—	6	3	1	2	5	8						
Diabetes mellitus	37	67	104	—	1	1	2	1	1	4	13	14	—	2	—	—	4	6	5	23	27						
Anaemia	156	757	913	—	—	2	—	7	14	28	38	67	—	—	40	68	55	77	111	153	253						
Vascular lesions affecting central nervous system	131	211	342	1	—	—	—	—	5	20	42	63	—	—	—	—	1	3	19	61	127						
Other mental and nervous diseases	44	114	158	1	1	2	3	5	7	6	13	6	—	—	6	7	14	17	29	16	25						
Diseases of the eye	17	28	45	1	1	1	1	2	2	1	4	4	4	3	1	2	1	2	3	4	8						
Diseases of the ear	18	35	53	3	1	—	1	2	2	4	3	2	4	1	2	6	3	3	2	10	4						
Diseases of the heart and arteries	169	302	471	—	—	—	—	3	4	15	70	77	—	—	1	2	2	4	24	77	192						
Diseases of the veins	30	147	177	—	—	—	—	—	6	7	9	8	—	2	1	7	8	19	18	50	42						
Upper respiratory diseases	35	51	86	8	6	6	8	3	—	1	1	2	5	8	8	7	5	4	3	1	10						
Other respiratory diseases	114	117	231	15	3	1	3	5	5	19	21	42	14	3	1	5	8	4	11	20	51						
Constipation	87	150	237	6	5	1	3	3	8	8	26	27	5	4	7	8	7	9	19	24	67						
Other diseases of digestive system	111	127	238	4	3	11	7	17	20	20	20	9	5	4	8	8	7	19	22	26	28						
Diseases of urinary system and male genital organs	69	—	69	10	2	2	1	1	4	8	19	22	—	—	—	—	—	—	—	—	—						
Diseases of breast and female genital organs	—	303	303	—	—	—	—	—	—	—	—	—	—	1	1	16	28	36	29	38	89						
Complications of pregnancy and puerperium	—	373	373	—	—	—	—	—	—	—	—	—	—	—	150	175	46	2	—	—	—						
Diseases of skin and subcutaneous tissues	187	346	533	22	22	17	9	19	20	11	24	43	19	12	13	17	27	30	50	77	101						
Diseases of bones, joints and muscles	48	231	279	—	1	—	2	—	5	7	15	18	—	1	1	3	7	13	36	71	99						
Injuries	183	307	490	36	54	22	15	8	7	10	14	17	29	34	14	18	20	21	32	51	88						
Senility	86	191	277	—	—	—	—	—	—	—	4	82	—	—	—	—	—	1	11	179	—						
Other defined and ill-defined diseases	113	187	300	34	13	7	3	2	5	18	12	19	35	7	7	11	17	12	29	21	48						
Diseases not specified	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
TOTAL	1,824	4,239	6,063	143	122	73	60	87	136	226	416	561	122	85	278	378	277	296	495	815	1,493						

Housing—Summary of Answers to Questionnaires.

