

[Report 1960] / Medical Officer of Health, Warwickshire County Council.

Contributors

Warwickshire (England). County Council.

Publication/Creation

1960

Persistent URL

<https://wellcomecollection.org/works/cyrb3r9q>

License and attribution

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

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

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



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



WARWICKSHIRE COUNTY COUNCIL.

Education Committee.



ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1960.

Annual Report of the Principal School Medical Officer, 1960.

CONTENTS.

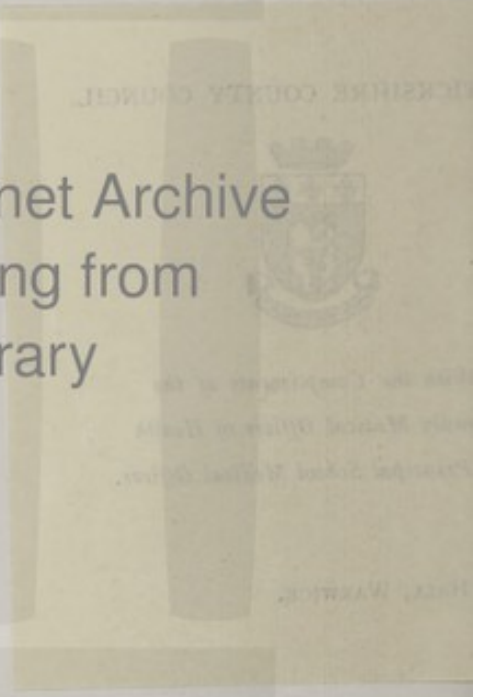

	PAGE.
Child Guidance	4, 16
Deaths of School Children	6
Ear, Nose and Throat Treatment	2, 11
Educationally Sub-Normal Children	6, 22
Examinations under Employment of Children Byelaws	26
Handicapped Pupils	6, 19, 20
Health Education	5
Ineducable Children	20
Louse Infestation	5, 23
Minor Ailments	4, 24, 25
Ophthalmic Services	10
Orthopaedic Service	2, 12, 13
Orthoptics	2, 11
Poliomyelitis	5
Scabies	25
School Dental Service	4, 16, 17
School Meals Service	26
School Medical Examinations	1, 2, 9
Schools and School Children—Numbers	1, 8
Special Schools	21
Speech Therapy	3, 4, 14, 15
Staff of the School Health Service	7, 8
Tuberculosis	5, 18
Vision Defects	2, 10

WARWICKSHIRE COUNTY COUNCIL.



*With the Compliments of the
County Medical Officer of Health
and Principal School Medical Officer.*

SHIRE HALL, WARWICK.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1. I have the honour to present the report on the health of the school child in Warwickshire during 1960.

In general the standard of health of the children in our schools remained at a high level, but certain defects, usually of a less serious nature, continued to be observed in some children. These are tabulated in detail in the statistical tables.

During the year, an experimental scheme was introduced to modify the routine medical examinations in one area of the County. In this area, examinations for entrants and leavers remained unchanged, but selective examinations replaced the routine intermediate examination.

Pulmonary and non-pulmonary tuberculosis cases in school children again decreased during the year, and it appears that this trend will continue. With the easing of the mass poliomyelitis programme, more time was available for the prophylactic B.C.G. vaccination against tuberculosis of those children approaching school-leaving age.

The slight increase in diphtheria cases in England and Wales during the past few years has been a salutary reminder of the continued presence of this disease, and emphasises the great importance of maintaining a high level of both primary and booster immunisations.

It will be noted from the Principal School Dental Officer's report that the staffing position is still so low that conservative and remedial treatment amongst school children is totally inadequate. The only solution to this problem appears to be in the introduction of long-term preventive measures.

2. School Population. (Tables 1 and 2).

At the beginning of the year, 91,683 children were on the school rolls, an increase of 2,578 on the previous year. The school population has now increased 50% over the last ten years. The increase of births and immigration into the County is likely to continue for some time.

3. School Medical Examinations. (Tables 3 and 4).

School Medical Officers carried out the following routine examinations during the year :—

	1960.	1959.
Entrants	7,888	8,313
Intermediate	6,577	5,930
Leavers	6,283	4,777
	<hr/> 20,748	<hr/> 19,020
8 Year Vision	4,495	5,158
Vision—Other ages	1,137	—
	<hr/> 26,380	<hr/> 24,178

The number of periodic medical examinations (especially in the "intermediate" and "leavers" groups) has been below the potential, and this has been due to the increasing school population and the vast extension of prophylactic immunisation and vaccination procedures.

The Chief Medical Officer of the Ministry of Education maintains, however, that "it is generally agreed that the entrants examination should continue on the same lines as at present. It is an important event, since it takes place just when the child is settling down into school life and it is generally well attended by parents"

The possibility of alternative arrangements for the intermediate examination is under review. In one area of the County during 1960, selective examinations took place instead of the routine intermediate examination, together with annual vision testing of children between eight and thirteen years. It is, however, too soon to report on the progress of this. Although it is not

considered that such procedures will reduce the overall time expended on medical examinations, it is expected that more adequate coverage should be possible for the "entrants" and "leavers" groups, and special cases.

4. Physical Condition of Pupils Examined.

The overall physical condition of those children examined at the periodic medical examinations remained at a high level, and only one or two in every hundred were regarded as being below standard.

5. Eye Defects. (Table 5).

During periods of more rapid development in a child's life, an increase is known to occur in the incidence of certain eye defects. A pilot scheme of annual vision testing of children between the ages of eight and thirteen years commenced in one area of the County during the year.

Less children requiring treatment for visual defects were noted at periodic medical examinations, but some increase occurred in those requiring observation. This increase was due in part to the extension of vision testing mentioned above.

Visual defects account for well over half the total defects found to require treatment at periodic medical examinations, whilst those requiring observation amount to just over a quarter of the total.

Some increase occurred in the number of new cases seen at County Eye Clinics during the year, 1909 compared with 1758 last year. A slight decrease, however, occurred in the number of old cases seen. Less children were prescribed spectacles and fewer were referred for orthoptic treatment.

6. Orthoptic. (Tables 5 and 6).

County Council clinics continued to operate in the Central and Southern Areas of the County, whilst other areas were covered by the Regional Hospital Board.

Slightly fewer cases were seen at the County Council Clinics during the year, 311 compared with 351 last year. Of the sixty-seven children discharged during the year, forty-four had full binocular vision restored, whilst the remaining twenty-three had some improvement.

7. Ear, Nose and Throat Defects. (Table 7).

Although more children were examined in the prescribed age-groups, less nose and throat defects were noted, 2,271 compared with 2,411 last year.

Operative treatment for adenoids and chronic tonsillitis continued to decrease in certain areas. The large decrease in the Eastern Area was, however, due to a shortage of hospital beds and tonsillectomies were suspended for six months of the year.

Ear defects totalled 745 compared with 641 in 1959, and 542 in 1958. The increase which has been taking place in the last few years has been limited to those children entering school, and is believed to be mainly due to the larger numbers of less serious or transient defects now being recorded for observation.

During the year it was agreed that in the event of an Audiometrician being appointed by the Regional Hospital Board, certain sessions would be made available to the County Council.

8. Orthopaedic Service.

All children with orthopaedic defects are referred to surgeons in attendance at Hospital Clinics, and County Physiotherapists are available for after care treatment. An equivalent of 2½ whole-time physiotherapists are employed by the County Council.

Although a large number of orthopaedic defects are noted at periodic medical inspections, a large proportion of them are more minor defects relating to posture and flat feet. Each year shows a decreasing number of the more serious orthopaedic defects.

9. Speech Therapy. (Table 8).

In May, 1960, a Senior Speech Therapist was appointed, bringing the total staff up to the equivalent of $4\frac{1}{2}$ full-time posts. The object of creating this post was to co-ordinate the work of the Speech Therapists. Following a survey carried out in July, 1960, it was found that, with a school population of 93,200 there were known to be 1,103 speech-defective children: of these 654 were having treatment in December, 1960. An additional full-time post has been created (taking effect from April 1st, 1961) to cope with the children still awaiting treatment.

The work of these therapists is limited largely to children of school-age, though under ideal circumstances, the younger a child is admitted the better. In a rural county like Warwickshire with widely scattered centres of population, it is not always possible to bring the children in to existing clinics. Instead, where the number of speech-handicapped children justifies it, the Speech Therapist visits the school and treats the children there. This has the additional advantage of bringing the therapist into closer contact with the school teacher, whose co-operation in treatment is invaluable.

The majority of children attending County Council clinics have defects of articulation; these range from a single defective sound, usually "S," to a multiple defect where speech is sometimes unintelligible. Understandably, this condition occurs most commonly in children of limited intelligence or those with a partial hearing-loss, or an emotional problem. Treatment consists chiefly of, first, teaching the child to imitate the sound correctly, and then, gradually to introduce it into words and sentences, and finally into spontaneous speech. There is often an accompanying weakness in the muscles controlling the speech organs, so that lip and tongue exercises form part of the daily practice the mother is expected to give the child. Parent counselling forms an essential part of treatment, since one treatment period a week is obviously no more than a guide. If these cases are referred early enough, however, and there is good co-operation from the family, the defect usually clears up within a few months.

A comparatively small proportion of the children referred have a stammer. This may vary in severity from the slight hesitation of a young child acquiring speech to the worst form of stammering where there is an almost total lack of fluency, speech-rhythm is grossly disturbed and the child's school and home life are seriously disrupted. In such cases, if the response to speech therapy is poor, it is sometimes found advisable to enlist the advice of the Child Guidance team, since there is often an accompanying emotional problem. Relaxation naturally plays an important part in the treatment of stammering, since children with a language disorder of this kind are usually extremely tense. Parent counselling, an important factor in any form of speech therapy, is doubly important in these cases where the disorder is often largely environmental in origin.

A further fairly common defect is cleft palate, where the roof of the child's mouth has failed to fuse normally, and a complete or partial gap exists and may extend to the lip. No therapy is possible until this gap has been either partially or completely closed by surgery. When this has been done, the therapist works in close conjunction with the plastic surgeon until speech has reached as high a standard as the extent of the cleft allows. Treatment follows the lines of that used for ordinary defects of articulation but with the addition of breath direction and palatal exercises to strengthen the muscles controlling the palate and to counteract the ugly nasal tone caused by air escaping through the nostrils during speech.

Voice disorders, such as hoarseness, breathy tone or faulty pitch, are less common. They are treated by means of breathing and humming exercises and sometimes by referring the child for removal of tonsils and adenoids.

Disorders of hearing, when of a partial nature, also fall within the scope of the speech therapist (severe hearing losses coming within the scope of teachers of the deaf). The degree of improvement in these cases naturally depends on the severity of the loss, and (as in all speech defects) on the intelligence of the child: also, on the possibility of the child wearing a hearing aid, which may raise hearing almost to normal level. The speech of a hard-of-hearing child shows a characteristic monotony of tone and the omission of final sounds, and treatment is similar to that used in articulatory disorders: extra emphasis is placed on using visual aids, like lip-reading, to compensate for the auditory loss.

Where there are large numbers of children requiring speech therapy, group work is sometimes used, provided the children are of like mental age, and have similar defects: such groups are often successful in introducing a competitive element and so accelerating progress. This applies particularly to young stammerers where group treatment does away with the disturbing feeling of being "different" from other children.

Successful therapy depends on a number of factors including regular treatment, parental co-operation, a good relation with the school, and, where necessary, referral to other departments, such as dental, psychiatric or ear, nose and throat.

10. Child Guidance Clinics. (Table 9).

The number of children referred to these clinics during the year totalled 166 as against 156 last year and 170 in 1958. Twice as many boys as girls continued to be referred.

Many cases of emotionally upset children are helped by school medical officers in their day to day duties, but in cases where the maladjustment is severe, the services of a comprehensive child guidance service are essential, and an extension of this service is envisaged in the future. Mental ill-health accounts for a large proportion of the total sickness in our population today, and any preventive measures which can help to reduce these numbers in the future are of great importance.

11. Minor Ailment Clinics. (Tables 21 and 22).

The total number of children referred to Minor Ailment Clinics during the year again decreased slightly to 2899 compared with 3279 last year.

A slight increase was noted in the number of ringworm, scabies and impetigo cases, but other cases of skin disease decreased. The number of children with blepharitis, conjunctivitis and other minor eye conditions, and minor conditions of the nose and throat also showed a slight rise, but fewer cases were referred with minor conditions of the ears and other miscellaneous conditions.

12. The following Report was supplied by the Principal School Dental Officer. (Tables 10, 11 and 12).

The number of clinical sessions available has been higher for most of the year, and the number of patients inspected and treated has therefore shown a gratifying rise. As for many years past however the North Eastern area of the County continued to be poorly served, as whole-time officers could not be appointed to work in the area, and no part-time officers within reach of the area were available until almost the end of the year. The staffing situation in the County as a whole continues at a most inadequate level, and it is to be hoped that the recent national award may stimulate recruitment to the service.

A new clinic was opened at Lillington during the year, but as no additional dental officers were available, its staffing had to be at the expense of other clinics in the Central Area.

Provision of x-ray equipment in established clinics has continued, and a start has been made in the equipment of clinics with air turbine drills. Most of the existing clinics are now equipped to a satisfactory standard which it is hoped will be completed with x-ray machines and air turbines.

During the year, a survey into the dental caries incidence (similar to that undertaken last year in an urban area) was carried out in a rural area. The results were consistent in their severity and it seems that, contrary to popular theory, there is nowadays just as much dental decay amongst country children as amongst town children. Much of the deterioration in teeth seen since the last war finds its origin in the large increase in the amount of refined sugar being consumed by children in the form of sweets, chocolate, lollies, etc. An investigation carried out in Ayrshire demonstrated that out of 402 children, 225 consumed more than 8 ozs. of sweets or chocolate a week, and 66 of these consumed more than 1 lb. a week.

Refined sugars left undisturbed in the mouth very rapidly break down to acids which destroy the dental enamel and create cavities. As this process is effective in less than half an hour, the consumption of sweets between meals when there is little likelihood or opportunity of

brushing the teeth clean, is responsible for the rapid increase in dental decay. The destruction of the enamel is made easier in those areas such as Warwickshire, where the teeth are deficient in fluorine because of the very low level of naturally occurring fluorine in the drinking water supplies of the County.

A reduction in dental decay could be achieved by reducing the intake of refined sugars, increasing the degree of mouth hygiene and increasing the fluorine content of the teeth. This latter can successfully be brought about by raising the concentration of fluorine in the drinking water to an optimum level.

13. Poliomyelitis.

No child of school age contracted poliomyelitis during the year, but four cases were, however, notified in other age-groups, (two pre-school children and two young adults). Three of these cases had not been immunised. Following a year without a single notification, this was most disappointing and emphasises the need for as high an immunity level as possible both in children and young adults. The two-injection immunisation level in school children is now well over 80%, and the majority of these children have also completed their third injection.

14. Tuberculosis.

(a) Pulmonary. (Table 13).

It was again most encouraging to note the decrease which occurred in the number of new notifications of this disease in school children, only twelve cases being notified compared with twenty last year. The majority of these children were fortunately detected in the early stage of the disease, usually being picked up as contacts of adult cases.

B.C.G. vaccination for known contacts who are tuberculin negative continued to be given during the year, and 212 children of school age were vaccinated under this scheme. In addition, 3,493 children received vaccination under the schoolchildren scheme. Just over 7,000 schoolchildren were offered B.C.G. during 1960, and acceptances were received for about 75% of these children. Of the 4,772 children who were skin tested during the year just over one child in five was already positive, and of course B.C.G. was not necessary in these cases.

(b) Non-Pulmonary. (Table 14).

Non-pulmonary cases in schoolchildren also decreased during the year and only two cases were notified, compared with eight last year. One case was of the renal tract and the other of the meninges.

15. Louse Infestation. (Tables 19 and 20).

At the discretion of medical officers, schools found to be clean over a long period are now visited very infrequently. Pupils examined by school nurses during the year totalled 168,022 and 1,082 children were found with some degree of infestation. This number showed a very slight increase on last year when 939 children were found infested.

16. Health Education in Schools.

Health education in the schools was further developed during the year, with the co-operation of head teachers.

A wide range of subjects were covered including personal hygiene, motherhood classes for senior girls, talks by medical officers for senior boys, visits to Child Welfare Centres, Mothers' Clubs and Nursery Schools. Lectures on the association of smoking and lung cancer were given by medical officers and health visitors to senior members in certain schools, and posters and leaflets on the subject were also made available. In one area at normal terminal hygiene inspections, health visitors made a point of mentioning this subject when seeing the children, and any child noted as having nicotine-stained fingers was given special attention.

