Warwickshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1953.

August, 1954.

CONTENTS.

APPENDIX I.

REPORT ON THE YEAR'S WORKING OF CARAVAN CHILD WELFARE CLINICS.

In 1950 I reported to the Health Committee on the position of child welfare clinics in rural areas. There were considerable areas where no facilities of any kind existed, and there were also a large number of clinics being conducted under unsatisfactory conditions. In a few villages there were good halls, and these were suitable for conducting clinics. On the other hand, there were villages where the halls were cold and dirty and gave poor facilities and in other villages there were no halls at all. In the better villages, welfare workers had come forward and provided a voluntary organisation which was financially assisted by the County.

Owing to the development of modern techniques in medicine, particularly the giving of injections, it was desirable that a certain minimum standard should prevail in all clinics where the County Council was responsible. Village halls should be clean and warm and give facilities for separate rooms for the doctor and health visitor so that appropriate examinations and medical techniques could be conducted safely on small children. It was agreed that in the past excellent work had been done under the most adverse conditions, but it was desirable that the standard should now be raised to a reasonable level. It was pointed out to the Committee that the building of numerous clinics in villages was exceedingly expensive, both in capital outlay and maintenance and was, therefore, impracticable, and that the only policy which would be reasonably economic was to use existing halls that were substandard fr waiting accommodation only and to purchase large caravans to provide the two consulting rooms necessary for the health visitor and doctor. Subsequently the Committee approved of this policy, and two caravans were purchased with the agreement of the Ministry. They were to be used in the Central and Southern Areas on an experimental basis.

Position Prior to the Introduction of Caravan Child Welfare Centres.

For the whole rural area of the County, three part-time Clerk/drivers were employed, using three vans to take equipment and food to various village halls. These clerk/drivers took out the essential equipment and food, set up the clinics, and whilst the clinics were in operation, sold the food. In many instances the doctor worked in one corner of the room behind the screens and the nurse in another. In these clinics conversations were often not private and the general melee of mothers and children coming and going created a volume of dust which made the conditions unsuitable. Below are set out the clinics which were served in this way in the Central and Southern areas.

Central Area.		Southern Area.	
Clinic.	Sessions per annum	Clinic	Sessions per annum
Barford	12	Bearley	24
Lapworth	12	Brailes	12
Lillington	50	Tanworth-in-Arden	12
Long Itchington	12	Wolford-on-Avon	12
Stockton	12	Wellesbourne	12
Stoneleigh	26	Whitchurch	12
Whitnash	26		
Wroxall	12		
Total :	162		84

The proportionate cost of the mobile clerk/drivers' wages for serving the above clinics, together with the proportionate cost of the running of two vans was £450 in 1952. Further, the cost of transporting mothers by bus and taxi to various clinics in these areas was £365, in 1952. The total cost of transporting the mothers for the whole of the two areas is quoted, as the setting up of new clinics and the alteration in transport arrangements not only affects the rural clinics but also those clinics situated in towns.

Position during the first year following introduction of caravan child welfare clinics.

On my instruction, Dr.Livingstone and Dr.Bramwell, the Area Medical Officers of these two areas, were asked to survey all rural centres. It was agreed that conditions should be regarded as substandard if the village hall was not clean and warm, was without running water and did not provide good separate accommodation certainly for the doctor and preferably for the health visitor as well. Where conditions were substandard I instructed the Area Medical Officers to approach voluntary committees if they were in existence, with a view to introducing the caravan child welfare clinic so that a child welfare centre of a proper standard could be provided. Below are set out the arrangements in existence following the introduction of the caravans:-

Clinics at which Caravans attend.

Central Area	Sessions per annum
Lillington	50
Long Itchington	12
Stockton	12
Napton	12
New Clinics opened.	
Shotteswell	12
Ratley	12
Burton Green	12
Gaydon	12
Budbrooke	12
	146
Southern Area.	
Tamworth-in-Arden	12
Wellesbourne	12
Brailes	12
Welford-on-Avon	12
Alderminster (Formerly at Whitchurch)	12
Bearley	12
New Clinics opened	
Aston Cantlow	12
Salford Priors	12
Snitterfield	12
Ilmington	12
Studley	24
Quinton	12
	156

Other Clinics (served by clerk/drivers)

Barford	- Clerk/Driver still attends.
Wroxall	- removed to more satisfactory premises at Hatton.
Lapworth	- removed to more satisfactory premises.
Stoneleigh) Whitnash)	- removed to better premises but still satisfactory. In neither village are the premises approachable by the caravan

It will be seen that eleven new clinics have been opened, some clinics have been removed to more suitable premises, others remain unsatisfactory but the village halls are so placed that they are unsuitable for the use of the caravan.

During the first year's working, the two caravans have been gradually introduced. It has been found possible to dispense with the services of two of the three mobile clerk/drivers and to cancel a considerable amount of the bus and taxi transport. The saving on the wages of the mobile clerk/drivers, together with the running costs of the vans to the clinics in these areas is £450 and the transporting of the mothers had been reduced from £365 to £211. The attendances of mothers with children born in the rural districts of the Southern and Central Areas have been examined. This is desirable as the changes that have been implemented affect certain clinics that are held in towns. In 1952, 726 mothers attended for the first time with children under one. This is 61% of the birth rate for 1951. Since the introduction of the caravan clinics, 76% of the previous year's birth rate have attended for the first time with babies under one. The significant increase of 15% can be safely attributed to a greater accessibility of clinics and the fact that they are more acceptable mothers generally. Coverage, as will be seen, has been on a much wider scale and large areas of the County, which were not formerly covered, are now given modern facilities.

Principle of using Caravan Child Welfare Clinics.

I have carefully examined, and inspected personally, the clinics in rural areas and watched the use of the caravans. I have also talked to the medical officers and health visitors conducting these clinics and seen a large number of the mothers. I can report tothe Committee that these clinics are working satisfactorily, that medical officers and the majority of health visitors and mothers are exceedingly pleased with their introduction and that in general the facilities for modern clinic work are being provided in villages where they were formerly non-existent. Further, voluntary workers have come forward to assist in the halls with the making of tea and selling of food and, as a general rule, there have been few difficulties. One criticism which has been raised by staff and mothers is that the working of the caravans is slower than that in a general hall. However, on examination of the problem it transpires that if a health visitor and a doctor are to see cases properly, then the maximum that a health visitor can see in a session is approximately thirty. This is within the capacity of the caravan. The slowing up is not mainly due to the caravan but the provision of an individual room for the doctor and nurse to give proper examinations and conduct modern techniques. These were often not possible in halls that were cold and dirty and, in consequence, on many occasions mothers and babies were not properly examined and the turnover was much more rapid. The same slowing up has occurred in the new static clinics which have been provided in Atherstone, Kenilworth and Solihull. Where the number to be seen at the clinic is over thirty, a second health visitor and weighing machine are being provided.

Towing.

In 1950 the Council, on the advice of the County Transport Officer, purchased three Ford V8 cars for towing. During the implementation of this service, one of these vehicles has been extensively used for towing both the dental caravans and the child welfare caravans, and a second partly used. The mileage covered is 15,000 miles by the first car and 6,500 by the second. The third car has remained unused. Experience has shown that, whilst these vehicles are moderately suitable for the work, difficulties are encountered in confined spaces. As a result, there is a severe strain on the transmission, and the clutch wear is excessive. The County Transport Officer reports to me that, in his opinion, much more suitable vehicles are now available,and it would be desirable to dispense with the most used Ford, together with the one that is unused, and in place of them purchase a long wheel base four wheel drive Land Rover which has a power take-off winch. A power take-off

which obviates the difficulty at present encountered where the caravan is sited in a difficult position off the road, as the winch can pull it on to the road before the caravan is attached to the towing vehicle.

At the present time the County Transport Officer is not in a position to give a fair figure for the value of these vehicles, but he confident that it will be considerably more than the cost of a new Land Rover. The Committee will realise that these towing vehicles have been used for moving the dental vehicles, and even more difficulty has been encountered in the confined spaces of small playgrounds of village schools. The Rover Company are being approached to allow the use, on an experimental basis, of this vehicle for towing purposes and a report will subsequently be made to the Committee on the suitability of this vehicle for this purpose.

Finance.

The costs of conducting rural clinics, using mobile clerk/drivers and transporting mothers by taxi and bus, are as follows:-

Wages and running costs of vans (actual 1952)	£450
Transporting mothers (actual 1952)	£365
Total:	£815

The costs of using the caravan are:-

Towing and maintenance (estimated 1954/55)	£1,057
Transporting mothers by bus and taxi (estimated 1954/55)	£211
Total:	£1,268

In neither instance have the costs of halls been included. It should be remembered, however, that wages and petrol costs have risen considerably since 1952 in comparison with the estimated costs quoted for the caravans. However, on a cost per session basis, the cost when using clerk/drivers was nearly £2 and with the use of the caravan is approximately £4. It should be borne in mind, in trying to relate these costs, that most of the new clinics that have been opened are in distant villages and therefore, are more costly in both time, petrol and towing costs, than the ones which were formerly served by the clerk/drivers.

Capital Expenditure.

The caravans were purchased at a cost of £2,250 - a total of £4,500, and this money was raised on loan over a period of ten years. The life of the caravans is estimated at between 20 - 25 years, and therefore an estimated annual depreciation of costs of approximately £250 should be allowed for both caravans. The cost of the three Ford cards was £2,560. One of these cars has not been used and of the others, one has done 15,000 miles and the other £6,500. These two cars have been used not only for transporting the infant and child welfare clinics but also the dental clinics.

Minor recommendations on the running of the caravans.

The Committee are asked to approve of the disposal by the County Transport Officer of the two vans used by part-time drivers, which are now no longer required. Further, the Committee are asked to approve in principle of the County Transport Officer disposing of the unused Ford car KUE 490 and of the most used Ford car KUE 114, and to replace them by a more suitable towing vehicle with a power take-off winch. A suitable adjustment will be made in the supplementary estimates if the Committee

agree to this proposal. The County Transport Officer further points out that Mr.Beckett should now be transferred to the establishment of the Health Committee since he is now employed solely for towing and maintaining the dental and child welfare caravans and under this arrangement the Transport Department are losing the services of an officer. Financially this would not alter the cost to the Health Committee, and Mr.Stallard has agreed to continue to supervise Mr.Beckett's work.

Conclusion.

During the first year's experimental working of the two caravan child welfare clinics, it is my view that this is a good solution to a most difficult problem. The caravans are bringing an up to date service to the rural population, many of whom have never had such facilities. The use of the vehicle in the coming years is likely to expand until the whole of the rural population in these two areas is covered and, further, the caravans will be used when available for school medical inspections at rural schools.

OFFICE OF THE COUNTY MEDICAL OFFICER OF HEALTH,
SHIRE HALL,
WARWICK.

To the Warwickshire County Council

Mr. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to report on the health of the County for the year 1953.

This report is based on information collected in 1953 and previous years. The overall pattern of variation in the health of individuals in the County is hard to detect, and the information available to us, though relevant and accurate, is far less than we would like to have. It is therefore necessary to extract the utmost from the limited amount available. This is collected and analysed with two main ends in view. One is to assess the effects of past action and the other is to direct the way to further action where it is most needed. Contained in this report are many examples of both these uses, and it seems well to stress some of them in this introduction.

Past action is shown to have resulted for example in falling tuberculosis death rates among young persons, in falling infant mortality, stillbirth and maternal mortality rates, in falling death rates in the 15-44 age group, in freedom from diphtheria in the County and in a reduction of whooping-cough incidence in immunised children.

Further action is shown to be necessary for example in obtaining earlier diagnosis of tuberculosis, particularly among older men, in preventing prematurity, in reducing the infant mortality and stillbirth rates in certain districts of the County, in reducing the working time lost from bronchitis. Also in securing even more accurate selection of cases for transport by ambulance, and in bringing the home help services up to a higher standard in certain areas.

These needs for future action have already emerged from the information collected. As the more systematic collection and analysis of information now in use proceeds for further years it will yield more and more results of ever increasing value, both to us and to the other sections of the National Health Service in the County. There is much to be said for the Health Department acting as an official bureau for the central collection of morbidity statistics for the County.

1. **Death Rate.** (Tables 1, 2 and 3 and Diagram page 22).

The overall death rate in 1953 was 10.67 compared with 10.35 in 1952 and 11.55 in 1951. The total number of deaths was 5,120 compared with 4,915 in 1952. Much of the variation from year to year in the total number of deaths is due to variations in the number of deaths from the winter diseases of influenza, bronchitis and pneumonia. These numbered 570 in 1953, 374 in 1952 and 716 in 1951. There was an epidemic of influenza in 1953 as in 1951, but it was not so severe (see Paragraph 5).

Apart from these diseases the following individual causes of death showed *increases* of more than 10 deaths from the 1952 figures :—

For *males* Respiratory tuberculosis.
Cancer of lung and bronchus.
Vascular lesions of central nervous system.

For *females* Cancer of lung and bronchus.
Vascular lesions of central nervous system.
Nephritis and nephrosis.
Accidents (not motor vehicle).

There were *decreases* of more than 10 deaths from the 1952 figures in the following :—

For *males* Motor vehicle accidents.

For *females* Respiratory tuberculosis.
Cancer of the breast.

Deaths from cancer and from tuberculosis are discussed in detail in Paragraphs 2 and 16 respectively.

The overall death rate has altered little over the past twenty years (see Table 2) but nevertheless great changes have taken place in its structure. The great drop in infant and child mortality is now well known. Less well known is the big improvement in the death rate of the younger adults (the 15-44 age group).

This was 3.22 averaged over the two years 1932 and 1933, compared with only 1.50 averaged over the two years 1952 and 1953. This represents a saving of approximately 350 lives per year between 15 and 44 in the County, at the present level of population.

The causes of death in this age-group are shown diagrammatically for 1932 and 1933 and 1952 and 1953 on page 22. The death rates for all causes except cancer have decreased in the twenty year period, the biggest decreases occurring among deaths from tuberculosis and non-tuberculous respiratory disease.

2. **Deaths from Cancer.** (Tables 4A and 4B).

Since 1950 the Registrar General has given us details of deaths from cancer of different sites. The figures for males are shown in Table 4A and for females in Table 4B.

For females there have been no consistent changes over the four years. The numbers of deaths from cancer of the breast, uterus and " other " sites were high in 1952, but fell again in 1953 to their previous levels.

For males, however, there has been a consistent rise in the total number of cancer deaths in the four years, mainly due to the steady rise in the number of deaths from cancer of the lung and bronchus, from 94 in 1950 to 140 in 1953.

Also given in the tables are the average death rates for the years 1950-52 for Warwickshire and for England and Wales. It will be seen that the total death rate from cancer was lower in Warwickshire than in England and Wales for both males and females. The death rates from cancer of the stomach, lung and uterus were considerably lower in Warwickshire than in England and Wales. The death rates from cancer of the breast and from leukaemia were higher in Warwickshire than in England and Wales.

3. **Morbidity.** (Diagram page 23).

In my last Annual Report the need to study morbidity as well as mortality was pointed out. There are two potential sources of information, namely the sickness benefit certificates obtained by the Ministry of Pensions and National Insurance, and General Practitioners records. During 1953 new material has become available from both these sources, and has been used to construct the diagram on page 23 which shows the main causes of incapacity among working males, and the main reasons for patients' consultations with General Practitioners. The information on which the diagram is based is discussed in more detail below. These studies were made for the country as a whole but there is no reason to believe that the pattern of morbidity in Warwickshire would be substantially different, and useful lessons can be learnt from these results.

The data on incapacity is obtained from a Digest of Incapacity Statistics, covering the year 1950, which has been prepared by the Ministry of Pensions and National Insurance and circulated to all interested persons. Among the many tabulations, an important one from the point of view of a Health Department is that showing the number of days of incapacity among working males caused by each disease group. The analysis is for spells of incapacity ending in 1950, so that spells of over one year can be included. Even so, the Ministry estimate that chronic sickness in young persons is understated ; this probably applies chiefly to tuberculosis. Sickness due to some of the more frightening diseases is probably also understated since the doctors may not think it wise to put the correct diagnosis on the certificate. In spite of these limitations the analysis yields useful results. The diagram shows the days of incapacity for the ten most important disease groups of the fifty four listed. These ten disease groups account for 70 million of the total of 117 million working days lost. The greatest number of days were lost through " bronchitis," next came diseases of the stomach and duodenum (excluding cancer) followed by influenza, then arthritis and rheumatism (excluding rheumatic fever). These diseases, though they do not come high in the causes of death, are nevertheless shown to be very important as causes of incapacitating sickness.

The data on consultations with General Practitioners is taken from a publication by the General Register Office which analyses the clinical records which were kept in eight practices

during the period April 1951 to March 1952. There were about 27,000 National Health patients in these eight practices during this period, and they constituted a very different group from the working male population discussed above. They include males and females of all ages from the very young to the very old. Nevertheless very similar disease groups emerge as important in this as in the incapacity study. The total number of consultations for all purposes in the eight practices was 105,000. These have been split into a large number of diseases, but for comparison with the incapacity study they have been grouped to form the same disease groups, and the ten which accounted for the greatest number of consultations are shown in the diagram. Once again the leading cause was "bronchitis," this time followed by acute nasopharyngitis (common cold). Next was arthritis and rheumatism, followed by accidents and injuries.

An important result of these studies is to focus attention on the main disabling diseases, as distinct from the main killing diseases. These disabling diseases deserve just as careful study as their more lethal counterparts and there are welcome signs that some of them are at last receiving it.

4. Chronic Bronchitis.

The morbidity studies just described reveal the importance of respiratory disease as a cause of incapacity, and in particular focus attention on bronchitis. This is an indefinite clinical entity which probably includes a number of separate and distinct clinical conditions. It is now becoming apparent that it is a condition worthy of much more study than has previously been accorded to it. Most studies so far made are based on death rates rather than on sickness rates, since it is only recently that sickness and incapacity figures have become available. Study of the death rates reveals that men have higher rates than women from this cause; that the death rate is about five times as great in Social Class V as in Social Class I for both men and women; that the death rate increases with the degree of urbanisation, being lowest in the rural areas and highest in the conurbations; that the death rate is related to the degree of atmospheric pollution. Unfortunately all three factors, depressed social class, high density of population and high degree of atmospheric pollution usually occur together and it is difficult to separate the effect due to each.

Bronchitis is very much an English disease and the death rate in England and Wales is very much higher than in other countries, particularly the Scandinavian ones. Since it causes so much disablement, particularly to middle-aged men in their most able years it is to be hoped that intensive national studies will be instituted and that they will yield some preventive principles. It is estimated that approximately 133,000 working days are lost by males each year in Warwickshire from this cause.

5. New Claims for National Insurance Sickness Benefit. (Table 50).

The Midland Regional Office of the Ministry of National Insurance has continued to supply each week the number of new claims to Sickness Benefit received by each National Insurance Office in the Region. The figures for six Offices within the County are summarised in Table 50. In the March quarter of 1953 there were almost as many claims as during the peak year of 1951. This was the result of an influenza epidemic described in the Monthly Bulletin of the Ministry of Health as a mild influenza A, due to a virus antigenically related to, but not identical with, that recovered in 1951. The number of new claims rose sharply in the first week of the year, reached a peak in the eighth week, and then fell away. The numbers of new claims continued rather higher than in the previous three years in both the June and September quarters.

6. Birth Rate. (Tables 1, 2, 5 and 14. Diagram page 20).

The birth rate increased from 15.6 in 1952 to 16.3 in 1953, the highest figure since 1949. The birth rate in England and Wales increased from 15.3 in 1952 to 15.5 in 1953. These changes can be seen in their proper perspective in the diagram on page 20.

Not all districts of the County had an increase in their birth rate in 1953. The most important of those who did, were the towns of Sutton Coldfield, Nuneaton, Leamington and Kenilworth, and the rural districts of Atherstone, Meriden, Southam, Warwick and Shipston-on-Stour. In all these districts the birth rate in 1953 was the highest since 1949.

7. **Illegitimate Birth Rate.** (Table 5 and diagram page 21).

There were slightly more illegitimate births in 1953 than in 1952, 371 compared with 361. The diagram on page 21 shows changes in this rate in proper perspective.

The number of illegitimate births coming to the knowledge of the Social Worker was 255 compared with 272 in 1952. More details of the Social Worker's cases are given in paragraph 33.

8. **Stillbirths.** (Tables 1, 2, 6, 11 and 14).

The stillbirth rate increased from the record low value of 18.2 in 1952 to 19.8 in 1953. The stillbirth rate for England and Wales decreased slightly from 22.6 in 1952 to 22.4 in 1953.

The causes of stillbirth have again been analysed from the reports submitted by midwives to the County Supervisor of Midwives on all stillbirths which take place in the County. The order of importance of the different causes has remained much the same over the three years in which the analysis has been made (see Table 11). Congenital malformations and toxaemia of pregnancy (with accidental A.P.H.) were the largest known causes, both accounting for about 17% of stillbirths. They were followed by difficulties of labour and conditions of the cord and placenta both accounting for about 10—15% of stillbirths. Minor causes were haemolytic disease and known chronic ill-health in the mother. There remained about 33% of stillbirths in each year for which no cause could be found.

9 **Premature Births.** (Tables 7 to 10).

The percentage of all births which were premature was the same in 1953 as in 1952, namely 7.2. This represents 593 premature births in 1953, 526 liveborn and 67 stillborn, and 560 premature births in 1952, 497 liveborn and 63 stillborn.

Table 8 shows the numbers of premature births in the five Ministry of Health weight categories, together with the percentage of live births in each category surviving to 28 days. It will be seen from this table that in 1953 there were more babies in the lower weight groups than in 1952. There were in turn more babies in the lower weight groups in 1952 than in 1951; no earlier comparisons can be made because of the change in the Ministry of Health weight categories. This trend is unsatisfactory because the very small babies have a comparatively low chance of survival. In 1953 the percentage survival of live births was better for each weight group than in 1952, but the overall percentage survival was not much improved (84% against 83%) because of the greater numbers in the low weight groups. Thus the better care which is now given to these babies at home and in hospital is being offset by the fact that more and more very small babies are being born.

Toxaemia of pregnancy is sometimes a cause of prematurity, and although it is not known how many of the mothers had this condition it is known that for 14 out of the 67 premature stillbirths and 11 of the 82 deaths of premature infants toxaemia was present in the mother to a marked degree. In many cases labour was induced because of the toxaemia. In addition one mother died from eclampsia. Her child was stillborn. There is now some evidence that toxaemia of pregnancy is preventable by careful control of weight increases in the early months of pregnancy, but there is still no general agreement on this subject and much research is being carried out. Meanwhile regular ante natal supervision is important so that the condition may be detected as early as possible and treated conservatively.

Once again premature babies arising from twin pregnancies have been recorded separately from the other babies, because many of them are actually born at term, although they come within the official definition of 5½lb. or under in weight. In 1953, 105 of the 593 premature births arose from twin pregnancies, compared with 118 out of 560 in 1952. As in 1952 the twin babies in the 3lb. 4ozs. to 4lb. 6ozs. group survived better than the single babies, and above this weight the survival rates were about the same. Unfortunately, in 1953 a greater number of twin babies were born in the lowest weight group and had a low survival, with the result that the overall percentage survival of the twins was rather low.

Of the 526 live premature infants 134 were born at home. Twenty-one of these were transferred to hospital but the remainder were nursed entirely at home and all but two of them survived. Special equipment is available to domiciliary midwives to help them in caring for these infants.

10. Retrolental Fibroplasia.

In my last Annual Report this disease of the eyes of premature infants was described. The disease has emerged in recent years, and it is very liable to result in blindness. Recently, research by the Medical Research Council has yielded results which indicate that the incidence and severity of this condition depend on the concentration of oxygen used and the length of time over which it is given in the nursing of a premature infant. Hospitals have been asked by the Ministry of Health to use oxygen with discretion and in minimum amounts in nursing premature infants.

Only one child in the County (notified in 1952) is known to have been rendered blind by this disease. No new cases have been discovered in 1953.

11. Infant Mortality. (Tables 1, 2, 5, 12, 13 and 15).

The infant mortality rate in 1953 was 24.4, the lowest so far recorded. The infant mortality rate for England and Wales for 1953 was 26.8. The two parts of the infant death rate for the past five years have been as follows :—

	Neo-natal.	*One month to one year. (Post-natal).*	*Total.*
1949	20.0	8.8	28.8
1950	17.4	9.5	26.9
1951	20.2	8.2	28.4
1952	20.1	7.8	27.9
1953	17.6	6.8	24.4

These figures show that the low infant death rate in 1953 was due to a decrease in the neo-natal death rate as well as in the post-natal death rate, although the neo-natal death rate was not as low as in 1950.

Causes of neo-natal deaths.

The special analysis of the causes of neo-natal deaths given in Table 12 now covers four years. It shows very clearly that the main causes of neo-natal death have altered little in importance over the four years. The most important single cause in each year was prematurity. Next came asphyxia and atelectasis, congenital malformations and birth injury, which have varied somewhat in relative importance during the four years.

In 1953 the largest of these was asphyxia and atelectasis accounting for 35 deaths. The deaths from congenital malformations fell in 1953 to the more normal value of 25 compared with the high figure of 36 in 1952. Among the less important causes of death the main point of note was that there was only one death from haemolytic disease compared with 6, 7 and 12 in the three previous years. (There were only four stillbirths from this cause in 1953 compared with 7 and 5 in the two previous years).

Causes of death between one month and one year (Post-natal deaths).

The causes of post-natal deaths for the past four years are shown in detail in Table 13. In 1953 as in 1950 and 1951 bronchitis and pneumonia was the biggest cause of death, accounting for 21 deaths. The number of deaths from this cause in 1952 was exceptionally low and the 1953 figure is a more normal one. There were fewer deaths from congenital malformations in 1953 than in 1952 (which was a high year) and also fewer deaths from gastro-enteritis.

12. Variations within the County in Stillbirth Rate and Infant Mortality Rate.

In my Annual Report for 1952, the differences which existed among the stillbirth rates and infant death rates in the different districts of the County were described. The general position was that Nuneaton, Bedworth and Meriden had significantly high rates while Sutton Coldfield had significantly low ones. This position was maintained in 1953. The stillbirth and infant death rates in Nuneaton and Bedworth were lower in 1953 than in 1952, but the corresponding rates in Sutton Coldfield were also lower in 1953 than in 1952, so that the difference between the districts remained much the same.

The detailed figures are given in Table 15.

13. **Deaths of children aged 1—5 years.** (Tables 3 and 14).

There were only 30 deaths of children aged 1—5 years in 1953 compared with 38 in 1952. From 1948 to 1951 the number of such deaths was between 45 and 50 per year, so that the 1952 and 1953 figures represent a considerable improvement.

Details of the causes of death in 1953 are given in Table 14. There were fewer deaths from infections in 1953 than in 1952 (10 compared with 16), and also fewer deaths from accidents (5 compared with 12).

14. **Maternal Mortality.** (Table 1).

There were 6 maternal deaths in 1953 compared with 3 in 1952, 4 in 1951 and 3 in 1950. The maternal death rate was 0.72 per 1,000 total births, considerably higher than in recent years.

There was one death due to septic abortion (self-induced).

15 **Uptake of Ministry of Food Vitamin Products.** (Table 52).

Vitamin products are available to expectant mothers and young children under a Ministry of Food Scheme, either free as cod liver oil and Vitamin A and D tablets, or at a small charge as orange juice (5d. a bottle). The uptake of these products based on figures supplied by the Midland Region of the Ministry of Food, is shown for the seven County areas in Table 52. There was some drop in uptake almost everywhere, but particularly in Sutton Coldfield.

At the time of writing the responsibility for the distribution of these foods has been transferred to the County Council.

16. **Pulmonary Tuberculosis.** (Tables 1, 32-36, 38, 39 and 41. Diagrams pages 24 to 27).

Numbers of New Notifications.

There were 473 notifications of new cases of pulmonary tuberculosis in 1953, compared with 460 in 1952, 418 in 1951 and 407 in 1950. They were made up of 57 children under 15, 226 males and 190 females over 15. The comparable figures for 1952 were 62 children under 15, 237 males and 161 females over 15. Districts which showed big increases in notifications in 1953 were—Bedworth U.D. (from 38 to 51), Leamington Spa M.B. (from 33 to 47), and Warwick M.B. (from 22 to 31). These increases were the results of visits by the Mass Radiography Unit during the year. Districts which showed big decreases in notifications during 1953 were—Nuneaton M.B. (from 87 to 69) and Meriden R.D. (from 31 to 20). The high figure of notifications in Nuneaton in 1952 was due to the visit of the Mass Radiography Unit. The work of this Unit is discussed in detail in a later paragraph.

Age Distribution of New Notifications.

The following table summarises the age distribution of the new notifications in 1953 (1952 figures in brackets) :—

	Males.				*Females.*			
	Number.		*Rate per 1,000 in age group.*		*Number.*		*Rate per 1,000 in age group.*	
Under 25 ...	60	(90)	0.7	(1.0)	100	(87)	1.2	(1.0)
25 to 44 ...	91	(100)	1.2	(1.3)	97	(84)	1.3	(1.1)
45 and over	101	(73)	1.4	(1.0)	24	(26)	0.3	(0.3)
Total ...	252	(263)	—	—	221	(197)	—	—

The remarkable feature of this table is that the highest rate of new notifications in 1953 was among men over 45, exceeding even the rate among young women.

Stage of disease at diagnosis.

Through the helpful co-operation of the Chest Physicians and General Practitioners we have been successful in obtaining the classification of the stage of disease at diagnosis for all but 6 of the 473 new cases notified. The overall results were as follows :—

	1953. *No. of new cases.*			1952. *No. of new cases.*	
Stage 1 (Early)	187	(40%)	...	172	(40%)
Stage 2 (Intermediate) ...	202	(43%)	...	200	(47%)
Stage 3 (Late)	78	(17%)	...	55	(13%)
Total known ...	467	(100%)	...	427	(100%)
Unknown ...	6	—	...	33	—

There was an *increase* in the number of persons diagnosed late, and no improvement in the number of persons diagnosed early.

Once again, diagnosis was made earlier in young persons than in older persons. Of persons under 25, 63% were diagnosed early and 7% late. Of persons over 45, only 20% were diagnosed early and 30% late.

The diagrams on Pages 26 and 27 show the stage of disease at diagnosis, for the cases notified in each County Area in 1953 and 1952.

Mass Radiography.

The Mass Radiography Unit again made a significant contribution to case finding during the year. A total of 23,453 miniature X-ray examinations were made as a result of which 58 cases of pulmonary tuberculosis were found. This was a lower yield rate than in 1952 when a total of 12,375 miniature X-ray examinations resulted in 67 cases being found.

Surveys were made during the year in the North-Eastern, Central and Southern Areas of the County. The highest yield rates were in Bedworth and Atherstone with 4.7 and 3.8 notified cases per 1,000 X-rayed respectively. In Leamington Spa and Warwick 20% of the population was X-rayed with a yield rate of 2.0 and 1.5 notified cases respectively. In Alcester and Studley the yield rate was 1.6. Further details of these surveys are given in Table 36. This table also gives an age classification of the persons X-rayed and the resulting notified cases. The yield rates were highest in men over 45 and women between 25 and 44.

Of the 58 notified cases found by Mass Radiography, 35 (61%) were early, 21 (36%) intermediate and 2 (3%) were late.

While the work of this unit is very valuable, it is most important that it should be directed to groups of the population where there is likely to be a high yield rate.

Deaths.

The numbers of deaths from respiratory tuberculosis in 1953 was 69, the same as in 1952.

Since 1948 the number of deaths has been falling rapidly and this is the first time that this drop has discontinued. Closer study shows that deaths of females continued to fall, there being only 13 female deaths in 1953 compared with 23 in 1952. The number of male deaths *increased* to 56 from 46 in 1952, practically all this increase occurring in the over 45 age group.

There has been an enormous saving of young adult life since 1948. In that year, there were 95 deaths of persons under 45 from respiratory tuberculosis compared with only 21 in 1953.

" Late notifications " play a sinister part in relation to deaths as can be seen from the fact that of the 69 persons who died, 7 had not been notified as cases of tuberculosis before death, and a further 19 were notified during 1953, when the disease was in an advanced stage. (See Table 35). If these persons had been brought under treatment earlier their lives might very possibly have been saved, and the infection of very many other unfortunate persons would never have occurred.

The size of the tuberculosis problem in Warwickshire.

The diagram on Page 25 shows the overall picture of pulmonary tuberculosis in the County. It gives the numbers of new cases found during 1953, the previously discovered cases still on the registers, and the estimated size of the " unknown infector pool."