	Atcham R.	Bridgnorth R.	Clun and Bishop's Castle R.	Dawley U.	Ludlow R.	Market Drayton R.	Newport U.	North Shropshire R.	Oakengates U.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.
Estimated Population Mid-Year	25,650	31,000	10,050	21,240	23,480	17,100	5,820	31,420	15,790	31,490	15,800	53,870	16,630	26,670
Total number of houses in district	8,741	10,333	3,539	7,112	8,268	5,185	1,977	9,687	5,627	10,515	4,565	17,918	5,309	9,004
Total number of houses owned by Local Authority	1,359	2,908	409	2,961	1,457	1,313	659	2,218	1,641	2,785	994	4,957	2,005	3,708
HOUSING ACTS, 1957 & 1961														
Houses demolished in clearance areas	—	—	—	25	—	—	—	—	61	—	—	81	7	—
Houses demolished not in clearance areas	55	14	6	15	19	15	4	20	39	4	6	25	4	4
Unfit houses closed	119	3	23	43	41	9	—	39	—	—	1	6	—	3
Unfit houses made fit	107	—	8	—	16	2	—	7	2	5	4	1	1	38
Houses in which Defects were remedied (other than unfit houses made fit): After formal notice under Public Health Acts	—	5	1	2	—	2	—	—	—	25	2	12	1	17
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	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Overcrowding: (a) Number of houses overcrowded at 31st December, 1967	2	3	†	†	†	1	—	3	88	13	2	†	1	—
(b) Number of overcrowded families rehoused during year	5	2	1	†	13	—	—	—	5	—	6	†	1	—
Houses erected during the year: By Local Authority—For slum clearance	3	—	—	—	11	—	—	10	20	58	—	—	—	—
By Local Authority—For other purposes	1	39	5	35	67	127	77	52	23	59	32	151	—	125
By private enterprise	96	296	14	294	106	93	131	150	198	85	85	361	98	205
Houses in course of erection: By Local Authority—For slum clearance	89	79	20	—	37	88	—	—	6	104	—	—	—	—
By Local Authority—For other purposes	—	—	—	61	—	—	—	—	7	104	66	194	—	136
By private enterprise	138	247	17	3	121	66	180	88	147	107	50	270	48	185
Post-war houses erected from 1st April, 1945, to 31st December, 1967, by: Local Authority	1,216	1,000	253	1,012	481	892	511	1,615	1,436	—	718	4,080	1,340	2,248
Private enterprise	1,573	947	225	647	544	753	666	1,354	2,020	—	1,411	3,836	1,707	1,867
Housing programme for 1968 for: Slum clearance	96	35	—	—	—	—	—	20	48	30	—	41	30	†
Other purposes	—	61	25	20	64	90	—	83	48	30	103	†	44	†
Total number of Council Houses sold during year	—	—	—	2	—	1	—	—	—	—	4	—	1	—
Total number of applicants on Housing List at end of year	456	712	152	600	305	173	145	800	600	556	394	2,290	256	1,604
Improvement Grants: Discretionary Grants (Housing (Financial Provisions) Act, 1958, as amended): (a) Number of dwellings in application approved during year:	74	22	17	5	30	7	1	25	1	14	2	†	—	22
(b) Average cost per dwelling approved on work ranking for grant	£890	£1,280	£370	£635	£1,116	£1,348	£601	£355	£145	£1,200	£1,200	†	—	£1,012
(c) Amount of grant payable by Local Authority stated as %	50%	50%	50%	50%	32%	29%	50%	24%	50%	27%	31%	†	—	50%
(d) Average cost per dwelling including repairs and improvements, etc.	£1,210	£1,972	£976	£850	£1,824	£1,706	£622	£1,479	£298	£1,275	£1,350	†	—	£1,301
Standard Grants (Home Purchase & Housing Act, 1959, and Housing Act, 1964): (a) Number of dwellings in applications approved during year	16	39	33	6	53	18	5	63	23	41	13	†	3	17
(b) Average amount of grant per dwelling paid by Council	£144	£197	£180	£160	£250	£215	£177	£194	£194	£188	£204	†	£159	£216