17. Deaths of School Children.

Forty-three children between the age of 5 and 14 years died during the year. It was most distressing to note the continued high rate from accidental deaths and malignant disease (including Leukaemia). These two causes accounted for 63% of the total.

	1960.		1959.		1958.
Motor-vehicle accidents ...	12	} 19	7	} 14	11
Other Accidents ...	7		7		6
Malignant Disease ...	6	} 8	3	} 6	5
Leukaemia and Aleukaemia	2		3		2
Bronchitis and Pneumonia ...	4		3		3
Homicide ...	—		3		—
Congenital Malformation ...	3		2		1
Tuberculosis ...	—		—		1
Other Infective and Parasitic Diseases ...	2		1		2
Nephritis and Nephrosis ...	2		1		1
All Other Causes ...	5		6		5
	43		36		37

18. Handicapped Pupils. (Tables 15, 16, 17 and 18).

During the year, 186 boys and 101 girls were newly ascertained as handicapped pupils. The total number of children on the register at the end of the year remained at a similar level to last year, 1,572 compared with 1,566 in 1959.

Slightly fewer educationally sub-normal children came onto the register during 1960, but the numbers of partially deaf and partially sighted have shown a tendency to rise in recent years.

In general, provision for the handicapped pupil remained reasonably adequate except in the case of the educationally sub-normal child and those children with multiple handicaps.

S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.,

Principal School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(As on 31st March, 1961).

Principal School Medical Officer ... Dr. S. W. SAVAGE.		Deputy Principal School Medical Officer ... Dr. G. H. TAYLOR.	
<i>Area.</i>	<i>Medical Officer.</i>	<i>School Medical Officers.</i>	
1 Sutton Coldfield	Dr. J. R. PRESTON.	Dr. J. P. WALL.	
2 North-Eastern.	Dr. G. DISON	Dr. GWENDOLEN K. G. COOTE. Dr. A. L. J. CUSACK. Dr. E. M. HUGHES. Dr. MARGARET STEANE. Dr. J. E. PEARSON.*	
3 Eastern.	Dr. D. J. JONES.	Dr. A. H. HALSTEAD. Dr. G. W. H. FISHER.	
4 North-Western.	Dr. R. S. McELROY.	Dr. G. C. B. HAWES. Dr. ELEANOR A. THOMPSON.	
5 Solihull.	Dr. I. M. McLACHLAN.	Dr. J. HENDERSON. Dr. ELIZABETH M. THOMPSON.	
6 Central.	Dr. F. D. M. LIVINGSTONE	Dr. C. T. JONES. Dr. MYRTLE V. RICHARDS. Dr. D. SUTCLIFFE WILLIAMS. Dr. J. BEASLEY.	
7 Southern.	Dr. J. B. BRAMWELL.	Dr. W. D. DOLTON. Dr. A. L. KIRKLAND.	

* Carries out regular routine work in other Areas.

Principal School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield (Area 1) ... Mr. N. G. EVANS
 North-Eastern (Area 2) ... —
 Eastern (Area 3) ... Mr. P. VIGANTS.
 North-Western (Area 4) ... Mr. W. DOUGLAS.
 Solihull (Area 5) ... Miss M. M. STOCKER.
 Central (Area 6) ... Mr. R. A. LEWTY.
 Southern (Area 7) ... Mr. S. C. C. JONES

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

Nursing Staff.

Superintendent Nursing Officer. Miss B. SHENTON. *Deputy Superintendent Nursing Officer.* Miss V. E. BEESTON.

There are 7 Area Nursing Officers and 1 Deputy Area Nursing Officer (Area 6). School nursing is carried out by 1 whole-time school nurse, 88 health visitors, and 19 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.

Miss M. P. FRANCIS.

Speech Therapists.

Mrs. P. A. HINKSMAN, Part-time.

Mrs. R. W. JENKINS, Part-time.

Mrs. J. N. P. KING-REYNOLDS, Part-time.

Mrs. M. P. MANLEY, Part-time.

Mrs. N. M. SMITS.

Physiotherapists.

Miss B. A. BAILEY.

Mrs. B. KINNIARD.

Mrs. E. G. MASON.

Mrs. C. M. WILLIAMS, Part-time (2 sessions weekly).

Statistical Officer.

Mrs. B. WARREN.

TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.

Year.	Primary and				Total.
	Nursery.	Secondary.	Special.		
1950	373	60,682	84	...	61,139
1951	352	62,604	187	...	63,143
1952	361	65,753	508	...	66,622
1953	359	69,211	547	...	70,117
1954	365	72,094	592	...	73,051
1955	348	75,509	602	...	76,459
1956	353	78,827	615	...	79,795
1957	362	81,825	750	...	82,937
1958	367	84,684	780	...	85,831
1959	352	87,952	801	...	89,105
1960	346	90,526	811	...	91,683

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1960.

AREA.	Nursery Schools.		Primary.		Secondary Modern.		Secondary Grammar.		Total Schools	Total Children
	Schools	Children	Schools	Children	Schools	Children	Schools	Children		
1. Sutton Coldfield.	—	—	18	5,736	5	2,193	3	1,852	26	9,781
2. North-Eastern.	5	216	58	12,385	12	7,407	3	1,251	78	21,259
3. Eastern.	—	—	46	6,883	12	3,528	2	1,020	60	11,431
4. North-Western.	—	—	45	7,181	8	2,881	1	423	54	10,485
5. Solihull.	—	—	30	7,482	7	3,506	3	1,717	40	12,705
6. Central.	3	130	69	10,071	9	4,237	3	1,310	84	15,748
7. Southern.	—	—	64	5,778	7	2,717	3	968	74	9,463
TOTALS ...	8	346	330	55,516	60	26,469	18	8,541	416	90,872

TABLE 3. NUMBER OF INDIVIDUAL CHILDREN FOUND TO REQUIRE TREATMENT (excluding Special Schools) AT PERIODIC MEDICAL EXAMINATIONS.

<i>Age Group.</i>	<i>Number Examined.</i>	<i>Number Children found to require treatment.</i>		
		<i>For Defective Vision (Exc. Squint)</i>	<i>Other * Conditions.</i>	<i>Total.</i>
Entrants	7,888	141	318	434
Second Age Group	6,577	263	187	444
Third Age Group	6,283	212	94	301
8 Year Vision	4,495	195	15	209
Vision—Other Ages	1,137	44	—	44
TOTAL	26,380	855	614	1,432

* Does not include dental diseases and infestations with vermin.

TABLE 4. TYPE OF DEFECT FOUND AT SCHOOL MEDICAL EXAMINATIONS. (excluding Special Schools).

<i>Defect</i>	<i>Periodic Medical Examinations. Number 26,380.</i>		<i>Special Medical Examinations. Number 4,498.</i>	
	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>
Eyes	888	3,290	198	481
Orthopaedic	156	2,199	43	346
Nose and Throat	129	2,142	30	316
Skin	53	524	10	75
Ears	29	716	9	121
Lungs	28	634	2	127
Speech	43	256	14	62
Developmental	55	534	13	94
Lymphatic Glands	8	475	3	79
Psychological	35	640	14	148
Nervous System	11	160	2	44
Heart	8	282	1	74
Abdomen	16	233	2	51
Other	25	454	11	132
TOTALS	1,484	12,539	352	2,150

TABLE 5.

OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

AREA.	OPHTHALMIC PART-TIME STAFF	No. of Sessions.		CLINIC.	WHEN HELD.	No. of individual children seen during 1960.		Total Attendances made by these children.	No. Prescribed Spectacles in 1960.		No. Referred for Orthoptic Treatment.	Total Cases on Register 31/12/60.
		1960	1959			New Cases.	Other.		New Cases.	Other.		
SUTTON COLDFIELD	Mr. A. N. CAMERON ... Dr. E. J. McCABE ... Dr. C. LONGMORE.	—	43	9, Holland St., Sutton Coldfield ...	Tuesday, p.m. Wednesday, a.m.	188	369	687	96	201	—	637
		45 42	47									
NORTH-EASTERN	Dr. C. E. CLARKE ...	143	135	Health Clinic, Atherstone Health Clinic, Bedworth ... Riversley Park Clinic, Nuneaton Nurses' Home, Polesworth ...	Friday, p.m. (monthly) Monday, a.m. ... Thursday, a.m. ... Saturday, a.m. Friday, p.m. (monthly)	38 99 197 27	118 301 614 72	164 431 849 110	26 48 92 20	61 153 361 47	6 24 43 6	161 335 663 89
EASTERN	Mr. T. J. P. KERWICK Dr. H. RILEY	91	97	First Aid Post, Rugby ...	Wednesday, a.m. Friday, a.m. ... Wednesday, p.m. (1st and 3rd in month)	269	739	1,008	143	231	34	1,175
		22	23									
NORTH-WESTERN	Dr. R. FRANCIS-JONES	142	206	Miners Welfare Hall, Arley Health Area Office, Coleshill Village Hall, Meriden ... Parish Hall, Wilnecote ...	Tuesday, a.m. (monthly) Tuesday, a.m., Wednesday, p.m. (monthly) Wednesday, a.m. (monthly) Tuesday, p.m.	15 131 11 31	44 81 39 269	84 499 55 397	10 81 8 14	22 126 17 127	— — — —	63 399 48 252
SOLIHULL	Dr. H. RILEY	68	57	Drury Lane Clinic, Solihull Halifax Rd. Clinic, Shirley	Friday, a.m. (as required) Friday, a.m. (as required)	196 88	399 201	741 385	38 12	152 62	6 4	509 272
CENTRAL	Mr. E. L. HOWELL-JONES Mr. M. W. SMITH	20	22	4, Holly Walk, Leamington Spa ...	Monday, a.m. (1st, 2nd, 3rd in month) Tuesday, p.m. (2nd & 4th in month) Wednesday, a.m. (1st & 3rd in month) Wednesday, a.m. Monday, a.m. (4th in month)	240 110 45	760 230 129	1,003 341 175	188 80 38	309 97 53	67 24 11	1,296 362 224
		126	131									
SOUTHERN	Mr. E. L. HOWELL-JONES Mr. M. W. SMITH	18	20	Aclester (Mobile Clinic) ... Health Clinic, Stratford-on-Avon Hospital, Stratford-on-Avon ... C. Infants School, Studley	Friday, a.m. (as required) Friday, a.m. Saturday, a.m. (1st & 3rd in month) Discontinued July, 1960	12 193 19	20 391 13	32 584 32	11 136 15	6 185 5	1 37 4	43 661 —
		44	38									
		761		GRAND TOTAL		1,909	4,789	7,577	1,056	2,215	267	7,189
			819	1959 TOTAL		1,758	4,843	7,355	1,064	2,325	316	7,361

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1960.	Total Attendances made by these children.	Degree of Cure on Discharge.		No. Ceasing to attend or Unsuitable.	No. still on treatment 31st Dec., 1960.
			Full Binocular Vision	Partial Binocular Vision or Cosmetic Improvement.		
Cases carried over from 1959 ...	180	1,042	36	18	36	90
Cases Referred in 1960 ...	131	522	8	5	62	56
TOTAL ...	311	1,564	44	23	98	146

TABLE 7. NUMBER OF CHILDREN WHO RECEIVED OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS (excluding Special Schools).

Area.	1956		1957*		1958		1959		1960	
	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.	No.	Rate per 1,000 on roll.
Sutton Coldfield ...	333	45.0	256	32.5	333	39.3	220	24.2	278	28.4
North-Eastern ...	417	20.3	108	5.2	360	17.2	388	18.2	338	15.9
Eastern ...	212	20.2	75	6.9	195	18.0	278	24.8	63†	5.5
North-Western ...	122	14.7	95	10.7	97	10.3	118	12.0	137	13.1
Solihull ...	175	16.3	207	18.4	432	37.0	353	28.9	254	20.0
Central ...	415	29.9	229	16.0	321	21.9	479	31.3	456	29.0
Southern ...	183	22.8	90	10.6	86	9.7	160	17.3	180	19.0
TOTAL ...	1,857	23.4	1,060	12.9	1,824	21.5	1,996	22.6	1,706	18.8

* Tonsillectomies suspended for part of year owing to poliomyelitis epidemic.

† Owing to shortage of Hospital beds in this area, tonsillectomies were suspended for six months of the year.

**ORTHOPAEDIC SERVICE,
HOSPITAL CLINICS.**

<i>Area.</i>	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
1 SUTTON COLDFIELD.	Sutton Coldfield Hospital.	Monday, p.m.	Mr. J. F. SHEPHERD.	R.H.B.
2 NORTH- EASTERN.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton. Exhall Grange School Clinic.	Friday, p.m. (last in month). Tuesday and Thursday, p.m. By arrangement.	Mr. J. H. PENROSE. Mr. T. SERGEANT. Mr. J. H. PENROSE.	Sisters from Coleshill Orthopaedic Hospital. R.H.B. Mrs. B. KINNAIRD.
3 EASTERN.	Hospital of St. Cross, Rugby.	Monday, a.m.	Mr. ROWAN MITCHELL.	R.H.B.
4 NORTH- WESTERN.	Orthopaedic Hospital, Coleshill. College Lane School Rooms, Tamworth.	Monday (once every 3 months). Tuesday, a.m. (last in month).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital. " "
5 SOLIHULL.	Solihull Hospital. Red Cross House, Blossomfield Road, Solihull. Tudor Grange School Clinic.	Wednesday, p.m. Friday, a.m. (monthly) Friday, p.m. (alt. months)	} Mr. W. H. SCRASE.	R.H.B. Miss B. A. BAILEY.
6 CENTRAL.	Warwick Hospital.	Friday, p.m. (2nd and 4th in month).		Mrs. E. G. MASON. Miss B. A. BAILEY.
7 SOUTHERN.	The Hospital, Stratford-upon-Avon.	Thursday, a.m. (1st and 3rd in month). Friday, a.m. (2nd and 4th in month).	Mr. F. G. ALLAN. Mr. E. J. GALLAGHER.	Sisters from Coleshill Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	55, Holyhead Road, Coventry.	Monday, p.m. Thursday, p.m.	Mr. J. H. PENROSE. Mr. A. J. WATSON.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Monday, p.m. (2nd in month).	Mr. W. H. SCRASE.	R.H.B.

All surgeons are employed by the Regional Hospital Board.

ORTHOPAEDIC SERVICE.

AFTER CARE CLINICS.

Area.	Clinic.	When held.	Physiotherapists.
1	49, Holland Street, Sutton Coldfield.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
2	Atherstone Health Clinic. Riversley Park Clinic, Nuneaton.	Tuesday p.m. Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hos- pital. ditto.
5	Red Cross House, Blossomfield Road, Solihull.	Tuesday p.m. Thursday a.m.	Miss B. A. BAILEY.
6	Kenilworth Health Clinic. 4, Holly Walk, Leamington Spa. Southam Child Welfare Clinic. Warwick Hospital.	Monday p.m. Tuesday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. E. G. MASON. Mrs. E. G. MASON. Mrs. E. G. MASON. Mrs. E. G. MASON.
7	Stratford Health Clinic.	Thursday a.m.	Sisters from Coles- hill Orthopaedic Hospital.