There are no signs of any falling off in notifications of the disease in the County, indeed there is still a slight rise. One might hope that this rise is draining cases from the " unknown infector pool " into the known and therefore controlled section. There are, however, as yet no indications that cases are being diagnosed much earlier than formerly, and it must unfortunately be concluded that the " unknown infector pool " is still sizeable. It may be that the rise in notifications will continue for some years yet, but the intensive effort now being devoted to this problem should yield results in due course.

Services provided for the tuberculous.

There are now regular chest clinics in six of the seven County areas. In the seventh area a children's clinic is held. The clinics are the responsibility of the Regional Hospital Board, but the County Council pays a proportion of the salaries of the Chest Physicians. Health Visitors work in the clinics and undertake tuberculosis visiting. There is good liaison between all staff

engaged in anti-tuberculosis work. In two areas of the County a trial scheme whereby a certain number of Health Visitors devote themselves largely to tuberculosis work has proved satisfactory and is being extended. The provision of equipment for patients under treatment at home has continued, as has the provision of additional nourishment and clothing where there is need. Shelters are provided where there is a special need.

When a new case is diagnosed every effort is made to get the contacts to the clinic so that they may be X-rayed and kept under regular supervision. Child contacts are patch tested and if negative are offered B.C.G. vaccination. A total of 338 children were vaccinated with B.C.G. during 1953.

The numbers of tuberculous persons on our registers are steadily increasing as the number of new notifications continues to increase, and the better treatment now available reduces the number of deaths. Consequently there is a rising demand for tuberculosis services.

Variations within the County in the incidence of pulmonary tuberculosis.

There is little to add to the detailed analysis given in my last Annual Report of the differences in the incidence of pulmonary tuberculosis in the different districts of the County. It is nevertheless important to keep in mind the districts where the incidence is very high, namely—Nuneaton M.B., Bedworth U.D., and Rugby M.B. Other districts where the incidence is high are Atherstone R.D., Rugby R.D., and Warwick M.B.

Details are shown in Table 38.

17. **Non-Pulmonary Tuberculosis.** (Tables 1, 33, 37 and 38).

There were 76 new notifications of non-pulmonary tuberculosis during the year compared with 100 in 1952 and 75 in 1951. The reduction was mainly in the least serious type of disease, namely cervical adenitis. There were just as many notifications of cases of tuberculosis of the meninges, bones and joints, abdomen and genito-urinary system as in the two previous years. (See Table 37).

Cases of non-pulmonary tuberculosis may be due to infection by the human or the bovine type of bacillus. The milk supply of all new cases arising in the County is investigated, and in some cases direct evidence of consumption of infected milk is obtained. In other cases there is a history of close contact with an infectious human pulmonary case. In many cases, however, there is no evidence to show which type of bacillus was involved or how the infection was acquired.

The treatment of non-pulmonary tuberculosis is now very much more effective and a good instance of this is the fall in the number of deaths from tuberculous meningitis. In 1950 there were 12 such deaths, in 1951, 10, in 1952, 6, and in 1953 only 2.

18. **Tuberculin Jelly Test Survey in Alcester and Studley.** (Table 40).

The Area Medical Officer for the Southern Area, Dr. Bramwell, has organised a tuberculin jelly test survey of the school children in the towns of Alcester and Studley. The results, given given as the percentage of children having positive reactions, are shown in Table 40. A positive reaction indicates that the child has at some time, been infected with tuberculosis. For comparison, the results of the Medical Research Council Survey of seven rural areas in England and Wales are also given in the table. It will be seen that for each age the percentage of positive reactions in Alcester and Studley was higher than in the Medical Research Council rural areas. At ages 7 and 8 for example the Alcester and Studley survey showed 46% and 47% of positive reactions, whereas the averages of the seven Medical Research Council rural areas were only 27% and 28%.

This high incidence of tuberculous infection among school children could be due to human or bovine infection.

Dr. Bramwell has found that the proportion of children found at school medical examinations to have swollen tonsils and glands was higher among the children having positive reactions to the tuberculin jelly test than among those having negative reactions. Moreover it is known (see Table 38) that Alcester R.D. has a significantly high incidence of non-pulmonary tuberculosis particularly of the type most associated with bovine infection, namely cervical adenitis. These facts suggest that the high incidence of tuberculous infection is bovine in origin, but no actual bacilli have been found in the milk supply. In order to complete the investigation it was hoped that all parents and other contacts of the positive school children could be X-rayed.

Unfortunately this part of the investigation is not complete since it has proved very difficult to persuade all these persons to attend the mass X-ray unit. Very little new pulmonary tuberculosis was found in Studley and Alcester as a result of the visits of the Mass Radiography Unit.

Fortunately, nearly all milk supplies in these two towns are now pasteurised or tuberculin tested, and it is almost certain that Alcester R.D. and Stratford-on-Avon R.D. will be included in Specified Areas in the near future. The extension of these Areas is the only sure way of eliminating the risk of tuberculous infection from milk.

19. **Milk and Dairies Administration.**

The map on page 31 shows the areas which are subject to Specified Area Orders. These orders ensure that all retailers supplying milk in the area must sell (both inside and outside the area) only " Pasteurised," " Sterilised " or " Tuberculin Tested " milk, and until September 30th, 1954 " Accredited " milk from a single farm. A brief definition of each of these designations is given on page 75. A considerable part of the County is now subject to Specified Area Orders.

Samples for biological testing for bovine tuberculosis bacilli are taken from all grades of milk, the majority being taken from Accredited and non-graded milk where the risk of infection is greatest. Seventeen positive samples (1.9%) were found during the year in 898 samples of Accredited and non-graded milk, a considerably lower percentage than in recent years. A total of 29 infected cows were slaughtered during the year as a result of investigations, also fewer than in recent years. One sample of Tuberculin Tested milk proved to be positive ; this is very exceptional and has not occurred for some years.

All but one of the 377 schools are now supplied with pasteurised or Tuberculin Tested milk. All supplies of milk to schools are sampled after delivery to the school at least once every term.

A more detailed account of this work is given on Page 70.

20. **Smallpox and Smallpox Vaccination.** (Tables 27-29).

No smallpox cases were notified in the County in 1953.

A " Contact " of a suspected smallpox case in Hampshire, was medically examined on arrival in this County, and it was subsequently confirmed that the suspected case was not smallpox.

In continuance of the measures instituted for the strict control of possible outbreaks, the Ministry of Health issued to all Medical Officers of Health, a document entitled " Laboratory diagnosis of Smallpox " which included the revised list of practitioners designated to assist in diagnosis of the disease.

The number of smallpox vaccinations of children under one was much the same as in the two previous years, 2422 compared with 2375 and 2445. This represents a vaccination level of about 30%. The number of vaccinations at all ages increased slightly to 3260 from 3072 in 1952. The number of revaccinations increased to 1167 from 740 in 1952.

21. **Diphtheria and Diphtheria Immunisation.** (Tables 24, 25, 29, 30 and diagrams pages 28 and 29).

For the second year in succession there were no notified cases of diphtheria. The diagram on page 29 shows the Warwickshire experience for the past three years compared with England and Wales as a whole and with France.

Although the County has been free from diphtheria for two years it remains essential that a high level of immunisation should be maintained. Rather fewer children were given a full course of primary immunisation in 1953 than in 1952 or 1951 (see Table 24). There was also a drop in the number of " booster " injections given.

At the present time about 63% of the children in the County have received a full course of primary immunisation and 43% of the children over 5 have received a booster injection. A diagram showing the percentage with primary immunisation and the percentage with booster immunisation in each age group is given on Page 28. Continuous health education is necessary to maintain and improve these levels.

22. **Whooping Cough and Whooping Cough Immunisation.** (Tables 26, 29 and 30).

The total number of notified cases of whooping cough rose in 1953 to 1,776 from 1,281 in 1952. The 1953 figure slightly exceeds the previous highest total of 1,703 in 1951. The disease was particularly prevalent in the Sutton Coldfield, North-Eastern, North-Western and Central Areas. The incidence was high in the first three quarters of the year and fell away in the last quarter.

There was only one death from whooping cough during the year, a boy aged two, whereas in 1951, the previous highest year, there were seven deaths.

This was the second year in which whooping cough antigen was generally available in Child Welfare Centres in the County. The total number of immunisations completed during the year in Centres and notified by General Practitioners was 4,086, a considerable increase on the figure of 1,481 in 1952. In two areas of the County half the children born in 1952 had been immunised by the end of 1953 ; in the rest of the County this proportion was about one third. While these figures represent considerable progress in a short time there is obviously much scope for expansion.

This year an attempt has been made to assess from our records the degree of protection afforded by the antigen. For each notified case of whooping cough the records have been searched to see whether or not a whooping cough immunisation card is held. This procedure, although the best that can conveniently be adopted, has two defects. One is that it is possible that all cases of whooping cough are not notified, and this is more likely to apply to mild cases among immunised children. The other is that a considerable number of children were immunised by General Practitioners before our records were kept, but this would tend to reduce the rate of whooping cough among the children for whom we hold no records of immunisation.

The results obtained in this way are as follows :—

	Children under 5.		*Children aged* 5-14.	
	Total.	Notified cases of whooping cough—1953.	Total	Notified cases of whooping cough—1953.
" Immunised " (i.e. Immunisation cards held)	6,262	55 (0.88%)	2,117	16 (0.76%)
" Not-immunised " (i.e. no immunisation cards held)	33,538	993 (2.96%)	76,883	684 (0.89%)

For children under five the attack rate among the " not immunised " was more than three times that among the " immunised." This is a very similar result to that obtained in the Medical Research Council trial where the attack rate per 1,000 child-months for a British antigen was 2.0 in the immunised group and 6.7 in the non-immunised group.

For children aged five to fourteen there was hardly any difference in the attack rates in the " immunised " and " not immunised " groups. Most of these children were immunised some years ago and this result may be due either to the lesser effectiveness of the early antigens, or the length of time since immunisation.

One objection which may be made to these results is that the immunised children may be a selected group whose mothers exert greater care over them, and their natural attack rate of whooping cough may be lower than among the non-immunised children. This objection does not apply to the Medical Research Council trial since infants were allocated at random to the two groups immunised and non-immunised. The two groups were found to be very similar in all respects other than the incidence of whooping cough. In particular, the incidence of other infectious diseases (Measles, Chicken Pox, Broncho-pneumonia) was the same in the two groups.

23. **Poliomyelitis.** (Tables 29, 30 and 31 and Diagram page 30).

There were 112 cases of poliomyelitis during 1953, 63 paralytic and 49 non-paralytic. There were 12 deaths, one of which occurred at the beginning of 1954. This was the highest number of cases since 1950 when there were 133 cases, 92 paralytic, and 13 deaths. The cases arising each year from 1947 are shown diagrammatically on Page 30.

The 1953 outbreak showed the usual seasonal incidence. It began in June, reached a peak in August, and fell away in November and December. The first cases were notified in the North-Eastern area of the County, then in August cases began to arise in the Eastern and Central

areas. In September no further cases were notified from the North-Eastern area but cases were arising in the Southern area. There was thus a gradual spread from North to South of the County, but no chains of infection could be traced. Most of the cases occurred in the towns and very few in outlying country districts.

The following table summarises the way in which the disease attacked the different age-groups.

Age-Group.	*Total number of cases.*	*Number of deaths.*	*Case incidence per 100,000 population in age-group.*		
			Paralytic.	*Non-paralytic.*	*Total.*
0—4	24	1	35	25	60
5—14	49	1	27	35	62
15—24	17	5	7	3	10
25 and over ...	22	5			
Total ...	112	12	12	10	22

The incidence was considerably higher among children than among adults. The total incidence was the same among pre-school as among school children, but the proportion of paralytic cases was higher for pre-school children. The proportion of paralytic cases was much higher among the adults than among the children.

Rather more males than females were affected, 64 compared with 48, the proportion of paralytic cases was very similar in males and females, ten of the twelve persons who died were males.

All the paralytic cases have been followed up to find out the degree of residual paralysis remaining at the beginning of 1954.

The results are as follows :—

Age-Group.	*Degree of Residual Paralysis.*				
	None.	*Slight.*	*Severe.*	*Death.*	*Total.*
0—4	3	6	4	1	14
5—14	5	14	1	1	21
15—24	7	1	1	3	12
25 and over ...	4	5	2	4	15*

* *One case for whom particulars could not be obtained.*

The disease was least severe among the school children and most severe among adults of 25 and over and pre-school children.

A Report by the World Health Organisation Expert Committee on poliomyelitis was published this year and presents in compact form the latest results of research on this disease which is likely to help in specifying effective preventive measures. The report discussed the three types of human poliomyelitis virus which have been identified ; they are known as " Brunhilde " (Type 1), " Lansing " (Type 2) and " Leon " (Type 3). The types seem to be quite distinct. Observations have indicated that outbreaks of epidemic proportions are attributable mainly to Type 1 strains, but some epidemics apparently caused by Type 3 have recently been described. Type 2 strains are known to be widely disseminated but, although sometimes found in epidemics, they have usually been detected only in sporadic clinical cases. Research with a view to producing a satisfactory vaccine which would confer active immunity against all three types of virus is being vigorously pursued, but at the present time no such vaccine is available.

24. **Venereal Disease.** (Table 48).

New cases of syphilis treated at the clinics during the year totalled 49, compared with 54 in 1952. A similar reduction occurred in the new cases of gonorrhoea, 58 cases as compared with 67 in 1952, and 86 in 1951.

The Social Worker investigated the cases of 18 defaulters from clinics (4 men and 14 women). Of these, 13 subsequently attended the clinics, two removed from the County, one woman could

not be traced and two others (not in an infective condition) were still not attending clinics at the end of the year.

In addition one unmarried mother suffering from venereal disease, was persuaded to attend the clinic for treatment.

25. **Other Infectious Diseases.** (Tables 29 and 30).

Measles.

After the comparatively low incidence of measles in 1952 there was an increase in incidence in 1953, particularly in the Solihull, Central and Southern areas of the County. The total number of cases notified was 5,417 compared with 3,765 in 1952 and 6,437 in 1951. There were two deaths from measles, one a child of 11 months and one a child of 16 months.

Ophthalmia neonatorum.

There were 9 notifications of ophthalmia neonatorum in 1953, 7 from domiciliary, and 2 from institutional confinements. In no case was there any permanent damage to the eyes.

Puerperal Pyrexia.

There was a further increase in the number of notifications of puerperal pyrexia from 131 in 1952 (the first full year under the new regulations) to 191 in 1953. Of the 191 cases notified, 15 were from domiciliary and 176 from institutional confinements.

26. **Incidence of Blindness.** (Table 49).

A table has been included this year, at the request of the Ministry of Health, showing the number of blind and partially sighted persons admitted to the register in 1953. Of the 158 persons registered during the year, 75 had their vision impaired by cataract, 18 by glaucoma, and 65 by other conditions.

27. **Nursing Services.** (Tables 16-18).

Staff Employed.

The table on page 38 gives a list of the staff permanently employed in the domiciliary nursing service on June 30th, 1954. These total 185, eleven more than on the corresponding date in 1953.

Housing.

At the time of preparing this report, 8 of the nurses houses in the Council's building programme had been completed and occupied. Another 7 houses were under construction, and many more are needed.

Staff Cars.

The Council has a fleet of 46 cars which are loaned for nursing duties. In addition 106 nurses provide their own motor cars and receive the appropriate travelling allowance.

Training Arrangements.

(a) *Health Visitors.*—Bursaries were granted to 10 student health visitors who commenced a course of training during 1953. 10 completed the course and were successful in the Royal Sanitary Institute Examination.

(b) *District Nurses.*—Arrangements were made for 7 nurses to take the course of district nursing training during 1953. 3 completed the training and were successful in the examinations. The other 4 nurses were still in training at the end of the year.

(c) *District Nurse Midwives/Health Visitors (combined course).*—Arrangements were made for 5 nurses to commence a combined course of district nursing and health visiting training during 1953. 1 nurse completed the course during the year and was successful in the examinations. The other 4 nurses were still in training at the end of the year.

Experience for Health Visitor Students.

Facilities were again afforded students taking the Health Visitors' training in Birmingham, to have both urban and rural experience.

Experience for Colonial Nurses.

Facilities are provided from time to time for nurses from the Colonies to have additional nursing experience in Warwickshire.

28. Problem Families.

Despite improvements in recent years in housing, health and education, there still remains a number of " problem " families.

Given practical help and example in the home, the mother could in many cases regain some of her self-respect and pride in domestic duties, the loss of which is so often one of the main causes of the family becoming a problem.

Approval was given during the year to the appointment of a Problem Family Worker who commenced duty in May, 1954. Her duties are to instruct and help mothers of problem families in the management of their domestic duties in their own homes.

The Problem Family Worker is at present working in the North-Eastern Area.

29 Child Welfare Centres. (Table page 48).

At the end of 1953 there were 93 Child Welfare Centres in the County, providing between them 267 sessions per month. The position at the end of 1952 was that there were 82 Child Welfare Centres providing 245 sessions per month. In 1953 there were 69,110 attendances of children under one, compared with 66,750 in 1952, and 31,010 attendances of children between one and five, compared with 30,880 in 1952.

The increase in the number of Child Welfare Centres during the year was associated with the introduction of the two caravan child welfare centres. One of these caravans is in use in the Central Area and the other in the Southern Area. At the end of 1953, 21 of the 42 Child Welfare Centres in these areas were covered by the caravans. In 1952 the number of mothers, with children under one year of age, attending clinics in these two areas for the first time represented 61% of the birth-rate of the previous year. Since the introduction of the caravans, the number of mothers in this category attending for the first time represented 76% of the previous year's birth-rate, an increase of 15%. Coverage, as will be seen, has been on a much wider scale and large areas of the County, which were not formerly covered, are now given modern facilities.

These clinics are working satisfactorily, medical officers and the majority of health visitors and mothers are very pleased with their introduction. Voluntary workers have come forward to assist in the halls with the making of tea and selling of food. There have only been a few difficulties, which have been overcome. The caravans are used when available for school medical inspections at rural schools.

The use of the caravans in the coming years is likely to increase until the whole of the rural population in these two areas is covered.

30. New Clinic Buildings.

In 1951 a temporary clinic building was designed, using the standard Medway building. As a number of such buildings were required, the plan was made standard and the first one was built at Atherstone, and opened in December, 1952. After the Atherstone building had been brought into use, it was quickly seen that the layout was suitable for populations of between 10,000 and 20,000, and as at the time the Ministry was unable to grant licences for permanent buildings it was felt that four other similar buildings should be undertaken at Kenilworth, Solihull, Camp Hill Nuneaton, and Shirley. All these buildings have now been completed. Experience so far indicates that they are eminently suitable for the work for which they were intended, and that although they are of a wooden structure they have a life which would justify the expense.

Now that we have the duties of distribution of welfare foods, these buildings are becoming more than ever centres of health in small communities, and will give valuable experience on layout when the economic situation of the country is sufficiently stable to allow permanent clinic and health centre buildings.

31. Dental Treatment of Expectant and Nursing Mothers and Pre-School Children. (Tables 21, 22).

During the year, 300 pre-school children were made dentally fit. This was a slight increase on the figure for the previous year. Most of these small children were from families where other children were attending school, and came in response to the routine school inspections. Thus, as the routine inspections are gradually increased with the improved staffing, so it is expected that the number of pre-school children being presented for treatment will increase.

Rather fewer expectant and nursing mothers attended County Council clinics for treatment during the year, but all the cases that presented themselves or were referred to our clinics were dealt with either in the clinics or by being referred to private practitioners.

The staffing position of the dental service is still grossly inadequate, and until the position improves it is impracticable to stimulate any further demand for this service. During the year new clinics have been opened in the same buildings as other County Council clinics, and thus at Bedworth, Atherstone, Solihull and Kenilworth there are new facilities for undertaking this type of work.

32. **Fluoridation of Domestic Water Supplies.**

As stated in my last Annual Report the mission which was sent from this country to the United States has reported " Epidemiological studies in America have demonstrated beyond doubt that among children and adults who have been born and brought up in areas where the drinking water contains fluoride at a level of 1 p.p.m. or more there is much less dental caries than in areas where the water is free from fluoride." Moreover, the mission thought that there was conclusive evidence that artificial fluoridation reduced dental caries among children to the same extent as naturally occurring fluoride.

The County Sanitary Inspector has organised the systematic sampling of the main sources of water supplies in the County. In this undertaking he has had the co-operation of sanitary inspectors, surveyors and water engineers in many authorities, both in and out of the County. The samples have been examined by Messrs. Bostock Hill & Rigby.

The survey was very detailed, the results are that a number of supplies were found to contain no fluoride or only a trace which has little or no significance, and the maximum fluoride figure is 0.5 p.p.m. obtained from the Kineton supply, which probably produces no beneficial effect.

Since the natural fluoride content of the water supplies in Warwickshire is very low, generally much less than 1 p.p.m., it is possible that the addition of fluoride to this level would result in a considerable reduction in dental caries in children.

33. **The Illegitimate Child and its Mother.** (Table 19).

The number of illegitimate births coming to the notice of the Social Worker was slightly lower in 1953 than in previous years, but the number of cases helped was very much the same. Ante-natal or post-natal accommodation was given to 101 women, compared with 108 in 1952, and help and advice was given to a further 114 women, compared with 111 in 1952. The sources of referral and the ages of the mothers have been remarkably similar for the past few years. Details are given in Table 19.

In 82 of the 255 cases the children were placed for adoption, in 17 they were placed in residential nurseries or with foster-mothers ; one child was placed in a children's home. In the majority of the remaining cases the mother kept the child.

About a quarter (45) of the 200 single women had borne children before, 30 having borne one previous child, 7 two previous children, and 8 more than two previous children.

Seventy-nine women were admitted to the Guild Street Ante-natal and Post-natal Hostel for unmarried mothers and their children during the year, thirty-nine of them made ante-natal stays, compared with 58 in 1952, and 65 made post-natal stays, compared with 77 in 1952. The average duration of ante-natal stay was 26 days and of post-natal stay 18 days, compared with 24 and 19 in 1952. Fourteen women were sent for ante-natal stay and four for post-natal stay in other Homes.

As usual, the infant death rate of illegitimate infants was considerably higher than that of legitimate infants, 37.7 compared with 23.7. As last year the deaths of illegitimate infants have been examined in detail with the following results.

Of the eight cases of illegitimate neo-natal deaths four were known to the Social Worker before the birth took place. They received ante-natal care and were delivered in hospital but all the babies were premature and died from this cause. In the remaining four cases, no preparation was made for the birth, two of the babies died from prematurity and two from lack of care at birth. Combined with the 1952 results these figures suggest a high incidence of prematurity

as a cause of death among illegitimate infants. This may be due to the fact that many of the mothers are in the age groups associated with prematurity, namely under 20 and over 35.

There were six cases of deaths of illegitimate infants between one month and one year. Of these only one was known to the Social Worker. The mother was given ante-natal care and a hospital confinement, but the child was born with congenital heart disease. Of the remaining five cases, three died from broncho-pneumonia, one from bronchiectasis and one from fibrocystic disease of the pancreas.

34. Nurseries and Child Minders Regulation Act, 1948.

One certificate of registration for child minders was relinquished during the year and no new ones were issued. At the end of the year nine certificates were in force covering 65 children. Inspections of child minders are made every 6 months, and during inspections made in 1953 they were all found to be satisfactory.

35. Registration of Nursing and Maternity Homes. (Table 23).

One nursing home of twelve beds was closed during the year, and no new homes were registered. The thirteen homes on the register were all inspected and found to be maintaining satisfactory standards.

36. Home Helps. ((Tables 44-47 and Diagram page 32).

The operation of this service during 1953 has been studied in detail as a basis for future planning.

Within the scope of the facilities available, each Area Medical Officer has provided a service, although it has not been developed equally in each area. Comparing the services in each area on the basis of the number of home help hours per 1,000 population (See Table 45), it will be seen that Sutton Coldfield has attained a higher standard than any other area.

The work of the home help service can be divided into two main sections, short-term and long-term. Help is regarded as long-term if it is given for more than three months. Short-term help is given in cases of domestic emergency, such as a home confinement or acute illness. Long-term help is given in cases of chronic illness and old age and infirmity. The division of the total hours of help in each area into the two types is shown on the diagram on Page 32.

Far more long-term than short-term help was given in all areas except Sutton Coldfield and Solihull.

The numbers of short and long-term cases of each kind are shown in Tables 46 and 47. In Sutton Coldfield and Solihull about half of the home confinements were helped but elsewhere much less help was given to these cases. In all parts of the County long-term help was given mainly to persons over 65 rather than to cases of chronic illness under 65. Of the persons over 65 about half were given help for illness and about half for old age. Sutton Coldfield and the Southern Area helped proportionately the largest numbers of old people.

The most economical way of using the home help staff is to give small hours of help to a large number of persons. This applies particularly to old people who can often be maintained quite satisfactorily by one or two two-hourly sessions per week. In Sutton Coldfield 80% of the cases helped for old age received 4 hours or less of help per week ; in the Southern Area the figure was 53% and in other areas it was somewhat lower.

The overall conclusion reached from this study has been that a reasonable standard for the conditions existing at present in most areas of the County is 500 home help hours per 1,000 population per annum. Those areas of the County which are below this standard are gradually increasing the service to this standard.

It is now gradually being realised by everyone that more patients must be treated at home with the aid of the domiciliary services, which include home helps, and that only in this way can the waiting lists of hospitals be reduced so that they may give effective service to those who really need it.

37. Care and After-Care Loan Scheme. (Table 42).

Items issued under this scheme during the year are shown in Table 42. The number of items issued each year has been increasing steadily since the scheme was started in 1948. The

scheme works satisfactorily and is of great assistance in the home care of sick persons. The nursing staff regularly check the equipment in the homes and arrange for the return of items which are no longer in use.

38. **Occupational Therapy Scheme.**

Early in the year the County Council approved the introduction of a scheme to provide various forms of pleasant, time-filling occupation for persons who become confined to bed or to their homes, for tuberculosis or for illness or injury of several months duration. The scheme does not provide for chronic sick other than the tuberculous.

Under this scheme, patients may apply to the District Nurse, Health Visitor or Area Medical Officer, who will inform them of the types of occupation which can be provided. Patients may choose from a varied list ranging from simple weaving and rug making to wicker work and non-precious jewellery.

The Warwickshire County Branch of the British Red Cross Society have very kindly undertaken, upon a voluntary basis, to obtain and supply materials and simple equipment, to provide instructors for patients desiring such assistance and to arrange, where possible, for the sale of articles where the patients do not wish to keep them for their own use or to sell them privately. The purchase of stocks of materials is financed by the County Council and most patients are charged the cost price of materials supplied to them. Financial and stock records are supervised by a member of the staff of my Department, but all other work connected with the scheme is undertaken by the voluntary helpers of the British Red Cross Society from their Warwick Headquarters, and the thanks of the Council are due to the Society for their invaluable help.

When articles are sold by the Society on behalf of patients, the cost of materials, plus 10%, is deducted from the selling price and the balance forwarded to the patient.

Articles made by tuberculous patients for sale are in all cases disinfected, under arrangements made with District Medical Officers of Health, prior to their being sold. It may be added that all applications received from tuberculous patients are submitted to the Chest Physician for approval before any materials are supplied.

All patients supplied with materials are visited at intervals by members of the County Nursing Staff in order that all possible help may be given to the patient and also to ensure that there is no wilful wastage of materials or other abuse of the scheme.

During this, its first year, the scheme has worked well and it is evident from its rapid expansion that it is fulfilling a very real need in the County.

39. **Health Education.**

So much sickness can be avoided by adherence to simple rules for healthy living that the teaching as widely and effectively as possible of the basic principles of nutrition and hygiene is a most essential and rewarding function of a Health Department. Apart from individual advice in the home, which is of fundamental importance, every opportunity should be taken for teaching groups of persons whether in clinics, clubs or organisations of one sort or another. Many members of the staff have done good work in this field during the year by arranging demonstrations in the clinics and by giving special talks on all sorts of subjects to a wide variety of audiences. The Superintendent Nursing Officer has given lectures to student nurses on the Social Aspects of Disease. This arose from the introduction of a new subject with this title into the syllabus for the General Nursing Certificate by the Nursing Council for England and Wales. The aim of this new subject is to give the student nurse an overall picture of the Public Health Services, and all that they offer to the service of the community both in preventive and curative work, an outline view of the various provisions of the State in the way of family allowances, employment of disabled persons and other special categories, and to awaken her interest in her responsibilities as a health teacher wherever she may be carrying out her nursing duties. In addition to the lectures in the Training Schools, some of the student nurses are being given an opportunity for a certain amount of practical experience by accompanying members of the domiciliary nursing staff during the course of their daily duties.

40. **County Ambulance Service.** (Tables 52-54 and Diagrams pages 34 and 35).

During the past year 1,160,366 miles were covered by the Ambulance Service as compared with 1,085,339 miles in 1952 and 1,035,301 in 1951.

The W.V.S. Hospital Car Service, which operates mainly in the rural areas in the south of the county, covered 81,640 miles in the same period as compared with 91,147 miles in 1952 and 103,366 in 1951.

The overall mileage of both services showed an increase of 65,520 miles during the year.

The total number of patients carried was 176,929 (172,097 by the Ambulance Service and 4,832 by the Hospital Car Service) as against 160,164 (152,977 Ambulance Service and 7,187 Hospital Car Service) in the previous year. This shows an increase of 16,765 patients.

Following a comparatively steady period from June 1951, to June 1952, (see diagram on page 34) the mileage began to rise sharply until March, 1953, when the highest total mileage for any quarter since the inception of the service was reached. Thereafter the mileage dropped to more reasonable proportions until the approach of the winter months. The various factors which contributed to this peak figure were referred to in my last report.

From data available it has been established that approximately 80 per cent. of calls for ambulance service transport emanate from the hospitals, and a very high proportion of this figure relates to outpatients. It is clearly evident, in order to achieve stability in mileage and costs, that the closest co-operation and liaison must exist between the depot superintendents and the responsible hospital officers, and between the ambulance headquarters and the Hospital Group Management Committees.

Particular stress is placed on the continued co-operation between ambulance authorities and hospitals in a circular issued by the Ministry of Health early in 1954.

The Ministry of Health has again issued costing figures against which our service can be compared. In all the following comparisons the Warwickshire figures for 1952/53 are compared with the average of the Counties in the same group (i.e. the more urbanised counties). The average cost per mile for the directly provided service in Warwickshire was 2/5d. compared with 2/7d. (in 1951/52 these figures were 2/5d. and 2/6d.). For the whole service the average number of miles per patient in Warwickshire was 7.2 compared with the average of 7.6 (in 1951/52 these figures were 7.8 and 8.1). The number of patients carried per 1,000 population in Warwickshire was 340 compared with 296 (in 1951/52 these figures were 304 and 269). The cost per 1,000 population in Warwickshire was £278 compared with £254 (in 1951/52 these figures were £262 and £232). These figures are shown diagrammatically on Page 35. Briefly, the conclusion to be be drawn from them is that we are providing an economical service but the demand is high compared with other similar counties.

In September, 1952, following extensive preliminary trials, the County Council agreed to the introduction of a system of radio control in the ambulance service and the installation of the necessary equipment was finally completed in September, 1953.

The system of radio control adopted consists of eight V.H.F. 12/15 watt fixed transmitter/receivers, one at each of the main ambulance depots, each giving a radius of approximately 15/20 miles. The sets have a monitor which enables them to maintain two-way contact with their neighbouring areas and consequently make a radio link between each of the main stations, whilst they themselves are only in a position to keep in touch with vehicles in their own neighbourhood or its close proximity. The eight stations operate on the same wave length, but there is an automatic device which prevents more than one superintendent using the air at the same time.

At this stage it is not possible to give an accurate estimate of more economical running due to radio, but it can be stated that now all vehicles operating in the County are under direct radio control, there is no need for stand-by vehicles for emergencies with the consequent saving in vehicles and manpower. Diversion of vehicles by radio control will also result in a saving of mileage.

On the 1st August, 1953, the depots at Atherstone and Two Gates were closed and the new depot at Grendon, serving the areas previously covered by the two depots, was opened.

A start was also made on the construction of a new depot at Stratford-on-Avon to serve the south of the county.

Early in the year all personnel attended demonstrations given in the Shire Hall, Warwick, on the procedure in relation to the rescue of people from crashed aircraft and the superintendents attended a special one day course at certain aerodromes on this subject.

All eligible drivers were again entered in the National Safe Driving Competition sponsored by the Royal Society for the Prevention of Accidents, which together with an inter-depot competition has produced very satisfactory results.

Increased use of the railway facilities has been made in connection with patients required to travel long distances and, as compared with the previous year, twice the number of patients were carried in 1953. The assistance given by the Railway Staff is excellent.