† Information not available

Multiple Screening Clinic—Oswestry

		Sex		AGE GROUPS								SOCIAL CATEGORY—MALES						SOCIAL CATEGORY—FEMALES					
		M	F	0—14	15—24	25—34	35—44	45—54	55—64	65+	1	2	3	4	5	Not known	1	2	3	4	5	Not known	
TOTAL ATTENDANCE		1,259	393	866	12	63	265	378	277	172	92	9	61	221	66	14	22	17	163	351	190	62	83
Percentage of those attending			31.2	68.8	1.0	5.0	21.0	30.0	22.0	13.7	7.3	2.3	15.5	56.2	16.8	3.6	5.6	2.0	18.8	40.5	21.9	7.2	9.6
TESTS :																							
1. Cervical Cytology																							
(a) Persons tested	564	—	564	—	14	138	183	135	69	25	—	—	—	—	—	—	—	14	115	231	128	41	35
(b) Percentage of women attending	65.0	—	65.0	—	1.6	15.9	21.1	15.6	7.9	2.9	—	—	—	—	—	—	—	1.6	13.2	26.7	14.8	4.7	4.0
(c) Defective	41	—	41	—	1	5	12	16	6	1	—	—	—	—	—	—	—	—	6	19	11	1	4
(d) Percentage defective of those tested	7.3	—	7.3	—	0.2	0.9	2.1	2.8	1.1	0.2	—	—	—	—	—	—	—	—	1.1	3.4	1.9	0.2	0.7
2. Chest X-ray																							
(a) Persons tested	1,074	363	711	2	57	229	317	230	155	84	9	54	207	63	14	16	12	128	287	161	55	68	
(b) Percentage of those attending	85.3	92.4	82.1	0.2	4.5	18.2	25.2	18.3	12.3	6.6	0.7	4.3	16.4	5.0	1.1	1.3	0.9	10.2	22.8	12.8	4.4	5.4	
(c) Defective	50	23	27	—	—	4	6	5	18	17	—	2	9	8	2	2	—	3	6	8	—	10	
(d) Percentage defective of those tested	4.6	6.3	3.8	—	—	0.4	0.5	0.5	1.6	1.6	—	0.2	0.8	0.7	0.2	0.2	—	0.3	0.6	0.7	—	0.9	
3. Vision																							
(a) Persons tested	983	334	649	6	51	212	292	205	141	76	7	55	185	58	13	16	4	116	250	160	55	64	
(b) Percentage of those attending	78.1	85.0	74.9	0.5	4.1	16.8	23.2	16.3	11.2	6.0	0.5	4.4	14.7	4.6	1.0	1.3	0.3	9.2	19.9	12.7	4.4	5.1	
(c) Defective	246	71	175	—	5	21	43	68	64	45	1	11	28	17	10	4	—	15	41	54	31	34	
(d) Percentage defective of those tested	25.0	21.3	27.0	—	0.5	2.1	4.4	6.9	6.5	4.6	0.1	1.1	2.8	1.7	1.0	0.4	—	1.5	4.2	5.5	3.2	3.5	
4. Urinalysis																							
(a) Persons tested	1,156	366	790	4	56	248	354	242	165	87	7	60	205	63	14	17	15	149	311	182	59	74	
(b) Percentage of those attending	91.8	93.1	91.2	0.3	4.5	19.7	28.1	19.2	13.1	6.9	0.5	4.8	16.3	5.0	1.1	1.4	1.2	11.8	24.7	14.4	4.7	5.9	
(c) Defective (Glucose)	40	13	27	—	1	6	11	10	6	6	1	1	6	2	2	1	—	3	8	9	3	4	
(d) Percentage defective of those tested	3.5	3.6	3.4	—	0.1	0.5	1.0	0.9	0.5	0.5	0.1	0.1	0.5	0.2	0.2	0.1	—	0.2	0.7	0.8	0.2	0.4	
(e) Defective (Protein)	121	24	97	1	8	20	32	27	14	19	—	2	10	7	3	2	—	13	27	33	7	17	
(f) Percentage defective of those tested	10.5	6.5	12.3	0.1	0.7	1.7	2.8	2.3	1.2	1.7	—	0.2	0.9	0.6	0.2	0.2	—	1.1	2.3	2.9	0.6	1.5	
5. Haemoglobin Estimation																							
(a) Persons tested	1,141	372	769	8	59	236	344	250	157	87	9	60	206	63	14	20	11	143	306	177	60	72	
(b) Percentage of those attending	90.6	94.7	88.8	0.6	4.7	18.7	27.3	19.9	12.5	6.9	0.7	4.8	16.3	5.0	1.1	1.6	0.9	11.3	24.3	14.1	4.8	5.7	
(c) Defective	55	9	46	1	3	12	22	8	7	2	—	1	4	3	1	—	—	6	14	17	5	4	
(d) Percentage defective of those tested	4.8	2.4	6.0	0.1	0.3	1.0	1.9	0.7	0.6	0.2	—	0.1	0.3	0.3	0.1	—	—	0.5	1.2	1.5	0.5	0.3	

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