**SPEECH THERAPY.
CLINICS.**

<i>Area.</i>	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>
1. Sutton Coldfield	Sutton Coldfield	Boldmere Rd. Clinic 49, Holland Street	Tuesday 9-30 a.m.—12 noon. Wednesday 1-30 p.m.— 4-30 p.m.
		Walmley—Branch Library	Thursday 1-30 p.m.—4 p.m.
		Falcon Lodge Health Clinic	Monday 9-30 a.m.—12 noon. 1-30 p.m.—4 p.m.
2. North-Eastern	Atherstone Bedworth Nuneaton	Health Clinic	Monday 1-30 p.m.—4-30 p.m.
		Health Clinic	Monday 9-30 a.m.—12-30 p.m.
		Riversley Park	Wednesday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
	Exhall	Exhall Grange Special School	Tuesday and Friday 9-45 a.m.—12-45 p.m. 1-45 p.m.—4-45 p.m.
			Wednesday 1-45 p.m.— 4-45 p.m.
		Wheelwright Lane J. School	Friday 9-30 a.m.—12 noon.
	Nuneaton	Keresley Newlands	Tuesday 1-15 p.m.—4 p.m.
		Red Deeps Special School	Tuesday 9-30 a.m.— 12-30 p.m.
	Polesworth	Nurses Home	Monday 1-30 p.m.—4-15 p.m.
3. Eastern	Rugby	F.A.P., Temple Street	Tuesday, 9-30 a.m.—12 noon. Thursday 9-30 a.m.—12-30 p.m.
	Rugby	Tyntesfield Special School	1-45 p.m.—4-45 p.m. Friday 1-30 p.m.—4 p.m.
4. North-Western	Coleshill	Health Clinic	Monday 9-0 a.m.—12 noon.
	Kingshurst	Various Schools	Monday 1-0 p.m.—4 p.m.
	Wilnecote	Various Schools	Tuesday 9-30 a.m.—12 noon. 1-15 p.m.—4-45 p.m.
5. Solihull	Olton	Chapel Fields Infant School	Wednesday 9-0 a.m.—12 noon.
	Shirley	Health Clinic	Thursday 9-30 a.m.—12-30 p.m.
	Halifax Road		
	Solihull	Health Clinic	Friday 9-30 a.m.—12-30 p.m.
	Drury Lane		1-45 p.m.—5-15 p.m.
	Packwood	Special E.S.N. School	Thursday 9-30 a.m.—12 noon.
	Tudor Grange	Tudor Grange	Monday 9-30 a.m.—12 noon.
		Special School	1-30 p.m.—4-0 p.m.
			Wednesday 9-30 a.m.— 12 noon.
6. Central	Leamington	4, Holly Walk, Leamington Spa	Monday 9-30 a.m.—12-30p.m. 1-30 p.m.—4-30 p.m.
			Wednesday 9-30 a.m.—12-30 p.m.
	Kenilworth	Health Clinic	Wednesday 9-30 a.m.— 12-30 p.m.
	Warwick	F.A.P., Lakin Road	Monday 9-30 a.m.—12-30 p.m.
	Southam	High School	Friday 9 a.m.—12 noon. Friday 1-15 p.m.—4 p.m.
7. Southern	Stratford-on- Avon	Health Clinic	Thursday 9-30 a.m.—12-30 p.m.
			Friday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4 p.m.
	Studley	County Infants' School	Thursday 1-30 p.m.— 4-30 p.m.
	Henley-in- Arden	River House Special School	Thursday 2 p.m.—5 p.m.

TABLE 8. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	AREAS							Special Schools.	1960 Totals.	1959 Totals.
	Sutton Coldfield.	North- Eastern	Eastern	North- Western	Solihull	Central	South- ern			
No. of sessions ...	197	135	113	108	160	288	179	413	1,593	1,532
Number of children attending at 1st January, 1960 ...	56	38	20	66	47	72	42	84	425	454
Number of first attendances in 1960 ...	50	54	14	41	46	86	71	23	385	396
Number of children recalled during 1960 after having been stood down in a previous year ...	10	35	23	12	20	55	50	4	209	117
Total number of children treated during 1960 ...	116	127	57	119	113	213	163	111	1,019	967
Total attendances ...	1,357	1,197	744	918	1,177	1,826	1,369	2,610	11,198	9,775
Number discharged in 1960 :—										
(a) Treatment completed ...	28	35	18	22	44	39	21	8	215	193
(b) Ceased attending	6	9	8	4	6	16	29	14	92	126
Number placed under review ...	29	28	35	3	26	53	16	23	213	184

TABLE 9.

CHILD GUIDANCE.
Number of New Cases referred to Clinics.

Reason for Referral.	1960			Total 1959.
	Males.	Females.	Total.	
Nervous disorders ...	9	12	21	31
Habit disorders and physical symptoms ...	28	9	37	35
Behaviour disorders ...	44	10	54	53
Education difficulties ...	21	18	39	28
Unclassified ...	11	4	15	9
TOTAL ...	113	53	166	156

Nervous Disorders.

Fears and anxiety
Solitary
Excitability
Obsessional
Depression
Physical and social misfit

Habit disorders and physical symptoms.

Sleeplessness, nightmares, etc.
Excretory disorders
Speech defects
Nervous pains, defective vision, asthma, etc.
Movement, tic, thumb sucking
Hysteria

Behaviour Disorders.

Unmanageable
Stealing, housebreaking
Tempers, screaming
Aggressive, destructive, etc.
Sex difficulty
Breach of Recognisance
Jealousy
Irritable, stubborn
Assault
Attention getting

Educational and Vocational Difficulties.

Backwardness
Reading difficulty
Refusal to go to school
Lack of concentration

The cases shown in the Table were distributed among the clinics as follows: Nuneaton, Riversley Park, 34; Coventry and Warwickshire Hospital, 4; Warneford Hospital, Leamington Spa, 32; Drury Lane, Solihull, 33; Hospital of St. Cross, Rugby, 32; Boldmere Clinic, Sutton Coldfield, 18; Other, 13.

TABLE 10.

SCHOOL DENTAL SERVICE.**STAFF AND CLINICS.**

At 31st December, 1960.

Area.	Clinics.		Dental Officers.		Available sessions per week.
	Fixed.	Mobile.	Whole- time.	Part- time.	
Sutton Coldfield ...	3	—	1	1	14
North-Eastern ...	5	1	—	4	12
Eastern ...	2*	1	1	3	21
North-Western ...	1	1	1	—	13†
Solihull ...	2	1	1	6	27
Central ...	3	1	2	2	26†
Southern ...	1	2	1	2	23
TOTAL ...	17	7	7	18	136
Clinic Sessions worked by Principal School Dental Officer ...	—	—	—	—	6

* In same building.

† One whole-time officer
working in two areas.

TABLE 11.

SCHOOL DENTAL SERVICE.

Area.	TOTAL SESSIONS.		ROUTINE CASES.				Emer- gency cases for which treatment was completed.	Total attend- ances made for treatment.
	Inspec- tion.	Treat- ment.	Inspec- ted.	Found to require treat- ment.	Referred for treatment.	Cases for which treatment completed.		
Sutton Coldfield	15	671	930	736	550	389	1,230	3,655
North-Eastern ...	17	829	1,938	1,427	1,081	649	1,145	4,483
Eastern ...	13	859	1,103	895	807	395	1,143	4,870
North-Western ...	27	498	1,282	1,070	872	724	94	2,329
Solihull ...	20	986	2,171	1,583	1,542	616	1,132	6,525
Central ...	34	789	2,422	1,710	1,436	787	606	4,589
Southern ...	78	856	6,367	4,163	3,793	1,690	142	3,943
COUNTY TOTAL 1960 ...	204	5,488	16,213	11,584	10,081	5,250	5,492	30,394
COUNTY TOTAL, 1959 ...	191	4,939	13,938	10,598	8,242	4,205	5,324	28,483

TABLE 12.

DENTAL TREATMENT GIVEN.

Type.	Routine cases.		Emergency cases.	
	Number.	No. per 100 cases for which treat- ment was completed.	Number.	No. per 100 cases for which treat- ment was completed.
Permanent teeth.				
Extractions ...	1,684	32	3,621	66
Fillings ...	10,728	204	8,623	157
Other operations ...	2,180	42	4,554	83
Total ...	14,592	278	16,798	306
Temporary Teeth.				
Extractions ...	4,941	94	5,304	97
Fillings ...	2,752	52	2,093	38
Other operations ...	1,996	38	1,258	23
Total ...	9,689	184	8,655	158
Appliances.				
Dentures ...	29	0.6	124	2
Orthodontics ...	185	4	—	—
General Anaesthetics ...	1,697	32	3,903	71

**TABLE 13. PULMONARY TUBERCULOSIS NOTIFICATIONS BY SEX
AND STAGE OF DISEASE IN CHILDREN AGED 5-14
DURING 1960.**

(1959 figures in brackets).

Area.	Primary Notifications.						Other Notifications. (transfers into County or noti- fication at death).
	M.	F.	Total.	Stage of Disease,			
				Early.	Inter- mediate.	Late.	
Sutton Coldfield	— (2)	— (1)	— (3)	— (2)	— (1)	— (—)	1 (3)
North-Eastern	2 (1)	— (1)	2 (2)	2 (2)	— (—)	— (—)	— (—)
Eastern ...	2 (1)	1 (2)	3 (3)	1 (2)	2 (1)	— (—)	— (1)
North-Western	— (—)	3 (1)	3 (1)	3 (1)	— (—)	— (—)	— (1)
Solihull ...	1 (1)	— (—)	1 (1)	1 (1)	— (—)	— (—)	1 (1)
Central ...	— (6)	2 (3)	2 (9)	2 (9)	— (—)	— (—)	— (—)
Southern ...	— (—)	1 (1)	1 (1)	1 (—)	— (1)	— (—)	— (1)
Total ...	5 (11)	7 (9)	12 (20)	10 (17)	2 (3)	— (—)	2 (7)

**TABLE 14. NON-PULMONARY TUBERCULOSIS NOTIFICATIONS IN
CHILDREN AGED 5-14 DURING 1960.**

(1959 figures in brackets).

Area.	Primary Notifications.			Other Notifications. (transfers into County or noti- fications at death).
	M	F	Total	
Sutton Coldfield ...	— (1)	— (—)	— (1)	— (—)
North-Eastern ...	1 (—)	1 (1)	2 (1)	— (—)
Eastern ...	— (—)	— (—)	— (—)	— (1)
North-Western ...	— (1)	— (2)	— (3)	— (—)
Solihull ...	— (—)	— (—)	— (—)	— (—)
Central ...	— (—)	— (—)	— (—)	— (—)
Southern ...	— (—)	— (3)	— (3)	— (—)
Total ...	1 (2)	1 (6)	2 (8)	— (1)

TABLE 15.

HANDICAPPED PUPILS, 1960.

Year of Ascertainment.			DISPOSAL.																			
			Total.	RECOMMENDED SPECIAL SCHOOL.												Home Tuition.		Recommend- ed special class in ordinary school.		UNDER REVIEW.		
				IN SPECIAL SCHOOL, 31/12/60.				Parents refuse Consent.		On waiting list for particular school.		Under Investigation or on general waiting list.										
				Warwick- shire.		Non-War- wickshire.								Total.								
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
A. Blind ...	6	6	1	—	13	—	—	6	5	11	—	—	1	—	—	—	—	—	—	—	—	—
B. Partially Sighted ...	42	14	10	1	67	18	5	8	6	37	1	—	2	5	—	—	—	—	10	2	—	—
C. Deaf ...	21	15	—	1	37	—	—	21	15	36	—	—	—	—	—	—	—	—	—	—	—	
D. Partially Deaf ...	27	20	15	7	69	1	—	25	14	40	—	—	2	2	1	—	—	—	1	9	1	—
E. Educationally Sub- Normal ...	443	259	102	43	847	185	134	99	39	457	29	9	24	55	29	50	20	5	5	41	38	4
F. Epileptic ...	20	10	3	6	39	—	—	10	4	14	—	—	—	—	—	—	—	1	1	11	11	—
G. Maladjusted ...	42	8	12	—	62	28	—	3	1	32	—	—	—	4	1	—	—	—	—	11	5	1
H. Physically Handicapped ...	110	113	26	27	276	25	17	25	20	87	2	2	7	4	2	—	—	10	7	53	77	12
I. Speech Defects ...	1	1	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—
J. Delicate ...	78	49	17	16	160	1	—	22	16	39	2	1	2	1	3	—	—	—	—	63	43	1
TOTALS ...	790	495	186	101	1,572	258	156	220	120	754	34	12	34	72	36	50	20	16	15	199	186	17

TABLE 16. NUMBER OF HANDICAPPED PUPILS IN EACH AREA
at 31st December, 1960.

Area.	Sutton Coldfield.	North-Eastern.	Eastern.	North-Western.		Solihull.	Central.		Southern.		All Areas, 1960		All Areas, 1959		All Areas, 1958
				1960	Total		1960	Total	1960	Total	1960	Total	1960	Total	
Number of school children (excluding nursery school children.)	9,781	21,259	11,431	10,485	12,705	15,748	9,463	90,872	87,952	84,684					
CATEGORY.	1960	Total	1960	Total	1960	Total	1960	Total	1960	Total	1960	Total	1960	Total	Total
Blind	—	1	—	2	—	3	—	3	—	1	1	13	12	8	
Partially Sighted ...	—	2	2	20	6	14	4	14	1	8	11	67	59	50	
Deaf	—	6	1	7	4	8	—	7	3	3	1	37	44	45	
Partially Deaf ...	—	5	10	20	14	7	4	13	3	4	22	69	53	46	
Educationally Sub-normal	1	37	43	304	113	9	36	178	13	77	145	847	852	800	
Epileptic	—	2	8	16	8	—	—	3	—	2	9	39	34	29	
Maladjusted	1	4	—	6	1	7	3	12	—	9	12	62	81	79	
Physically Handicapped	4	25	23	78	32	5	9	70	3	13	53	276	281	260	
Speech	—	1	—	—	—	—	—	—	—	1	—	—	2	2	
Delicate	1	16	23	70	4	1	3	15	1	9	33	160	148	123	
TOTAL	7	99	110	523	34	209	59	315	21	127	287	1572	1566	1442	
Recorded as Ineducable under Education Act Section 57 (3). ...	2	24	7	80	4	42	9	66	6	41	40	316	309	340	

TABLE 17.

WARWICKSHIRE SPECIAL SCHOOLS.

School.	Type.	Residential Accommodation.	Age Range.	On roll Christmas Term, 1960.		
				Warwickshire children.		Children from other Authorities.
				Day	Res.	Res.
Tudor Grange	Physically handicapped Mixed ...	40	5—11	10	20	20
Exhall Grange	(a) Physically Handicapped Mixed ...	300	(a) Seniors	—	15	29
	(b) Partially Sighted Mixed ...		(b) All ages	—	22	217
River House	Maladjusted Boys ...	45	8—16	2	26	15
Nuneaton, Red Deeps	Educationally Subnormal Mixed Day ...	—	8—16	150	—	—
Packwood	Educationally Subnormal Boys ...	60	10—16	—	59	1
Tyntesfield	Educationally Subnormal Girls Res. and Day ...	40	9—16	16	38	1
Warwick Priory	Educationally Subnormal Mixed Day ...	—	9—16	80	—	—
	TOTAL ...	485	—	258	180	283

TABLE 18.

ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN
IN TUDOR GRANGE AND EXHALL GRANGE SPECIAL SCHOOLS

(These figures include Children from other Authorities).

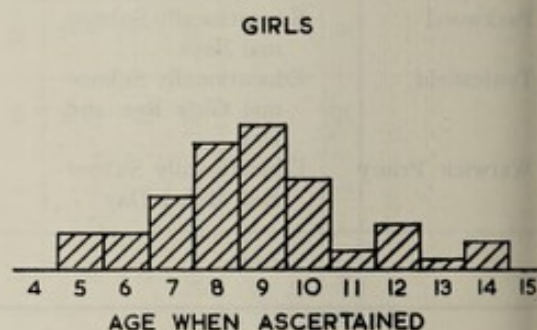
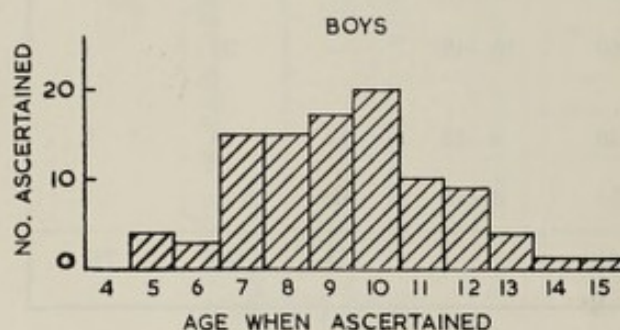
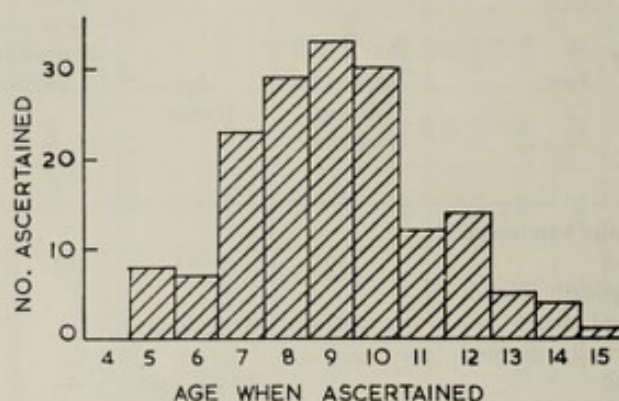
Christmas Term 1960.

(1959 figures in brackets).