A study of the preceding pages will give some indication of the trends of health in the County, the methods by which these trends are ascertained and the assessment of how much improvement is produced by the various types of preventive activities including immunisation, early case finding in pulmonary tuberculosis, schemes of isolation and possibly in the future the addition of beneficial substances to water supplies.

The object of medical statistical studies is that they should give an accurate picture of actual events happening to real people. The mere automatic compiling of returns and figures will not do this. Methods have to be much more active than is often realised.

It is usually essential to surmise a medical relationship in advance of the statistical checking. This requires medical knowledge and imagination, but as the changes are usually small only the most accurate statistical methods will suffice. An instance of this is in the tests which are applied to ascertain the value of whooping cough immunisation. The injections do not give a hundred per cent protection but it has been possible to show that for children under five the attack rate among the immunised children was only a third of that of the non-immunised children. In order to make sure that this good effect is due to the immunisation and not to the better care of these particular children by their mothers, the attack rate of another infectious disease (measles) for which no immunisation is used is being compared in the same two groups of children in the near future.

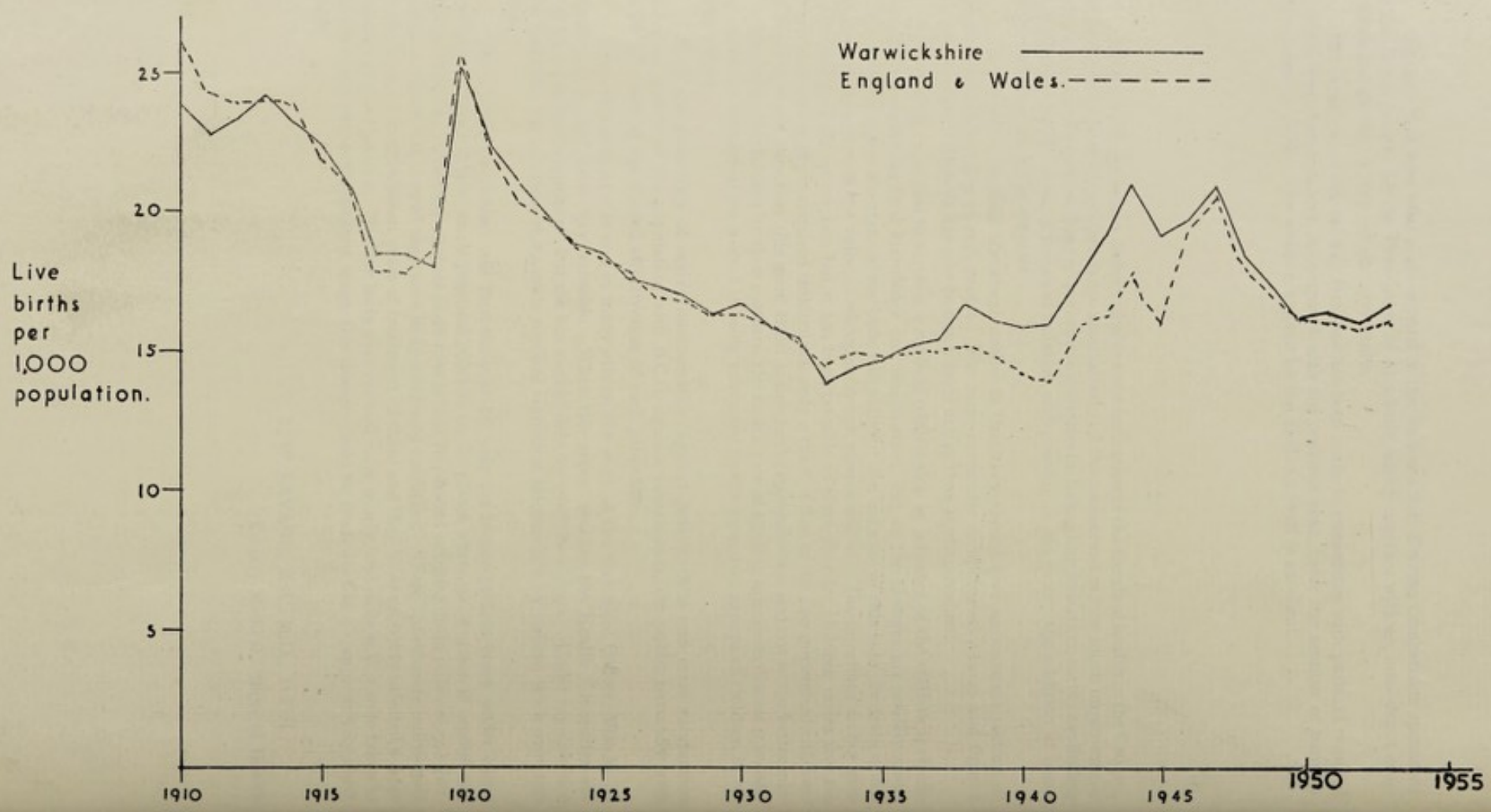
With the possibility of active immunisation against poliomyelitis and mass vaccination of certain groups of the population with B.C.G. against tuberculosis, the public naturally wish to be informed of the proved effectiveness of each procedure.

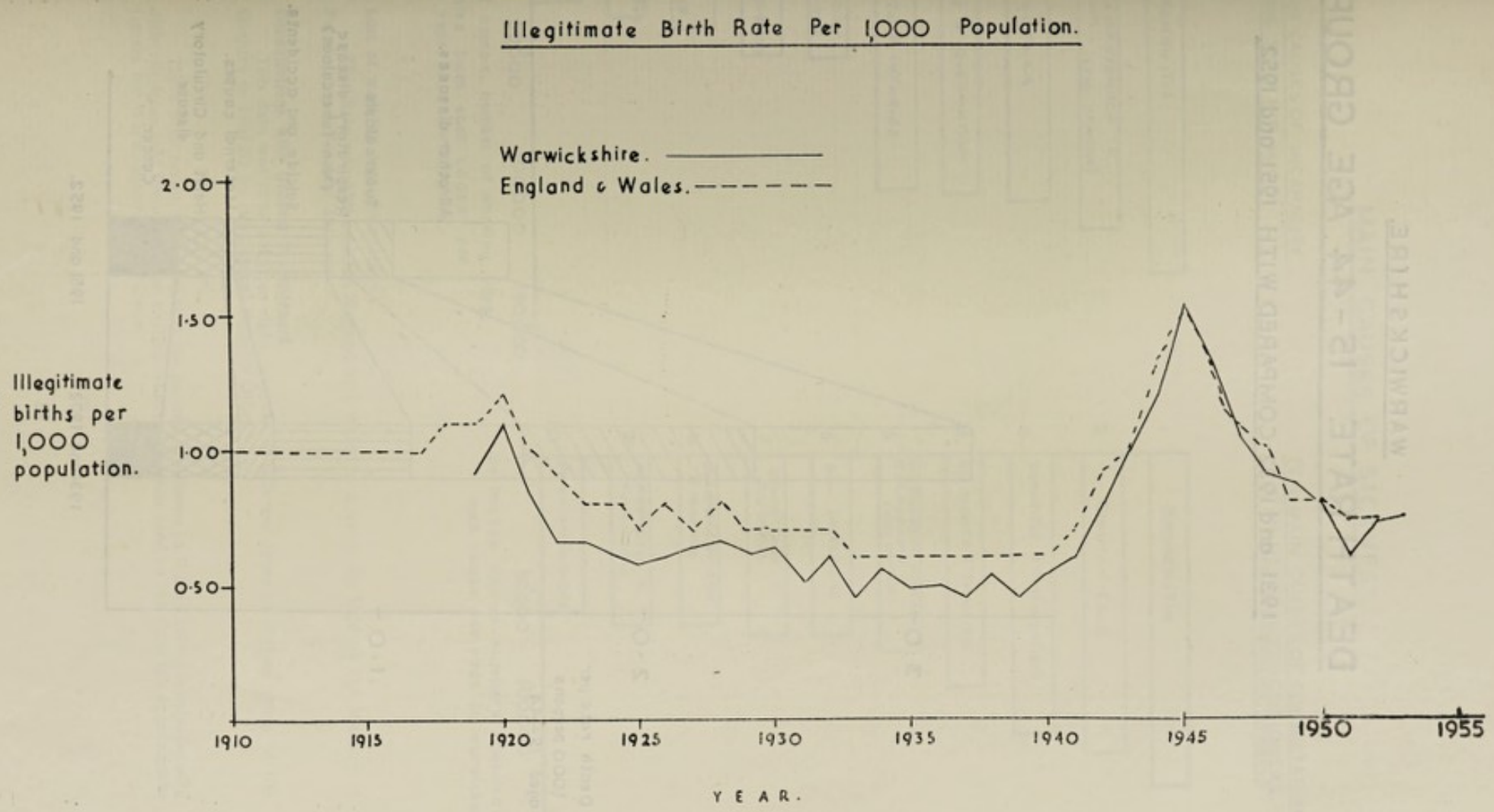
In studies such as this and in many others, the work of the Statistical Officer, Miss M. E. Brown, B.A., has been very valuable. When this report reaches the Health Committee she will have left the Department, but she has worked here for over three years. Under my direction she has built up a bureau of accurate medical statistical information by patient work over this time.

The knowledge yielded will increase year by year (as longer periods come under closer scrutiny). This will give many practical pointers to the places where more action is needed and can be effective. One very obvious place now is that 78 persons suffering from pulmonary tuberculosis were not found until they were in an advanced condition. These unfortunate individuals cannot now be cured without years of treatment (if then) and they have probably infected a large number of other persons. If these facts were realised more widely, and more action were taken to discover all cases in the earliest stage, this disease could be eradicated in a comparatively short time.

S. W. SAVAGE, M.A., M.D., D.P.H.,
County Medical Officer of Health.

Live Birth Rate Per 1,000 Population

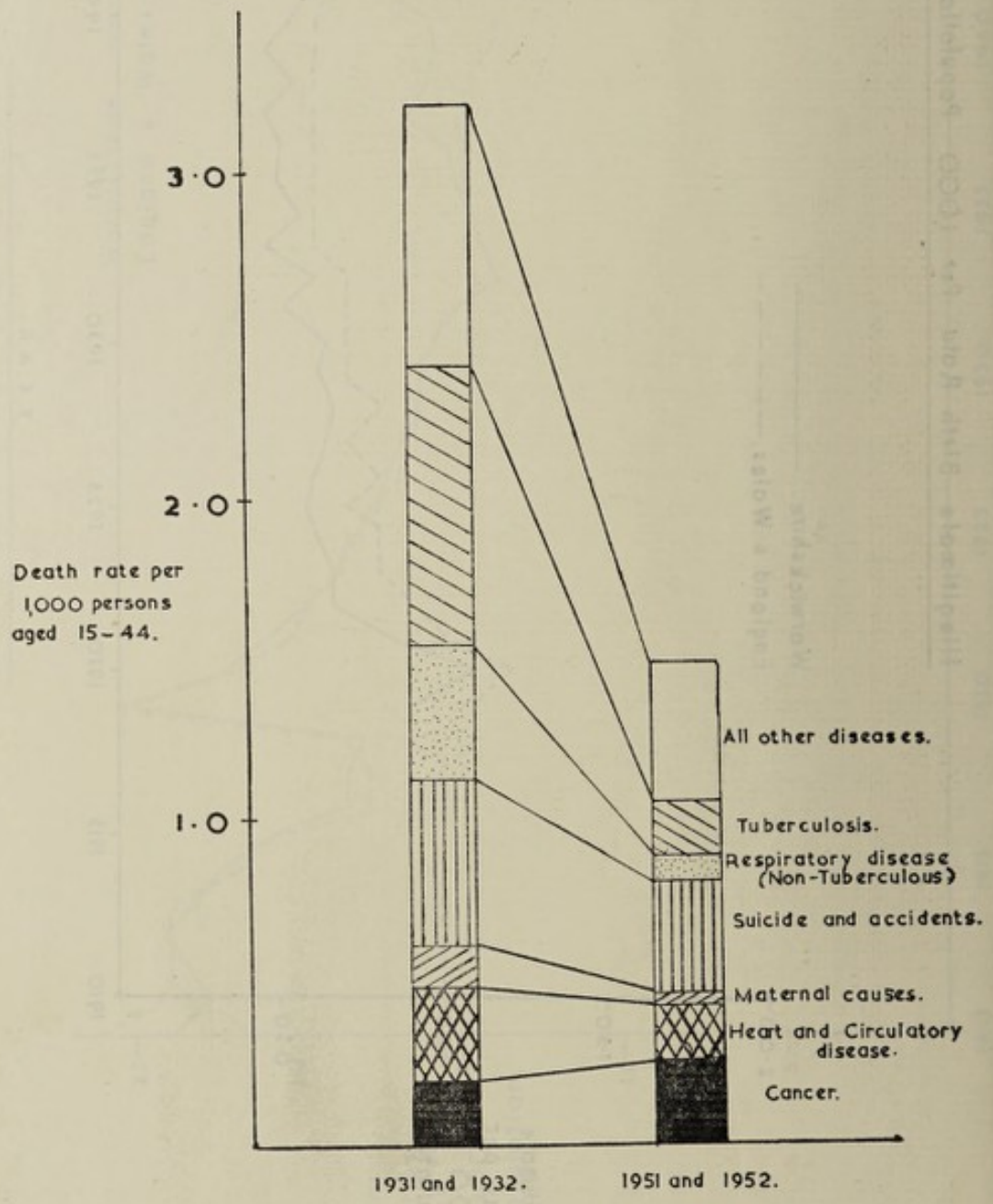



Illegitimate Birth Rate Per 1,000 Population.
Warwickshire.
England & Wales.
Illegitimate births per 1,000 population.
2·00
1·50
1·00
0·50
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
YEAR.

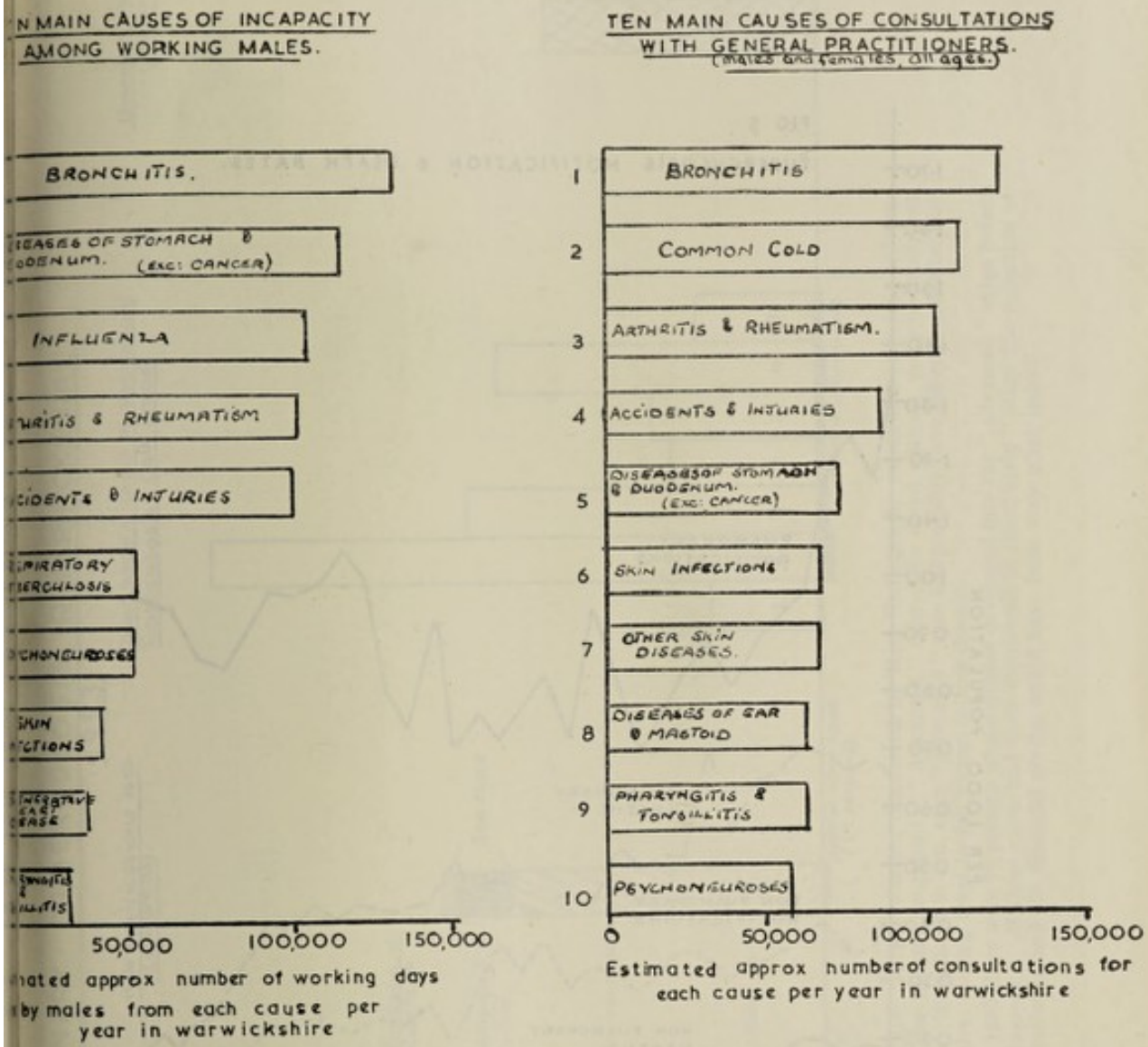
WARWICKSHIRE.

DEATH RATE 15-44 AGE GROUP.

1931 and 1932 COMPARED WITH 1951 and 1952.



MAIN CAUSES OF SICKNESS.



Loss of working days *(incapacity)*

This data was obtained for England and Wales as a whole for 1950 by the Ministry of Pensions and National Insurance.

Consultations with General Practitioners

This data was obtained from eight practices of different types in various parts of the Country in 1951/52 by the General Register Office.

There is no reason to believe that the pattern of sickness in Warwickshire is substantially different from that found in these studies, which have been used to calculate the approximate figures for Warwickshire shown above.

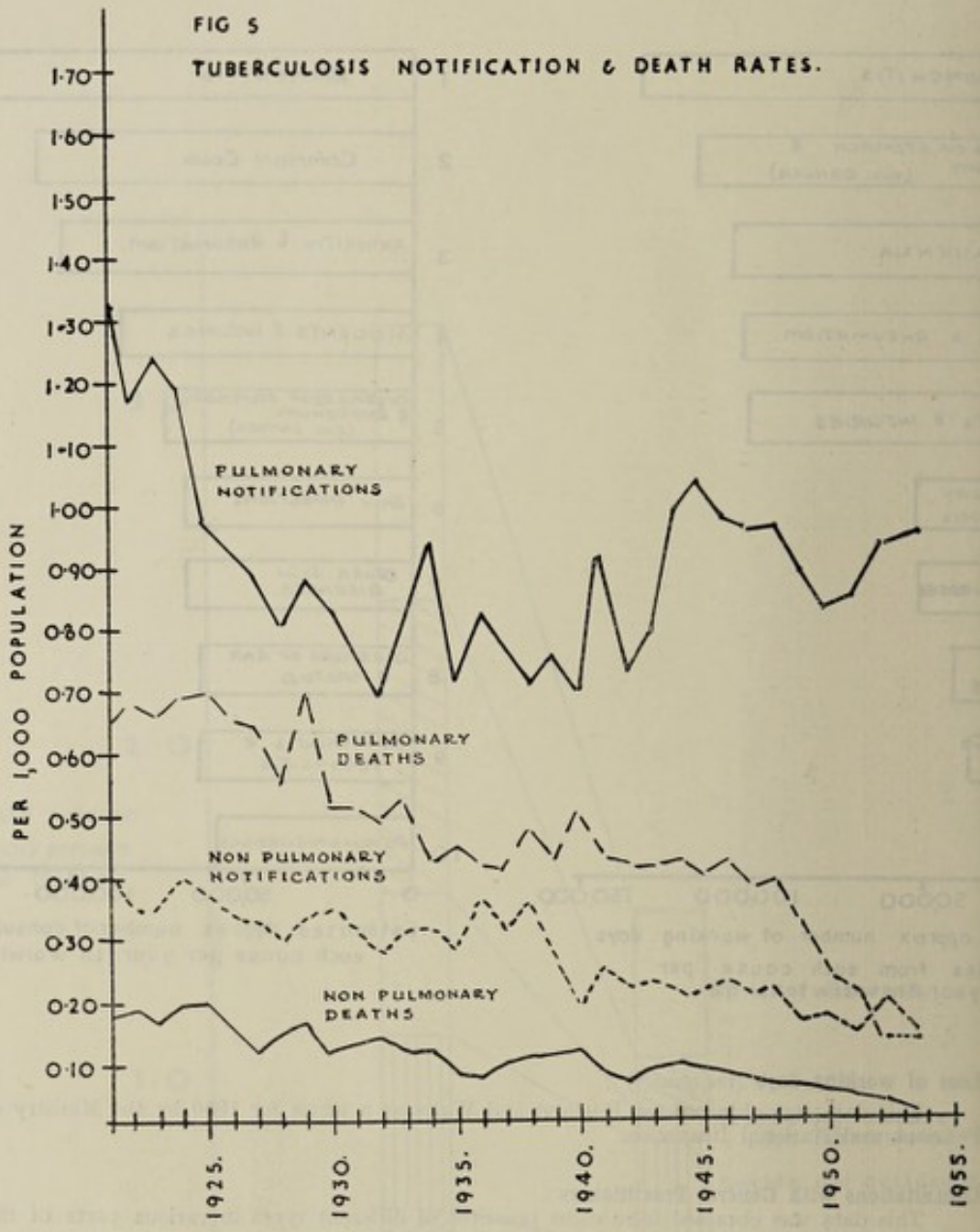
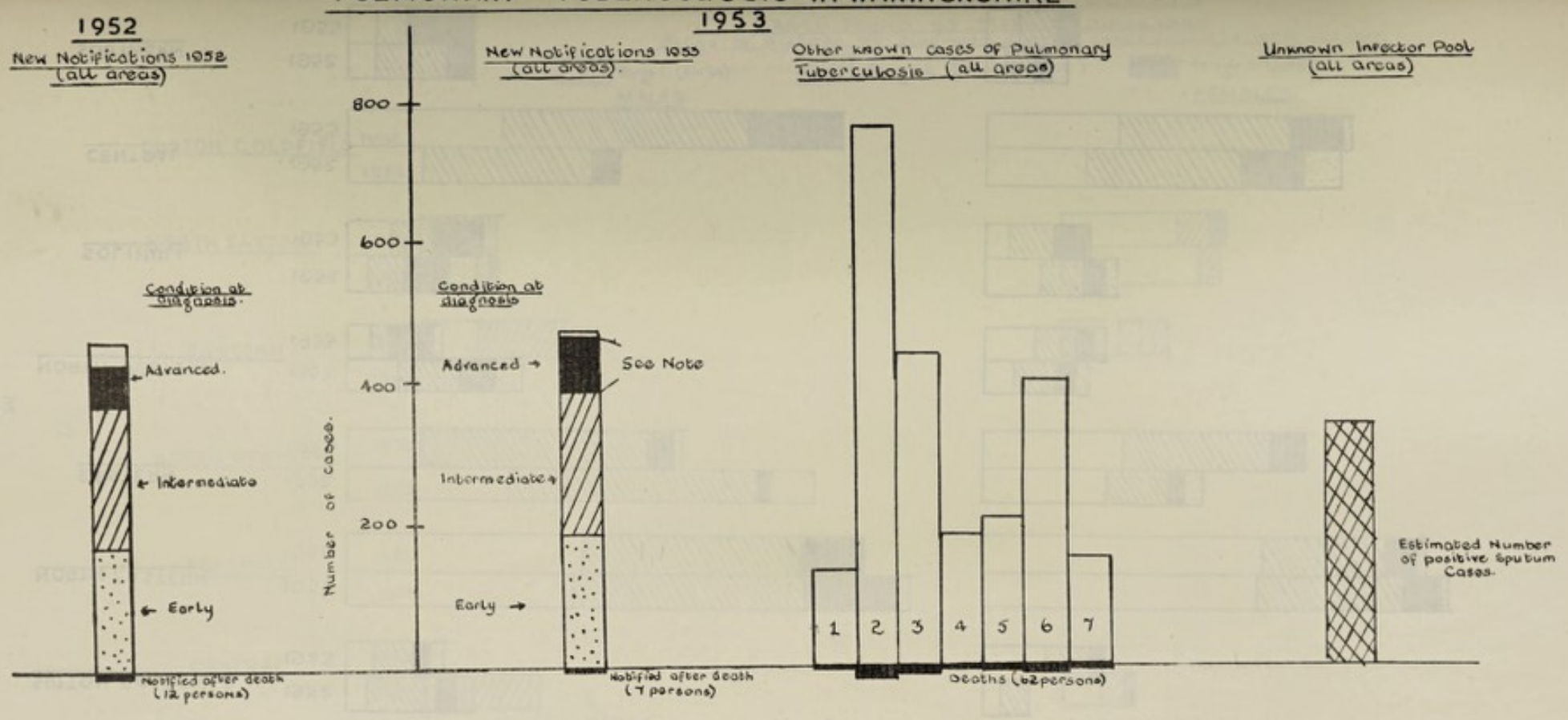


FIG 5
TUBERCULOSIS NOTIFICATION & DEATH RATES.
PER 1,000 POPULATION
1·70
1·60
1·50
1·40
1·30
1·20
1·10
1·00
0·90
0·80
0·70
0·60
0·50
0·40
0·30
0·20
0·10
PULMONARY NOTIFICATIONS
PULMONARY DEATHS
NON PULMONARY NOTIFICATIONS
NON PULMONARY DEATHS
1925.
1930.
1935.
1940.
1945.
1950.
1955.

PULMONARY TUBERCULOSIS IN WARWICKSHIRE

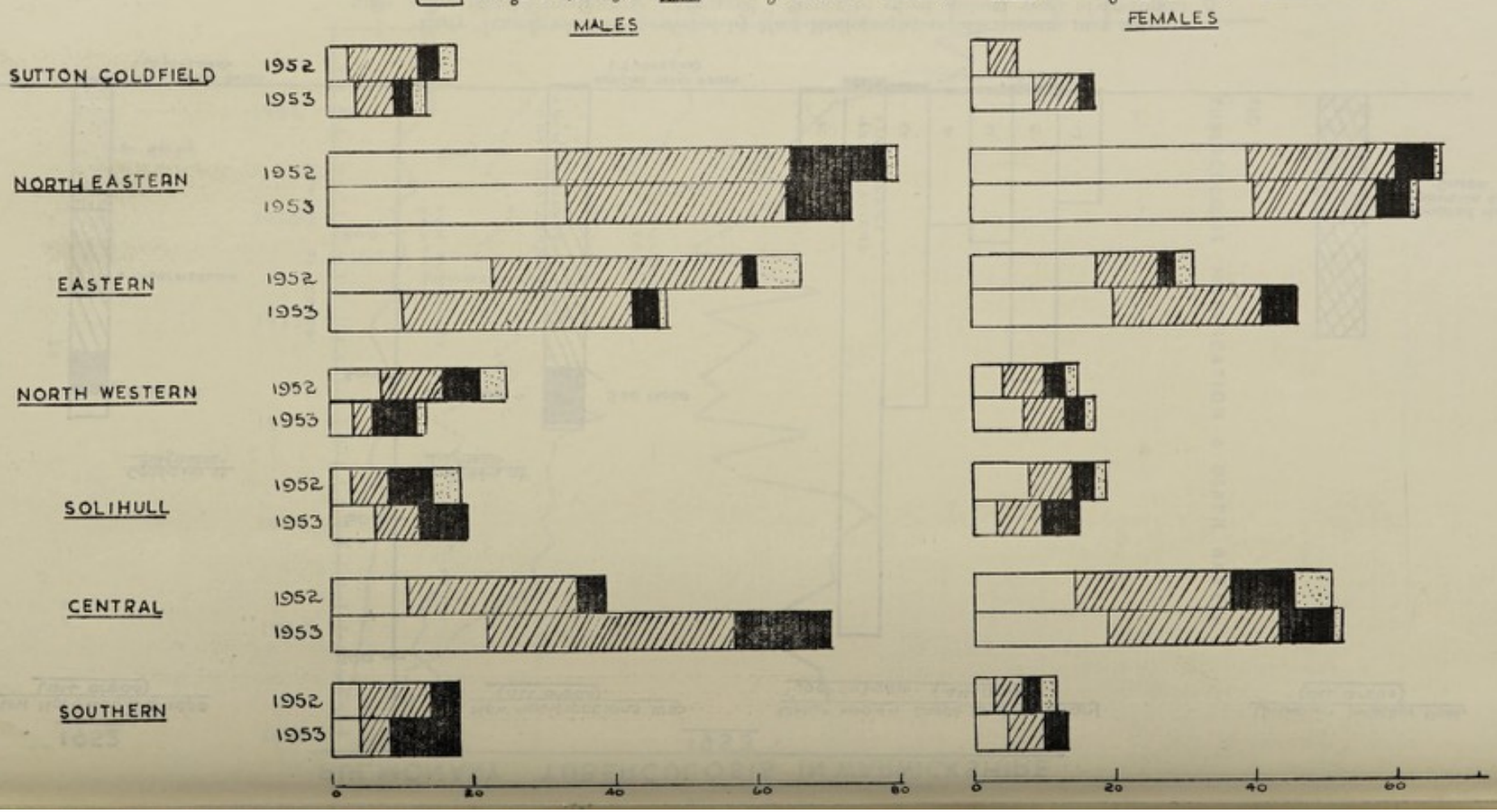


"Early" cases, whether discovered by Mass Radiography or other means may only require a few months treatment. "Advanced" cannot be cured without years of treatment (if then). In addition to this, each "advanced" case will probably have infected many healthy people, thus causing them to fall victim to this disease.

In 1953 there were 78 persons whose disease developed into the "advanced" stage before it was diagnosed. If these cases had been discovered in the "early" stage the reduction of human suffering and the financial saving would have been very great indeed.

PULMONARY TUBERCULOSIS.