	Tudor Grange.			Exhall Grange.		
	M	F	Total.	M	F	Total.
Bronchiectatic conditions and asthma	2 (2)	— (—)	2 (2)	1 (1)	— (—)	1 (1)
Heart conditions ...	2 (1)	2 (1)	4 (2)	— (2)	— (—)	— (2)
Post Poliomyelitis ...	3 (3)	1 (—)	4 (3)	5 (5)	4 (6)	9 (11)
Spastic and similar conditions ...	25 (27)	10 (8)	35 (35)	16 (15)	8 (7)	24 (22)
Tuberculous joints and bone infections	— (1)	— (1)	— (2)	1 (2)	1 (1)	2 (3)
Other conditions ...	4 (5)	1 (1)	5 (6)	6 (9)	2 (1)	8 (10)
TOTALS ...	36 (39)	14 (11)	50 (50)	29 (34)	15 (15)	44 (49)

AGE DISTRIBUTION OF EDUCATIONALLY SUB NORMAL CHILDREN ASCERTAINED IN 1959 & 1960

1959
TOTAL



1960
TOTAL

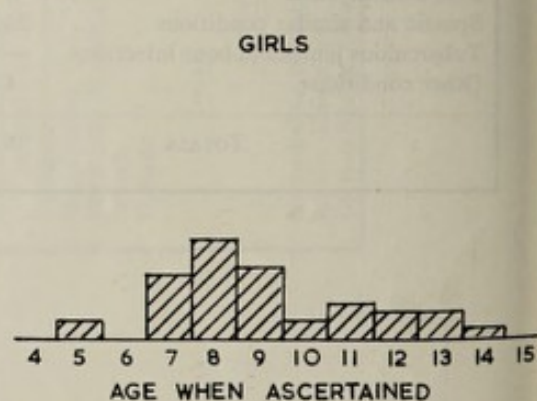
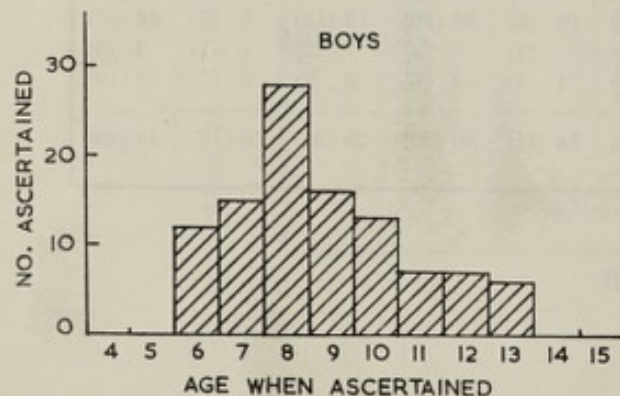
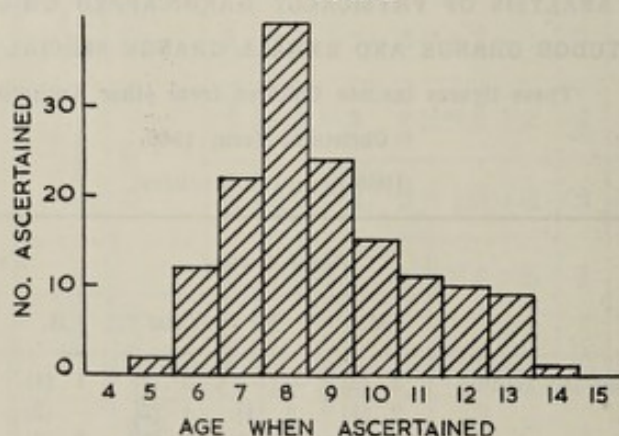


TABLE 19.

LOUSE INFESTATION.

BOYS.

Area.	Average % of boys infested at an examination 1960. (1959 figures in brackets).			Total.
	0%	Over 0% to 5%	Over 5%	
	No. of schools.	No. of schools.	No. of schools.	No. of schools.
SUTTON COLDFIELD	21 (19)	3 (3)	— (—)	24 (22)
NORTH-EASTERN	37 (28)	36 (45)	2 (—)	75 (73)
EASTERN	48 (41)	5 (12)	— (—)	53 (53)
NORTH-WESTERN	41 (43)	9 (8)	— (1)	50 (52)
SOLIHULL	33 (36)	4 (2)	— (—)	37 (38)
CENTRAL	63 (76)	19 (10)	— (—)	82 (86)
SOUTHERN	54 (58)	17 (14)	— (—)	71 (72)
TOTAL ...	297 (301)	93 (94)	2 (1)	392 (396)
Average number of boys on school roll:				
Under 50	122 (133)	25 (16)	1 (1)	148 (150)
50 to 100	50 (51)	24 (23)	1 (—)	75 (74)
Over 100	125 (117)	44 (55)	— (—)	169 (172)

TABLE 20.

LOUSE INFESTATION.

GIRLS.

Area.	Average % of girls infested at an examination 1960. (1959 figures in brackets).			Total.
	0%	Over 0% to 5%	Over 5%	
	No. of schools.	No. of schools.	No. of schools.	No. of schools.
SUTTON COLDFIELD	11 (15)	12 (7)	— (—)	23 (22)
NORTH-EASTERN	19 (13)	46 (50)	11 (10)	76 (73)
EASTERN	32 (30)	21 (22)	— (—)	53 (52)
NORTH-WESTERN	32 (32)	16 (19)	2 (2)	50 (53)
SOLIHULL	26 (30)	12 (8)	— (—)	38 (38)
CENTRAL	44 (55)	34 (29)	6 (3)	84 (87)
SOUTHERN	46 (46)	23 (25)	2 (—)	71 (71)
TOTAL ...	210 (221)	164 (160)	21 (15)	395 (396)
Average number of girls on school roll:				
Under 50	110 (116)	30 (26)	8 (7)	148 (149)
50 to 100	32 (31)	42 (44)	10 (4)	84 (79)
Over 100	68 (74)	92 (90)	3 (4)	163 (168)

At the discretion of Medical Officers, schools found to be clean over a long period are visited very infrequently.

TABLE 21. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Area.	Clinic.	When held.	Sessions.	Attendances.		
				First.	Subsequent.	Total.
2	Health Clinic, Atherstone ...	Wednesday, a.m. ...	12	23	10	33
	Health Clinic, Bedworth ...	Monday, a.m. } ...	60	67	41	108
		Thursday, a.m. }				
	Riversley Park Clinic, Nuneaton	Mondays to Fridays, a.m. ...	223	913	2,117	3,030
	Health Clinic, Stockingford ...	Mondays to Fridays, a.m. ...	215	1,173	1,444	2,617
	Nurses House, Polesworth ...	Thursday, a.m. (1st and 3rd in month) ...	7	8	6	14
	Newlands School, Keresley ...	Friday, a.m. (alt. wks.) ...	15	30	9	39
	Nurses House, Hartshill ...	Monday to Friday, a.m. ...	40	104	70	174
		Total ...	572	2,318	3,697	6,015
3	First Aid Post, Rugby ...	Monday, a.m. }	98	133	1,146	1,279
		Thursday, p.m. }				
4	Miners Welfare Hall, Arley ...	Monday, a.m. ...	7	13	1	14
	Area Health Office, Coleshill...	Monday, a.m. (2nd in month)	9	68	4	72
	Parish Hall, Wilnecote ...	Thursday, a.m. ...	32	78	57	135
		Total ...	48	159	62	221
5	Halifax Road Clinic, Shirley ...	Wednesday, a.m. (3rd in month) ...	12	84	22	106
	Drury Lane Clinic, Solihull ...	Saturday, a.m. (1st and 3rd in month) ...	19	108	9	117
		Total ...	31	192	31	223
6	4, Holly Walk, Leamington Spa	Daily, a.m. ...	301	77	34	111
7	Health Clinic, Stratford-on-Avon ...	Monday, a.m. ...	49	20	14	34
		GRAND TOTALS ...	1,099	2,899	4,984	7,883
		GRAND TOTALS FOR 1959 ...	1,093	3,274	6,343	9,617

TABLE 22.

MINOR AILMENTS CLINICS.

<i>Type of Defect.</i>	<i>First Attendances.</i>	<i>Subsequent Attendances.</i>	<i>Total 1960.</i>	<i>Total 1959.</i>
Skin.				
Ringworm—Scalp	2	—	2	1
Body	7	2	9	18
Scabies	18	24	42	12
Impetigo	51	230	281	209
Other Skin Diseases	836	2,524	3,360	5,057
Total	914	2,780	3,694	5,297
Eye.				
Blepharitis	28	37	65	80
Conjunctivitis	88	159	247	175
Other Minor Eye Conditions ...	196	124	320	319
Total	312	320	632	574
Ear.				
Miscellaneous Minor Ear Conditions	75	51	126	232
Nose and Throat.				
Miscellaneous Minor Nose and Throat Conditions	157	72	229	152
Other Minor Ailments	1,441	1,761	3,202	3,362
TOTAL	2,899	4,984	7,883	9,617

TABLE 23. SCABIES—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.

The demand for treatment is now small and these centres are only open on request.

TREATMENT CENTRE.	FIRST ATTENDANCE.			Subsequent Attendances.	Total Treatments.
	Adults.	School Children.	Pre-school children.		
BEDWORTH	1	3	3	7	14
LEAMINGTON SPA	—	—	—	—	—
TOTALS	1	3	3	7	14
Totals for 1959	—	—	—	—	—
Totals for 1958	4	6	3	13	26

TABLE 24. CHILDREN AND YOUNG PERSONS ACT, 1933.

NO. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF
CHILDREN BYELAWS.

<i>Area.</i>	<i>Number of Children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield ...	206	205	1
North-Eastern ...	338	337	1
Eastern ...	103	103	—
North-Western ...	103	103	—
Solihull ...	106	106	—
Central ...	266	266	—
Southern ...	188	188	—
Total 1960 ...	1,310	1,308	2
Total 1959 ...	1,261	1,260	1
Total 1958 ...	1,090	1,085	5
Total 1957 ...	1,250	1,249	1
Total 1956 ...	965	964	1

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1960 was 49,012. Comparison with previous years is given below :—

<i>Year.</i>	<i>Average no. of meals pro- vided daily in schools.</i>
1951 ...	26,832
1952 ...	29,386
1953 ...	28,138
1954 ...	30,543
1955 ...	34,347
1956 ...	35,852
1957 ...	35,793
1958 ...	41,361
1959 ...	44,399
1960 ...	49,012

The figure for 1960 represents approximately 55.75% of the children in attendance.

An average daily number of 69,959 children received milk in schools ; this represents 79.08% of the children in attendance.



Warwickshire County Council.

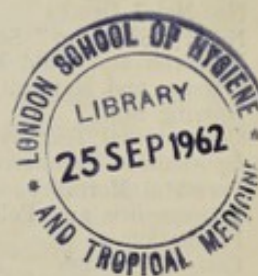
ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1960



August, 1961.

CONTENTS.

	PAGES
Air Pollution	14, 28, 29
Ambulance Service	15, 31, 67, 68
Antenatal Clinics	48
B.C.G. Vaccination	2, 60
Birth Rates, Legitimate and Illegitimate	5, 8, 26, 27, 35, 36, 39, 44
Blindness	64
Cancer Deaths	6, 36, 37, 38
Care and After-Care Loan Scheme	11, 61
Child Welfare Centres	8, 45
Chiropody	11
Convalescence	62
Coronary Disease and Angina	6, 38
Death Rates	6, 35, 36, 37, 38
Deaths of children 1—5 years	43
Dental Treatment for Expectant and Nursing Mothers and Pre-School Children	9, 49
Diphtheria and Diphtheria Immunisation	3, 21, 23, 51
Fluoridation of Domestic Water Supplies	10, 24
Food and Drugs (Milk Dairies and Artificial Cream) Act, 1950. 13, 20, 69, 70	
Guild Street Antenatal and Postnatal Hostel	8, 47
Health Education	11
Health Visiting	7, 47
Home Help Scheme	10, 25, 62, 63
Home Nursing	7, 46
Illegitimate Child and its Mother	8, 47
Infant Mortality	35, 36, 37, 39, 40, 42, 43, 44
Infectious Diseases	54, 55
Liaison Arrangements	8
Mass Radiography	2, 19, 58
Maternal Mortality	35, 36, 40
Mental Health	11, 66
Midwifery	6, 46
Milk and Dairies Administration	13, 69, 70
Milk in Schools Scheme	70
National Insurance—New Claims for sickness benefit	64
Neo-Natal Deaths	39, 40, 42, 44
Night "Sitter-up" Service	63
Nurseries and Child Minders' Regulation Act, 1948	72
Nursing and Maternity Homes (Registration)	50
Nursing Staff	6, 33
Occupational Therapy Scheme	72
Ophthalmia Neonatorum	54
Perinatal Mortality	40
Poliomyelitis and Poliomyelitis Vaccination	1, 17, 22, 52, 54, 55
Population	5, 35
Postnatal Clinics	48
Premature Births	5, 40, 41
Preparation for Motherhood Classes	11, 46
Problem Families	10
Smallpox and Smallpox Vaccination	4, 22, 53
Staff	32, 33, 34
Stillbirths	5, 8, 35, 36, 39, 42, 44
Tetanus Immunisation	52
Tuberculosis—Pulmonary	2, 18, 19, 36, 55, 56, 57, 59
—Non-pulmonary	2, 56, 59
—After-Care	60
Tuberculosis Staff and Clinics	55
Vehicles	68
Venereal Diseases	4, 30, 64
Vitamin Products	65
Whooping Cough and Whooping Cough Immunisation	4, 23, 51, 54, 55

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

(Telephone : Warwick 340).

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 1960.

The year has been a very full one, with wider developments in the Mental Health field, proposals for a Chiropody scheme, preparation for the Delegation to the Borough Councils of Nuneaton, Sutton Coldfield and Solihull, as well as expansion of the existing services.

The following paragraphs draw attention to changes of note during the year, review the progress made in past years, and provide a pointer to further measures which are required to improve the health of the people in the County.

1. **Poliomyelitis.** (Diagrams pages 17, 22, and Tables 35, 38, 39, 40).

Four cases of paralytic poliomyelitis occurred towards the end of the year, three of whom were from the same area. In the area with three cases, one was a baby girl of eighteen months, and two were young men in their mid-twenties. None of these cases had been vaccinated. In the other area, the case was a baby girl of two and a half years who had been vaccinated. When these cases are related to the relevant vaccinated and unvaccinated population, it will be seen that the attack rate was much greater in the unvaccinated population :—

Attack rate of paralytic poliomyelitis per 100,000 population during 1960.

	<i>Unvaccinated.</i>	<i>Vaccinated.</i>
Children under 15 years	3.1	0.9
Young adults aged 15 to 27 years ...	6.3	NIL

One death occurred amongst the cases notified and follow-up of the remaining three showed that some slight degree of residual paralysis was present.

Vaccinations against the disease continued throughout the year and by the end of 1960, the two-injection level in children up to fifteen years of age was round the 77% level. The majority of these children had also received their third injection. The vaccination level in young adults between the ages of fifteen and twenty-seven rose to about 65%, and the majority of these had also completed their third injection. Although these levels are reasonably high, it will be noted that just over 20% of the child population and 35% of young adults remained unvaccinated, and it was, therefore, not altogether surprising that a small outbreak of poliomyelitis occurred in the County.

During 1960, vaccination was extended to those persons who had not reached the age of forty, and also to certain further small groups such as dental surgeons, etc. Just over 25,500 persons in this group completed two injections and over 8,471 received a third. This is, however, a very small proportion of the potential in the age-group, and it is hoped that more people under forty will take advantage of the facilities available.

At the beginning of 1961, poliomyelitis vaccination of any persons not in the above priority groups was made available, but from general practitioners only. A further extension of the vaccination programme also took place at the beginning of 1961, when fourth re-inforcing injections became available for children between the age of five and up to twelve years of age. These will be undertaken only if twelve months has elapsed since the third

injection. This fourth dose has been considered advisable in view of the greater risk of infection to which school children are exposed. It is hoped that the majority of these will be completed before the 1961 poliomyelitis season.

Since the beginning of 1961 oral vaccine could be made available as an emergency measure in the event of serious outbreaks of the disease. It is not, however, intended that this vaccine be substituted for the routine immunisation (three doses administered by injection, with a reinforcing fourth dose to children of primary school age).

2. Tuberculosis.

Pulmonary (Diagrams pages 18, 19, and Tables 41 to 49).

New notifications of this disease dropped by 20% during the year, 133 men and 82 women being newly notified compared with 174 men and 94 women in 1959.

Although the notification rate for males remained at a much higher level than for females, the proportionate decrease in men was greater during 1960. Just over half the men and one third of the women were in an infectious state (sputum positive) on notification.

Owing to the yearly fluctuation which occurs, especially when figures are sub-divided into smaller numbers such as age-groups, a review has been made of the three-yearly average rates for 1952/53/54 and 1958/59/60 in order to assess the trend of events in recent years. These figures are shown in the diagram on page 19. It will be noted that a considerable decrease has taken place in recent years, but that the proportionate decrease in middle aged and elderly men, and women over sixty-five has not been as great as in the younger age-groups. Notifications in females continue to fall rapidly after the twenty-five to thirty-four age-group, but in men remain at a high level throughout all age-groups. The infectious rate (sputum positive cases) in males and females up to twenty-five years shows little difference, but in later age-groups, a much higher sputum positive rate exists in men.

Since 1952, the stage of disease at notification has been provided where possible by the County Chest Physicians. The three-yearly average rates for the above two periods show that although overall notifications have decreased, the proportion of late cases in men has not appreciably altered. In women, however, the proportion of late cases has decreased over this period.

Mass Radiography surveys continued throughout the County during the year. The highest coverage occurred in the fifteen to twenty-four age-group, about twelve persons in every 100 having a miniature x-ray. Coverage in the age groups between twenty-five and sixty-four varied between ten and six, but dropped to only two in every 100 in the sixty-five and over age-group.

It is essential to stress the importance of early detection and treatment of this disease in order to eliminate infection risk and to encourage the general public, both young and old, to seek early advice for suspicious symptoms, and to avail themselves of the Mass Radiography Service as a routine check whether any symptoms are present or not.

It will be noted from the diagrams that a high rate of pulmonary tuberculosis still occurs in young adults (156 cases having been notified in the 15-24 age-group during the last three years). In order to provide a greater safeguard for children about to enter this age-group, B.C.G. vaccination is offered to children of school-leaving age. Just over 7,000 school-children were offered this prophylactic measure during the year, and acceptances were received for about three-quarters of them. Of the 4,772 children who were skin tested, just over one in five were already positive indicating that B.C.G. was not necessary. Some 3,493 children were given vaccination. In addition to the school children and student scheme, B.C.G. was also available as in previous years for any known tuberculosis contact who was found to be tuberculin negative. A further 732 were vaccinated under the contact scheme, the majority of whom were children.

Non-Pulmonary. (Tables 42 and 46).

All retailed milk is now either "Pasteurised," "Sterilized" or "Tuberculin Tested." This specification of milk supplies began at the end of 1952 and was completed in 1957. Intensive milk sampling has been carried out in the County for many years, and the number of



positive tubercle milk samples has been rapidly declining until no positive herd was found in 1960. Milk-borne tuberculosis which is usually caused by the bovine bacillus has principally affected children, and it is of interest to note that during the last ten years, yearly notifications of non-pulmonary tuberculosis in children have dropped from forty-seven to two.

Non-pulmonary tuberculosis in adults is usually due to the human type of tubercle bacillus and notifications in adults have on the whole remained stationary during this period.

During 1960, a total of forty-five cases were notified (two of them being notified post-humously) compared with forty-nine cases last year. A decrease occurred in the children's rate only. Nearly three-quarters of the cases were women, the main age-group in both sexes was the twenty-five to thirty-four. The three main sites affected were the glands (mainly cervical) with 31%, bones and joints with 24% and the genito-urinary system with 24%.

3. Immunisation and Vaccination.

During the year triple vaccine combining diphtheria, tetanus and whooping cough came into use in this County, and a review was made of the whole immunisation programme. The table below shows the list of vaccines which it is now considered advisable for each child to have to give the maximum known protection, and also shows the approximate age at which each vaccine should be received.

<i>Approx. Age.</i>	<i>Vaccine.</i>	<i>Interval.</i>	
2-6 months	COMBINED diphtheria, tetanus and whooping cough	One month or more	A
	COMBINED diphtheria, tetanus and whooping cough		B
	COMBINED diphtheria, tetanus and whooping cough		C
7-10 "	POLIOMYELITIS	—	D
	POLIOMYELITIS		E
12 "	SMALLPOX	—	F
15-18 "	COMBINED diphtheria, tetanus and whooping cough.	—	G
	POLIOMYELITIS.	—	H ₁
School entry	COMBINED diphtheria and tetanus.	—	I
	POLIOMYELITIS	—	H ₂
8-9 years	COMBINED diphtheria and tetanus.	—	J
	SMALLPOX revaccination.	—	K
10-15 "	TUBERCULOSIS. (B.C.G.)	—	L

A card showing the above information is now issued to the mother of each young child, and as each vaccine is given, the appropriate letter is punched in the end column. This card is made of a strong material and is of a compact size which will easily fit in a handbag. This will enable each mother to see at a glance what vaccines her child has had (this is most important should the child have an accident and the question of tetanus immunisation arise); it will also provide a reminder as to when the next vaccine is normally due.

It is hoped that each mother will co-operate in taking advantage of the wide facilities offered to safeguard her child.

4. Diphtheria and Diphtheria Immunisation. (Diagrams pages 21, 23, and Tables 32, 38, 39).

This is the ninth year that the County has remained free from this disease. One suspected case was, however, notified during the year, but was not confirmed on bacteriological examination.

During the past few years, notifications in England and Wales have tended to increase. Figures published by the Ministry of Health, relating to the 1959 cases, showed that the majority of these occurred in school-children, 60% being between the ages of five and nine years and 16% between ten and fourteen years. Investigation showed that a considerable number of these children had received a primary course in infancy but had not received a reinforcing dose. Such facts are a salutary reminder that the disease could reappear and stresses the great need for maintaining a high level of reinforcing doses as well as primary immunisation.

During the year, more children received both primary and re-inforcing injections in Warwickshire, 10,705 children receiving a primary course, whilst 10,256 received reinforcing injections. A review of the primary immunity level of children under five years of age at the end of the year showed that 70% had received a full course of primary immunisation, compared with 55% five years ago. This was most encouraging. Booster doses in the five to nine year group now stand at a reasonably high level and it is hoped that further increases will be made in the boosters in the ten to fourteen age group.

5. Smallpox and Smallpox Vaccination. (Diagram page 22 and Tables 36, 37, 38).

Following a review of the immunisation programme mentioned above, smallpox vaccination is now being given at twelve months of age instead of at an earlier age.

As a result of this procedure, the number of smallpox vaccinations dropped considerably during 1960 to 5,794, as against 7,437 in 1959. These figures should show a corresponding rise during the coming year.

Although no case of smallpox has occurred in Warwickshire for some considerable time cases occasionally occur elsewhere in the country.

A high level of immunity must, however, be maintained here whilst the disease is still prevalent in other parts of the world.

6. Whooping Cough and Whooping Cough Immunisation. (Diagram page 23 and Tables 33, 38, 39).

The spectacular downward trend in whooping cough notifications which had been evident during the past few years, was, unfortunately, not maintained during 1960. The number of cases rose to 735 compared with 337 in 1959. Large increases in this disease were also noted throughout England and Wales.

One child died from whooping cough during the year. This was a baby of three weeks old who had not been immunised.

Primary and reinforcing immunisation doses increased during the year; 10,328 children received a full primary course, compared with 8,793 in 1959, and 5,155 received a reinforcing dose compared with 3,515 in 1959.

7. Venereal Disease. (Diagram page 30 and Table 57).

The total number of new venereal disease cases dealt with at the clinics during the year rose to 105 compared with 95 last year. Syphilitic cases in males remained at a similar level to last year, ten cases compared with eight in 1959, but in females the number dropped to three as against fifteen last year. It will be noted from the diagram that there has been a continued decrease in the number of syphilitic cases attending clinics. This decrease is due in the main to the introduction of modern drugs in the treatment of the disease.

Gonorrhoea cases in males rose to 76 compared with 58 in 1959. This was the largest number of cases treated at clinics in the County for over ten years. Sixteen women were also treated at the clinics compared with fourteen last year, and this also was the largest number since 1951. Owing to the lack of symptoms of the disease in females, early diagnosis is difficult to achieve. This results in a constant source of infection in the population. Where possible contacts are traced, but information on this point is often difficult to obtain, but the present contact tracing scheme in operation in the County continues to function reasonably satisfactorily. The importance of early detection and treatment of the disease at recognised centres must be emphasised, and the risks of re-infection brought to the notice of all concerned.

8. Population. (Table 1).

The mid 1960 population estimate rose to 591,410, an increase of over 14,000 on the mid-1959 figure of 576,800. Preliminary figures now published of the Census of population taken at April, 1961 gives the population of the Administrative County as 612,578, which suggests (after allowing for an increase in the interim period), that the 1960 estimate was on the low side.

The Census figures for April, 1961 and the estimated mid-1960 population are given below for reference. All figures shown in the tables of the report relate to the mid-1960 population estimates supplied by the Registrar General.

		<i>April, 1961 (Census).</i>			<i>Estimated Mid-1960 Population.</i>
Sutton Coldfield M.B.	...	72,143	...	...	64,760
Nuneaton M.B.	...	56,598	...	...	57,660
Bedworth U.D.	...	32,501	...	...	30,570
Atherstone R.D.	...	24,394	...	...	24,860
Rugby M.B.	...	51,651	...	...	50,400
Rugby R.D.	...	21,739	...	...	22,320
Meriden R.D.	...	57,520	...	...	56,960
Tamworth R.D.	...	19,036	...	...	17,750
Solihull M.B.	...	96,010	...	...	92,550
Leamington M.B.	...	43,236	...	...	40,060
Warwick M.B.	...	16,032	...	...	16,010
Kenilworth U.D.	...	14,427	...	...	14,250
Southam R.D.	...	15,457	...	...	15,960
Warwick R.D.	...	26,448	...	...	25,580
Stratford M.B.	...	16,847	...	...	15,510
Alcester R.D.	...	15,556	...	...	14,820
Shipston R.D.	...	8,980	...	...	8,040
Stratford R.D.	...	24,003	...	...	23,350

9. Births.

Live Births. (Tables 1 and 6).

The number of births continued to rise during the year, and the birth rate of 17.76 was the highest recorded since 1948. A total of 10,942 births were recorded, an increase of 455 on last years number of 10,487.

The highest rates occurred in Leamington Spa M.B. (20.50), Sutton Coldfield M.B. (19.87), Southam R.D. (19.75) and Rugby M.B. (19.38), whilst the lowest rates occurred in Warwick M.B. (13.65) and Atherstone R.D. (14.52).

Stillbirths. (Tables 1, 7, 18).

One hundred and ninety-five stillbirths occurred during the year, compared with one hundred and eighty-nine last year. When related to the increased number of births, this gave a slightly lower rate than in 1959, 17.51 as against 17.70.

Premature Births. (Tables 14 to 17).

The number of babies born prematurely totalled 786, 103 of whom were stillborn. Half of the stillborn babies were very small weighing 3lbs. 4 ozs. or less.

Of the 683 who were born alive, nearly half weighed between 4 lbs. 15 ozs. and 5 lbs. 8 ozs., and survival in this weight group is high, 98 babies in every 100 being alive at the twenty-eighth day. In those babies weighing 3 lbs. 4 ozs. to 4 lbs. 15 ozs. survival at the twenty-eighth day is also good, ranging between 80 to 90 per cent. The survival rate for the very small baby, however, drops sharply, and was only 29% for those weighing 3 lbs. 4 ozs. or less.

As far as possible, premature babies are nursed in special premature units in hospitals where every facility is available to ensure survival.

10. **Mortality.** (Tables 1 to 5).

Of the 5,768 deaths which occurred in the County during the year, 2,940 were males and 2,828 females. In men, a far greater proportion were again under 65 years of age, thirty-nine in every hundred compared with twenty-seven per hundred in females.

Coronary disease and cancer accounted for nearly 2,000 of these deaths, and these causes are dealt with more specifically in the following paragraphs.

11. **Coronary Disease and Angina** (Table 5).

Deaths from this disease rose to 946 during the year, compared with 842 last year. Rates in men, especially those of middle-age continued to be far higher than in women, 42 male deaths in every 100 being under 65 years of age, compared with only 14 female deaths.

The increasing proportion of middle aged men dying from this disease is most disturbing to note.

As yet the basic causes are still unknown, but it is believed that lack of physical exercise, excess of certain foods (especially saturated fats) and mental stress are associated with this condition. More research into the pathology of arterial damage is urgently required.

12. **Cancer.**

General. (Table 4).

Just over 1,000 people again died from this disease during the year, 528 males and 516 females.

It is most important that the general public be encouraged to seek medical advice immediately any unusual sign or symptom is noticed, (lumps, unusual bleeding, etc.). The cause would not necessarily be due to cancer, but if any malignant change were found, early treatment could be commenced.

Cancer of the Lung. (Table 4).

Although deaths from this disease dropped slightly during the year, total numbers for England and Wales as a whole continued to rise. Of the 217 deaths which occurred in this County during 1960, 86% (186 cases) were men.

The proportion of lung cancer deaths in males has been steadily rising for some time, and now amounts to thirty-five in every hundred cancer deaths, compared with twenty-four some ten years ago.

The relationship between heavy cigarette smoking and lung cancer is now accepted as quite definite. These facts are brought to the notice of the adult public and the children in our schools, so that they may be in a position to decide their smoking habits with full knowledge of the risks incurred.

13. **Nursing Services.** (Tables 23, 25, 26.).

Midwifery.

During the past five years the ratio of domiciliary to institutional births has changed from 35% to 41%. The number of domiciliary births has risen from 3,161 to 4,506, an increase of 45%. In order to meet the increasing demand, certain changes have been made in the staffing position in some of the areas, whole-time midwives being employed instead of district nurse/midwives.

	<i>Wholetime Midwives</i>	<i>District Nurse/ Midwives</i>	<i>District Nurse/ Midwives/ Health Visitors</i>	<i>Equivalent wholetime Midwives</i>
1956	10	73	23	54
1960	41	51	19	73

The increase in the employment of whole-time midwives has made it possible to complete plans for a night rota system, and this will be introduced at the beginning of next year.

In addition to their own booked cases, midwives are also required to visit early discharges from hospital. This previously applied to those patients discharged before the fourteenth day, but in July, 1960 the Central Midwives Board Rules were amended making the minimum period ten days. This has made a slight reduction in the number of cases to be visited.

Home Nursing.

The change in the staffing position of the Midwifery Service is also reflected in the Home Nursing Service :—

	<i>Wholetime District Nurses.</i>	<i>District Nurse/ Midwives.</i>	<i>District Nurse/ Midwives/ Health Visitors.</i>	<i>Equivalent wholetime District Nurses.</i>
1956	21	73	23	65
1960	41	51	19	73

In addition to the whole-time staff, a number of part-time nurses are employed in most areas. Their help is essential in maintaining an adequate service.

The total number of visits made during the year rose to 263,720 compared with 253,561 last year. Visits made by this service have increased by just over 24,000 during the last five years.

The work of these nurses is varied. Their help, combined with the Domestic Help Service and Care and After Care Loan Scheme again enabled many people, especially elderly people living alone, to remain in their own homes. Some of these elderly patients live in very poor surroundings and the staff have to overcome many difficulties to provide the necessary nursing care. Sometimes the patients themselves are rather difficult and drive away all friends and neighbours who could be helpful. With tact, patience, nursing skill, and the loan of necessary equipment, many patients are encouraged to become ambulant and lead a reasonably normal life. Although a large part of this service is to the elderly, much useful work is done for all sections of the community.

Health Visiting.

With the increase in the number of births, more expectant mothers and young children require visiting; consequently fewer visits per child are possible with the existing staff. Increases have also occurred in the number of elderly people visited, but some decrease has been taking place in the number of tuberculous households visited. Further development has taken place in ante-natal care, and preparation for motherhood classes are given by health visitors and midwives working together. With the co-operation of the hospital maternity service, women who are booked to have their babies in hospital, also attend these classes. A further extension of the health visitors' work is the routine testing of babies for phenylketonuria which has been referred to in paragraph 15. Although much of this work is done in the Child Welfare Centres, some mothers do not attend the clinics, and these tests have, therefore, to be carried out in their own home.

The following figures show the staffing position in 1956 and 1960.

	<i>Wholetime Health Visitors.</i>	<i>District Nurse/ Midwives/ Health Visitors.</i>	<i>Equivalent wholetime Health Visitors.</i>
1956	74	23	82
1960	83	19	89

14. Liaison arrangements with hospitals and general practitioners.

Close liaison is maintained with hospitals, general practitioners and welfare officers, and nursing care, home help, or sick room equipment is provided by the health department.

District nurses prepare patients for hospital admission or out-patient attendance, e.g. preparation for barium x-rays etc., and after-care nursing is provided for all sections of the community. Each year the Midwifery Service deals with a large number of early maternity discharges in addition to their own booked cases; arrangements are usually made by telephone between the Area Nursing Officer and Hospital Maternity Sister. An extensive range of sick room equipment is available on loan. These services are also augmented by the Home Help Service.

These combined services are also used to enable many patients to be nursed entirely in their own homes, thus avoiding hospital admissions. The extension of these services during the past few years will be noted in the relevant paragraphs.

At the present time, children with problems of emotional development and behaviour may attend Child Guidance Clinics which are primarily held for school-children. These clinics are being extended, when advice will be available to the mothers and children attending Child Welfare Centres.