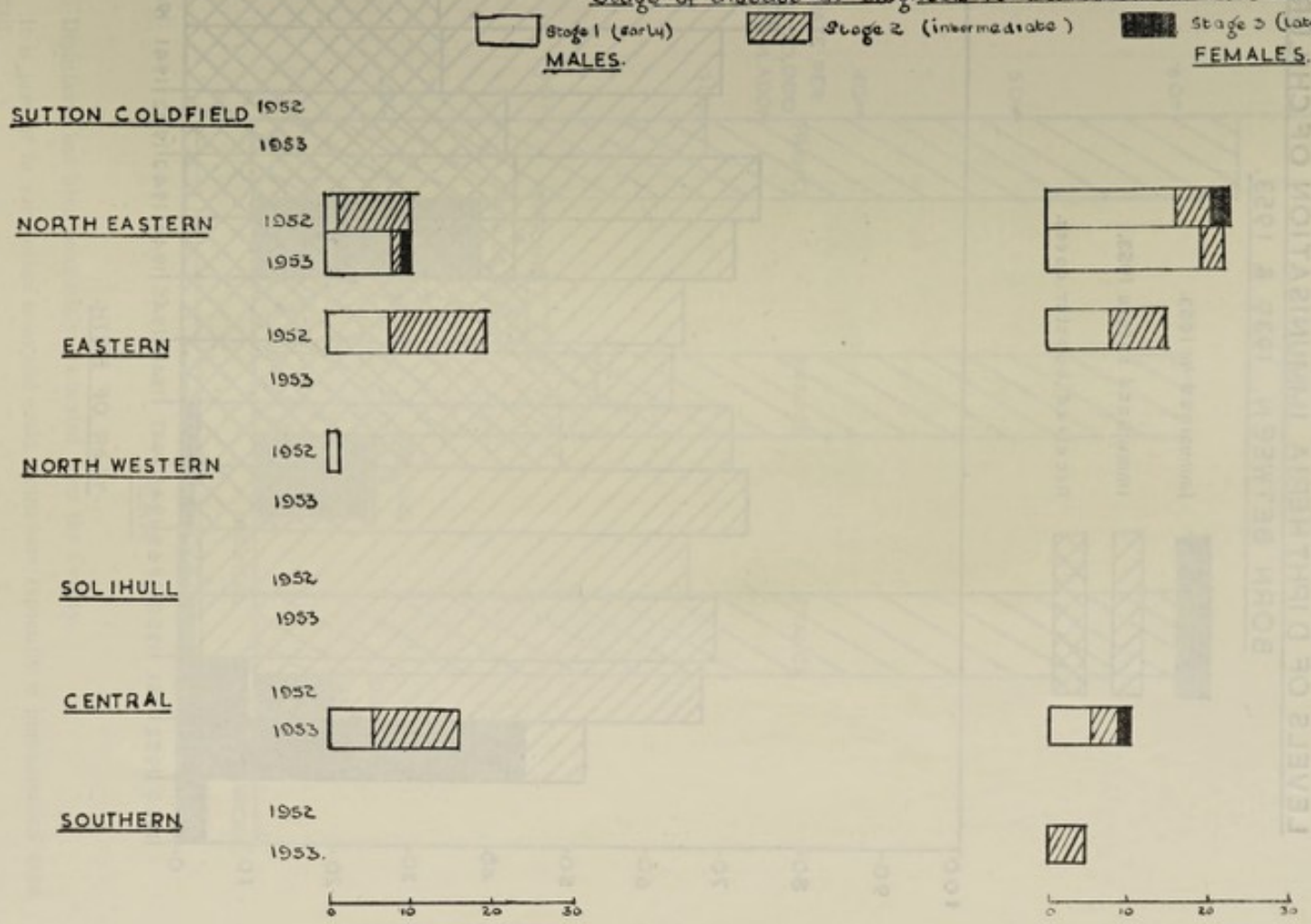
Stage of disease at diagnosis for all cases notified during 1952 and 1953



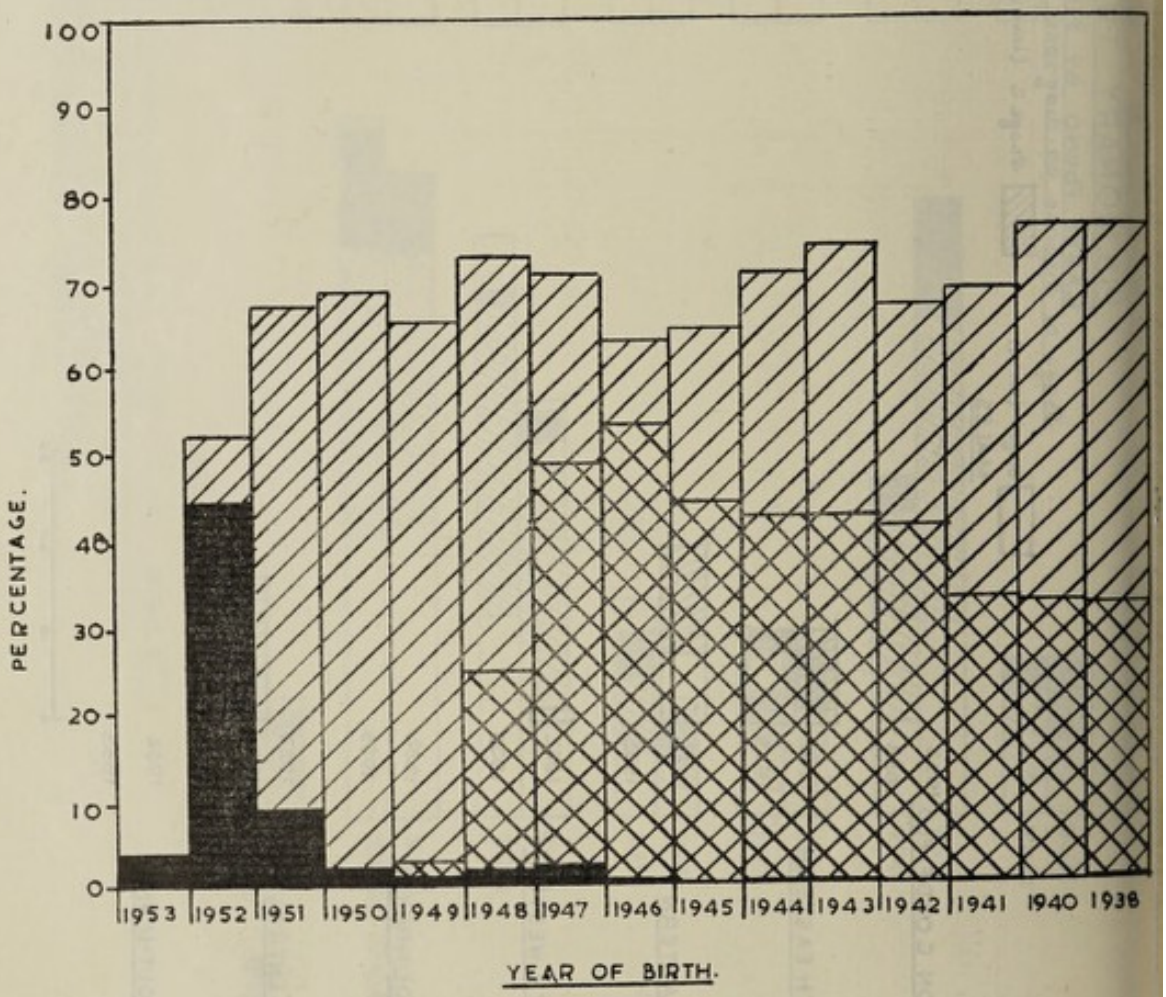
PULMONARY TUBERCULOSIS.

CASES FOUND BY MASS RADIOGRAPHY

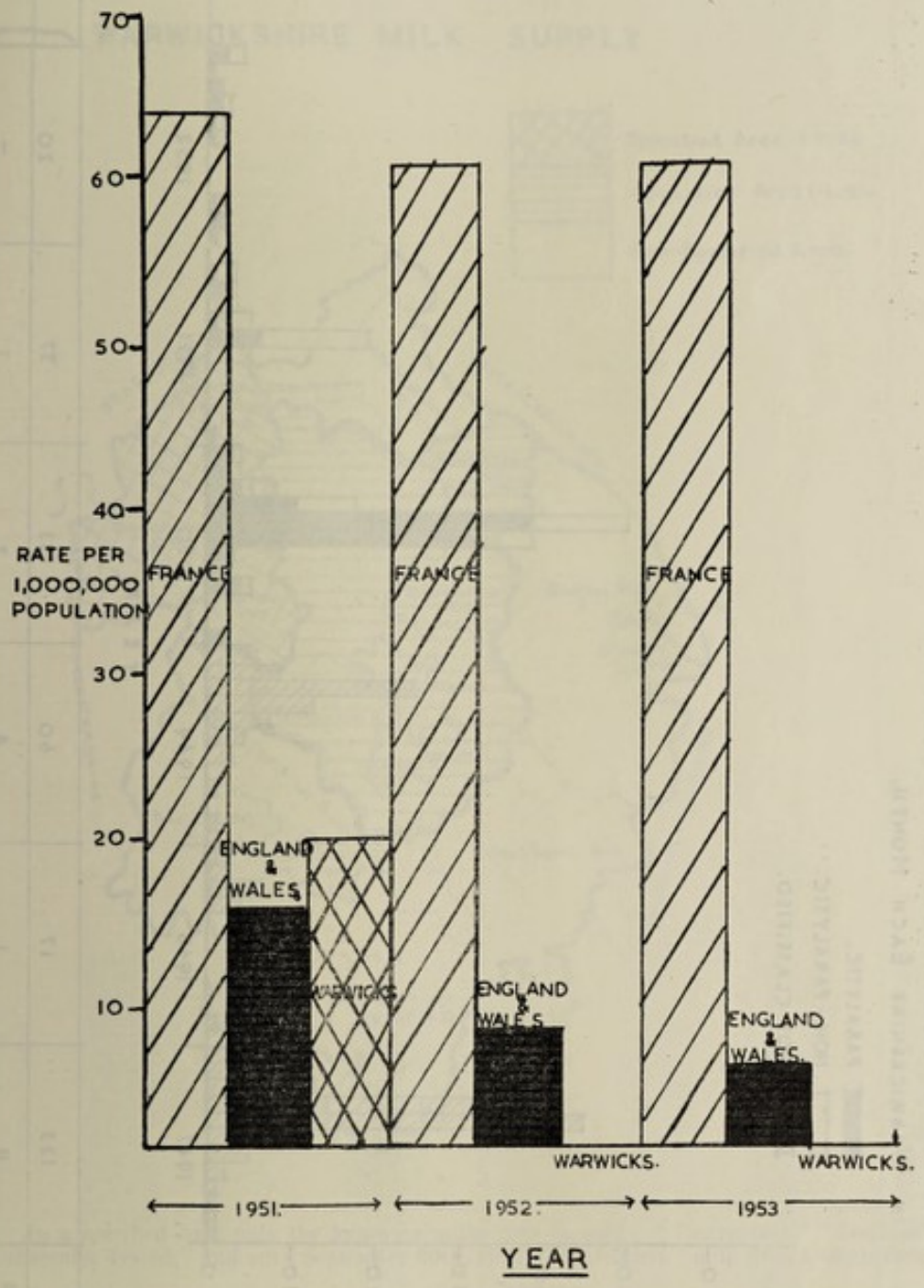
Stage of disease at diagnosis for all cases found in 1952 and 1953.



WARWICKSHIRE
LEVELS OF DIPHTHERIA IMMUNISATION OF CHILDREN BORN BETWEEN 1939 & 1953.



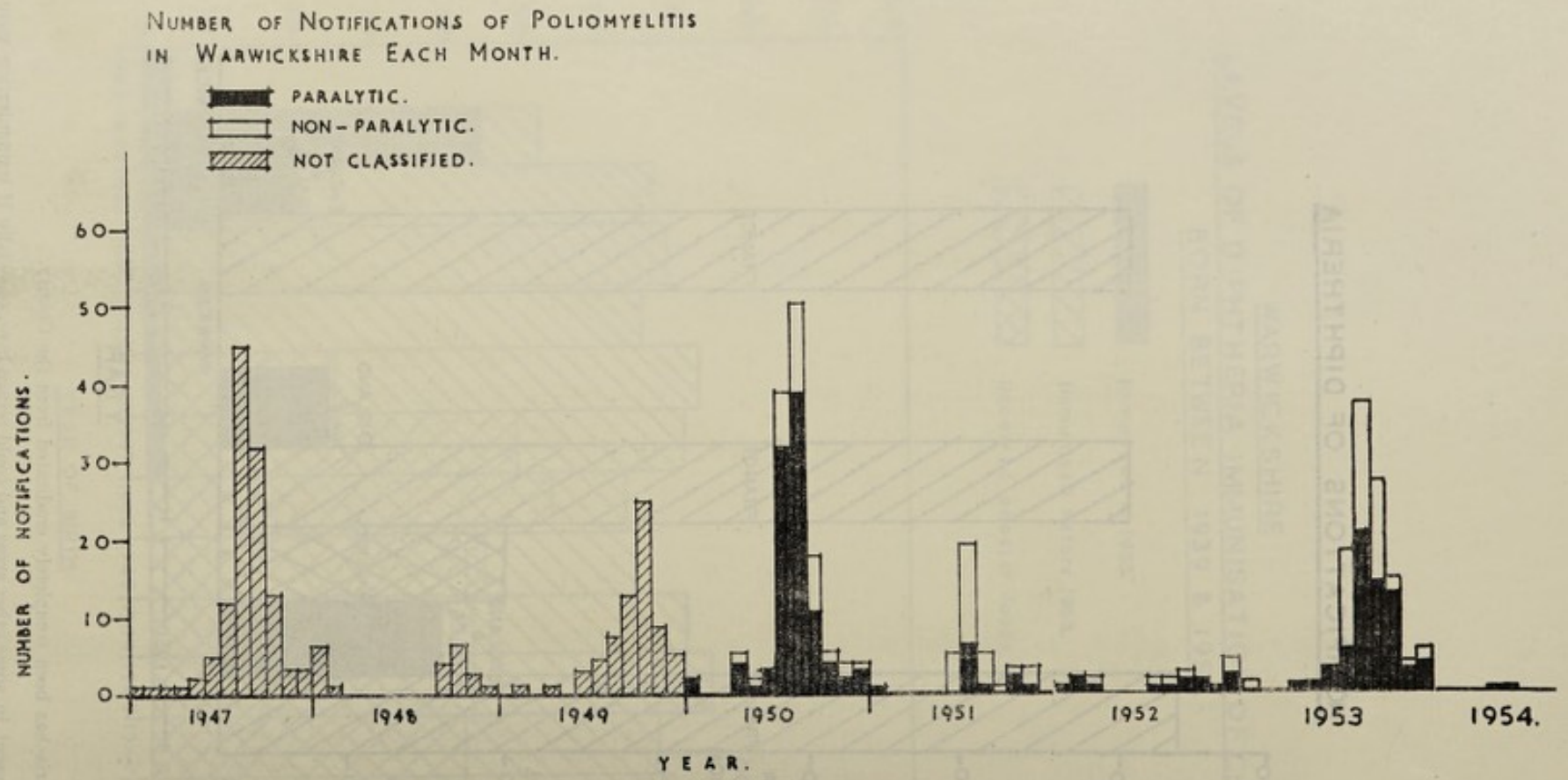
NOTIFICATIONS OF DIPHTHERIA



Diphtheria has been completely eradicated from the County.

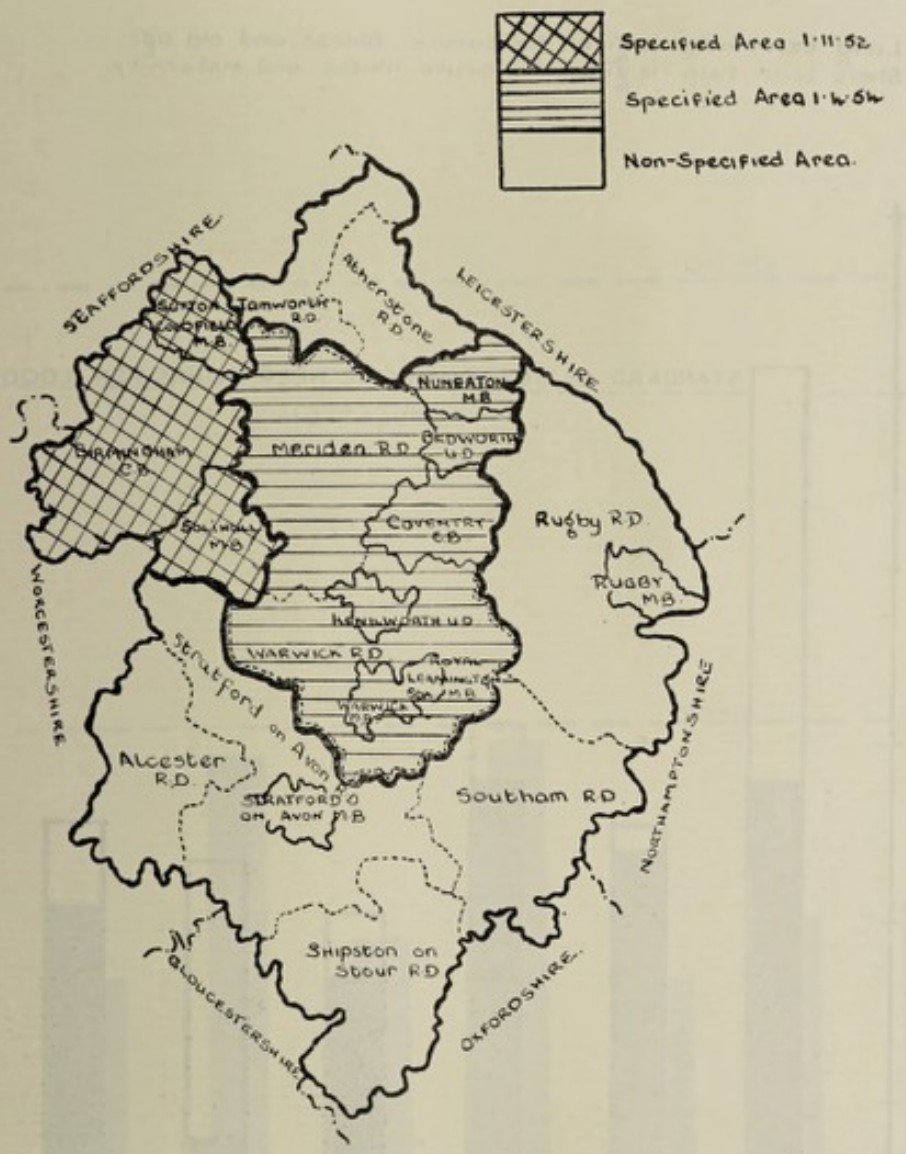
It is present in some other areas and could return here, especially if immunisation were relaxed.

POLIOMYELITIS AND POLIOENCEPHALITIS.



TOTAL NOTIFICATIONS POLIOMYELITIS.	123	17	60	133	37	20	112	2.
TOTAL NOTIFICATIONS POLIOENCEPHALITIS.	11	1	4	2	1	–		
TOTAL DEATHS FROM POLIOMYELITIS AND POLIOENCEPHALITIS	10	4	7	13	–	2	11	–

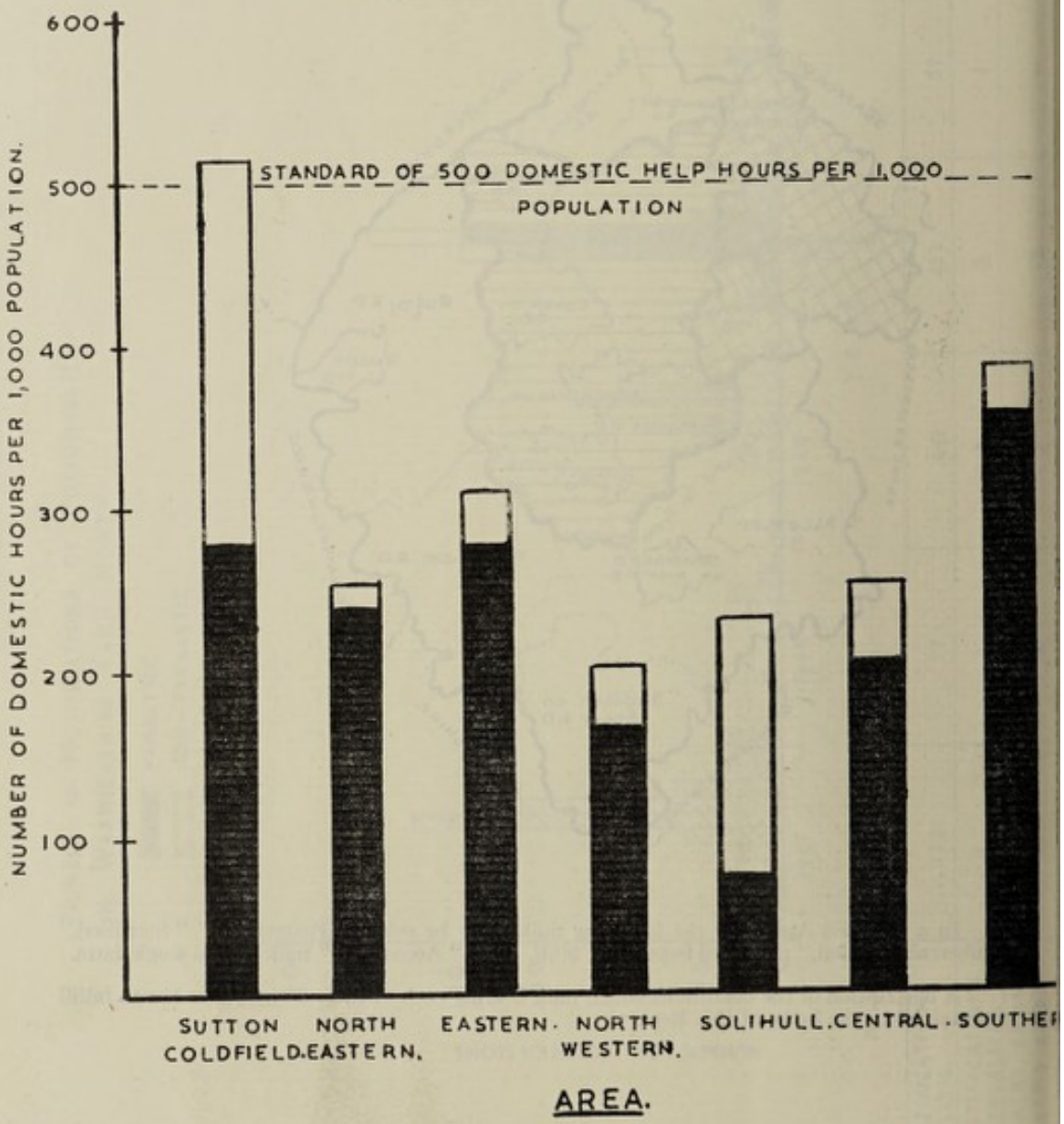
WARWICKSHIRE MILK SUPPLY



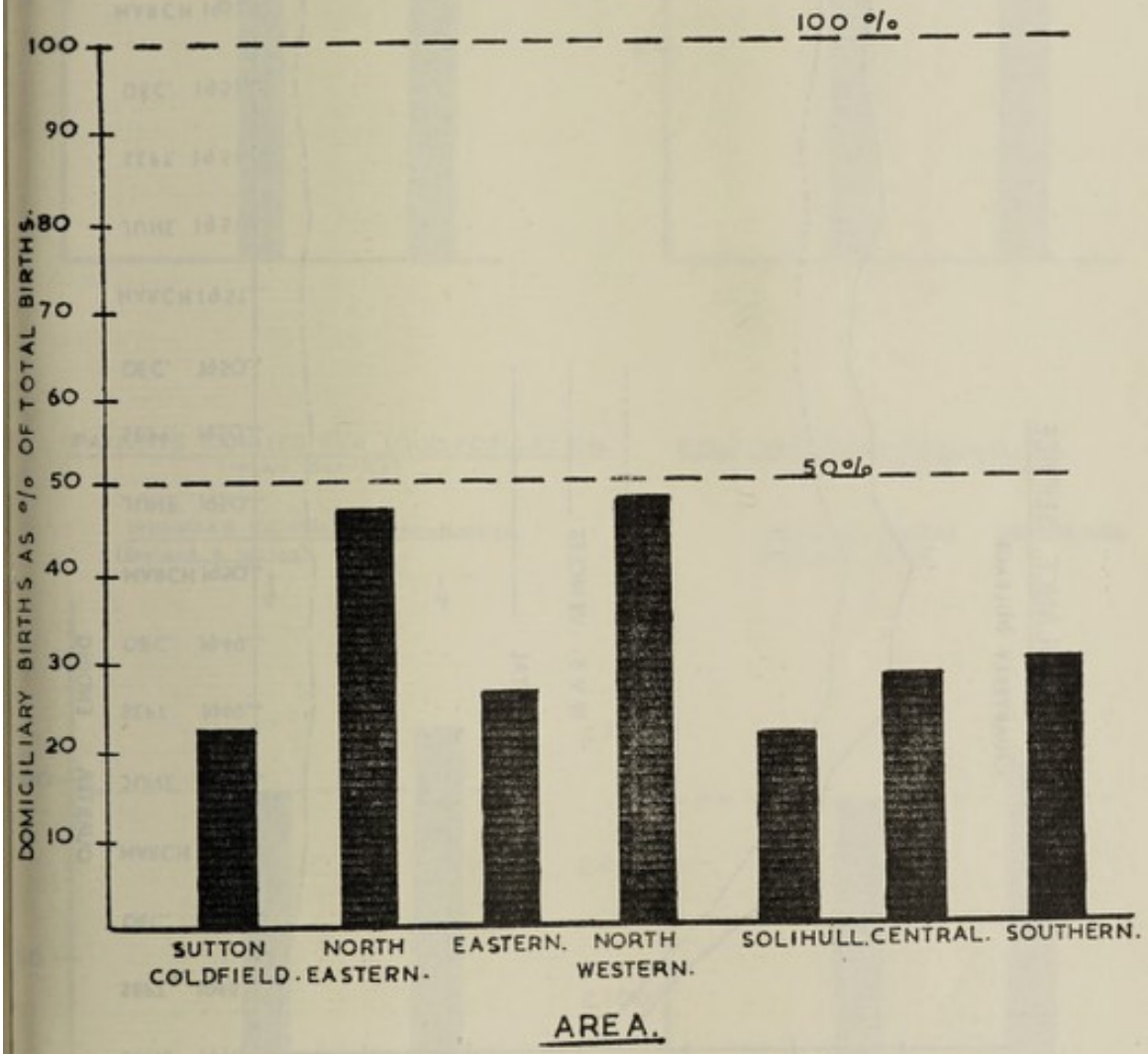
In a specified Area only the following milks may be sold: "Pasteurised," "Sterilised," "Tuberculin Tested," and until September 30th, 1954, "Accredited" milk from a single farm.

A description of the conditions which milk bearing each of these designations has to fulfill is contained in the body of this Report.

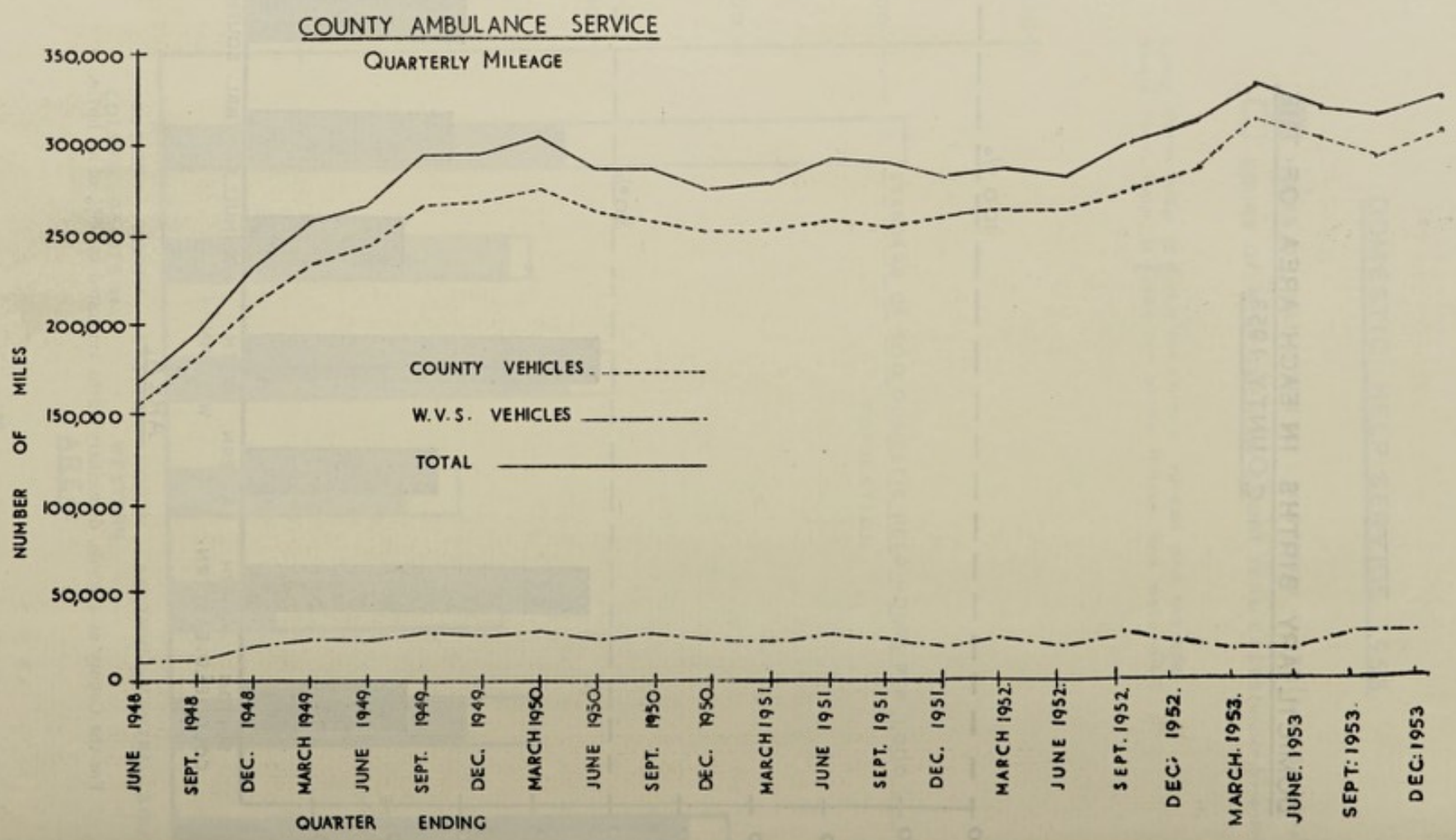
DOMESTIC HELP SERVICE 1953.



DOMICILIARY BIRTHS IN EACH AREA OF THE COUNTY. 1953.



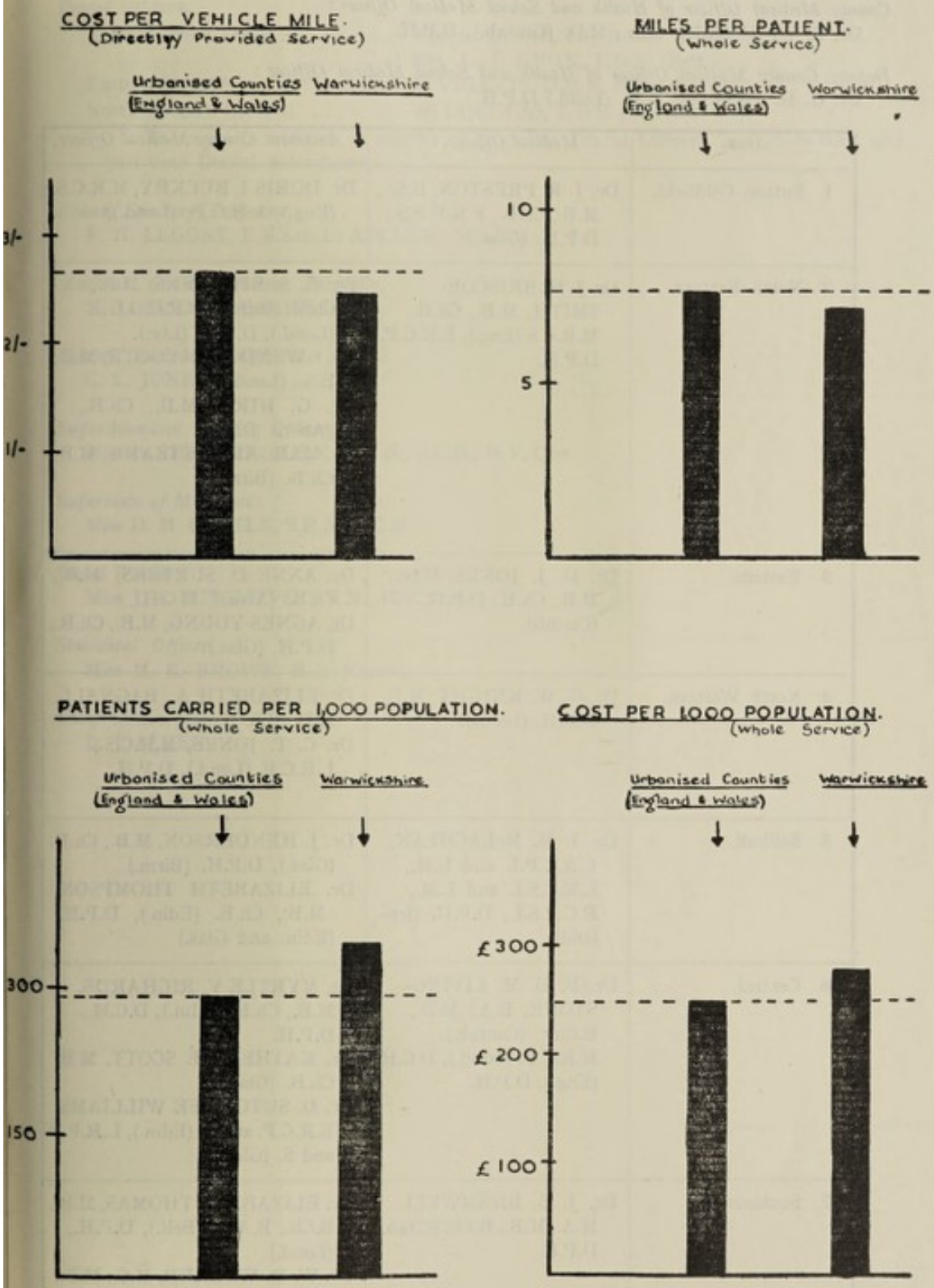
For the County as a whole, domiciliary births amounted to 33% of all births.