15. Child Welfare Centres. (Table on page 45).

At the end of the year, 111 Child Welfare Centres were available throughout the County.

The number of new babies under the age of one and the total number of children seen at the clinics again increased. In order to deal with these ever-increasing numbers, the average attendances made by each child over the year dropped slightly. The number of new cases under one attending during the year represented about 90% of the live births. The increasing number of prophylactic immunisations and vaccinations now being given, is some measure of all the good work which is done in these centres, but it should be stressed again that these immunisations are not the only purpose of the clinics.

During the year, the testing for phenylketonuria was extended throughout the County. Although this is a rare disease with an incidence in the region of 1 in 50,000, it can, when undetected at an early stage, lead to severe mental deficiency. Recent research has found that when a special diet can be instituted at an early age, a good prognosis is possible. A simple test has now been devised for detecting the disease and all babies are being routinely tested between the ages of six weeks and three months. No positive case has been detected to date.

16. Welfare Foods (Table 60).

At the end of the year there were 162 distribution points for welfare foods in the County, the majority being at Maternity and Child Welfare Centres.

Although the number of babies continued to rise during the year, the average weekly issue of orange juice declined slightly in most areas. Issues of vitamin A and D tablets for expectant mothers increased slightly.

From the 1st June, 1961, certain changes came into effect. Vitamin supplements are now sold at prices which cover the cost—concentrated orange juice, 1/6d. per 6 oz. bottle, cod liver oil, 1/- per 6 oz. bottle and vitamin A and D tablets, 6d. for a packet of 45. These are available for expectant and nursing mothers, children up to the age of five years and one month, and handicapped children. In cases of hardship, facilities exist for obtaining free supplies.

17. Illegitimacy and the Care of the Illegitimate child and its Mother. (Diagram page 27 and Tables 6-13 and 27).

Illegitimate births rose by just over ten per cent during the year, and totalled 444 compared with 399 last year. This represented 3.97% of all births, as against 3.68% in 1959, and 3.52% in 1958. Stillbirths and neo-natal mortality rates amongst these children continued to be rather high, the combined rate being 47.30 per 1,000 total births compared with 31.52 for legitimate children. Fewer stillbirths and neo-natal deaths did, however, occur amongst those cases seen by the Social Worker.

A large proportion of these unmarried mothers are brought to the notice of the County Council Social Worker by Moral Welfare Societies, Doctors, Nurses and Midwives, Probation Officers, Hospital Almoners and Matrons, etc. Many need ante-natal and post-natal accommodation together with help and advice, others require help and advice only.

During 1960, the number of such mothers referred to the Social Worker increased by nearly 20% (322 as against 271 in 1959). An increasing proportion were in the younger age-groups, 19% being seventeen years of age or under, compared with 15% last year, whilst a further 36% were aged between eighteen and twenty, compared with 29% last year. This amounted to an increase of over 10% in those aged twenty and under.

Over one in three of the women referred required ante-natal or post-natal accommodation, and this was provided either in the County Council Hostel or in outside homes. Ninety-four women were admitted to the County Council Hostel during the year, five more than last year. The majority of these needed accommodation both before and after the birth of the baby. Their average length of stay was twenty-eight days ante-natally and fourteen days post-natally. Owing to the limited capacity of the County Council hostel and the increase in the numbers needing accommodation, more had to be sent to outside homes, where payment was made on an 'ad hoc' basis by the County Council. This year thirty-five expectant mothers and twenty-six post-natal cases were sent to outside homes, compared with thirteen expectant mothers and fifteen post-natal cases last year. Owing to the larger number of cases, it is becoming increasingly difficult to provide accommodation either at the County Council Hostel or outside homes.

18. Dental Treatment for Expectant and Nursing Mothers and Pre-School Children. (Diagram page 24 and Tables 29 and 30).

The small but steady increase in the amount of treatment provided for expectant and nursing mothers and pre-school children noted in previous years has continued. In both sections, the work has been severely limited by the enormous demand for treatment in the school dental service with the rapidly rising school population.

In the treatment of mothers there was an increase in the number of teeth filled, and a big drop in the number of dentures supplied. Whether this foreshadows a permanent change of outlook it is too early to say, but certainly the trend is welcome.

The whole problem of the present high rate of dental decay, particularly amongst children, is causing much anxiety. In my last report some details of an investigation in an urban area in the North-Eastern part of the County were given, and in 1960, a similar investigation was undertaken in a rural centre in the Southern part of the County. It used to be said that country children had better teeth than town children, but the latest investigation shows the same sorry state of affairs, with an overall average of almost 6 permanent teeth in every mouth, decayed, missing or filled, compared with 6½ teeth so affected in the urban areas. The first permanent molar teeth showed an average of 3.4 decayed, missing or filled, compared with 3.3 in the urban area. As there are only four first permanent molar teeth, this means that 82% of these teeth, the largest ones we have, are affected by decay at the age group twelve to fourteen years, and of these, one in four has already been lost by extraction.

The primary cause of this state lies in our eating habits, especially in the consumption of sweets, chocolates, biscuits, sweet drinks and ice cream between meals when there is little opportunity of clearing the residue from the teeth. These substances contain a high proportion of fermentable sugars, which very rapidly break down into acids which will destroy the enamel of the teeth. To counter this process, a rigidly enforced programme of efficient cleaning of teeth immediately after each meal, and with complete abstention from food and drink between main meals, would go a long way towards solving the problem. Although tooth brushing is not always feasible at the conclusion of meals, there are other ways of cleaning the teeth. Finishing the meal with naturally cleansing foods like apples, celery, raw carrot, and forcible rinsing of the mouth with the lips tightly closed and the water pumped between the teeth by the tongue and cheek action can easily be practised. Even if no toilet facilities are available, this rinsing can be carried out discreetly and the water swallowed. Most important of all, is the thorough cleansing of the mouth before going to bed. When asleep there is not even the movement of tongue and cheeks to disturb the acid formation and enamel destruction.

Naturally, the better formed teeth we have the more they will resist the action of these acids, some of which must necessarily be present in the mouth however well we try to clean it. A mixed diet will contain adequate minerals and vitamins to produce sound teeth, so include milk, eggs, cheese, green vegetables, fresh fruit and fish in the diet. For many years much attention has been given to another mineral, the action of which was not previously appreciated. This is fluorine, and it is needed in only the very smallest amounts to improve considerably the quality of the teeth, where it is found to be present in the highest proportions in the outer enamel covering of the teeth. Unfortunately, the natural distribution of fluorine is uneven, and here in Warwickshire we are in an area where very little fluorine is absorbed by water coming from the rock substrata. In a few naturally favoured areas in Essex, Lincolnshire and around Slough and West Hartlepool, the teeth are very much more resistant to decay because of the presence of fluorine in the water supplies. In South Shields, where the natural content of fluorine has fallen by a half, the dental decay has increased markedly in the last ten years. The same state of affairs was noticed in the U.S.A. and in Canada. For more than ten years now, many communities have been adding fluorides to their water supplies to increase the content to the level found to give the best protection to the teeth. In those areas, both abroad and in this country, where artificial adjustment of the fluorine content of drinking water is being practised, most meticulous checks are being made, both at water-works where the chemicals are introduced and at points of supply, to ensure an even distribution.

In the American investigations after more than ten years of fluoridation, children who had drunk this water since birth showed a reduction of 50% to 60% in dental decay, compared with similar groups who had no fluorine in their water supplies. Even those children of sixteen years of age who had drunk fluoridated water for only ten years showed a reduction of 41%. No amount of scientific research can help those who have already lost their teeth, but if our children can reach adult life with reasonably sound teeth, we may be able to preserve them throughout life when the normal rate of caries incidence falls off with increasing age. Childhood and adolescence cover the period of greatest caries incidence.

19. Health of Children in Problem Families.

The services of a problem family worker have been available in the North-Eastern part of the County for some years now. Such workers are required in order to deal with certain anti-social families who require much more concentrated help and instruction than can be given by a health visitor.

At the end of 1960, a further problem family worker was appointed to deal with cases in the Eastern, Central and Southern Areas. About twenty families were known to be in immediate need of such a worker, and the number of cases has since risen. These will be taken on as time permits, but there exists sufficient work for a further problem family worker.

Where ill-health or lack of training has been responsible for the deterioration of a family, the service of a problem family worker can bring about permanent improvement. In those cases, however, where the parents are mentally below average, lazy or strongly anti-social, permanent benefit is difficult to obtain, but a certain stability can be achieved by long-term supervision and this proves to be of great value to the children. There is scope for new approaches in this field. The work is, however, very time-consuming and particularly arduous.

20. Home Help Service. (Diagram page 25 and Tables 52 to 55).

A total of 2,713 people received the services of a home help during the year, a slight increase on last year's figure of 2,564. Of this total, 1,099 were under sixty-five years of age, the remaining 1,614 being sixty-five or over.

Although the greater number of hours are allocated to the elderly because they have a long term need, a valuable service is also provided for domiciliary maternity cases and acute illness. Maternity cases have now risen from 382 to 669 in the last five years.

The number of staff employed showed a slight rise during the year, 512 part-time staff—a whole-time equivalent of 180—as against last year with 466 part-time staff with a whole-time equivalent of 175.5. Staffing shortages did, however, remain a problem in certain areas. The number of hours provided rose to 404,047, an increase of 33,466 on last year's figure.

21. Care and After Care. (Table 50).

A large part of this service caters for the elderly, and is expected to expand for some time.

More new cases requested the loan of equipment during the year, 1,049 compared with 977 last year. In addition, 500 old cases still had items of equipment on loan. A total of 3,716 items were issued. This figure has now increased 67% during the past five years.

Besides adding to the patients comfort and facilitating nursing, many of these items of equipment enable elderly patients to attain a certain amount of mobility. The issue of invalid and propelling chairs has doubled during the past five years, whilst the number of walking sticks, tripods and walking aids has trebled.

22. Chiropody Service.

The intention of this service is to provide, as far as possible, treatment for persons of pensionable age, handicapped persons and expectant mothers. The County Council approved a scheme of direct employment of chiropodists to work in homes or clinics, and the re-imbursement to voluntary organisations who were providing chiropody treatment to persons of pensionable age.

During 1960, the County Council were unable to obtain sufficient staff to operate a direct scheme, but just over 750 patients were treated mainly through voluntary organisations.

23. Health Education.

The results of health education are difficult to assess objectively, but the high immunisation and vaccination levels, good attendance at Child Welfare Centres, informal talks on health subjects, Preparation for Motherhood Classes, Mothers' Clubs, etc., provide a good indication of the general interest in this subject.

Preparation for Motherhood Classes. (Table 24).

Classes were held at four new centres during the year, bringing the total number of centres operating in the County to twenty-five. The number of monthly sessions available rose from 68 to 88, and 1,685 women attended compared with 1,336 last year. Total attendances rose to 7,397 as against 5,953 in 1959. In one area, classes also continued to be held in the wards of the local maternity unit.

Mothers' Clubs.

Mothers' Clubs were held in three areas of the County, and 261 women attended. The major aim of these clubs is educational.

Lectures to Adult Groups.

Lectures continued to be given by Medical Officers and Health Visitors to a great many voluntary organisations, such as Womens' Institutes, Youth Clubs, Young Wives Clubs, etc., These covered a wide range of health subjects.

Health Education in Schools.

Medical Officers and Health Visitors continued to develop this work in the schools. Lectures included personal hygiene, home nursing, mothercraft, etc., and visits were made to Child Welfare Centres and Mothers' Clubs in certain areas. Monthly talks to mothers of school-children were also given in one area.

Smoking and Lung Cancer.

Talks on this subject have been given by Medical Officers and Health Visitors in certain schools, and literature has been sent to Head Teachers. Posters have been exhibited at Child Welfare Centres and District Offices, and leaflets on the subject have been used by Health Visitors. Lectures have also been given to various organisations.

24. Mental Health.

The high incidence of mental illness has been recognised more and more every year. Many apparently physical illnesses are of mental origin but mental subnormality is physically caused.

The general outlook towards mental illnesses has been gradually changing and it is now more generally accepted that mental ill-health should be regarded more in the same light as physical illness. In order to implement the many new proposals to their fullest extent, the co-operation of the general public will be required to help such people (both children and adults) to attain an independent and useful life within the community.

The National Health Service Act of 1946 provided the opportunity for the development of a Mental Health Service on a broader basis, and the new Mental Health Act of 1959 has widened the scope still further. With the passing of the new Act, the Council re-considered its proposals for the Service, and made certain alterations in its policy.

(i) Training Centres.

Following a review of the service, the first priority was considered to be the extension of junior training centres for subnormal children. A policy of building such centres was agreed, and the first new training centre was originally to be built in Sutton Coldfield but owing to local difficulties there, it is now being built in Warwick. This centre is expected to be opened in 1962, and will accommodate between 50 and 70 junior subnormals. It is planned on similar lines to a special school for the educationally subnormal, and will have, in addition, residential domiciliary accommodation for temporary care for some twelve children and residential flats for three members of the staff. Further centres will be established on these lines in various parts of the County as soon as sites are available.

It is anticipated that the standard of training in these centres will be such that by the age of approximately sixteen years it will be possible to select those children capable of gainful employment in the community. The remainder will be transferred to adult centres which it is hoped will be established by that time.

Small hostels will also be set up to accommodate those senior subnormals who can no longer live with their families.

(ii) Provision for rehabilitation of acutely disturbed people.

Consideration has also been given to the need for provision within the community for those patients who, although not subnormal, are so disturbed mentally that they can no longer continue with their employment or would need rehabilitation before doing so. It has been suggested that this provision should be associated with a psychiatric club, with facilities for consultation and occupational therapy. Living accommodation would be provided for those patients just discharged from hospital so that they can become gradually rehabilitated before resuming normal life.

(iii) After-Care Service.

Treatment techniques in the field of mental health have been greatly developed in recent years, and the duration of in-patient treatment has been decreasing. This means that a greater after-care service will be required. It has, therefore, been necessary to consider the staff which will be required to cover the domiciliary care of patients living in their own homes and attending hospitals.

Work undertaken during the year.

(i) Prevention, Care and After-Care.

Psychiatric outpatient clinics have been provided at a number of hospitals in the County by the Birmingham Regional Hospital Board. The County is served by a number of mental hospitals and during the year 238 patients leaving these hospitals were referred to the Council's Mental Welfare Officers for after-care visits.

(ii) Lunacy and Mental Treatment Acts, 1890-1930.

Mental Welfare Officers arranged the admission of 467 patients to mental hospitals during the year, 214 of these being admitted on an informal basis.

(iii) Mental Deficiency Acts, 1913/1938 and Mental Health Act, 1959.

(a) Ascertainment of Mentally Subnormals.

At the 31st December, 1960, 705 Warwickshire patients were ascertained as mentally subnormal (excluding those maintained in or on licence from hospitals). Twenty-seven were under guardianship, whilst 678 were receiving community care visits. Of the 89 new cases reported to the Committee during the year, the majority required community care visits.

(b) Mentally Subnormal Patients awaiting vacancies in Hospital.

The number of patients awaiting admission to hospitals for the mentally subnormal continued to constitute a serious problem, although at the end of the year the number of Warwickshire patients on the waiting list of the Birmingham Regional Hospital Board had been reduced to 77, compared with 88 at the end of the previous year.

(c) Guardianship of Mentally Subnormal Patients.

At the end of the year there were sixteen patients remaining under guardianship in the County.

(d) Training Centres for the Mentally Subnormal.

The number of patients receiving training at the existing Centres at Nuneaton, Rugby, Solihull and Warwick at the end of the year was 158, and in addition, six Warwickshire children were receiving training in centres of adjoining authorities.

Transport was provided for children attending the Centres. In the case of the Rugby Centre, where the transport had previously been arranged by the local branch of the National Society for Mentally Handicapped Children with the assistance of a grant from the Council, the Council took over the entire responsibility from the 1st April, 1960.

25. Milk and Dairies Administration. (Diagram page 20 and Tables 68 to 70).

The whole of the County has been a "specified area" since 1957, which means that the milk retailed has to be "Pasteurised," "Sterilised" or "Tuberculin Tested." The Ministry of Agriculture, Fisheries and Food, however, again renewed the special dispensation to one milk producer for the retail sale of non-designated milk from a herd which had become "Attested." The milk from this particular herd is submitted frequently to biological examination for tuberculosis and brucellosis, and in 1960 gave negative results. In addition, frequent checks are made on milk retailers to ensure their compliance with the requirements of the Specified Areas Order.

There were just over seventy "Tuberculin Tested" herds in the County from which milk was retailed under designation in its raw state. Three-hundred-and-eight samples of this milk were submitted for biological examination, and all samples were reported as being free from tubercle bacilli. A further one-hundred-and-seventy-seven samples of milk from herds not bearing a designation were submitted for biological examination, and again, were all reported to be free from tubercle bacilli. The considerable reduction in the number of milk samples containing tubercle organisms over the past few years will be seen from the graph on page 20, culminating in a 'nil' return for 1960. The biological examination of samples of milk retailed in its raw state will be continued for 1961, as it is felt there is still a possibility that pockets of residual infection may be found.

It is an offence to sell milk from a cow which has been proved to be giving milk infected with brucella organisms, and the examination of milk for the presence of such organisms is being increased. During 1960 all samples of raw "Tuberculin Tested" milk retailed to the public in the County were submitted for brucellosis examination and eleven were reported to be positive. The positive herds were investigated by my Department, and from some three-hundred-and-three samples, eighteen cows were reported to be giving milk infected with brucella organisms. The presence of such organisms in eleven herds from which milk was consumed in its raw state is disturbing, as such organisms when transmitted to man can cause undulant fever. The true incidence of this disease is unknown, but it is believed to be quite widespread amongst farmers and those coming into contact with infected cows. This opinion is strengthened by the results of investigations carried out in Warwickshire (McWHINNEY and PRIOR—1961) on latent brucellosis in farmers. Their findings give support to the contention that the real incidence of the disease is higher than its reputed incidence. This again raises the question of the need for an eradication plan.

Eight pasteurising plants (dairies) and one sterilising plant were re-licensed by the County Council for the year 1960. Each licensed dairy was visited at least weekly and the records, temperature charts and methods observed. Routine milk samples from each plant were submitted for laboratory examination to check the technical efficiency of the plant and the methods for handling and storing the milk. At least 90% of the milk consumed in the County is pasteur-

ised, and the public expects a high degree of protection from such milk. It is very satisfactory, therefore, to find that during 1960, 99.9% of the samples satisfied the phosphatase test, showing the efficiency of the pasteurisation methods. In the sample which failed to satisfy this test, the result indicated only a slight degree of under-pasteurisation, and on biological examination for tubercle and brucella organisms, a negative result was obtained.

As part of the routine checking of the licensed dairies, some seventy-four specimens of washed bottles (consisting of nearly five-hundred bottles) were examined for cleanliness and rinses taken from parts of the pasteurising plant. Several of the bottle-washing results were unsatisfactory, and the plant operators were advised on methods of maintenance.

Of the five-hundred-and-nine schools participating in the Milk in Schools Scheme, all but three were supplied with pasteurised milk, and the remainder (smaller isolated schools) with raw "Tuberculin Tested" milk. The former were sampled and submitted to both the phosphatase test and the methylene blue keeping-quality test, and the latter to the methylene blue test only. Some of the methylene blue test failures in both designations of milk were due to the samples being taken under more exacting conditions, after delivery, than those taken under the Milk and Dairies Regulations. Repeat samples taken at the time of delivery following such failures proved satisfactory. The raw "Tuberculin Tested" milks were also submitted regularly for biological examinations for tuberculosis and brucellosis, one of which was reported positive to brucellosis. A compulsory pasteurisation notice was immediately served by the Medical Officer of Health of the County District. The farmer concerned has, however, now gone over to pasteurised milk for both his retail round and the supply to the school.

In addition, samples of milk were taken from supplies to school canteens, County Council establishments and from those made under contract to hospitals on behalf of the Regional Hospital Board. Altogether some three-hundred of these samples were taken, of which two failed to satisfy the prescribed methylene blue test for pasteurised milk.

All samples of milk and miscellaneous samples submitted for bacteriological examination were examined by the Public Health Laboratory Service of the Medical Research Council in Coventry. The Director of the Laboratory and his staff have provided my Department with excellent service and advice, a notable feature being the reduction in the time needed for brucella investigations by reason of the new culture technique carried out in the laboratory, and I should like to express my appreciation for their co-operation throughout the year.

On the 1st October, 1960, the Milk (Special Designation) Regulations, 1960, came into force in so far as they related to milk producers' licences, with 1st January, 1961, being the operative date for Dealers' licences. A great deal of work, however, had to be carried out between October and the end of the year on the issue of all Dealers' licences, and in addition to the licensed dairies mentioned above, preparatory work was undertaken for the licensing of some two-hundred-and-fifty milk retailers in the County area in which the County was the Food and Drugs Authority.

26. Clean Air. Warwickshire Clean Air Council (Diagrams pages 28 and 29).

During the year over eighty sites equipped with the various instruments were used to record atmospheric pollution in the geographical County of Warwick. When due allowances are made for instruments sited to cover a particular emission, the overall pattern of pollution was similar to that recorded in previous years.

The Clean Air Council, as part of its programme in 1960, held a Clean Air Conference for Schools to which the schools participating in the use of daily recording instruments (smoke and sulphur dioxide) were invited to send teachers and scholars who had been concerned with the daily measurement during the previous twelve months. Some 200 pupils and teachers attended. The demonstrations, talks and films were received so favourably that the Conference is to be repeated in 1961.

The foreword in the printed programme for the Schools Conference contained the following words:—

"Clean water and clean food have been achieved by the efforts of local authorities. No single issue remains where endeavours could be made with greater national advantage than in cleaning the atmosphere."

These words ring true when one considers the chronic effects of air pollution. Two diseases of the respiratory system, chronic bronchitis and lung cancer, are more common in the towns than in the country, and it is therefore reasonable that suspicion for their increase should fall on air pollution. It is true that air pollution may be only one of the features of urban life which may be considered as causing the greater incidence of bronchitis in towns, but research workers in recent years have indicated air pollution as being one of the most serious factors.

Dr. CRAXFORD, Head of the Atmospheric Pollution Division of the Department of Scientific and Industrial Research, stated in 1960—"that the most serious source of atmospheric pollution was smoke, and at least 80 per cent came from domestic grates." He said "that more emphasis should be placed on this type of pollution. . . ." The Clean Air Act offers to local authorities an opportunity to remove the greater part of the air pollution present in the country to-day. It seems unfortunate, therefore, that there has been some opposition to its proposals.

In Warwickshire there appears to be a dislike of gas coke as a smokeless fuel, but appliance manufacturers, producers of coke, and local authorities should be able to convince the public that such fuel with a little care and thought can be burnt both satisfactorily and economically. The public will be amply repaid by the savings made on the costs of cleaning, repainting, renewal of fabrics and the reduction of chronic bronchitis and other respiratory ills.

27. County Ambulance Service. (Diagram page 31 and Tables 64 to 66).

The demands on the service during 1960 continued to be very heavy, and details of the work done show a slight increase on the preceding year. The ambulance service and the hospital car service carried 181,151 patients and covered 1,236,684 miles, an increase of 1,377 patients and 2,634 miles. The miles per patient for the ambulance service showed no change, the figure remaining at 6.6.

For the greater part of the year, the staffing position was difficult—at one time the service was running ten personnel below the recognised working strength—and in consequence considerable overtime was necessary to maintain reasonable standards of cover. By the end of December however, with the improvement in wage conditions and the reduction of the working hours from forty-four to forty-two from the beginning of 1961, the position had greatly improved and the recruitment of personnel was proceeding satisfactorily.

Nearly 93% of the personnel assessed in the National Safe Driving Competition for 1960 gained awards. The Inter-Depot Competition which is based on the Safe Driving Competition results and the daily maintenance and cleanliness of the vehicles and depots was won by the Sutton Coldfield depot.

The new depots at Solihull and Dordon (replacing Grendon) were completed. Since the end of the war, personnel and vehicles from four of the eight main depots have been accommodated in new permanent Buildings. A new depot at Warwick is being erected during 1961.

There have been important developments in the approach to resuscitation, it now being recognised that mouth to mouth breathing gives far better results than the older methods of resuscitation. A special film on this subject, which has been purchased by the department, has been shown to all ambulance personnel and instruction given in the use of this method of resuscitation. The use of suitable plastic airway tubes for this purpose is being tried out from a hygienic point of view as this method may be carried out by anyone. It is the intention to give instruction in this method to the various organisations who assist with rescue, particularly in drowning cases.

Each of the main depots have two Stephenson Minuteman Resuscitators. The apparatus can be used as:—

- (1) A Resuscitator,
- 2) An Inhalator,
- (3) An Aspirator.

As a resuscitator the equipment provides the means of giving automatic artificial respiration by alternately inflating and deflating the patient's lungs with oxygen or nitrogen and oxygen. Resuscitation is applied when natural breathing is weak or has ceased as may happen, following haemorrhage, shock, heart failure, gas poisoning, electric shock, asphyxiation by smoke, drowning, etc.

As an inhalator the Minuteman will deliver a steady stream of oxygen or nitrogen and oxygen into the face mask.

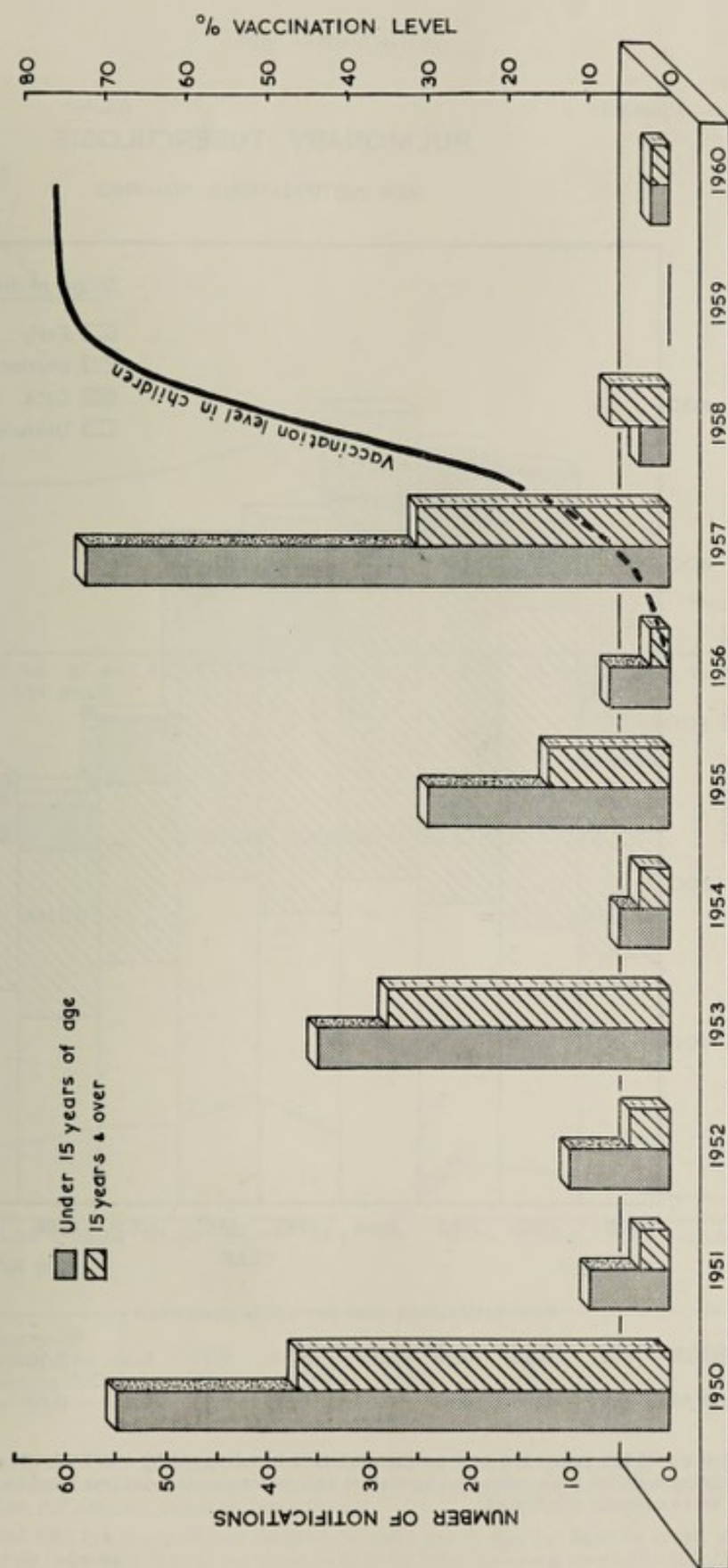
As an aspirator the apparatus provides a means of removing mucus and blood from the mouth, throat and nose so that oxygen can reach the patient's lungs during resuscitation or inhalation.

The Aspirator can be used simultaneously with the Resuscitator and the Inhalator.

S. W. SAVAGE, M.A., M.D., D.P.H.,

County Medical Officer of Health.

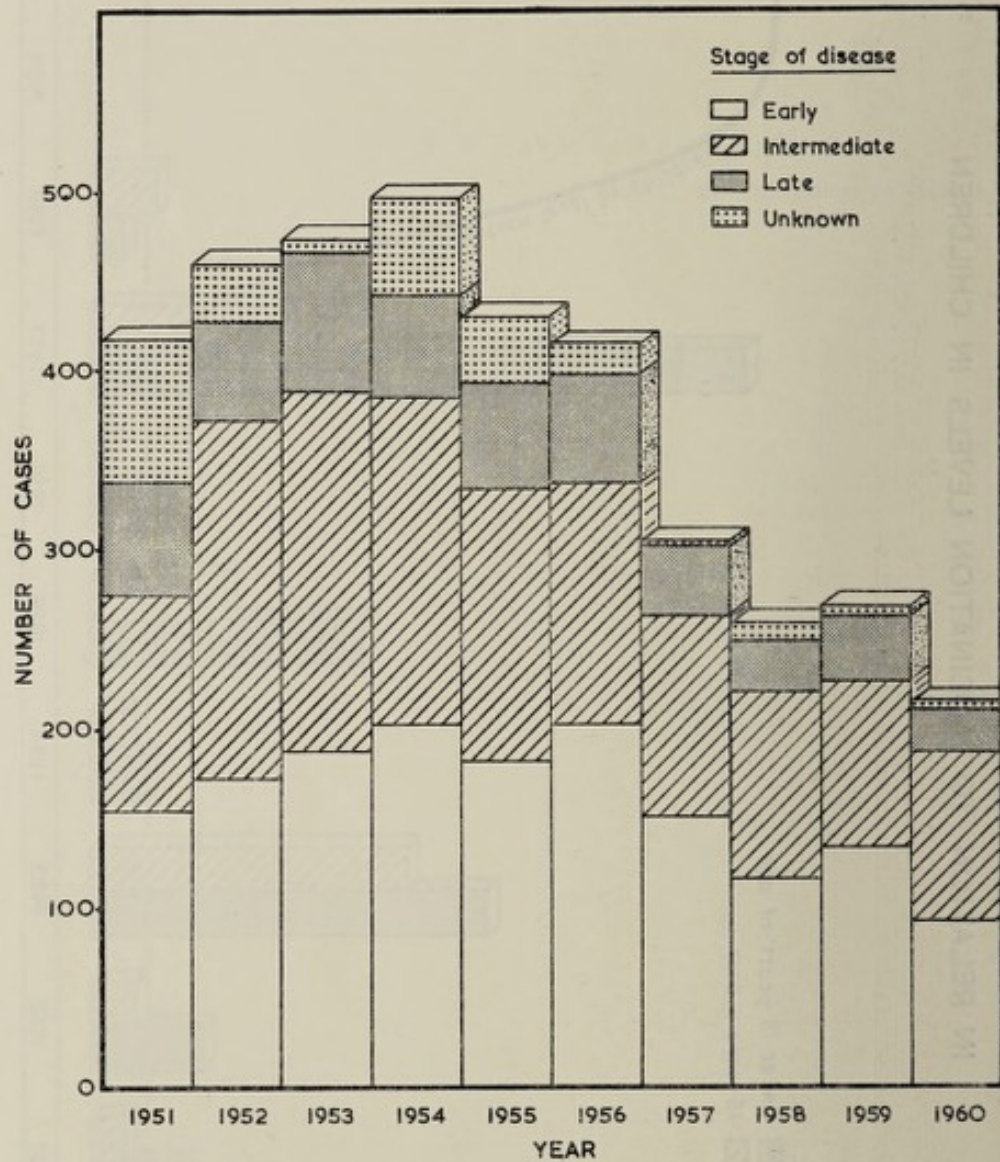
NOTIFICATIONS OF PARALYTIC POLIOMYELITIS (ALL AGES) IN RELATION TO VACCINATION LEVELS IN CHILDREN



The last major epidemic of poliomyelitis occurred in Warwickshire in 1957 when only about 10% of the child population had been vaccinated. The vaccination level in children has since risen steadily, and now stands at about 77% ; in young adults it has reached 65%. It is hoped that these levels will be increased still further in order to eradicate this disease from the County.