COUNTY AMBULANCE SERVICE
QUARTERLY MILEAGE
NUMBER OF MILES
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
COUNTY VEHICLES
W.V.S. VEHICLES
TOTAL
JUNE 1948
SEPT. 1948
DEC. 1948
MARCH 1949
JUNE 1949
SEPT. 1949
DEC. 1949
MARCH 1950
JUNE 1950
SEPT. 1950
DEC. 1950
MARCH 1951
JUNE 1951
SEPT. 1951
DEC. 1951
MARCH 1952
JUNE 1952
SEPT. 1952
DEC. 1952
MARCH. 1953
JUNE. 1953
SEPT. 1953
DEC. 1953
QUARTER ENDING

WARWICKSHIRE.

AMBULANCE SERVICE.

COST COMPARISONS – FINANCIAL YEAR 1952-3



Compared with the other urbanised counties in England and Wales, the *cost* per vehicle mile is *less* in Warwickshire and the number of *miles* per patient is *less* in Warwickshire. The *demand* (patients carried per 1,000 population) is *higher* in Warwickshire, making the *cost* of this service per head of population *higher* than the other urbanised counties.

STAFF OF THE COUNTY HEALTH SERVICE

(at time of going to press).

County Medical Officer of Health and School Medical Officer:
Dr. S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.

Deputy County Medical Officer of Health and School Medical Officer:
Dr. G. H. TAYLOR, M.D. (Lond.) D.P.H.

Area.	*Medical Officer.*	*Assistant County Medical Officer.*
1 Sutton Coldfield.	Dr. J. R. PRESTON, B.Sc., M.B., Ch.B., F.R.F.P.S., D.P.H. (Glas.)	Dr. DORIS I. BUCKBY, M.R.C.S. (Eng.), L.R.C.P. (Lond.).
2 North Eastern.	Dr. J. H. BRISCOE-SMITH, M.B., Ch.B., M.R.C.S.(Eng.), L.R.C.P., D.P.H.	Dr. L. S. STEPHENS, M.B., Ch.B. (Birm.). D.R.C.O.G. (Lond.), D.P.H. (Liv.). Dr. GWENDOLEN COOTE, M.B., B.S. (Lond.). Dr. G. HIRD, M.B., Ch.B., (Aber.), D.P.H. Dr. MARGARET STEANE, M.B., Ch.B. (Birm.).
3 Eastern.	Dr. D. J. JONES, B.Sc., M.B., Ch.B., D.P.H. (Cardiff).	Dr. ANNE D. SURTEES, M.B., Ch.B. (Aber.), D.C.H. Dr. AGNES YOUNG, M.B., Ch.B., D.P.H. (Glas.).
4 North Western.	Dr. G. W. KNIGHT, M.D., D.P.H. (Leeds).	Dr. ELIZABETH A. BAGNALL, M.B., B.S. (Lond.) Dr. C. T. JONES, M.R.C.S., L.R.C.P. (Lond.), D.P.H.
5 Solihull.	Dr. I. M. McLACHLAN, L R.C.P.I. and L.M., L.R.C.S.I. and L.M., R.C.P.S.I., D.P.H. (Ireland).	Dr. J. HENDERSON, M.B., Ch.B. (Glas.), D.P.H. (Birm.) Dr. ELIZABETH THOMPSON, M.B., Ch.B. (Edin.), D.P.H. (Edin. and Glas.)
6 Central.	Dr. F. D. M. LIVINGSTONE, B.A., M.B., B.Chir. (Cantab.). M.R.C.P. (Lond.), D.C.H. (Eng.), D.P.H.	Dr. MYRTLE V. RICHARDS, M.B., Ch.B. (Edin.), D.C.H., D.P.H. Dr. KATHERINE SCOTT, M.B. Ch.B. (Glas.). Dr. D. SUTCLIFFE WILLIAMS, L.R.C.P. and S. (Edin.), L.R.F.P. and S. (Glas.).
7 Southern.	Dr. J. B. BRAMWELL, M.A., M.B., B.Ch. (C'tab.), D.P.H.	Dr. ELIZABETH THOMAS, M.B., B.Ch., B.A.O. (Belf.), D.P.H., (Lond.) Dr. W. M. WALKER, M.C., M.B., B.Ch., B.A.O. (Belf.).

Principal Dental Officer:
H. J. BASTOW, L.D.S. (Birm.).

Dental Officers.

North-Eastern (Area 2)	Miss S. M. CRUTE, B.D.S. (Durham).
	Mrs. L. J. KNOX, L.D.S. (Belf.).
Eastern (Area 3)	P. VIGANTS, D.D.D. (Univ. Latvia).
North Western (Area 4)	W. DOUGLAS, L.D.S. (St. Andrew's).

There are in addition, a number of part-time Dental Officers, and whole-time and part-time Dental Attendants.

County Sanitary Inspector.
F. H. LEGGAT, F.R.San.I., A.M.I.S.E., M.S.I.A.

Assistant County Sanitary Inspector.
K. L. SPENCE, Cert.R.S.I.

County Ambulance Officer:
C. L. JONES.

Superintendent Nursing Officer:
Miss B. SHENTON, M.B.E., S.R.N., S.C.M., H.V. Cert.

Supervisor of Midwives:
Miss D. M. KETTLE, S.R.N., S.C.M.

Social Worker:
Miss J. A. SUTCLIFFE, S.R.N., H.V. Cert.

Statistical Officer.
Miss M. E. BROWN, B.A. (Oxon.)

Chief Clerk:
L. J. ALLEN.

NURSING STAFF employed in the following services.

Area.	*District Nursing.*	*District Nursing and Midwifery combined.*	*District Nursing, Midwifery and Health Visiting combined.*	*Health Visiting.*	*Midwifery.*
1. Sutton Coldfield. *Area Nursing Officer.* GIBSON, Miss M. F.	GLOVER, Miss S.	BAUM, Miss D. E. BRADY, Miss M. BRITLAND, Miss K. CADDEL, Miss J. B. JONES, Miss B. L. WHITMORE, Miss L. E. WILLIAMS, Miss B.		FORRESTER, Miss A. GREEN, Miss V. F. HORROCKS, Miss M. JACKSON, Miss B. SHOTTON, Miss I.	
2. North Eastern. *Area Nursing Officer.* FOSTER, Miss M. I.	AINSWORTH, Miss J. HICKEY, Miss B. O'DONNELL, Miss V.	CAMERON, Miss S. COTESWORTH, Mrs. K. FULLUCK, Miss I. HARDING, Mrs. A. HARRIS, Mrs. P. HARVEY, Mrs. E. M. MALLINSON, Miss K. PEDLEY, Miss M. E. ROWE, Miss W. SCRIVENS, Miss N. WILSON, Mrs. D. M.	BEARDSALL, Miss P. HEDGES, Miss M. LOVETT, Miss L.	ARMSTRONG, Miss M. DAVIES, Miss K. N. DILCOCK, Miss O. FLYNN, Miss K. T. FULLYLOVE, Miss K. E. HALLSWORTH, Miss M. A. JEVONS, Mrs. S. I. MALCOLM, Mrs. C. MASON, Miss D. M. MICHAELIDES, Miss C. PADDON, Miss D. THORNHILL, Miss G. P. BOFF, Mrs. L. W. (School Nurse).	BOURNE, Mrs. D. CROSSAN, Miss N. C. HARVEY, Miss W. E. STACEY, Mrs. L. TAYLOR, Mrs. S. A. WALLBANK, Mrs. S. M.
3. Eastern. *Area Nursing Officer.* LLOYD, Miss E. M.	MERRICK, Miss D. M. WYNN-JONES, Mrs. E.	BODEN, Mrs. C. BRADY, Miss R. A. CARTER, Miss M. J. DAVIES, Miss S. E. MANSERGH, Miss C. MEREDITH, Miss E. METCALFE, Miss D. SLATER, Miss H.	AMOS, Miss W. J. DALTON, Miss S. M. DOOLEY, Mrs. M. NYILASSY, Miss J. ROBERTS, Miss E. A. WELHAM, Miss A.	ARMSTRONG, Miss M. A. BODDY, Miss J. H. ENNA, Miss I. M. EVANS, Miss D. M. JAQUES, Miss B. MARTIN, Miss J. E. MASON, Miss E. M. McILWAINE, Miss M. WAITE, Miss J. D.	
4. North Western. *Area Nursing Officer.* BEESTON, Miss V. E.		ALEXANDER, Miss J. ANKRETT, Mrs. M. CONNOLLY, Miss M. DAVIS, Mrs. R. DUTFIELD, Miss D. FITZGERALD, Mrs. D. GARDNER, Miss H. HARPER, Miss R. HARTWELL, Miss B. HISCOX, Miss E. M. HOPKINS, Miss L. W. KELLY, Mrs. A. P. MACLENNAN, Mrs. G. M. MANIFOLD, Miss B. WADE, Miss B. YOUNG, Mrs. C. E.	SHEPHERD, Miss J. SNAPE, Miss I.	ADAMS, Miss E. S. CUNNINGHAM, Miss A. M. GOODING, Mrs. C. HALL, Miss M. HUMPHRIES, Miss E. M. OXFORD, Miss F. M. G.	
5. Solihull. *Area Nursing Officer.* LAMB, Miss E. J.		HALL, Mrs. B. L. HALL, Mrs. L. HUGHES, Miss S. JONES, Miss C. PILKINGTON, Miss B. WILSON, Mrs. M. J.	CAVES, Miss K. M. GALE, Miss R. M. PHILLIPS, Miss J. VALE, Miss M.	ATKINSON, Miss M. G. GRANT, Miss A. HART, Miss J. HUFTON, Miss M. MANTON, Miss D. A. MORGAN, Miss F. E. SMITH, Mrs. I. F. WHITING, Mrs. V. M.	
6. Central. *Area Nursing Officer.* NORMINGTON, Miss L. A.	FABER, Mrs. O. WARR, Mrs. B. WILKINSON, Mrs. H. M.	ANSTISS, Miss D. BAILY, Miss P. BIGLEY, Miss P. BOLTON, Miss F. CARTER, Miss F. COAKLEY, Miss E. HARTSHORNE, Miss M. HILLIER, Miss M. MARES, Miss M. MARSHALL, Miss E. OVER, Miss K. SAXTON, Miss G. SCHWEMMER, Mrs. M. STACHOWIAK, Mrs. E. C. WORTHINGTON, Miss M.		BAYLIS, Miss K. M. BROWN, Mrs. G. O. CORBALLY, Miss M. DALTON, Mrs. H. M. DAVIE, Miss M. C. DUNLOP, Miss A. GODLEY, Miss M. HUGHES, Mrs. E. MACDONALD, Mrs. F. M. MALARKEY, Miss S. PRIESTLEY, Mrs. S. P. RUSHFORTH, Miss M. WILCOX, Miss L. M. WYTON, Miss M.	LEWIS, Miss D. G.
7. Southern. *Area Nursing Officer.* STANSFELD, Miss D. EMERGENCY NURSES (all areas). GODIN, Miss D., Senior Relief, D.N.M. /H.V. BAKER, Miss E., D.N.M.	TURNER, Miss W.	BUCKLY, Miss M. COLEMAN, Mrs. E. COWAN, Miss A. GLEW, Miss M. HARRIES, Miss E. KNIGHT, Mrs. E. MOODY, Miss C. QUINN, Mrs. G. REDSHAW, Miss S. SHERWOOD, Mrs. P.	CLARKE, Miss D. M. DAVIES, Miss B. FIFE, Miss E. KENYON, Miss J. SCHOFIELD, Miss E. TAIT, Miss W.	COWLISHAW, Mrs. E. DARLEY, Miss I. M. EVERITT, Mrs. A. M. IDLE, Mrs. N. B. INSTONE, Mrs. S. P. JAMES, Mrs. M. M. MITCHELL, Mrs. P.	BROWN, Miss A.

Note.—The names of the staff are those employed whole-time in the County at 30th June, 1954. (Part-time and temporary nurses see Map Survey).

TABLE 1. WARWICKSHIRE—1953.

No.	Area, and County Districts.	Acres.	1. Population. Mid-1952.	1. Population. Mid-1953.	2. Live Births. No.	2. Live Births. Birth Rate (adjusted) (per 1000 population)	3. Stillbirths. No.	3. Stillbirths. Stillbirth Rate. (per 1000 total births)	4. Deaths. No.	4. Deaths. Death Rate. (adjusted) (per 1000 population)	5. Tuberculosis, Pulmonary. No. of Deaths.	5. Tuberculosis, Pulmonary. Death Rate. (per 1000 population)	6. Tuberculosis, Other Forms. No. of Deaths.	6. Tuberculosis, Other Forms. Death Rate. (per 1000 population)	7. Infant Mortality. Infant Deaths.	7. Infant Mortality. Death Rate. (per 1000 live births)	8. Maternal Mortality. No. of Deaths.	8. Maternal Mortality. Death Rate. (per 1000 total births)
1	**Sutton Coldfield.**																	
	Sutton Coldfield M.B.	13,978	48,180	48,670	765	15.55	10	12.90	466	8.99	3	0.06	2	0.04	10	13.07	—	—
2	**North-Eastern.**																	
	Nuneaton M.B. ...	11,757	54,340	54,970	943	16.80	19	19.75	526	11.08	15	0.27	1	0.02	22	23.33	1	1.04
	Bedworth U.D. ...	7,851	25,400	25,580	449	17.02	9	19.65	399	18.70	4	0.16	—	—	13	28.95	1	2.18
	Atherstone R.D. ...	21,945	23,660	23,740	409	17.40	12	28.50	272	12.59	4	0.17	1	0.04	16	39.12	—	—
	TOTALS ...	41,553	103,400	104,290	1,801	16.91	40	21.72	1197	13.25	23	0.22	2	0.02	51	28.32	2	1.09
3	**Eastern.**																	
	Rugby M.B.	6,992	46,200	46,400	703	15.15	17	23.61	442	9.99	8	0.17	—	—	20	28.45	1	1.39
	Rugby R.D.	80,631	21,220	21,670	333	16.12	12	34.78	168	8.68	2	0.09	—	—	6	18.01	1	2.89
	TOTALS ...	87,623	67,420	68,070	1,036	15.52	29	27.23	610	9.58	10	0.14	—	—	26	25.09	2	1.88
4	**North-Western.**																	
	Meriden R.D.	61,775	37,790	38,220	643	17.66	13	19.81	339	10.36	1	0.03	—	—	23	35.77	—	—
	Tamworth R.D. ...	22,042	16,020	16,260	277	16.68	10	34.84	122	7.95	4	0.24	—	—	7	25.27	—	—
	TOTALS ...	83,817	53,810	54,480	920	17.40	23	24.39	461	9.68	5	0.09	—	—	30	32.61	—	—
5	**Solihull.**																	
	Solihull U.D.	20,189	68,420	69,570	962	12.85	18	18.36	565	9.09	5	0.07	1	0.01	25	25.99	—	—
6	**Central.**																	
	Leamington Spa M.B....	2,875	36,730	37,390	684	17.55	11	15.82	432	10.39	4	0.10	—	—	17	24.85	—	—
	Warwick M.B. ...	5,057	15,510	15,620	238	15.83	4	16.53	171	10.61	3	0.19	—	—	3	12.60	—	—
	Kenilworth U.D. ...	5,967	10,710	10,870	202	18.02	2	9.80	121	11.13	1	0.09	—	—	8	39.60	—	—
	Southam R.D. ...	62,527	12,550	13,050	254	21.98	3	11.67	123	8.85	1	0.08	—	—	8	31.49	—	—
	Warwick R.D. ...	55,365	19,350	19,280	309	15.53	6	19.04	297	16.47	5	0.26	—	—	4	12.94	1	3.17
	TOTALS ...	131,791	94,850	96,210	1,687	17.50	26	15.17	1144	11.50	14	0.14	—	—	40	23.71	1	0.59
7	**Southern.**																	
	Stratf'd-upon-Avon M.B.	6,900	14,610	14,720	226	15.35	3	13.10	174	10.04	3	0.20	—	—	8	35.39	—	—
	Alcester R.D.	37,524	13,270	13,360	224	17.09	5	21.83	173	11.64	3	0.22	2	0.15	1	4.46	1	4.36
	Shipston-on-Stour R.D.	53,339	7,770	7,850	151	20.76	4	25.80	125	11.94	—	—	—	—	3	19.87	—	—
	Stratford-on-Avon R.D.	81,996	21,270	21,780	360	18.00	6	16.40	205	9.03	3	0.14	—	—	4	11.11	—	—
	TOTALS ...	179,759	56,920	57,710	961	17.48	18	18.38	677	10.28	9	0.16	2	0.03	16	16.65	1	1.02
	COUNTY TOTALS ...	558,710	493,000	499,000	8,132	16.30	164	19.77	5120	10.67	69	0.14	7	0.01	198	24.35	6	0.72

NOTE.—Under the provisions of the Leamington Corporation Act, 1952, the area of the Borough of Leamington Spa was increased on April 1st, 1953, by the addition of 42 acres of land formerly in the parish of Whitnash.

The Borough now comprises 2,875 acres, while the Warwick Rural District has a reduced area of 55,365 acres.

TABLE 2. STATISTICAL REVIEW, 1923-1953.

Year.	Birth Rate.	Death Rate.	Pulmonary Tuberculosis Death Rate	Cancer Death Rate	Infant Mortality.	Still-births per 1,000 total births.	Maternal Mortality per 1,000 live births.
1923.	19.75	10.29	0.66	1.11	60	—	2.80
1924.	18.76	10.98	0.69	1.25	60	—	4.30
1925.	18.46	11.15	0.70	1.31	62	—	5.00
1926.	17.52	10.52	0.65	1.38	54	—	3.30
1927.	17.30	11.25	0.64	1.36	66	—	2.90
1928.	16.83	10.13	0.55	1.33	55	—	4.59
1929.	16.29	12.70	0.70	1.30	60	—	4.20
1930.	16.63	10.82	0.51	1.43	49	42	4.50
1931.	15.69	11.06	0.51	1.42	55	35	4.30
1932.	15.38	11.52	0.49	1.47	55	35	3.70
1933.	13.71	11.42	0.52	1.53	54	35	5.20
1934.	14.31	10.71	0.42	1.43	48	34	4.97
1935.	13.44	9.60	0.45	1.45	47	40	3.68
1936.	15.08	10.56	0.42	1.51	52	33	5.21
1937.	15.32	11.25	0.41	1.57	50	35	3.17
1938.	16.63	10.17	0.47	1.45	48	30	2.87
1939.	16.18	10.19	0.43	1.54	45	32	2.26
1940.	15.83	12.69	0.50	1.51	51	35	2.82
1941.	15.94	11.69	0.43	1.55	53	33	2.99
1942.	17.38	10.26	0.41	1.55	39	32	2.14
1943.	18.98	10.62	0.41	1.55	42	28	2.70
1944.	20.88	10.64	0.42	1.66	35	25	1.50
1945.	18.95	10.45	0.40	1.57	42	25	1.56
1946.	19.64	10.61	0.42	1.67	40	22	1.46
1947.	20.77	10.68	0.38	1.64	34	20	0.83
1948.	18.24	9.62	0.39	1.67	31	20	1.50
1949.	17.22	10.78	0.30	1.65	29	19	0.85
1950.	15.72	10.48	0.24	1.55	27	19	0.39
1951.	15.84	11.55	0.21	1.67	28	23	0.50
1952.	15.56	10.35	0.14	1.78	28	18	0.38
1953.	16.30	10.67	0.14	1.72	24	20	0.72

TABLE 3. **MORTALITY STATISTICS, 1953.** (1952 in brackets).

Cause of Death.	*Age Group.*						*Total* 1953 & 1952	*Total* 1951	*Total* 1950	*Total* 1949	*Total* 1948
	Under 1	1 —	5 —	15 —	45 —	65 —					
Heart and Circulatory Diseases	— (—)	— (—)	— (1)	46 (41)	300 (333)	1,385 (1,425)	1,731 (1,800)	1,908	1,731	1,694	1,468
Malignant Neoplasms ...	— (—)	— (—)	4 (3)	53 (50)	289 (324)	514 (505)	860 (882)	824	762	789	793
Vascular lesions of Nervous System ...	— (—)	1 (—)	1 (—)	13 (26)	115 (144)	619 (556)	749 (726)	729	646	637	518
Influenza	— (—)	1 (—)	— (—)	6 (1)	12 (1)	65 (9)	84 (11)	186	46	69	18
Pneumonia	25 (20)	2 (7)	6 (1)	14 (7)	35 (28)	177 (127)	259 (190)	253	228	271	199
Bronchitis	4 (1)	— (1)	1 (—)	4 (5)	50 (41)	168 (125)	227 (173)	277	242	245	186
Violent Deaths	12 (11)	6 (12)	11 (8)	48 (75)	47 (44)	109 (81)	233 (231)	251	220	201	222
Respiratory Tuberculosis	— (—)	— (—)	— (—)	21 (24)	30 (26)	18 (19)	69 (69)	103	122	146	186
Non-Respiratory Tuberculosis	— (—)	2 (3)	— (2)	3 (2)	1 (3)	1 (1)	7 (11)	23	27	31	31
Nephritis and Nephrosis	— (—)	— (—)	3 (1)	8 (15)	18 (16)	26 (18)	55 (50)	50	65	120	93
Congenital Malformations	31 (49)	3 (2)	3 (—)	2 (4)	1 (5)	2 (3)	42 (63)	45	44	802	856
All other diseases ...	126 (133)	15 (13)	15 (14)	66 (62)	176 (125)	406 (362)	804 (709)	860	793		
Totals 1952 and 1953	198 (214)	30 (38)	44 (30)	284 (312)	1,074 (1,090)	3,490 (3,231)	5,120 (4,915)				
,, 1951	219	49	34	319	1,156	3,732		5,509			
,, 1950	207	45	38	334	1,086	3,216			4,926		
,, 1949	237	47	40	368	1,131	3,182				5,005	
,, 1948	272	50	54	405	1,027	2f762					4,570

TABLE 4. **DEATHS FROM CANCER.**

A. MALES.

Site.	*Warwickshire Number of deaths.*				*Average death rate per million males,* 1950-1952.		
	1950	1951	1952	1953	*Warwickshire (adjusted)*.*	*England and Wales.*	*% Warwickshire to England and Wales.*
Stomach	56	71	66	73	276	383	72%
Lung and bronchus ...	94	93	112	140	430	529	81%
Breast	1	3	—	1	5	3	—
Leukaemia and Aleukaemia	13	15	8	13	52	48	108%
Other	228	271	259	249	1,090	1,150	95%
TOTAL	392	453	445	476	1,853	2,113	88%

B. FEMALES.

Site.	*Warwickshire Number of deaths.*				*Average death rate per million females,* 1950-52.		
	1950	1951	1952	1953	*Warwickshire (adjusted)*.*	*England and Wales.*	*% Warwickshire to England and Wales.*
Stomach	64	55	56	52	243	282	86%
Lung and bronchus ...	16	19	15	26	70	93	75%
Breast	91	81	107	82	388	355	109%
Uterus	36	28	42	33	148	179	83%
Leukaemia and Aleukaemia	8	11	12	8	43	40	107%
Other	176	203	225	204	842	890	95%
TOTAL	391	397	457	405	1,734	1,839	94%

* The average age of the population of Warwickshire is slightly less than the average age of the population of England and Wales. In order to make a true comparison of death rates it is necessary to multiply our death rates by an adjusting factor of 1.04.

TABLE 5. **LIVE BIRTHS AND INFANT DEATHS, 1953.**

	Males.	*Females.*	*Total.*	*Birth Rate.*	*Deaths of Infants under 1 Year.*	*Infant Mortality Rate.*
LIVE BIRTHS :—						
Legitimate	4,043	3,718	7,761	15.55	184	23.70
Illegitimate	189	182	371	0.75	14	37.73
TOTALS	4,232	3,900	8,132	16.30	198	24.35

TABLE 6. **STILLBIRTHS, 1953.**

	Males.	*Females.*	*Total Stillbirths.*	*Stillbirth Rate.*
STILLBIRTHS :—				
Legitimate	72	87	159	20.07
Illegitimate	3	2	5	13.29
TOTALS ...	75	89	164	19.77

TABLE 7. **PREMATURE BIRTH RATES AND PERCENTAGE SURVIVAL.**

(From Birth Notifications).

		1951	1952	1953
Total notified births (live and still, adjusted)		7,827	7,792	8,274
Premature Live Births.	Number notified	483	497	526
	Rate per 1,000 total Notified Births	62	64	64
	Number of Deaths (up to 28 days)	81	86	82
	Percentage survival (up to 28 days)	83	83	84
Premature Stillbirths	Number Notified	69	63	67
	Rate per 1,000 total Notified births	9	8	8

TABLE 8. **TOTAL PREMATURE BIRTHS SINGLE AND TWIN, 1953.**

Total notified births 8,274.

(1952 figures in brackets).

Weight Group.	*Number of premature births.*		*Number died 1st day.*	*Number died 2-28 days.*	*Number survived.*	*% survival of live births*
	Born dead.	*Born alive.*				
3lbs. 4ozs. or less	29 (28)	72 (62)	41 (33)	13 (16)	18 (13)	25 (21)
Over 3lbs. 4ozs. and up to 4lbs. 6ozs.	24 (12)	94 (78)	6 (7)	9 (6)	79 (65)	84 (83)
Over 4lbs. 6ozs. and up to 4lbs. 15ozs.	5 (12)	93 (94)	3 (2)	2 (6)	88 (86)	95 (92)
Over 4lbs. 15ozs. and up to 5lbs. 8ozs.	9 (11)	267 (263)	6 (9)	2 (7)	259 (247)	97 (94)
TOTALS ...	67 (63)	526 (497)	56 (51)	26 (35)	444 (411)	84 (83)

TABLE 9. **Single Births.**

Weight Group.	*No. of Premature Births.*		*Number died*		*Number survived.*	*% survival of live births.*
	Born dead.	*Born alive.*	*1st day.*	*2—28 days.*		
3lbs. 4ozs. or less	26 (22)	49 (48)	28 (25)	8 (14)	13 (9)	27 (19)
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	23 (8)	68 (53)	4 (7)	9 (4)	55 (42)	81 (79)
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	3 (11)	75 (76)	2 (2)	2 (3)	71 (71)	95 (93)
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	8 (10)	236 (214)	5 (8)	2 (5)	229 (201)	97 (94)
TOTALS ...	60 (51)	428 (391)	39 (42)	21 (26)	368 (323)	86 (83)

TABLE 10. **Twin Births.**

Weight Group.	*No. of Premature Births.*		*Number died*		*Number survived*	*% survival of live births.*
	Born dead.	*Born alive.*	*1st day.*	*2—28 days.*		
3lbs. 4ozs. or less	3 (6)	23 (14)	13 (8)	5 (2)	5 (4)	22 (29)
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	1 (4)	26 (25)	2 (—)	— (2)	24 (23)	92 (92)
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	2 (1)	18 (18)	1 (—)	— (3)	17 (15)	95 (83)
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	1 (1)	31 (49)	1 (1)	— (2)	30 (46)	97 (94)
TOTALS ...	7 (12)	98 (106)	17 (9)	5 (9)	76 (88)	78 (83)

TABLE 11. CAUSES OF STILLBIRTH 1951, 1952 AND 1953.

Analysis of midwives reports on stillbirths occurring in the County to County women.

Cause.	*% of total still-births attributable to cause.*		
	1953	1952	1951
Congenital malformations	16.5	17.5	18.3
Haemolytic disease	2.9	5.8	3.5
Toxaemia of pregnancy and accidental A.P.H.	20.9	17.5	15.5
Conditions of cord and placenta	10.8	8.4	14.8
Difficulties in labour	11.5	15.8	13.4
Chronic ill-health of mother	3.6	1.7	2.8
No cause discovered	33.8	33.3	31.7
TOTAL	100.0	100.0	100.0
Number of reports received	139	120	142
Number of registered stillbirths	164	142	185
Stillbirth rate	19.8	18.2	23.4

E 12. CAUSES OF NEO-NATAL DEATHS, 1953, 1952, 1951 and 1950.

Cause of death.	*With prematurity.*				*Without prematurity.*				*Total.*			
	1953	1952	1951	1950	1953	1952	1951	1950	1953	1952	1951	1950
maturity	47	47	53	31	—	—	—	—	47	47	53	31
hyxia, Atelectasis ...	22	15	18	17	13	6	17	10	35	21	35	27
genital malformations :												
Alone	4	3	4	2	17	29	13	19	21	32	17	21
With Asphyxia ...	—	—	—	—	2	1	6	2	2	1	6	2
With Pneumonia ...	—	—	—	—	2	3	3	1	2	3	3	1
Totals	4	3	4	2	21	33	22	22	25	36	26	24
th injury	6	12	6	6	16	14	9	10	22	26	15	16
molytic Disease ...	—	—	1	—	1	6	6	12	1	6	7	12
nchitis and Pneumonia	1	4	3	2	5	6	5	8	6	10	8	10
adventure	—	—	—	1	—	—	3	3	—	—	3	4
er	—	2	4	2	7	6	5	8	7	8	9	10
TOTALS ...	80	83	89	61	63	71	67	73	143	154	156	134

TABLE 13. CAUSES OF DEATH OF INFANTS ONE MONTH TO ONE YEAR 1953, 1952, 1951 and 1950.

Cause of Death.	*With bronchitis or pneumonia.*				*Without bronchitis or pneumonia.*				*Total.*			
	1953	1952	1951	1950	1953	1952	1951	1950	1953	1952	1951	195
Bronchitis and Pneumonia	21	8	24	19	—	—	—	—	21	8	24	19
Congenital Malformation ...	9	9	8	6	4	13	9	11	13	22	17	17
Gastro Enteritis	—	1	2	—	4	9	3	11	4	10	5	11
Whooping Cough	—	—	2	1	—	—	1	1	—	—	3	2
Tuberculous Diseases ...	—	—	—	—	—	—	1	2	—	—	1	2
Misadventure	—	—	—	—	8	8	7	4	8	8	7	4
Central Nervous System infections	—	—	—	—	3	1	2	6	3	1	2	6
Other	2	3	1	2	5	8	3	10	7	11	4	12
TOTALS ...	32	21	37	28	24	39	26	45	56	60	63	73

TABLE 14. DEATHS OF CHILDREN AGED 1 TO 5 YEARS, 1953.

Cause of Death.	*Male.*	*Female.*
Tuberculous meningitis	—	2
Polio-encephalitis	1	—
Influenzal pneumonia	1	—
Pneumonia	2	—
Measles and broncho-pneumonia	1	—
Whooping cough and broncho-pneumonia	1	—
Little's disease and pneumonia	—	1
Meningococcal infection	1	—
Congenital malformations	1	2
Pulmonary atelectasis	1	—
Leukaemia	3	—
Lympho-sarcoma	1	—
Epilepsy	2	—
Intestinal obstruction	—	1
Post operative haemorrhage following tonsillectomy	—	1
Asphyxia due to inhalation of vomit ...	—	1
Empyema of left antrum and polyneuritis	1	—
Sub-arachnoid haemorrhage	1	—
Accidents :—		
Motor vehicle	1	—
Drowning	2	—
Burns	2	—
TOTAL	22	8

TABLE 15. AVERAGE RATES IN COUNTY DISTRICTS FOR THE SIX YEARS 1948-1953 INCLUSIVE.

Live births.		*County district.*	*Stillbirths.*		*Infant Deaths.*		*Neo-natal mortality rate.*	*Mortality rate one month to one year.*	*Peri-natal mortality rate.*
No.	*Rate.*		*No.*	*Rate.*	*No.*	*Rate.*			
4,103	14.3†	Sutton Coldfield M.B. ...	64	15.4†	76	18.5†	16.4	2.1†	31.8†
5,693	17.4*	Nuneaton M.B.	140	24.2*	172	30.0	19.3	10.7	43.5
2,718	18.0*	Bedworth U.D.	66	23.6	107	39.3*	25.0*	14.3*	48.6*
2,474	17.6*	Atherstone R.D.	48	18.9	82	33.3	21.6	11.7	40.5
4,419	16.0	Rugby M.B.	85	19.0	107	24.2	16.4	7.8	35.4
2,013	17.2	Rugby R.D.	52	24.9	57	28.3	19.8	8.5	44.7
3,815	17.8*	Meriden R.D.	94	24.1	136	35.6*	23.2	12.4*	47.3*
1,656	17.1	Tamworth R.D.	38	22.2	44	26.8	17.3	9.5	39.5
6,106	14.4†	Solihull U.D.	110	17.6	163	26.9	18.8	8.1	36.4
3,746	16.7	Leamington M.B. ...	76	20.1	104	27.7	19.1	8.6	39.1
1,509	16.7	Warwick M.B.	34	22.1	28	18.3†	15.7	2.6†	37.8
1,105	17.2	Kenilworth U.D. ...	18	15.1	33	29.4	21.2	8.2	36.3
1,355	19.4*	Southam R.D.	27	19.9	37	27.1	18.6	8.5	38.5
1,666	13.8†	Warwick R.D.	30	17.8	51	31.3	22.6	8.7	40.4
1,454	16.6	Stratford-on-Avon M.B. ...	25	16.9	39	26.1	18.9	7.2	35.8
1,343	17.2	Alcester R.D.	29	21.1	30	22.3	17.1	5.2	38.2
845	18.5*	Shipston-on-Stour R.D. ...	14	16.0	19	22.6	10.6	12.0	26.6
2,059	18.0*	Stratford-on-Avon R.D. ...	29	14.0	62	30.4	18.9	11.5	32.9
48,079	16.5	All County	979	20.0	1,347	27.9	19.1	8.8	39.1

* Significantly higher than the average for the whole County.
† Significantly lower than the average for the whole County.

Area No.	Area.	Centre.	* C. or V.	Where held.	When held (all meetings at 2 p.m. unless otherwise stated)	Medical Officer.	No. of new cases who attended during 1953 and at their 1st attendance were under 1 year.	Total number of children who attended during the year.	Number of attendances made by children under 1.	Total number of attendances.
1	SUTTON COLDFIELD	Boldmere	C.	Bristwell Hall, ...	Every Wednesday Alt. Weds. (Toddlers) 10 a.m.	Dr. D. I. Buckley Dr. E. M. Stockwin	118	328	1,511	2,419
		Four Oaks ...	C.	Mere Green Rd. ...	Every Tuesday ...	Dr. E. M. Stockwin	80	185	791	1,003
		Minworth	C.	The Green ...	Alternate Weds. ...	Dr. E. M. Stockwin	32	82	272	429
		Banneregate ...	C.	Banneregate Rd.	Every Friday ...	Dr. D. I. Buckley				
					Alt. Fris. (Toddlers) 10 a.m.	Dr. E. M. Stockwin	73	249	1,105	1,867
		Sutton Coldfield ...	C.	49, Holland Street	Every Monday ...	Dr. D. I. Buckley	123	304	1,274	1,924
		Walmley	C.	Walmley Road ...	Every Thursday ...	Dr. D. I. Buckley	106	439	1,443	2,320
						Total ...	504	1,637	6,456	9,924
2	NORTH-EASTERN.	Ansley	C.	St. John's Hall ...	Every Wednesday	Dr. G. Bird ...	143	242	1,080	1,958
		Atherstone	Y.	Station Street ...	Every Wednesday	Dr. C. V. Spark ...	100	273	1,672	2,404
		Baddesley Ensor ...	C.	Methodist Church ...	Alternate Fridays ...	Dr. G. Blain ...	28	79	333	547
		Bedworth	Y.	New Town Rd. ...	Every Monday and Thursday	Dr. M. Steane ...	242	503	3,450	4,413
		Bulkington ...	Y.	Council Offices ...	Every Wednesday	Dr. M. Steane	74	145	1,040	1,338
		Dordon	Y.	Parish Hall ...	Alternate Mondays	Dr. C. A. Cowie ...	50	119	476	729
		Nuneaton ...	C.	Riverdey Park Clinic, Coton Road	Every Monday, Tuesday and Wednesday	Dr. Sloan	442	805	5,810	7,737
		Polesworth ...	Y.	Parish Hall ...	Alternate Tuesdays	Dr. C. A. Cowie ...	72	151	903	1,454
		Stockingford ...	C.	Cross Street Clinic	Every Monday and Wednesday	Dr. G. K. Coats ...	625	361	1,949	2,460
						Total ...	1,476	2,882	16,810	23,298
3	EASTERN.	Bilton	Y.	Church House ...	1st & 3rd Wed.	Dr. A. H. M. Young	82	160	884	1,003
		Binley	C.	Village Hall ...	2nd & 4th Wed.	Dr. A. H. M. Young	46	104	491	647
		Brinklow	Y.	Church Rooms ...	1st & 3rd. Wed.	Dr. A. D. Surtees	52	112	351	610
		Clifton-on-Dunsmore	C.	Townsend Memorial Hall	2nd Thursday	Dr. A. D. Surtees	14	34	99	299
		Dunchurch ...	C.	W.I. Hall	2nd & 4th Thursday	Dr. A. H. M. Young	33	76	206	372
		Hillmorton ...	C.	Dorothy Fenwick Memorial Hall	2nd & 4th Monday	Dr. A. H. M. Young	41	100	404	548
		Long Lawford ...	Y.	Church Hall, Chapel St.	1st & 3rd Tuesday	Dr. A. D. Surtees	41	89	305	502
		Newbold	C.	Church Hall ...	1st & 3rd Friday ...	Dr. A. H. M. Young	78	130	426	633
		New Bilton ...	C.	Methodist Church Rooms, Lawford Road	Every Wednesday	Dr. A. D. Surtees ...	93	174	1,123	1,350
		Rugby	Y.	F.A.P. Temple St.	Every Tuesday and Friday	Dr. A. D. Surtees	229	449	2,905	3,594
		Stretton-on-Dunsmore	C.	Village Hall ...	1st & 3rd Thursday	Dr. A. D. Surtees	29	102	297	551
		Wolston	C.	Oddfellows Hall ...	4th Thursday ...	Dr. A. D. Surtees	25	60	134	230
		Wolvey	C.	Village Hall, Sharpe St.	2nd & 4th Tuesday	Dr. A. H. M. Young	47	129	362	708
						Total ...	819	1,720	8,073	11,047
4	NORTH-WESTERN	Ansington	V.	The Band Room ...	Alternate Wednesdays	Dr. E. A. Bagnall ...	41	110	398	1,201
		Arley	V.	Miners' Welfare Hall	Alternate Tuesdays	Dr. E. A. Bagnall ...	30	149	809	1,146
		Baxall Common ...	C.	Women's Institute	3rd Wednesday ...	Dr. C. T. Jones ...	24	63	104	202
		Berkswell ...	C.	Reading Room ...	Every 4th Tuesday	Dr. J. Gaston ...	27	57	150	290
		Castle Bromwich ...	V.	Victory Hall ...	Every Tuesday ...	Dr. C. T. Jones ...	106	266	980	1,234
		Colehill	V.	Town Hall ...	Every Monday ...	Dr. C. T. Jones ...	51	146	536	828
		Fillongley	C.	Village Hall ...	First Friday ...	Dr. C. T. Jones ...	11	44	95	166
		Hampton-in-Arden	C.	Girls Old School, High St.	1st & 3rd Thursdays	Dr. E. A. Bagnall ...	3	43	16	277
		Keresley ...	V.	Welfare Centre Hut	Every Thursday ...	Dr. C. T. Jones ...	114	271	1,628	2,267
		Kingsbury ...	V.	Methodist School Room	Alternate Tuesdays	Dr. E. A. Bagnall ...	72	171	755	1,080
		Marston Green ...	C.	Free Church Hall ...	1st & 3rd Fris. (10 a.m.)	Dr. C. T. Jones ...	28	68	266	394
		Meriden	C.	Village Hall ...	Alternate Mondays	Dr. C. T. Jones ...	23	102	300	468
		Nether Whitacre ...	C.	Methodist School Room	3rd Friday ...	Dr. E. A. Bagnall ...	22	36	108	149
		Newton Regis ...	V.	The Institute ...	Alternate Wednesdays	Dr. E. A. Bagnall ...	17	80	191	444
		†Tile Hill	C.	The Hostel ...	Every Friday ...	Dr. G. W. Knight ...	62	206	538	1,081
		Water Orton ...	V.	Church Hall ...	Alternate Wednesdays	Dr. E. A. Bagnall ...	30	99	253	473
		Wilnecote ...	V.	Parish Hall ...	Alternate Mondays	Dr. J. V. L. Grant...	42	101	805	829
						Total ...	734	1,905	7,791	12,962
5	SOLIHULL	Hockley Heath ...	C.	King George VI Memorial Hall	Every Tuesday ...	Dr. E. A. Galbraith	19	51	231	425
		Knowle	V.	The Hut, Station Road	Every Thursday ...	Dr. M. E. Rowe and Dr. R. T. Bowers	77	211	935	1,802
		Olton	C.	Congregational Church Room	Every Thursday ...		113	303	1,551	2,066
		Sheldon	C.	Wagon Lane ...	Every Tuesday and Friday	Dr. J. Henderson ... and	146	442	2,550	3,257
		Shirley	V.	The Institute, Church Rd.	Every Tuesday and Wednesday	Dr. E. Thompson ...	281	630	3,780	4,897
		Solihull	V.	Drury Lane ...	Every Monday ...		109	333	1,370	2,236
						Total ...	760	1,979	10,426	14,493
6	CENTRAL	Barford	C.	Village Hall ...	3rd Wednesday ...	Dr. K. Scott ...	7	44	78	219
		Bishops Itchington	V.	Memorial Hall ...	2nd & 4th Wednesdays	Dr. D. S. Williams	28	86	348	640
		†Budbrook Barracks	C.	(Caravan)	1st Friday	Army M.O.	3	10	3	10
		Burton Green ...	C.	Village Hall (caravan)	2nd Wednesday ...	Dr. M. V. Richards	22	53	152	244
		Cubbington ...	V.	Methodist Sunday School	Alternate Tuesdays	Dr. Whitfield	36	103	344	703
		Fenny Compton ...	V.	Village Hall ...	2nd Tuesday ...	Dr. D. S. Williams	28	77	146	303
		†Gaydon	C.	Hut 30 (Caravan)	4th Thursday ...	Dr. D. S. Williams	19	40	51	99
		†Harbury	C.	W.I. Hut	4th Wednesday ...	Dr. M. V. Richards	21	38	86	137
		†Hatton	V.	Village Hall ...	1st Wednesday ...	Dr. M. V. Richards	19	50	118	219
		Kenilworth ...	V.	Parochial Hall ...	Tuesday & Thursday	Dr. M. V. Richards	80	203	1,301	1,362
		Lapworth ...	C.	Village Hall ...	3rd Wednesday ...	Dr. M. V. Richards	13	32	110	143
		Leamington ...	C.	4, Holly Walk ...	Wednesday, Thursday and Friday	Dr. K. Scott ...	434	792	4,222	4,980
		Lillington	C.	Bowling Club (Caravan)	Every Monday	Dr. M. V. Richards	78	246	799	1,301
		Long Itchington ...	C.	Village Hall (Caravan)	1st Wednesday ...	Dr. D. S. Williams	19	43	97	158
		Napton	V.	Victory Hut ... (Caravan)	1st & 3rd Tuesdays	Dr. D. S. Williams	17	66	145	305
		†Radley	C.	Village Hall ... (Caravan)	4th Tuesday ...	Dr. D. S. Williams	7	23	27	56
		†Shottswell ...	C.	Village Hall ... (Caravan)	4th Tuesday ...	Dr. D. S. Williams	6	13	30	55
		Southam	Y.	C.W.C. Hut ...	Alternate Tuesdays	Dr. K. Scott	43	99	394	676
		Stockton	C.	Village Hall ... (Caravan)	3rd Wednesday ...	Dr. D. S. Williams	9	43	92	195
		Stoneleigh	Y.	Institute	Alternate Mondays	Dr. M. V. Richards	22	63	192	382
		Warwick	Y.	F.A.P., Lakin Road	Wednesday & Friday	Dr. Whitfield	140	284	2,302	3,089
		Warwick	Y.	Catholic Club ...	Every Thursday ...	Dr. M. V. Richards	89	252	1,916	2,248
		Whitnash	Y.	W.I. Hut	Alternate Fridays	Dr. Croft	43	103	419	647
						Total ...	1,173	2,873	13,426	18,454
7	SOUTHERN	Alcester	Y.	Baptist School ...	Alternate Fridays	Dr. E. Thomas	22	79	209	519
		†Alderminster ...	C.	Village Hall (Caravan)	4th Wednesday	Dr. W. M. Walker	23	68	112	199
		†Aston Cantlow ...	C.	Working Men's Club (Caravan)	1st Monday	Dr. E. Thomas	13	32	60	143
		Bearley	C.	W.I. Hut (Caravan)	4th Monday ...	Dr. E. Thomas	27	58	118	188
		Bidford-on-Avon ...	V.	Welfare Hut ...	Every Tuesday ...	Dr. W. M. Walker	32	87	597	1,059
		Brailes	C.	Village Hall (Caravan)	3rd Wednesday ...	Dr. W. M. Walker ...	12	56	86	189
		Earlswood ...	V.	Village Hall ...	2nd & 4th Monday	Dr. Phillips	28	84	329	622
		Henley-in-Arden ...	V.	Public Hall ...	Alternate Mondays	Dr. W. M. Walker	49	129	408	850
		†Ilmington	C.	Village Hall ... (Caravan)	2nd Wednesday ...	Dr. W. M. Walker	12	29	48	77
		Kineton	Y.	Village Hall ...	Alternate Fridays	Dr. W. M. Walker	40	130	257	701
		†Quinton	C.	W.I. (Caravan) ...	4th Thursday ...	Dr. E. Thomas	23	50	95	184
		†Salford Priors ...	C.	Bell Inn (Caravan)	3rd Monday ...	Dr. W. M. Walker	13	32	78	123
		Shipston-on-Stour	Y.	The Hostel ...	1st & 3rd Tuesday	Dr. W. M. Walker	43	134	305	822
		†Sutterfield ...	C.	Village Hall (Caravan)	3rd Wednesday	Dr. E. Thomas	8	22	25	32
		Stratford-on-Avon	C.	Area Health Dept., Arden Street	Every Tuesday and Wednesday	Dr. E. Thomas	159	392	1,973	2,493
		Studley	V.	Baptist Hall ... (Caravan)	Every Thursday	Dr. W. M. Walker	37	143	728	1,126
		Tanworth-in-Arden	C.	Village Hall ... (Caravan)	1st Wednesday	Dr. Galbraith ...	13	34	78	237
		Wellford-on-Avon	C.	Memorial Hall ... (Caravan)	4th Wednesday	Dr. W. M. Walker	23	57	149	225
		Wilmcote ...	C.	Conservative Club (Caravan)	2nd Thursday ...	Dr. W. M. Walker	55	112	300	606
						Total ...	684	1,704	6,197	10,555
						Grand Total	6,010	14,819	86,599	120,133

TABLE 16.

MIDWIFERY.

NUMBER OF MIDWIVES PRACTISING AT THE END OF EACH YEAR 1949-1953.

Year.	*Domiciliary.*		*Institutional.*	
	Employed by the County Council.	*In private practice.*	*Employed by the Hospital Management Committees.*	*Employed by Nursing Homes.*
1953	92	12	125	11
1952	93	9	105	10
1951	95	13	100	9
1950	93	13	93	11
1949	92	17	114	19

NUMBER OF NOTIFIED BIRTHS DURING 1953 IN EACH AREA (1952 in brackets).
(adjusted for inward and outward transfers).

Area.	*Adjusted number of notified births.*		*% Domiciliary.*		*% Institutional.*	
Sutton Coldfield ...	790	(635)	23	(22)	77	(78)
North Eastern ...	1,839	(1,725)	47	(51)	53	(49)
Eastern	1,056	(1,030)	27	(25)	73	(75)
North Western ...	916	(846)	48	(48)	52	(52)
Solihull	1,005	(974)	22	(21)	78	(79)
Central	1,705	(1,605)	28	(25)	72	(75)
Southern ...	963	(977)	30	(29)	70	(71)
Totals ...	8,274	(7,792)	33	(33)	67	(67)
,, 1951	7,827		33		67	
,, 1950	7,847		36		64	

TABLE 17.

HOME NURSING.

CASES ATTENDED DURING 1953.

Medical	5,613
Surgical	1,899
Infectious diseases	53
Tuberculosis	414
Maternal complications	102
Others	400
Total	8,481
Number of cases aged over 65	3,356
aged under 5	587

A total of 225,540 visits were paid during the year compared with 215,066 in 1952.

TABLE 18. **HEALTH VISITING.**

VISITS MADE DURING 1953.

	First Visits.	*Total Visits.*
Expectant mothers	1,052	2,961
Children under 1 year	8,331	54,283
Children 1-5 years	—	74,723
Tuberculous households	—	6,766
Geriatric	430	2,081
Home Help	242	2,007
School Nursing:		
Personal hygiene follow-up ...	—	2,180
Other follow-up	—	5,380
Other	—	4,226
Total		154,607

TABLE 19. **SCHEME FOR THE CARE OF THE ILLEGITIMATE CHILD AND ITS MOTHER.**

NEW CASES REFERRED IN YEAR ENDED 31ST DECEMBER, 1953.
(The 1952 figures are given in brackets).

Source of Reference.	*Number of cases referred.*			
	Requiring ante-natal or post-natal accommodation, help and advice.	*Requiring help and advice only.*	*Not requiring help.*	*Total.*
Moral Welfare Societies	20 (16)	10 (10)	— (1)	30 (27)
Medical Officers, Nurses and Midwives	24 (28)	32 (41)	38 (51)	94 (120)
General Practitioners	18 (23)	25 (15)	— (—)	43 (38)
Probation Officers	5 (7)	5 (4)	— (—)	10 (11)
Hospital Almoners and Matrons ...	16 (10)	16 (17)	1 (—)	33 (27)
Self-referred	12 (18)	20 (18)	— (—)	32 (36)
Miscellaneous Sources	6 (6)	6 (6)	1 (1)	13 (13)
TOTALS	101 (108)	114 (111)	40 (53)	255 (272)
Age distribution:				
17 and under	9 (15)	5 (13)	1 (1)	15 (29)
18, 19, 20	26 (26)	29 (20)	4 (9)	59 (55)
21 to 25	37 (37)	29 (30)	9 (15)	75 (82)
26 to 30	15 (16)	19 (19)	10 (10)	44 (45)
31 to 40	13 (12)	24 (17)	9 (10)	46 (39)
41 to 50	1 (2)	3 (2)	2 (—)	6 (4)
Unknown	— (—)	5 (10)	5 (8)	10 (18)

The marital state of these women was as follows:—

Single	200	(209)
Married	19	(9)
Widowed	8	(6)
Divorced	6	(6)
Separated	22	(42)

Of the 200 (209) single women 45 (52) had previously borne children [76 (77) babies]

TABLE 20. **ANTE-NATAL AND POST-NATAL CLINICS.**

Clinic.	*Ante-natal or Post-natal.*	*When held.*	*Medical Officer.*	*Ante-natal.*		*Post-natal.*	
				No. of women who attended during 1953.	*No. of attendances.*	*No. of women who attended during* 1953.	*No. of attendances.*
1. SUTTON COLDFIELD.							
49, Holland Street ...	A.N. & P.N.	Alt. Tuesdays 10 a.m.	Dr. E. M. STOCKWIN	22	92	1	2
*Church Hall, Four Oaks	A.N. & P.N.	Every Tuesday 2 p.m.	Dr. E. M. STOCKWIN	17	30	—	—
Britwell Hall, Boldmere	A.N. & P.N.	Alt. Wednesdays 10 a.m.	Dr. E. M. STOCKWIN	32	113	5	5
*The Green, Minworth	A.N. & P.N.	Alt. Wednesdays 2 p.m.	Dr. E. M. STOCKWIN	8	53	1	1
†Bannersgate Clinic ...	A.N. & P.N.	Alt. Fridays a.m.	Dr. E. M. STOCKWIN	15	57	2	2
*Walmley Clinic ...	A.N. & P.N.	Every Thursday 2 p.m.	Dr. D. I. BUCKBY	17	23	—	—
2. NORTH EASTERN.							
Child Welfare Centre, Bedworth.	A.N. & P.N.	Every Tuesday 2 p.m.	Dr. D. W. HENDRY	327	1,188	56	65
Riversley Park Clinic, Nuneaton.	A.N. & P.N.	2nd & 4th Thursdays and 5th Mondays 2 p.m.	Dr. D. W. HENDRY	138	443	17	19
Cross St., Stockingford	A.N. & P.N.	1st & 3rd Thursdays 2 p.m.	Dr. D. W. HENDRY	88	222	16	18
3. EASTERN.							
Temple St., Rugby ...	A.N.	Every Wednesday 2 p.m.	Dr. J. R. OWEN	157	542	—	—
	P.N.	3rd Thursday 2 p.m.		—	—	30	30
4. NORTH WESTERN.							
Welfare Centre Hut, Keresley.	A.N. & P.N.	1st Wednesday 10 a.m.	Dr. C. T. JONES.	21	71	3	3
			TOTALS 1953 ...	842	2,834	131	145
			TOTALS 1952	838	2,832	158	205

* Combined with Child Welfare Centres.
† Combined with Toddler Clinic.

TABLE 21. DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1953.

Area.	*Expectant and Nursing Mothers.*				*Pre-school Children.*			
	Examined.	*Needing Treatment.*	*Treated.* *	*Made Dentally. fit.**	*Examined.*	*Needing Treatment.*	*Treated.* *	*Made Dentally. fit.**
Sutton Coldfield	4	3	4	4	85	74	82	75
North Eastern ...	4	3	3	2	135	117	128	107
Eastern	—	—	—	—	28	28	23	9
North Western ...	—	—	—	—	6	6	6	6
Solihull ...	3	3	3	—	22	20	19	13
Central	43	31	15	6	73	70	60	48
Southern ...	—	—	—	—	92	49	44	42
Total, 1953	54	40	25	12	441	364	362	300
1952 ...	67	46	32	15	461	335	334	284
1951 ...	102	86	61	35	405	329	348	285
1950 ...	48	85	47	15	347	285	294	189
1949 ...	42	42	37	19	218	186	156	156
1948 ...	2	2	2	2	37	37	37	37

* Including cases carried over from previous year.

TABLE 22. FORMS OF DENTAL TREATMENT PROVIDED.

Number of	*To Expectant and Nursing Mothers.*	*To Pre-School Children.*
Extractions	55	617
Teeth filled	14	125
General Anaesthetics	9	223
Dentures—Complete	6	—
—Partial	6	—
Other treatments	22	262

REGISTRATION OF NURSING AND MATERNITY HOMES.

TABLE 23. NURSING AND MATERNITY HOMES ON REGISTER, 31st DECEMBER, 1953.

Area.	*Home.*	*No. of Beds.*		
		Maternity.	*Other.*	*Total.*
1. Sutton Coldfield.	"Woodleigh" 315, Birmingham Road, Wylde Green.	—	18	18
	"Highfield" Boldmere Road, Sutton Coldfield.	8	3	11
5. Solihull.	"Francis Way" Bentley Heath, Knowle.	30	—	30
	"Moville" 667, Haslucks Green Road, Shirley.	—	6	6
6. Central.	"Moorlands," Warwick Road, Kenilworth.	4	6	10
	"River Park," Blackdown, Leamington Spa.	10	14	24
	"Priors" 51, Lillington Road, Leamington Spa.	6	7	13
	"Breton Lodge," Holly Walk, Leamington Spa.	5	5	10
	"Priory Lodge," Priory Terrace, Leamington Spa.	2	3	5
	"Grasmere," Avenue Road, Leamington Spa.	5	4	9
	"Eversleigh" 2, Clarendon Place, Leamington Spa.	4	13	17
7. Southern.	Avon Cottage, Ryon Hill, Stratford-on-Avon.	2	—	2
	"Beatrice Stevens," Kinwarton Road, Alcester.	2	—	2
1953 Number of Homes 13	Number of Beds ...	78	79	157
1952 ,, ,, ,, 14	,, ,, ,, ...	78	86	164
1951 ,, ,, ,, 14	,, ,, ,, ...	74	92	166
1950 ,, ,, ,, 14	,, ,, ,, ...	70	85	155
1949 ,, ,, ,, 19	,, ,, ,, ...	106	81	187

DIPHTHERIA IMMUNISATION.

TABLE 24. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1953.

Area.	*Number of children who completed a full course of Primary Immunisation.*				*Number of children given Reinforcing Injection.*
	Age at Final Injection.				
	Under 1.	1—5	5—14	*Total.*	
Sutton Coldfield ...	279	186	34	499	321
North Eastern ...	430	384	413	1,227	1,258
Eastern	321	186	12	519	470
North Western ...	343	280	102	725	874
Solihull	467	226	28	721	1,369
Central	451	378	67	896	721
Southern	446	305	79	830	945
1953 Totals ...	2,737	1,945	735	5,417	5,958
1952 Totals ...	3,130	2,421	804	6,355	7,531
1951 Totals ...	6,464		937	7,401	7,063
1950 Totals ...	3,839		602	4,441	4,502
1949 Totals ...	5,456		883	6,339	5,002

TABLE 25. NUMBER OF CHILDREN KNOWN TO HAVE BEEN IMMUNISED AT ANY TIME BEFORE 31st DECEMBER, 1953.

Age at 31st Dec., 1953	*Number of children immunised.*								*Approx. % of all children.*
	Area.							*County Totals.*	
	1	2	3	4	5	6	7		
14	574	955	555	636	664	872	466	4,722	76
13	524	1,139	497	615	674	768	558	4,775	76
12	433	1,115	666	609	708	574	587	4,692	69
11	464	1,065	728	690	675	746	732	5,100	67
10	592	1,118	848	821	780	955	858	5,972	74
9	663	1,241	806	946	959	968	806	6,389	71
8	513	899	535	795	795	944	745	5,226	64
7	518	891	718	754	859	999	774	5,513	63
6	668	1,301	838	863	964	1,133	982	6,749	71
5	619	1,297	747	835	885	1,132	863	6,378	73
4	530	1,026	782	684	736	882	784	5,424	65
3	541	951	766	624	654	915	742	5,193	69
2	508	986	646	569	679	799	773	4,960	67
1	376	604	557	420	590	718	641	3,906	52
Under 1	44	74	32	41	38	25	94	348	4
All ages under 15	7,567	14,662	9,721	9,902	10,660	12,430	10,405	75,347	63
Est. total pop. under 15 mid-1953	10,669	26,716	15,622	14,298	17,597	21,363	12,535	118,800	—
Percentage Immunised	71	55	62	69	61	58	83	63	—

TABLE 26. **WHOOPING COUGH IMMUNISATION.**

Primary Immunisations completed during 1953.

Area.	*Children born in*				*Total immunised in*	
	1953	1952	1949-1951	1939-1948	1953	1952
Sutton Coldfield	23	173	41	3	240	204
North Eastern	56	413	255	24	748	363
Eastern	29	438	119	4	590	234
North Western	34	262	163	23	482	152
Solihull	31	423	303	7	764	196
Central	17	522	223	6	768	245
Southern	77	346	66	5	494	87
Total	267	2,577	1,170	72	4,086	1,481

ABLE 27. **SMALLPOX VACCINATION.**

Age at Date of Vaccination. / Area.	NUMBER OF PERSONS VACCINATED DURING YEAR.							
	1953.				Total 1953	Total 1952	Total 1951	Total 1950
	Under 1	1—4	5—14	15 or over.				
Sutton Coldfield ...	365	29	6	44	444	376	519	357
North Eastern ...	170	31	12	65	278	239	296	192
Eastern	332	43	9	55	439	428	539	258
North Western ...	286	55	24	36	401	365	313	210
Solihull	451	44	32	12	539	567	684	574
Central	451	58	20	112	641	616	632	520
Southern	367	39	29	83	518	481	423	334
Totals 1953 ...	2,422	299	132	407	3,260			
Totals 1952 ...	2,375	245	150	302		3,072		
Totals 1951 ...	2,445	364	156	441			3,406	
Totals 1950 ...	1,925		212	308				2,445

ABLE 28. SMALLPOX RE-VACCINATION.

Age at Date of Re-Vaccination. / Area.	NUMBER OF PERSONS RE-VACCINATED DURING YEAR.							
	1953.				Total 1953	Total 1952	Total 1951	Total 1950
	Under 1	1—4	5—14	15 or over				
Sutton Coldfield ...	—	5	27	115	147	128	115	140
North Eastern ...	—	—	1	114	115	29	63	80
Eastern	—	3	15	158	176	167	72	99
North Western ...	—	1	4	100	105	35	127	82
Solihull	—	2	8	177	187	120	143	91
Central	—	5	20	300	325	131	143	137
Southern	—	6	3	103	112	130	211	142
Totals 1953 ...	—	22	78	1,067	1,167			
Totals 1952 ...	—	22	92	626		740		
Totals 1951 ...	—	21	73	780			874	
Totals 1950 ...	—	22	82	667				771

TABLE 29. NOTIFICATION OF INFECTIOUS DISEASES.—Summary of Returns of Medical Officers of Health for the year ended 31st December, 1953.

For notification of Tuberculosis see Table 33.

Area, and County Districts.	Estimated Population Mid-1953.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles (excluding Rubella).	Acute Pneumonia.	Meningococcal Infection.	Acute Poliomyelitis. Paralytic.	Acute Poliomyelitis. Non-Paralytic.	Acute Encephalitis. Infective.	Acute Encephalitis. Post Infectious.	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Small Pox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. SUTTON COLDFIELD.																			
Sutton Coldfield M.B.	48,670	108	261	—	438	41	1	3	1	—	—	6	—	5	—	1	—	—	5
2. NORTH-EASTERN.																			
Nuneaton M.B. ...	54,970	85	62	—	423	37	3	8	7	—	—	1	—	2	—	—	—	1	7
Bedworth U.D. ...	25,580	36	166	—	199	23	1	2	1	—	—	1	—	3	—	—	—	4	4
Atherstone R.D. ...	23,740	18	68	—	292	22	2	8	12	—	—	1	—	—	—	2	—	5	3
Totals	104,290	139	296	—	914	82	6	18	20	—	—	3	—	5	—	2	—	10	14
3. EASTERN.																			
Rugby M.B. ...	46,400	68	106	—	353	39	1	3	7	—	—	11	1	2	—	—	—	2	12
Rugby R.D. ...	21,670	7	42	—	127	11	—	4	1	—	—	43	—	5	—	—	—	—	5
Totals	68,070	75	148	—	480	50	1	7	8	—	—	54	1	7	—	—	—	2	17
4. NORTH-WESTERN.																			
Meriden R.D.	38,220	30	266	—	467	30	1	3	3	—	—	21	1	95	—	—	—	8	1
Tamworth R.D. ...	16,260	37	63	—	197	21	—	—	—	—	—	1	—	—	—	—	—	—	3
Totals	54,480	67	329	—	664	51	1	3	3	—	—	22	1	95	—	—	—	8	4
5. SOLIHULL.																			
Solihull U.D. ...	69,570	87	199	—	1028	75	—	3	1	—	—	11	3	8	—	—	—	6	6
6. CENTRAL.																			
Leamington Spa M.B.	37,390	46	166	—	302	49	2	9	1	—	—	3	1	39	—	2	—	3	16
Warwick M.B. ...	15,620	7	103	—	149	6	1	3	3	—	—	10	—	10	—	—	—	1	5
Kenilworth U.D. ...	10,870	1	51	—	20	3	—	5	—	—	—	—	—	—	—	—	—	—	—
Southam R.D. ...	13,050	3	18	—	172	7	—	—	3	—	—	1	—	—	—	—	—	—	—
Warwick R.D. ...	19,280	29	77	—	146	38	1	2	2	1	—	12	—	—	—	—	—	6	4
Totals	96,210	86	415	—	789	103	4	19	9	1	—	26	1	49	—	2	—	10	25
7. SOUTHERN.																			
S'ford upon-Avon M.B.	14,720	24	30	—	463	30	—	4	1	—	—	1	—	18	—	—	—	—	—
Alcester R.D. ...	13,360	9	55	—	310	39	—	—	—	—	—	4	2	2	—	—	—	—	5
Shipston-on Stour R.D.	7,850	6	14	—	36	9	—	1	4	—	—	—	—	2	—	—	—	—	—
S'ford-on-Avon R.D.	21,780	32	29	—	295	31	—	5	2	—	—	1	1	—	—	—	—	—	—
Totals	57,710	71	128	—	1104	109	—	10	7	—	—	6	3	22	—	—	—	—	5
COUNTY TOTALS ...	499,000	633	1776	—	5417	511	13	63	49	1	—	128	9	191	—	5	—	36	76
1952 ...	493,000	871	1281	—	3765	305	24	14	6	1	—	69	11	131	—	2	—	103	65
1951 ...	491,000	413	1703	10	6437	707	10	11	26	1	—	167	5	96	—	3	1	56	43

TABLE 30. NUMBER OF DEATHS FROM INFECTIOUS DISEASES, 1943-53.

Disease.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
Diphtheria	1	9	6	3	3	12	1	1	3	—	—
Scarlet Fever ...	4	2	1	1	—	—	—	—	—	—	—
Measles	6	4	12	3	4	3	2	—	3	1	2
Whooping cough ...	13	7	12	5	10	2	5	4	7	—	1
Poliomyelitis and Encephalitis.	2	—	1	4	10	4	7	13	—	2	11
Pneumonia	251	217	204	219	273	199	271	228	253	190	259
Tuberculosis (Pulmonary).	184	188	175	192	179	186	146	122	103	69	69
Tuberculosis (Other forms).	41	47	40	39	36	31	31	27	23	11	7

TABLE 31. POLIOMYELITIS, 1953 and 1952.
(1952 figures in brackets.)

Area.	PARALYTIC.							NON-PARALYTIC.			
	Age in years.			*Total.*	*Died.*	*Some residual paralysis.*	*No residual paralysis.*	*Age in years.*			*Total.*
	0—4	5—14	15 *and over.*					0—4	5—14	15 *and over.*	
1. Sutton Coldfield.	— (—)	2 (—)	1 (1)	3 (1)	1 (—)	2 (—)	— (1)	— (—)	1 (1)	— (1)	1 (2)
2. North Eastern.	6 (—)	7 (—)	5 (1)	18 (1)	1 (—)	11 (1)	6 (—)	5 (—)	12 (—)	*3 (—)	20 (—)
3. Eastern.	— (—)	3 (—)	4 (1)	7 (1)	1 (—)	5 (1)	1 (—)	1 (—)	4 (—)	*3 (—)	8 (—)
4. North Western.	1 (1)	— (2)	2 (—)	3 (3)	— (1)	1 (2)	2 (—)	1 (—)	1 (1)	1 (—)	3 (1)
5. Solihull.	2 (—)	— (3)	1 (—)	3 (3)	— (—)	3 (3)	— (—)	— (—)	1 (—)	— (—)	1 (—)
6. Central	4 (—)	6 (1)	9 (1)	19 (2)	3 (—)	10 (2)	5 (—)†	2 (1)	4 (—)	3 (2*)	9 (3)
7. Southern	1 (—)	3 (3)	6 (—)	10 (3)	3 (—)	2 (1)	5 (2)	1 (—)	5 (—)	1 (—)	7 (—)
Totals ...	14 (1)	21 (9)	28 (4)	63 (14)	9 (1)	34 (10)	19 (3)	10 (1)	28 (2)	11 (3)	49 (6)

* 1 died.

† One left district, condition unknown.

In addition there was one death from polioencephalitis, not notified, diagnosed at Post Mortem in the Central Area.

TABLE 32. TUBERCULOSIS STAFF AND CLINICS.

These clinics are the responsibility of the Regional Hospital Board. The County Council pays a proportion of the salaries of the Chest Physicians, and the Health Department's Health Visitors attend at the clinics.

Area.	*Chest Physicians.*	*Assistant *Chest Physicians.*	*Chest Clinics.*
1. Sutton Coldfield. 2. North Eastern. 3. Eastern. 4. North-Western.	Dr. A. O. Bech.	Dr. E. M. Calvey (ii) and (iii) Dr. J. Mokrzycka-Parafjanowicz (iii) Dr. W. E. Zundel (iii) and (v). Dr. R. B. Illing (iv)	(i) School Clinic, Sutton Coldfield, (School children only). (ii) 5, Market Street, Atherstone. (iii) Riversley Park, Nuneaton. (iv) St. Luke's Hospital, Rugby. (v) First Aid Post, Coleshill.
5. Solihull. 6. Central. 7. Southern.	Dr. P. G. Arblaster.	Dr. L. E. Burkeman †Dr. Rosemary Davies	(vi) 1, Lode Lane, Solihull. (vii) Warneford Hospital, Leamington Spa. (viii) Health Department, Arden Street, Stratford-on-Avon.

* The clinics in which these officers work are indicated after their names.

† The County Council does not pay a proportion of this Officer's salary.

Dr. Bech is also responsible for Coventry County Borough.

Dr. L. G. Maclachlan works entirely in the Coventry Chest Clinic, but the County Council pays a small proportion of his salary as he sees Warwickshire patients.

TABLE 33.

TUBERCULOSIS, 1953.

Area.	County Districts.	Primary Notifications.								Other Notifications.								No. of Definite Cases on Clinic Register at the end of 1953.								Deaths.								Mortality. Rates.		
		Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.				Other Forms.						
		M.	F.	Ch.	Total.	M.	F.	Ch.	Total	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total	Pulmonary.	Other forms.	Total
1. Sutton Coldfield.	Sutton Coldfield M.B.	12	14	3	29	2	1	2	5	4	2	—	6	—	—	—	—	86	64	16	166	11	11	11	33	3	—	—	3	2	—	—	2	0.06	0.04	0.10
2. North-Eastern	Nuneaton M.B. ...	36	18	15	69	3	2	4	9	3	2	1	6	—	1	—	1	238	196	83	517	20	20	35	75	13	2	—	15	—	1	—	1	0.27	0.02	0.29
	Bedworth U.D. ...	16	25	10	51	—	1	6	7	—	—	—	—	—	1	—	1	100	100	42	242	10	23	13	46	2	2	—	4	—	—	—	—	0.16	—	0.16
	Atherstone R.D. ...	8	6	2	16	—	1	6	7	1	2	—	3	—	—	1	1	89	60	11	160	6	20	24	50	3	1	—	4	—	—	1	1	0.17	0.04	0.21
	Totals ...	60	49	27	136	3	4	16	23	4	4	1	9	—	2	1	3	427	356	136	919	36	63	72	171	18	5	—	23	—	1	1	2	0.22	0.02	0.24
3. Eastern.	Rugby M.B.	35	34	5	74	2	7	5	14	9	5	—	14	—	—	—	—	215	161	36	412	19	24	21	64	7	1	—	8	—	—	—	—	0.17	—	0.17
	Rugby R.D.	11	7	1	19	—	1	4	5	6	3	1	10	—	—	—	—	68	40	11	119	12	16	16	44	2	—	—	2	—	—	—	—	0.09	—	0.09
	Totals ...	46	41	6	93	2	8	9	19	15	8	1	24	—	—	—	—	283	201	47	531	31	40	37	108	9	1	—	10	—	—	—	—	0.14	—	0.14
4. North-Western.	Meriden R.D.	6	11	3	20	—	2	3	5	8	10	1	19	1	1	—	2	76	70	21	167	7	6	28	41	—	1	—	1	—	—	—	—	0.03	—	0.03
	Tamworth R.D. ...	6	3	1	10	1	—	1	2	3	—	—	3	—	—	—	—	31	16	4	51	5	3	9	17	4	—	—	4	—	—	—	—	0.24	—	0.24
	Totals ...	12	14	4	30	1	2	4	7	11	10	1	22	1	1	—	2	107	86	25	218	12	9	37	58	4	1	—	5	—	—	—	—	0.09	—	0.09
5. Solihull.	Solihull U.D.	18	14	2	34	3	—	2	5	6	5	—	11	—	—	1	1	123	95	27	245	8	5	11	24	3	2	—	5	—	1	—	1	0.07	0.01	0.08
6. Central.	Leamington Spa M.B....	23	20	4	47	1	4	—	5	5	7	—	12	—	—	—	—	94	77	14	185	3	9	12	24	3	1	—	4	—	—	—	—	0.10	—	0.10
	Warwick M.B. ...	15	12	4	31	—	—	—	—	4	—	—	4	—	—	—	—	65	41	13	119	6	3	2	11	2	1	—	3	—	—	—	—	0.19	—	0.19
	Kenilworth U.D. ...	6	4	2	12	—	—	—	—	1	—	1	2	—	—	—	—	20	17	4	41	3	2	—	5	1	—	—	1	—	—	—	—	0.09	—	0.09
	Southam R.D. ...	8	4	—	12	1	1	1	3	4	2	—	6	—	—	—	—	33	26	3	62	9	5	6	20	1	—	—	1	—	—	—	—	0.08	—	0.08
	Warwick R.D. ...	11	8	—	19	2	1	—	3	—	—	1	1	—	—	—	—	65	45	8	118	3	3	19	25	5	—	—	5	—	—	—	—	0.26	—	0.26
	Totals ...	63	48	10	121	4	6	1	11	14	9	2	25	—	—	—	—	277	206	42	525	24	22	39	85	12	2	—	14	—	—	—	—	0.14	—	0.14
7. Southern.	S'tford-upon-Avon M.B.	6	3	1	10	—	—	—	—	2	—	—	2	—	—	—	—	21	20	3	44	4	1	4	9	2	1	—	3	—	—	—	—	0.20	—	0.20
	Alcester R.D.	1	4	3	8	—	2	1	3	1	1	—	2	—	—	—	—	31	17	1	49	1	5	13	19	2	1	—	3	1	—	1	2	0.22	0.15	0.37
	Shipston-on-Stour R.D.	2	2	1	5	—	—	—	—	—	—	—	—	—	—	—	—	14	8	3	25	5	—	5	10	—	—	—	—	—	—	—	—	—	—	—
	Stratford-on-Avon R.D.	6	1	—	7	—	1	2	3	1	3	—	4	—	—	1	1	36	25	6	67	5	5	7	17	3	—	—	3	—	—	—	—	0.14	—	0.14
	Totals ...	15	10	5	30	—	3	3	6	4	4	—	8	—	—	1	1	102	70	13	185	15	11	29	55	7	2	—	9	1	—	1	2	0.16	0.03	0.19
	COUNTY TOTALS ...	226	190	57	473	15	24	37	76	58	42	5	105	1	3	3	7	1405	1078	306	2789	137	161	236	534	56	13	—	69	3	2	2	7	0.14	0.01	0.15
	TOTALS FOR 1952 ...	237	161	62	460	14	26	60	100	42	44	5	91	4	5	2	11	1293	994	276	2563	160	168	231	559	46	23	—	69	4	2	5	11	0.14	0.02	0.16
	TOTALS FOR 1951 ...	210	144	64	418	13	21	41	75	36	30	3	69	4	3	2	9	1236	898	274	2408	175	168	236	579	66	35	2	103	10	6	7	23	0.21	0.04	0.25
	TOTALS FOR 1950 ...	191	158	58	407	19	24	47	90	35	20	6	61	5	—	1	6	1127	763	245	2135	151	151	218	520	84	37	1	122	10	8	9	27	0.24	0.05	0.30

	Males.								Females.							
	Early.		Inter.		Late.		Total classified.	Total unclassified.	Early.		Inter.		Late.		Total classified.	Total unclassified.
	T.B.—	T.B.+	T.B.—	T.B.+	T.B.—	T.B+			T.B.—	T.B.+	T.B.—	T.B.+	T.B.—	T.B.+		
Under 15 ...	24 (18)	— (—)	1 (4)	— (1)	1 (—)	— (2)	26 (25)	— (1)	24 (28)	— (—)	5 (3)	1 (—)	1 (—)	— (—)	31 (31)	— (5)
15 to 24 ...	14 (24)	2 (1)	6 (13)	10 (18)	1 (1)	— (1)	33 (58)	1 (6)	33 (21)	2 (3)	17 (6)	8 (13)	4 (2)	4 (4)	68 (49)	1 (2)
25 to 34 ...	13 (20)	2 (2)	9 (11)	14 (21)	— (—)	8 (—)	46 (54)	1 (2)	26 (18)	— (2)	17 (11)	9 (18)	1 (2)	7 (4)	60 (55)	— (—)
35 to 44 ...	9 (9)	2 (1)	13 (6)	12 (12)	2 (3)	6 (7)	44 (38)	— (6)	11 (7)	— (2)	6 (1)	12 (12)	3 (—)	3 (3)	35 (25)	2 (4)
45 to 54 ...	8 (5)	1 (1)	11 (10)	14 (9)	4 (—)	8 (9)	46 (34)	— (2)	5 (7)	2 (1)	3 (2)	1 (4)	— (—)	— (5)	11 (19)	— (2)
55 to 64 ...	4 (—)	2 (—)	9 (2)	7 (15)	2 (—)	10 (4)	34 (21)	1 (1)	1 (—)	— (—)	2 (—)	3 (1)	1 (—)	3 (1)	10 (2)	— (—)
65 and over	2 (2)	— (—)	7 (2)	4 (4)	3 (2)	4 (5)	20 (15)	— (—)	— (—)	— (—)	— (1)	1 (—)	— (—)	2 (—)	3 (1)	— (2)
Total ...	74 (78)	9 (5)	56 (48)	61 (80)	13 (6)	36 (28)	249 (245)	3 (18)	100 (81)	4 (8)	50 (24)	35 (48)	10 (4)	19 (17)	218 (182)	3 (15)

TABLE 35. DEATHS FROM RESPIRATORY TUBERCULOSIS, 1953.

	Males.								Females.							
	Not notified.	Year of Notification.						Total.	Not notified.	Year of Notification.						Total.
		1953	1952	1951	1950	1949	Before 1949			1953	1952	1951	1950	1949	Before 1949	
Under 15 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15 to 24 ...	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	1
25 to 34 ...	—	—	1	1	—	—	4	6	—	—	—	—	1	2	—	3
35 to 44 ...	—	1	1	—	1	1	2	6	—	1	—	—	—	2	1	4
45 to 54 ...	1	1	—	4	2	2	4	14	1	—	—	—	—	—	—	1
55 to 64 ...	3	6	1	1	1	—	2	14	—	—	—	—	—	—	1	1
65 and over	2	8	—	1	1	—	1	13*	—	2	—	—	—	—	1	3
TOTAL ...	6	16	3	7	5	3	14	54*	1	3	—	1	1	4	3	13

* In addition there were two males over 65 whose particulars could not be traced.

TABLE 36. MASS RADIOGRAPHY SURVEYS IN WARWICKSHIRE 1953. *

Location of Survey.	Sex.	Number of Miniature Examinations Divided into Ministry of Health Age Groups.							Resulting Notified Cases of Pulmonary Tuberculosis Divided into Age Groups.							Yield per 1,000 Y-rayed.
		14 yrs. and under	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 59 yrs.	60 and over.	Total.	14 yrs. and under.	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 59 yrs.	60 and over.	Total.	
Nuneaton	M	448	7	7	4	1	1	468	—	—	—	—	—	—	—	—
	F	406	9	9	23	8	—	455	1	—	—	—	—	—	1	2.2
Bedworth	M	571	92	153	113	108	22	1,059	—	—	—	—	—	—	—	—
	F	543	186	297	229	205	52	1,512	2	3	5	2	—	—	12	7.9
Studley	M	136	66	113	115	113	27	570	—	—	—	—	—	—	—	—
	F	121	166	149	132	128	30	726	1	—	1	—	—	—	2	2.8
Alcester	M	149	93	178	147	114	25	706	—	—	—	—	—	—	—	—
	F	132	103	74	83	50	3	445	—	—	2	—	—	—	2	4.5
Kenilworth	M	247	85	113	96	82	23	646	—	—	—	—	1	—	1	1.5
	F	227	131	168	175	124	43	868	—	—	1	1	—	—	2	2.3
Leamington Spa	M	825	549	1,144	866	725	122	4,231	—	1	2	2	3	1	9	2.1
	F	929	1,094	661	478	401	55	3,618	2	2	2	1	—	—	7	1.9
Warwick	M	694	398	340	264	188	42	1,926	1	1	1	—	—	1	4	2.1
	F	531	443	201	113	103	6	1,397	—	—	—	1	—	—	1	0.7
Birch Coppice Colliery, Dordon	M	—	354	301	238	321	112	1,326	—	1	—	—	2	1	4	3.0
	F	—	9	2	—	—	—	11	—	—	—	—	—	—	—	—
Exhall Grange Special School	M	172	26	6	4	—	—	208	—	—	—	—	—	—	—	—
	F	78	20	14	16	14	1	143	1	—	—	—	—	—	1	(7.0)
Atherstone and schools in the Rural District	M	657	202	194	154	166	56	1,429	1	1	—	—	1	1	4	2.8
	F	617	458	251	193	164	26	1,709	1	2	4	—	1	—	8	4.7
Totals	M	3,899	1,872	2,549	2,001	1,818	430	12,569	2	4	3	2	7	4	22	1.7
	F	3,584	2,619	1,826	1,442	1,197	216	10,884	8	7	15	5	1	—	36	3.3
TOTAL BOTH SEXES ...		7,483	4,491	4,375	3,443	3,015	646	23,453	10	11	18	7	8	4	58	2.5
Number of notified cases per 1,000 X-rayed	M								0.5	2.1	1.2	1.0	3.8	9.2	1.7	—
	F								2.2	2.7	8.2	3.5	0.8	—	3.3	—

* Figures kindly supplied by Dr. Gordon Evans of the Mass Radiography Unit.

NOTE.—From the County area of Warwickshire 5,093 persons were X-rayed during industrial surveys in Coventry County Borough.

TABLE 37. NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS, 1953.

(Primary notifications and posthumous notifications).

ANALYSIS OF TYPE OF CASE.

	Male 1953	*Female* 1953	*Total.* 1953	*Total.* 1952.	*Total.* 1951.
Cervical adenitis ...	6	15	21	50	27
Meningitis	5	5	10	9	8
Bone and joint ...	10	12	22	16	22
Abdomen	1	8	9	5	9
Genito-urinary ...	8	5	13	10	5
Miscellaneous ...	2	1	3	13	4
TOTAL ...	32	46	78	103	75

ABLE 38. TUBERCULOSIS.—Average Rates in County Districts for the six years 1948-1953 inclusive.

Population Mid-1953.	*County District.*	*Pulmonary tuberculosis.*				*Non-pulmonary tuberculosis.*	
		New notifications.		*Deaths.*		*New notifications.*	
		Total number.	*Rate per 1,000 pop. per year.*	*Total number.*	*Rate per 1,000 pop. per year.*	*Total number.*	*Rate per 1,000 pop. per year.*
48,670	Sutton Coldfield M.B.	171	0.60†	51	0.17*	34	0.12*
54,970	Nuneaton M.B. ...	474	1.47††	105	0.32*	73	0.22
25,580	Bedworth U.D. ...	240	1.61††	50	0.34*	37	0.25*
23,740	Atherstone R.D. ...	125	0.89†	43	0.30	36	0.25
46,400	Rugby M.B.	360	1.30††	82	0.30*	47	0.17
21,670	Rugby R.D.	113	0.94†	29	0.24	27	0.22
38,220	Meriden R.D.	166	0.74	38	0.17*	62	0.28*
16,260	Tamworth R.D. ...	52	0.54	21	0.22	24	0.25
69,570	Solihull U.D.	278	0.68	68	0.16*	34	0.08*
37,390	Leamington M.B. ...	174	0.79	67	0.30	25	0.11*
15,620	Warwick M.B.	105	1.12†	34	0.36*	18	0.19
10,870	Kenilworth U.D. ...	46	0.72	8	0.12	7	0.11
13,050	Southam R.D.	57	0.76	16	0.21	17	0.22
19,280	Warwick R.D.	74	0.63	18	0.14*	26	0.22
14,720	Stratford-on-Avon M.B.	53	0.60	15	0.17	9	0.10
13,360	Alcester R.D.	59	0.75	21	0.26	23	0.29*
7,850	Shipston-on-Stour R.D.	24	0.50	6	0.12	10	0.21
21,750	Stratford-on-Avon R.D.	75	0.65	23	0.19	19	0.15
499,000	All County	2,646	0.90	695	0.24	528	0.18
372,050	County excluding Nuneaton, Bedworth, Rugby	1,572	0.72	—	—	—	—

†† Very significantly higher than the average for the whole County.

† Significantly higher or lower than the average for the County excluding Nuneaton M.B. Bedworth U.D. and Rugby M.B.

* Significantly higher or lower than the average for the whole County.

TABLE 39. B.C.G. VACCINATION, 1953.

The majority of these vaccinations were of child contacts of cases of tuberculosis.

Areas.	*Vaccinated before* 1953.	*Vaccinated during* 1953.	*Total.*
Sutton Coldfield M.B. ...	21	10	31
Nuneaton M.B.	35	68	103
Bedworth U.D.	14	30	44
Atherstone R.D.	5	11	16
Total ...	54	109	163
Rugby M.B.	—	9	9
Rugby R.D.	5	7	12
Total ...	5	16	21
Meriden R.D.	2	23	25
Tamworth R.D.	—	—	—
Total ...	2	23	25
Solihull U.D.	51	29	80
Leamington Spa M.B. ...	35	34	69
Warwick M.B.	41	24	65
Kenilworth U.D.	5	6	11
Southam R.D.	19	10	29
Warwick R.D.	8	14	22
Total ...	108	88	196
Stratford-on-Avon M.B. ...	10	10	20
Alcester R.D.	31	40	71
Shipston-on-Stour R.D. ...	7	3	10
Stratford-on-Avon R.D. ...	19	10	29
Total ...	67	63	130
TOTAL ...	308	338	646

TABLE 40. TUBERCULIN JELLY TESTING OF SCHOOL CHILDREN.

ALCESTER AND STUDLEY SURVEY.

Age.	*Alcester and Studley.*		*M.R.C. Survey Average of Seven Rural Areas in England and Wales.*
	No. of children tested.	*% Positive.*	*% Positive.*
5	43	26	20
6	113	31	23
7	99	46	27
8	111	47	28
9	109	49	33
10	101	59	39
11	82	53	42
12	133	55	47
13	108	54	48
14	107	58	49
15	103	48	57

TABLE 41. TUBERCULOSIS CASES ASSISTED DURING 1953.

Area.	Free Extra Rations.				Bedding, Clothing, etc.			
	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total.
1. Sutton Coldfield ...	6	—	—	6	13	2	—	15
2. North Eastern ...	67	29	2	98	10	4	—	14
3. Eastern	37	15	2	54	5	—	—	5
4. North Western ...	12	1	1	14	7	1	—	8
5. Solihull	3	5	—	8	14	5	—	19
6. Central	26	22	3	51	2	5	—	7
7. Southern	16	12	2	30	9	5	2	16
TOTALS 1953 ...	167	84	10	261	60	22	2	84
TOTALS 1952 ...	139	68	15	222	62	27	3	92

ABLE 42. **CARE AND AFTER-CARE.**

LOAN SCHEME.

	Items issued in 1953. County Area Number.							Total items issued in						Items still on loan 31st Dec. 1953
	1	2	3	4	5	6	7	1953	1952	1951	1950	1949	1948 from July 5th.	
ds and Bedding.														
eds, Hospital and other types ...	10	6	7	2	2	25	8	60	40	44	27	15	3	70
ir Beds	—	1	—	—	—	—	—	1	—	1	—	2	—	—
dult Cots	—	—	—	—	—	1	2	3	—	—	—	1	—	1
unlopillo Mattresses	9	24	27	9	6	27	28	130	71	34	12	2	—	76
ther type Mattresses	5	4	1	2	1	13	4	30	31	43	25	15	3	52
illows	6	4	4	—	3	10	9	36	30	40	41	38	3	83
ambar Pillows ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—
lankets	12	13	6	7	7	18	22	85	85	85	47	51	10	167
heets	15	24	3	16	35	11	4	108	115	116	90	66	16	242
illowcases	14	17	3	6	26	5	13	84	73	80	55	73	5	195
lastic Pillowcases	—	—	—	—	—	—	—	—	—	—	6	—	—	6
ubber Sheeting (yds.)	2	4	6	8	21	103	16	160	55	30	14	6	—	83
d Accessories.														
ack rests	9	8	11	9	1	43	2	83	56	36	9	4	2	64
ed Pans	2	3	8	6	7	38	7	71	47	28	6	1	—	41
ed Boards ...	—	2	2	—	—	4	2	10	12	5	4	2	—	10
ed Blocks	—	2	—	—	—	2	2	6	2	2	—	—	—	6
ot Water Bottles ...	—	—	—	—	—	—	—	—	—	2	—	—	1	—
ed Tables	—	1	—	2	—	1	2	6	4	6	1	1	4	4
rine Bottles ...	4	1	2	1	7	18	2	35	16	17	6	1	—	27
ed Cradles	—	2	1	3	1	17	—	24	14	14	1	—	—	15
ifting Poles ...	—	—	—	—	1	7	3	11	20	22	7	—	—	23
raw Sheets ...	—	—	—	—	30	—	—	30	5	5	6	6	—	20
thopaedic Accessories.														
pinal Carriages ...	—	1	1	—	—	2	—	4	—	6	2	—	—	2
nvalid Chairs ...	11	10	21	6	6	22	20	96	56	44	14	3	1	94
rutches (pairs) ...	—	—	—	—	—	3	—	3	—	4	1	—	—	4
iscellaneous.														
ir Rings	1	5	9	9	4	28	3	59	16	20	16	5	—	44
unlopillo Cushions	—	2	—	3	2	17	3	27	20	14	—	—	—	24
ommodes	4	2	2	1	2	19	5	35	16	5	2	—	—	24
ressing pails ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—
ireguards	—	2	—	—	—	—	—	2	1	1	—	1	—	2
lectric Fires ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—
owels	—	—	—	7	5	—	3	15	—	6	13	2	10	10
and Bags	—	—	—	—	2	—	—	2	2	—	—	—	—	2

TABLE 43. NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES 1953.

Area.	*Men.*		*Women.*		*Pre-School Children.*		*Total.*	
	No. of Cases.	*Total Weeks.*	*No. of Cases.*	*Total. Weeks.*	*No. of Cases*	*Total Weeks.*	*No. of Cases.*	*Total Weeks.*
1. Sutton Coldfield ...	4	8	8	20	2	8	14	36
2. North Eastern ...	6	14	22	72	1	3	29	89
3. Eastern	6	15	13	40	—	—	19	55
4. North Western ...	8	18	5	12	3	10	16	40
5. Solihull	2	4	10	25	5	14	17	43
6. Central	3	5	24	51	3	20	30	76
7. Southern	—	—	7	15	—	—	7	15
Totals 1953	29	64	89	235	14	55	132	354
1952	38	122	77	218	9	60	124	400
1951	32	89	68	174	6	21	106	284
1950	31	97	84	284	19	133	134	514
1949	30	86	67	204	14	64	111	354
Average stay in weeks								
1953	2.2		2.6		3.9		2.7	
1952	3.2		2.8		6.6		3.2	
1951	2.7		2.5		3.5		2.6	
1950	3.1		3.4		6.0		3.8	
1949	2.9		3.0		4.6		3.2	

TABLE 44. **HOME HELP SERVICE.**
DEVELOPMENT SINCE 1950.

			Area.							*County Total.*
			Sutton Cold-field	*North Eastern*	*Eastern*	*North Western*	*Solihull*	*Central*	*Southern*	
Domestic Helps employed at 31st Dec.	Whole-time	1950	7	4	4	—	2	—	8	25
		1951	3	1	1	—	1	—	6	12
		1952	3	—	1	—	1	—	5	10
		1953	3	—	—	—	1	—	3	7
	Part-time	1950	16	11	22	8	13	32	20	122
		1951	17	31	17	13	9	41	28	156
		1952	24	39	18	10	18	44	26	179
		1953	20	53	28	10	17	48	23	199
Cases attended	Mater-nity	1950	108	13	51	10	86	43	25	336
		1951	109	4	37	17	83	20	40	310
		1952	84	16	21	28	69	29	17	264
		1953	95	14	42	27	103	21	19	321
	T.B.	1950	2	3	7	3	4	5	10	34
		1951	1	1	7	2	—	5	5	21
		1952	—	10	1	2	7	10	6	36
		1953	7	2	6	1	9	6	2	33
	Others	1950	159	29	92	12	120	75	44	531
		1951	156	45	96	27	75	124	79	602
		1952	180	84	87	36	94	127	80	688
		1953	219	119	125	39	120	134	106	862
	Total Cases	1950	269	45	150	25	210	123	79	901
		1951	266	50	140	46	158	149	124	933
		1952	264	110	109	66	170	166	103	988
		1953	321	135	173	67	232	161	127	1216

HOME HELP SERVICE (contd.)

TABLE 45. SIZE OF SERVICE IN 1953.

Area and Population.	*Average number of domestic helps.*		*Number of Domestic Help hours worked.*	*Calculated number of domestic help hours per 1,000 population.*
	Full-time.	*Part-time.*		
Sutton Coldfield ... ... (48,180)	3	19	25,270	525
North-Eastern ... ... (103,400)	—	34	27,422	266
Eastern ... ... (67,420)	—	24	21,466	318
North-Western ... ... (53,810)	—	10	11,014	205
Solihull ... ... (68,420)	1	14	15,765	230
Central ... ... (94,850)	—	32	24,371	256
Southern ... ... (56,920)	4	16	21,435	377
TOTAL ... ... (493,000)	8	149	146,743	297

TABLE 46. SHORT-TERM CASES HELPED IN 1953.

Area.	*No. of domiciliary births, 1953.*	*Number of Cases.*		*Calculated number per 100,000 population.*	
		Maternity.	*Other.*	*Maternity.*	*Other.*
Sutton Coldfield	188	95	125	197	259
North-Eastern	856	14	34	13	33
Eastern	278	42	62	62	92
North-Western	434	27	17	50	32
Solihull	217	103	114	151	167
Central	475	21	48	22	51
Southern	283	19	29	33	51
TOTAL	2,731	321	429	65	87

TABLE 47. LONG-TERM CASES HELPED IN 1953.

Area.	*Number of cases.*			*Calculated number per 100,000 population.*		
	Under 65.	*Over 65.*		*Under 65.*	*Over 65.*	
		Illness.	*Other.*		*Illness.*	*Other.*
Sutton Coldfield ...	26	24	51	54	50	106
North-Eastern ...	17	50	20	16	49	19
Eastern	11	17	41	16	25	61
North-Western ...	8	6	9	15	11	17
Solihull	5	5	5	7	7	7
Central	16	53	23	17	56	24
Southern	11	24	44	19	42	77
TOTAL	94	179	193	19	36	39

VENEREAL DISEASES.

TABLE 48. NEW CASES DEALT WITH AT CLINICS DURING THE YEAR ENDED 31ST DECEMBER, 1953.

Clinic.	*Syphilis.*		*Gonorrhoea.*		*Total V.D.*		*Not Venereal Disease.*	
	M.	F.	M.	F.	M.	F.	M.	F.
Warneford Hospital	2	6	7	—	9	6	38	22
Coventry and Warwickshire Hospital	9	6	12	3	21	9	45	19
General Hospital, Birmingham ...	5	—	10	1	15	1	73	13
Hospital of St. Cross, Rugby ...	6	4	2	2	8	6	26	6
Nuneaton V.D. Clinic	7	4	20	1	27	5	58	5
TOTALS 1953	29	20	51	7	80	27	240	65
Totals for year 1952	22	32	54	13	76	45	237	99
1951	24	30	65	21	89	51	268	85
1950	56	42	68	14	124	56	308	108
1949	49	49	110	18	161	67	283	113

TABLE 49. **FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.**

	Causes of Disability.			
	Cataract.	*Glaucoma.*	*Retrolental Fibroplasia.*	*Others.*
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8. recommends :—				
(a) No treatment	34	9	—	38
(b) Treatment (medical, surgical or optical)	41	9	—	27
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	32	9	—	22

TABLE 50. **NEW CLAIMS FOR NATIONAL INSURANCE SICKNESS BENEFIT 1950-1953.**

Figures supplied by the Ministry of National Insurance Midland Region. These totals cover new claims received by the National Insurance Offices at Sutton Coldfield, Nuneaton, Atherstone, Rugby, Leamington and Stratford-on-Avon.

	Total number of new claims received			
	1950	1951	1952	1953
March Quarter	13,875	20,296	11,393	17,238
June Quarter	9,073	8,576	8,226	9,435
September Quarter	7,320	7,318	7,458	7,745
December Quarter	10,333	9,142	10,424	10,290
Total	40,601	45,332	37,501	44,708

TABLE 51. **UPTAKE OF VITAMIN PRODUCTS.**

AVERAGE WEEKLY ISSUE DURING 1952 and 1953.

(Compiled from Ministry of Food (Midland Region) Returns).

Area and District.	*Orange Juice.*		*Cod Liver Oil.*		*Vitamin A and D Tablets.*	
	% of potential.		*% of potential.*		*% of potential.*	
	1953	1952	1953	1952	1953	1952
1. SUTTON COLDFIELD M.B. ...	33.4	37.1	23.7	27.1	31.1	37.7
2. NORTH EASTERN. Nuneaton M.B. Atherstone R.D.	19.7	22.5	21.0	25.3	29.8	29.6
3. EASTERN. Rugby M.B. ... Rugby R.D. ...	29.9	32.3	21.4	25.9	33.1	36.6
4. NORTH WESTERN. Meriden R.D.	22.0	23.8	19.5	23.2	36.6	20.5
5. SOLIHULL U.D.	36.9	37.6	25.8	29.2	37.3	38.3
6. CENTRAL. Leamington M.B. Warwick M.B.... Kenilworth U.D. Southam R.D. Warwick R.D. ...	28.0	30.7	21.6	25.3	37.9	38.1
7. SOUTHERN. Stratford-on-Avon M.B. and R.D. Alcester R.D. ... Shipston-on-Stour R.D.	27.6	28.2	21.6	22.6	25.2	38.8

The Ministry of Food wish to make two points in connection with these figures, one is that the figures for some districts, particularly rural ones, may be higher than actually shown, owing to persons buying the foods outside the district in which they live, and the second is that the figures do not indicate the percentage of eligible persons who take part only of their entitlement. Thus 50% of eligible persons might take half their entitlement giving a percentage of potential uptake of 25.

TABLE 52. **COUNTY AMBULANCE SERVICE.**

DETAILS OF DEPOTS AND MILEAGE, 1953.

Depot.	*Staff.*		*Establishment of Vehicles.*			*Total Mileage* 1953.	*Total Mileage* 1952.
	S/L.	*D/Att*	*Ambs.*	*Sitting Case Cars.*	*Clinic Type Vehicles.*		
1. SUTTON COLDFIELD Supt. E. TOWERS	3	15	4	2	—	81,981	80,364
2. NUNEATON. Bedworth Supt.: J. P. MELVIN	3 1	20 4	6 4	2 1	1 —	153,368 56,193	137,147 52,520
GRENDON Supt.: S. BURNETT	3	14	5	2	—	148,876	131,538
3. RUGBY. Supt.: A. J. BURTON	3	17	6	2	—	124,764	115,989
4. COLESHILL Supt.: J. H. BOTTRILL	3	13	4	2	—	128,538	128,287
5. SOLIHULL Supt.: M. ROSS	3	17	6	2	1	161,650	146,639
6. WARWICK Supt.: G. D. WHITING	3	19	5	2	1	166,701	158,420
7. STRATFORD-ON-AVON Alcester Supt.: E. T. SAUL	3 —	15 1	5 1	2 —	— —	116,858 21,437	115,985 18,450
RESERVE VEHICLES			6	3*	—		
COUNTY TOTALS ...	25	135	52	20*	3	1,160,366	1,085,339

* Including two cars awaiting sale.

Bedworth and Alcester—Day-time Service only.

The Area Medical Officers are District Ambulance Officers for Civil Defence.

TABLE 53. ANALYSIS OF TYPE OF CASE CARRIED—1953.

COUNTY AMBULANCE SERVICE AND W.V.S. HOSPITAL CAR SERVICE.

Type of Case.	*County Service.*		*W. V.S. Hospital Car Service.*	
	Patients.	*Mileage.*	*Patients.*	*Mileage.*
Emergency.				
Accident	4,807	41,846	—	—
Maternity	2,689	33,246	—	—
Others	6,223	76,963	—	—
Total	13,719	152,055	—	—
Non-emergency.				
Hospital Sick	147,542	904,973	4,257	72,430
Maternity	2,657	19,781	—	—
Infectious Diseases ...	2,893	29,327	—	—
School children	2,746	13,916	575	7,322
Nursery children	6	50	—	—
Other	2,534	15,249	—	—
Total	158,378	983,296	4,832	79,752
Non-Patient carrying journeys	—	25,015	—	1,888
Total	172,097	1,160,366	4,832	81,640

ABLE 54. AMBULANCE SERVICE. VEHICLE STATE (at time of going to press).

AMBULANCES	52
CLINIC VEHICLES ...	3
CARS	18
Total	73

YEAR OF MANUFACTURE.	AMBULANCES.					CLINIC VEHICLES.	CARS.		
	Morris.	Bedford.	Commer.	Austin.	TOTAL.	Bedford.	Austin.	Wolseley.	TOTAL.
1947 ...	1	—	—	—	1	—	—	—	—
1948 ...	3	—	8	10	21	—	—	1	1
1949 ...	3	—	4	6	13	—	—	—	—
1950 ...	4	5	—	—	9	1	—	—	—
1951 ...	1	6	—	—	7	1	10	—	10
1952 ...	—	1	—	—	1	1	5	—	5
1953 ...	—	—	—	—	—	—	2	—	2
TOTAL ...	12	12	12	16	52	3	17	1	18

TABLE 55. HEALTH DEPARTMENT VEHICLES.

Type.	*Reg. No.*	*Use.*	*Driver.*
Ford Pilot Saloon Car .	KUE 114	Caravan towing	BECKETT (Transport Depot).
Ford Pilot Saloon Car	KWD 389	Caravan towing	
Bedford Van	KUE 831	Care & after-care† and Nurses Equipment	Mrs. DEAN.
Ford Van	FWD 963	Portable Centre † Equipment	Miss E. D. TAYLOR.
Morris Van	PNX 940	Welfare Foods †	BOAG.

† The work of these vans can be interchanged.

MILK AND DAIRIES ADMINISTRATION.

The principal acts and regulations now in force relating to the production, processing and sale of milk, are as follows :—

Food and Drugs (Milk and Dairies) Act, 1944.
Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.
Milk and Dairies Regulations, 1949.
Milk (Special Designation) (Raw Milk) Regulations, 1949.
Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.
Milk (Special Designations) (Specified Areas) Order, 1952.
Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1953.

In addition there are various amendments and other minor regulations and circulars from the Ministries of Agriculture, Food and Health.

Food and Drugs Acts, 1938-1950.

Specified Areas.

The Minister of Food has laid before Parliament a draft Order which will provide for the specification of the District of Coventry in which, from an appointed date (1st April, 1954) milk of special designation only may be sold. The area of Coventry and District will comprise the County Borough of Coventry, the Boroughs of Leamington Spa, Nuneaton and Warwick, the Urban Districts of Bedworth and Kenilworth, and the Rural Districts of Meriden and Warwick.

The effect of the Order is that all dairymen who retail milk in any part of the area must sell the milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area. The special designations authorised are " Pasteurised," " Sterilised," " Tuberculin Tested," and until the 30th September, 1954, " Accredited " milk from a single farm.

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.

Section 8. *Tuberculous and Other Infected Milk.*

Milk sampling for biological examination has proceeded during the year in accordance with the scheme agreed with County District Authorities during 1950, and referred to in the annual report for that year.

The volume of milk subject to pasteurisation and the number of Attested herds and licences for Tuberculin Tested milk continue to increase, and our efforts are directed to the sources of supply where the risk still remains.

Tuberculin Tested milks are also submitted to biological examination at yearly intervals.

The officers of the County Borough of Coventry are collaborating, and the same system and methods are being used within the County Borough and in the County with mutual advantage. In the Boroughs of Sutton Coldfield and Rugby, and the Urban District of Solihull, the routine sampling has been carried out, by arrangement, by the officers of those authorities. The Department's own officers undertake the sampling in all other districts.

ble I. FOOD AND DRUGS (MILK, DAIRIES & ARTIFICIAL CREAM) ACT, 1950.
SECTION 8.

TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES FOR BIOLOGICAL EXAMINATION DURING THE YEAR 1953.

NO. OF SAMPLES.

Area.	*County District in which sample was taken.*	*Pasteurised.*		*Tuberculin Tested. (Past).*		*Tuberculin Tested.*		*Accredited and Non-graded.*	
		Total.	*No. Pos.*	*Total.*	*No. Pos.*	*Total.*	*No. Pos.*	*Total.*	*No. Pos.*
1. Sutton Coldfield.	Sutton Coldfield M.B.	—	—	1	nil.	1	nil.	63	nil.
2. North Eastern.	Nuneaton M.B.	—	—	—	—	24	nil.	122	2
	Bedworth U.D.	4	nil.	—	—	3	nil.	17	nil.
	Atherstone R.D.	—	—	—	—	5	nil.	77	3
3. Eastern.	Rugby M.B.	24	nil.	—	—	13	nil.	113	nil.
	Rugby R.D.	—	—	8	nil.	13	nil.	89	nil.
4. North Western.	Meriden R.D.	4	nil.	4	nil.	10	nil.	71	3
	Tamworth R.D.	8	nil.	8	nil.	3	nil.	39	2
5. Solihull.	Solihull U.D.	—	—	—	—	—	—	23	nil.
6. Central.	Leamington Spa M.B.	—	—	—	—	1	nil.	2	nil.
	Warwick M.B.	3	nil.	—	—	1	nil.	4	1
	Kenilworth U.D.	4	nil.	—	—	2	nil.	—	—
	Southam R.D.	—	—	—	—	9	nil.	76	nil.
	Warwick R.D.	—	—	—	—	18	1	37	1
7. Southern.	Stratford-upon-Avon M.B.	4	nil.	4	nil.	1	nil.	2	nil.
	Alcester R.D.	8	nil.	8	nil.	4	nil.	35	2
	Shipston-on-Stour R.D.	—	—	—	—	5	nil.	56	1
	Stratford-on-Avon R.D.	4	nil.	8	nil.	9	nil.	72	2
	TOTALS ...	63	nil.	41	nil.	122	1	898	17

Total of 1,124 samples.

Table II. FOOD AND DRUGS (MILK, DAIRIES & ARTIFICIAL CREAM) ACT, 1950. SECTION 8.

RESULTS OF INVESTIGATIONS OF TUBERCLE—INFECTED MILK SUPPLIES DURING YEAR 1953.

Area.	*County District in which infection occurred.*	*No. of investigations.*		*Cows examined.*		*Milk samples for diagnostic purposes.*		*Cows slaughtered under T.B. Order.*		*Cows from* [illegible] *during* [illegible] *investigation* [illegible] *which* [illegible] *have* [illegible] *infected*
		A.	B.	A.	B.	A.	B.	A.	B.	A.
1. Sutton Cold-Coldfield.	Sutton Coldfield M.B.	—	—	—	—	—	—	—	—	—
2. North Eastern.	Nuneaton M.B.	2*	—	7	—	6	—	2	—	—
	Bedworth U.D.	—	—	—	—	—	—	—	—	—
	Atherstone R.D.	3	3	79	72	12	13	4	3	7
3. Eastern.	Rugby M.B.	—	—	—	—	—	—	—	—	—
	Rugby R.D.	—	1	—	39	—	4	—	—	—
4. North Western.	Meriden R.D.	3	2	87	25	15	5	2	2	—
	Tamworth R.D.	2	3	54	49	11	14	1	4	1
5. Solihull.	Solihull U.D.	—	—	—	—	—	—	—	—	—
6. Central.	Leamington Spa M.B.	—	—	—	—	—	—	—	—	—
	Warwick M.B.	1	—	4	—	2	—	—	—	—
	Kenilworth U.D.	—	—	—	—	—	—	—	—	—
	Southam R.D.	—	—	—	—	—	—	—	—	—
	Warwick R.D.	2	3	44	40	6	7	1	2	—
7. Southern.	Stratford-upon-Avon M.B.	—	—	—	—	—	—	—	—	—
	Alcester R.D.	2	1	43	15	12	4	2	1	—
	Shipston-on-Stour R.D.	1	—	10	—	6	—	1	—	—
	Stratford-on-Avon R.D.	2	3	15	66	3	12	2	2	—
	TOTALS ...	18	16	343	306	73	59	15	14	8
		34		649		132		29		

A — Cases found on routine sampling in the County.
B — Cases reported by neighbouring County Authorities.

* One farm situated in Leicestershire. Summary only of Divisional Veterinary Officer's investigation.

From Table I it will be observed that a total of 1,124 samples were submitted, of which 18 were infected ; 17 of these were from " Accredited " and non-graded milks and one from a Tuberculin Tested herd. No samples of Pasteurised milk were found to be infected.

The 17 (2%) infected " Accredited " and non-graded milk supplies, found as the direct result of routine sampling this year, is a substantial reduction and compares with 40 (5.1%) in 1952, 31 (3.5%) in 1951 and 13 (2.3%) in 1950. The one " Tuberculin Tested " sample was the first Tuberculin Tested licensed milk, produced and sold in the County, found to be infected for several years and represents the odd occasional risk that may arise.

The continued advance in the number of Attested herds and the number of licences for " Tuberculin Tested " milk, together with the ever increasing volume of milk submitted to pasteurisation, decreases the risk of infection from milk generally.

The 18 infected milk samples, together with the 16 notifications of infections received from neighbouring County and County Borough Authorities, gave rise to a total of 34 investigations during the year, the details of which are summarised in Table 2.

The collaboration between the Divisional Veterinary Officer's Department and mine continues to be good.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53.

Dealers' (Pasteurisers') licences for 11 dairies and Dealers' (Sterilisers') licences for 2 dairies were renewed for the year 1953. There were 2 additional Dealers' (Pasteurisers') licences granted in respect of 2 dairies, making a total number of licences in operation at the end of the year of 13 Pasteurisers' and 2 Sterilisers'.

Each pasteurising dairy was visited at frequent intervals, and the records, temperature charts and methods in the dairy observed. Samples were submitted to the prescribed tests, with the results stated below :—

SAMPLES FROM LICENSED PASTEURISING AND STERILISING PLANTS.

Code No. of Dairy.	*No. of Pasteurised Samples.*	*No. of Sterilised Samples.*	*No. of Failures.*	*Test failed :—*				*M.B. Void.*
				Pasteurised.			*Sterilised.*	
				Phosph : and M.B.	*Phosph : only.*	*M.B. only.*	*Turbidity.*	
2/10/2	48	—	1	—	1	—	—	5
3/4/1	93	—	Nil.	—	—	—	—	5
3/4/2	42	—	1	—	1	—	—	4
4/1/1	95	—	2	—	2	—	—	6
4/1/1	—	49	Nil.	—	—	—	—	—
4/1/2	97	—	6	—	5	1	—	6
4/3/1	95	—	Nil.	—	—	—	—	4
6/11/1	82	—	3	—	2	1	—	10
6/18/2	27	—	1	—	1	—	—	6
7/7/1	49	—	Nil.	—	—	—	—	7
7/7/2	48	—	2	—	2	—	—	—
7/8/1	98	—	2	—	2	—	—	14
7/8/2	96	—	Nil.	—	—	—	—	14
7/8/2	—	Nil.	Nil.	—	—	—	—	—
7/16/1	90	—	1	—	1	—	—	14
TOTALS	960	49	19	—	17	2	—	95

These results again show that no sample of Pasteurised milk failed both the phosphatase and methylene blue tests at the same time. The phosphatase test which is designed to demonstrate the efficiency of pasteurisation failed in seventeen instances out of a total of 960 samples. This equals 1.77% failure as compared with 1.37% in 1952, 1.98% in 1951 and 4% in 1950. Although the failures show a slight increase this year, the results generally are a remarkably good achievement on the part of the dairies as a whole.

Only 2 methylene blue failures were recorded during the year. A substantial number of methylene blue " voids " are to be observed in the table, which are not to be confused with sample

failures. Samples of pasteurised milk are each submitted to both phosphatase and methylene blue tests; the latter is a "keeping quality" test based upon ageing periods and with special regard to time and temperature. The tests are commenced between 9 and 10 a.m. on the day after the samples reach the laboratory, and if during the previous day the atmospheric shade temperature (at which the samples must be kept) has exceeded 65°F., the results shall be "void." It is, of course not possible to estimate accurately beforehand what the temperature will be during the following twenty-four hours, and thus in summer time many void methylene blue results occur. The time and expense of sampling is not wasted, however, since the same samples are submitted to the phosphatase test which is not affected by these rigid temperature conditions, and the efficiency of pasteurisation is checked.

All the samples of Sterilized milk satisfied the turbidity test, which is a test designed to show the efficiency of the process.

Milk in Schools Scheme.

Milk is supplied free of charge for pupils in grant-aided schools, the source of quality of which must be approved by the County Medical Officer of Health.

Until the end of October, 1953, all supplies were arranged and supervised in collaboration with the County Education Department, a system which had continued since the inception of the milk in schools scheme by the Milk Marketing Board in 1934. During the year the Ministry of Education requested the County Education Department to consider a contract system for the supply of milk to schools for an experimental period, and this was put into operation on the 3rd November; the present contract period will continue until the end of the summer term in July, 1954. No particular difficulties were experienced in this change of system, and in practice the approval and supervision of the supplies remain as before.

Supervision by the Health Department includes visits to dairies and schools, and examination of milk supplies, in addition to knowledge of supplies gained from the Department's other activities in connection with Milk and Dairies Regulations.

Two grades of milk are normally approved, namely, Pasteurised and "Tuberculin Tested." In only one instance of the 377 schools dealt with has it been found impossible to obtain milk of these grades, and in this case a non-graded supply has been accepted which is kept under close scrutiny.

All supplies of milk to schools are the subject of visits and samples at least once in every school term.

The following is a summary of the number of schools, suppliers and grade of milk supplied, together with the number of samples taken during the year:—

Designation of milk supplied.	*No. of*			
	Schools.	*Suppliers.*	*Samples.*	*Unsatisfactory samples.*
Pasteurised	358	59	698	85
"Tuberculin Tested (Pasteurised)" ...	4	1	12	—
"Tuberculin Tested"	14	10	50	15
Non-graded	1	1	4	3
TOTALS ...	377	71	764	103

It will be observed that 13.5% of all milk samples were classed as "unsatisfactory," compared with 10.1% in 1952, 8.8% in 1951 and 20% in 1950. For convenience and economy the majority of samples were taken after delivery and, therefore, under the most exacting conditions.

Details of the school milk samples classed as " unsatisfactory " are appended below :—

Designation of Sample.	*Total No. of Samples*	*Number failed.*			
		Meth : Blue and Phosph. Tests.	*Phosph. Test only.*	*Meth : Blue ½-hr. Test for Past. Milk.*	*Meth : Blue 4½/5½ hr. Test for T.T. and other Milks.*
Pasteurised Milk	710	4 (.56%)	13 (1.83%)	68 (9.57%)	—
" Tuberculin Tested " Milk ...	50	—	—	—	15 (30%)
Non-graded Milk	4	—	—	—	3 (75%)

Prior to the introduction of the contract system it was found necessary to withdraw approval of the supply of milk to one school only, and new arrangements were made. A few other changes were made in the ordinary course of events and some supplies arranged for new schools. Some further changes were made as the result of the contract system, but they were relatively small in number. In the case of other isolated milk sample failures, the only action necessary was advice and caution.

Miscellaneous.

Samples of milk were taken on behalf of the Ministry of Health from hospital dairy farms (35) ; from supplies made under contract to hospitals on behalf of the Regional Hospital Board (73) ; and for various enquiries necessary in the Department (52) ; a total of 160 during the year.

MILK SPECIAL DESIGNATIONS.

1 *Pasteurised Milk.*

Milk which is heat-treated by either of the following methods :—

(a) Retained at a temperature of not less than 145°F and not more than 150°F., for at least thirty-minutes, and immediately cooled to a temperature of not more than 50°F. (Holder method).

(b) Retained at a temperature of not less than 161°F. for at least fifteen-seconds and immediately cooled to a temperature of not more than 50°F. (H.T.S.T. method).

The dairy, plant, processing, handling and distribution are subject to the terms of a licence granted by the Food and Drugs Authority, and samples of milk must regularly satisfy the phosphatase test and the prescribed methylene blue test.

2 *Sterilised Milk.*

Milk which has been filtered or clarified, homogenised and heated, and maintained at a temperature of not less than 212°F. for such period as to ensure that it will comply with the turbidity test ; the milk to be processed in bottles and in such a manner that the bottles are sealed with an air-tight seal on completion of the treatment.

The dairy, plant, processing, handling and distribution are subject to the terms of a licence granted by the Food and Drugs Authority.

3 " *Tuberculin Tested* " *Milk.*

Milk which is produced from an Attested herd of cows or from cows that have passed the Tuberculin Test. After the 30th September, 1954, no new licences will be granted unless the herd is registered as an Attested herd ; after the 1st October, 1957, the designation " Tuberculin Tested " may only be used in respect of milk produced from a herd on the register of Attested herds.

" Tuberculin Tested " milk is produced under licence granted by the Ministry of Agriculture and Fisheries following the approval of buildings, water supply, equipment and methods. The milk must regularly pass the prescribed methylene blue test.

4 *" Tuberculin Tested " Farm Bottled Milk.*

" Tuberculin Tested " milk, produced under licence as above, and bottled on the farm, may bear this designation.

5 *" Accredited " Milk.*

Milk produced from a herd that has been submitted to a clinical examination by a veterinary officer. The designation " Accredited " will not be used after the 30th September, 1954.

" Accredited " milk is produced under licence granted by the Ministry of Agriculture and Fisheries, following the approval of buildings, water supply, equipment and methods. The milk must regularly pass the prescribed methylene blue test.

6 *" Tuberculin Tested (Pasteurised) " Milk.*

" Tuberculin Tested " milk, produced under licence and pasteurised under licence, must be sold under this designation.

7 *" Tuberculin Tested (Sterilised) " Milk.*

" Tuberculin Tested " milk, produced under licence and sterilised under licence, must be sold under this designation.

NOTE.—A register of Attested Herds is kept by the Ministry of Agriculture, and for a herd to qualify for a certificate of registration, the herd must be Tuberculin Tested over a period of time with no reactors, and with certain other conditions relating to animal health as required by the Ministry of Agriculture.

MENTAL HEALTH.

1 *Administration.*

(a) *Constitution and Meetings of Mental Health Sub-Committee.*

The Committee responsible for the administration of the functions of the Council relating to the mental health service is the Mental Health Services Sub-Committee of the Health Committee. Four meetings of the Sub-Committee were held during the year.

(b) *Staff employed in the Mental Health Service.*

The Chief Administrative Officer of the Mental Health Services Sub-Committee is Mr. H. J. Kotch, the Mental Health Officer, and he has supplied this section of my report. Dr. Henry Brougham Leech, B.A., B.Ch., M.D., B.A.O., has continued to act as Medical Adviser to the Committee, while the medical staff of this Department have also been available when required in connection with the Mental Health Service.

Eight duly Authorised Officers have been appointed in the County to deal with cases arising under the Lunacy and Mental Treatment Acts, one Officer being located in each of the seven areas of the County, with the remaining Officer at headquarters. In addition, two of the assistants to these Officers have been authorised to take action under the Lunacy and Mental Treatment Acts.

The visitation of mental defectives in the County is undertaken by a female Visitor and by the Duly Authorised Officer at headquarters. Admissions under the Mental Deficiency Acts are dealt with from headquarters.

The Council's Occupation Centres are staffed in each case by a Supervisor and Assistant Supervisor, with part-time assistance for domestic duties and guiding the patients, where necessary. Two of the Supervisors hold the Diploma of the National Association for Mental Health.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

Assistance is given to Hospital Management Committees in the supervision of patients who have been placed on licence within the County. There were forty-two mental defectives on licence under supervision in the County at the end of 1953. In addition, home conditions reports are supplied to institutions for mental defectives in connection with applications for licence or holidays and the re-consideration of orders for detention.

(d) *Training of Staff.*

All members of the staff engaged in the care, supervision or training of mental defectives, with two exceptions, have attended appropriate courses of training. One of the Occupation Centre Supervisors attended a refresher course during the year.

2 *Work undertaken in the Community.*

(a) *National Health Service Act,* 1946: *Prevention, Care and After-Care.*

Psychiatric Out-Patient Clinics arranged and staffed by Specialists of the Birmingham Regional Hospital Board are held at hospitals within the County. The Social Workers on the staff of the Central Hospital, Hatton, have undertaken the after-care of patients discharged from that hospital, the Council's officers assisting when required. In the case of patients discharged from other mental hospitals serving the County, after-care visits have been undertaken by the Council's Duly Authorised Officers.

Assistance has been given by the Local Health Authority in the maintenance of patients placed in After-Care Homes through the Mental After-Care Association after treatment in mental hospitals or out-patient clinics.

(b) *Lunacy and Mental Treatment Acts,* 1890-1930—*Work undertaken by Duly Authorised Officers.*

The following is a summary of the cases dealt with by the Duly Authorised Officers in the County during the year:—

Patients dealt with under the Lunacy Acts	239
Patients dealt with under Section I of the Mental Treatment Act, 1930 (Voluntary treatment)	235
Patients dealt with under Section 5 of the Mental Treatment Act, 1930 (Temporary treatment)	6

(c) *Mental Deficiency Acts*, 1913-1938.

(i) *Ascertainment.*

The majority of cases reported to the authority continue to be brought to notice through the school medical services. In addition, cases are reported through the Psychiatric Out-Patient Clinics, the Courts, Probation Officers and other social workers.

(a) *Number of defectives.*

The number of cases ascertained as at the 31st December, 1953, excluding patients maintained in, or on licence from, institutions for mental defectives, was as follows:—

	M.	F.	T.
Under guardianship	26	33	59
In "Places of safety"	1	—	1
Under statutory supervision	181	181	362
Under voluntary supervision	103	74	177
Under investigation	16	18	34
In the Central Hospital, Hatton	78	84	162
	405	390	795

(b) *Cases reported during the year.*

There were eighty-six new cases reported to the Committee during the year and these were dealt with as follows:—

	M.	F.	T.
Admitted to institutions	6	5	11
Placed under guardianship	1	—	1
Placed under statutory supervision	18	18	36
Placed under voluntary supervision	1	3	4
Remaining under investigation at end of year ...	16	18	34
	42	44	86

(c) *Defectives awaiting vacancies in institutions.*

The position with regard to the provision of vacancies for defectives awaiting admission to institutions has continued to be most difficult, particularly in the case of children. There were sixty-six patients awaiting admission at the end of the year, many of these being of an urgent nature.

(ii) *Guardianship.*

Regular visitation of the patients under guardianship in the County is undertaken by the Committee's Officers. The Medical Adviser (Dr. H. B. LEECH) undertakes the medical visitation of these patients in accordance with the Mental Deficiency Regulations.

(iii) *Training.*

It has been possible during the year under review to increase the facilities available for the training of defectives living in their own homes by the opening of a new Centre in Rugby. On the closing of the Day Nursery at Rugby, the premises formerly used for that purpose were taken over by the Mental Health Services Sub-Committee, and an Occupation Centre was opened in the premises on the 5th October, 1953. At the end of the year 16 defectives were in attendance at this Centre.

In the case of the Warwick Occupation Centre it proved possible during the year to transfer this Centre from the former rented premises to the building which had previously been used as a Day Nursery, and which proved most suitable with little adaptation for use as an Occupation Centre. 22 patients were on the register of this Centre at the end of the year.

The Nuneaton Centre continued to be held in rented premises although at the end of the year (when 24 patients were on the register) plans were well advanced for the transfer of this Centre to the former Day Nursery Premises in Merevale Avenue, Nuneaton.

It was hoped during the year to open a new Centre at Shirley to cover the Solihull area, but unfortunately, when the plans for this Centre were far advanced, the premises which the Committee had in mind, became unavailable for the purpose. The question of providing further training facilities for defectives living in the community is, however, being kept under constant review.

AREA MEDICAL OFFICERS.

Area.	*Districts covered.*	*Name and Address of Area Medical Officer.*	*Telephone No.*
Sutton Coldfield ...	Borough of Sutton Coldfield	Dr. J. R. PRESTON, The Council House, Sutton Coldfield.	Sutton Coldfield 4401.
North Eastern ...	Borough of Nuneaton Bedworth Urban District Atherstone Rural District	Dr. J. H. BRISCOE-SMITH, The Council House, Nuneaton.	Nuneaton 2201.
Eastern	Borough of Rugby Rugby Rural District	Dr. D. J. JONES, Albert House, Albert Street, Rugby.	Rugby 3374.
North Western ...	Meriden Rural District Tamworth Rural District	Dr. G. W. KNIGHT, 2, Park Road, Coleshill.	Coleshill 2331.
Solihull	Borough of Solihull	Dr. I. M. MCLACHLAN, 69, New Road, Solihull	Solihull 3041
Central	Borough of Royal Leamington Spa Borough of Warwick Kenilworth Urban District Southam Rural District Warwick Rural District	Dr. F. D. M. LIVINGSTONE, 38, Holly Walk, Leamington Spa.	Leamington Spa 2998
Southern	Borough of Stratford-on-Avon Alcester Rural District Shipston-on-Stour Rural District Stratford-on-Avon Rural District	Dr. J. B. BRAMWELL, Health Department, Arden Street, Stratford-on-Avon.	Stratford-on-Avon 3239.

BRIEF DETAILS OF COUNTY HEALTH SERVICES AVAILABLE TO THE GENERAL PUBLIC.

Ambulances.	Usually ordered by medical practitioner or hospital. In "*emergencies*" only, members of the public may call for an ambulance and any telephone exchange will connect them to the nearest ambulance depot.
Ante-natal and Post-natal Clinics.	The addresses and times of all such clinics are given on page 51.
Child Minders.	Persons having the care of more than two children under five, for reward, must apply to the County Medical Officer of Health for registration.
Child Welfare Centres.	The addresses and times of all such centres are shown on page 48.
Convalescent Treatment.	A period of recuperative convalescence may be arranged for persons whose doctors consider they need it. Patients are required to contribute towards the cost of such convalescence in accordance with their means. Requests for this service must be made by the patient's family doctor or hospital and addressed to the County Medical Officer of Health, Shire Hall, Warwick. All requests must be accompanied by brief medical details of the case.
District Nurses.	Cover all districts for nursing the sick of all ages in their own homes. Addresses and telephone numbers are shown in telephone directories under the heading "*Nursing*" *Warwickshire County Council.*
Health Visitors.	Are appointed to cover all districts, to give advice about the care of mothers and young children and social problems affecting any member of the family. They act as school nursing and T.B. health visitors.

Home Helps.	This service exists to provide help in the home when the mother is ill or is being confined at home, or when required by lone or aged and infirm persons. The charge for this service at present is 2/6d per hour, but this may be remitted, wholly or partially, according to means. Application should be made to the Area Medical Officer (address on page 79).
Loan of Nursing and sick room requisites.	A wide range of articles is available for loan to households where there is a sick person. Usually the patient's hospital or medical practitioner will arrange any necessary loan, but personal application may be made to the Area Medical Officer (address on page 79). There is no charge for this service.
Maternity Outfits.	Are supplied in all cases of domiciliary confinement. Midwives distribute them from their stock to all booked cases. Where private midwives are engaged application for outfits must be made to the County Medical Officer, Shire Hall, Warwick, and a certificate of pregnancy signed by the patient's doctor must be enclosed.
Midwives.	Are appointed to cover all districts for the conduct of home confinements. Addresses and telephone numbers are shown in telephone directories under the heading—*"Nursing" Warwickshire County Council.*
Occupational Therapy.	A scheme has been introduced by the Health Committee whereby persons confined to bed or to their homes, suffering from injury or illness of some months duration, or from tuberculosis, may be supplied with materials with which to occupy their time in making various articles of their choice. Materials supplied at cost price but may be free in necessitous cases. This scheme *does not* apply to cases of permanent disablement through injury or illness (other than tuberculosis). Enquiries should be addressed to the local District Nurse, the Health Visitor at the nearest Welfare Centre, or to the Area Medical Officer (address on page 00). Full details of this scheme appear on page 16).
Private Nursing and Maternity Homes.	Persons desiring to open private nursing and/or maternity homes must first apply for registration to County Medical Officer of Health, Shire Hall, Warwick.
The Illegitimate Child and its Mother.	The Health Committee employs a Social Worker whose duties include the giving of assistance and advice where such is needed by mothers of illegitimate children. A small Ante-natal and Post-natal Hostel is also maintained by the Committee in which, in certain cases, mothers may be sheltered for a short time before and, if necessary, after the birth of an illegitimate child. Enquiries should be addressed to the County Medical Officer of Health, Shire Hall, Warwick, at the earliest possible date before confinement is due.
Tuberculosis.	There are Chest Clinics in most Areas of the County (for addresses see page 57). Patients attend these Clinics on the recommendation of their family doctors.
Extra Nourishment for T.B. patients.	Additional supplies of milk, eggs and butter may be supplied free of cost to tuberculous patients who cannot afford to pay for these items themselves. Application for this type of assistance should be made to the Chest Clinic (address on page 57).
Garden Shelters for T.B. patients.	In suitable cases the Health Committee will lend and erect, without charge, an outdoor shelter so that the patient may live almost entirely in the open air. Applications or enquiries should be addressed to the Area Medical Officer (address on page 79).
Vaccination and and Immunisation.	Parents who desire their children to be immunised against Diphtheria and/or vaccinated against Smallpox and Whooping Cough, should apply to their family doctor, their nearest Welfare Centre (address on page 48) or to the Area Medical Officer (address on page 79).
Welfare Foods.	The Health Committee took over the distribution of welfare foods (National Dried Milk, orange juice and cod liver oil) from the Ministry of Food in July 1954. The principal distribution points are the child welfare centres listed on page 48. Information about other distribution points may be obtained from the Area Medical Officer (address on page 79).
General County Health Services.	General queries not covered by the above should be referred to the County Medical Officer of Health, Shire Hall, Warwick.