PULMONARY TUBERCULOSIS

NEW NOTIFICATIONS 1951-1960



New notification rate per 1,000 population

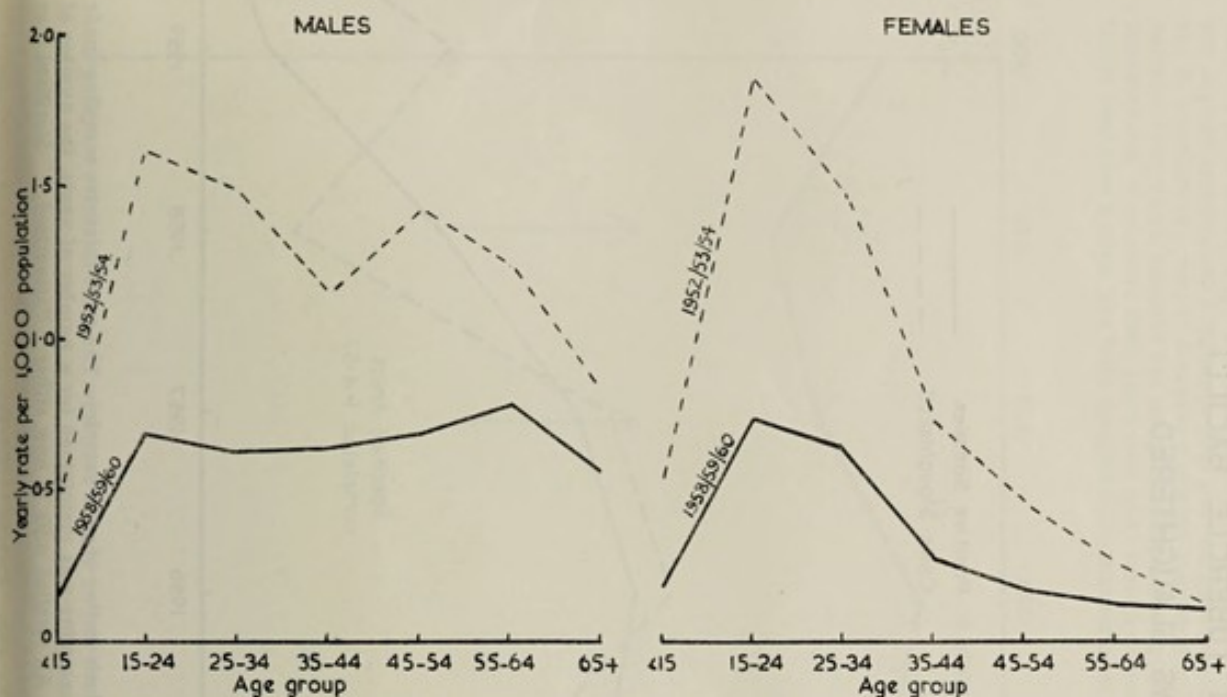
WARWICKSHIRE	0.85	0.93	0.96	0.98	0.83	0.77	0.55	0.46	0.46	0.36
ENGLAND & WALES	0.97	0.95	0.93	0.84	0.76	0.71	0.65	0.58	0.54	0.46

During the past ten years, the new notification rate has dropped by one half. Over 200 new cases are however being notified each year, and persistent anti-tuberculosis measures must be continued if this disease is to be completely eradicated.

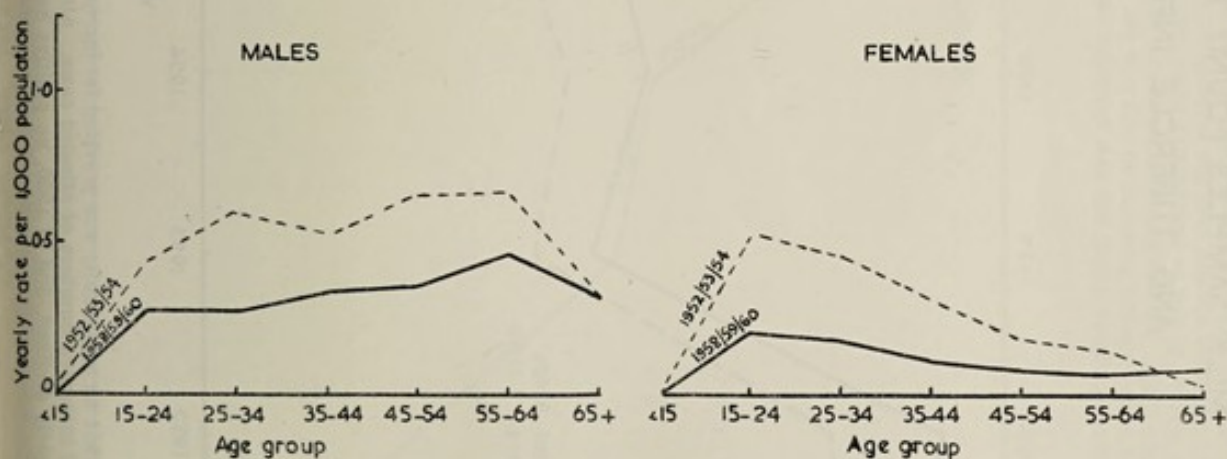
PULMONARY TUBERCULOSIS

COMPARISON OF 3-YEARLY AVERAGE RATES 1952/53/54 & 1958/59/60.

NEW NOTIFICATIONS



SPUTUM POSITIVE (INFECTIOUS CASES).

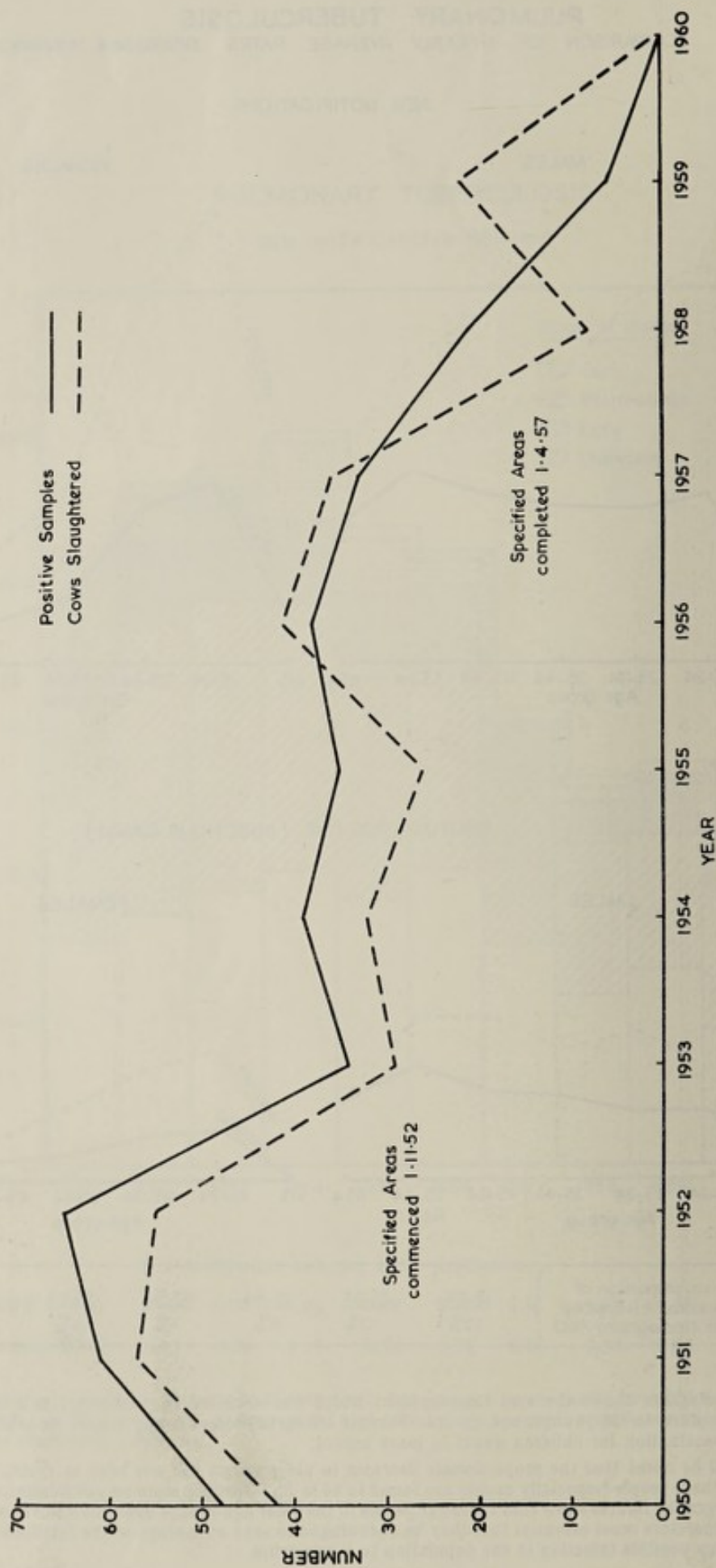


Approx. proportion of population X-Rayed by Mass Radiography 1960	15-24	25-34	35-44	45-54	55-64	65+
	12%	10%	8%	7%	6%	2%

This diagram shows the vast improvement which has occurred in pulmonary tuberculosis in recent years, particularly in the younger age-groups. Further efforts to protect young people are available in the form of B.C.G. vaccination for children about to leave school.

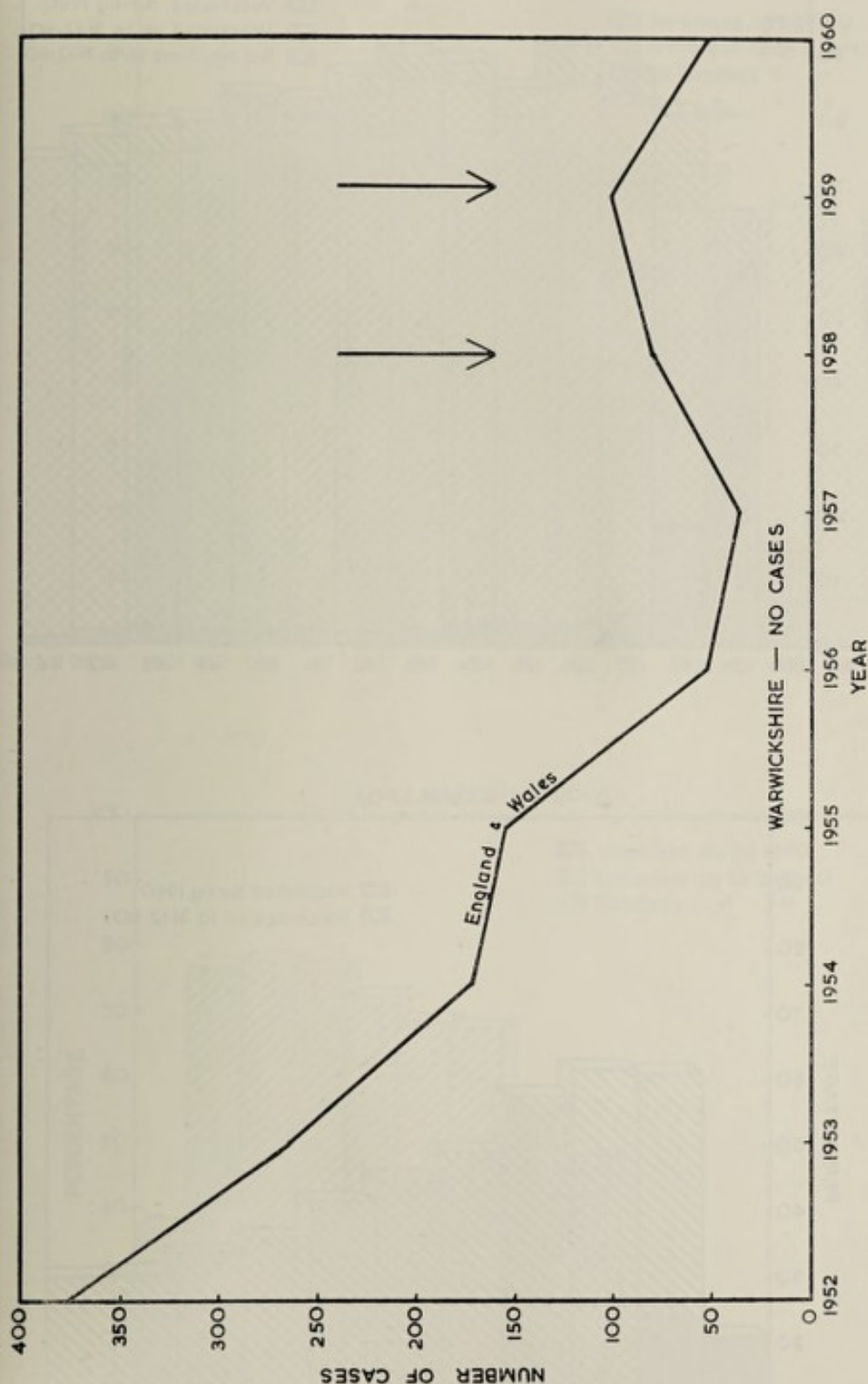
It will be noted that the proportionate decrease in older people has not been so great, and that a large number of these people (especially males) are found to be in an infectious state on notification (lower diagram). Mass Radiography figures show that far fewer people in the older age-groups avail themselves of x-ray examination. It is therefore most essential that they be encouraged to take advantage of the facilities offered, in order to reduce any possible infection in the population to a minimum.

MILK SAMPLES FOUND TO CONTAIN TUBERCLE BACILLI, AND TUBERCLE INFECTED COWS SLAUGHTERED



During 1950 and 1951 an opportunity was provided for increasing our tuberculosis testing of milk samples. The more intensive sampling made possible the discovery of increased numbers of affected cows. Although intensive sampling was maintained for a number of years, the number of positive samples has rapidly declined, and in 1960, no positive herds were found. All retailed milk is now either "Pasteurised," "Sterilised," or

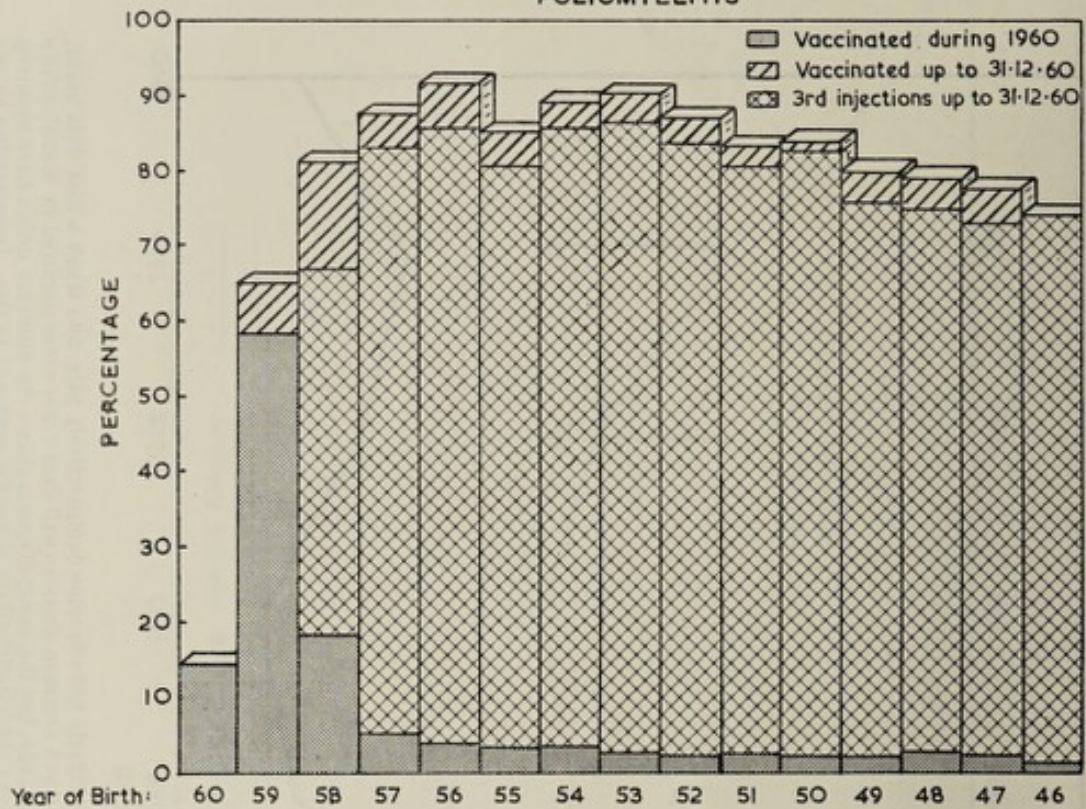
1952 - 1960



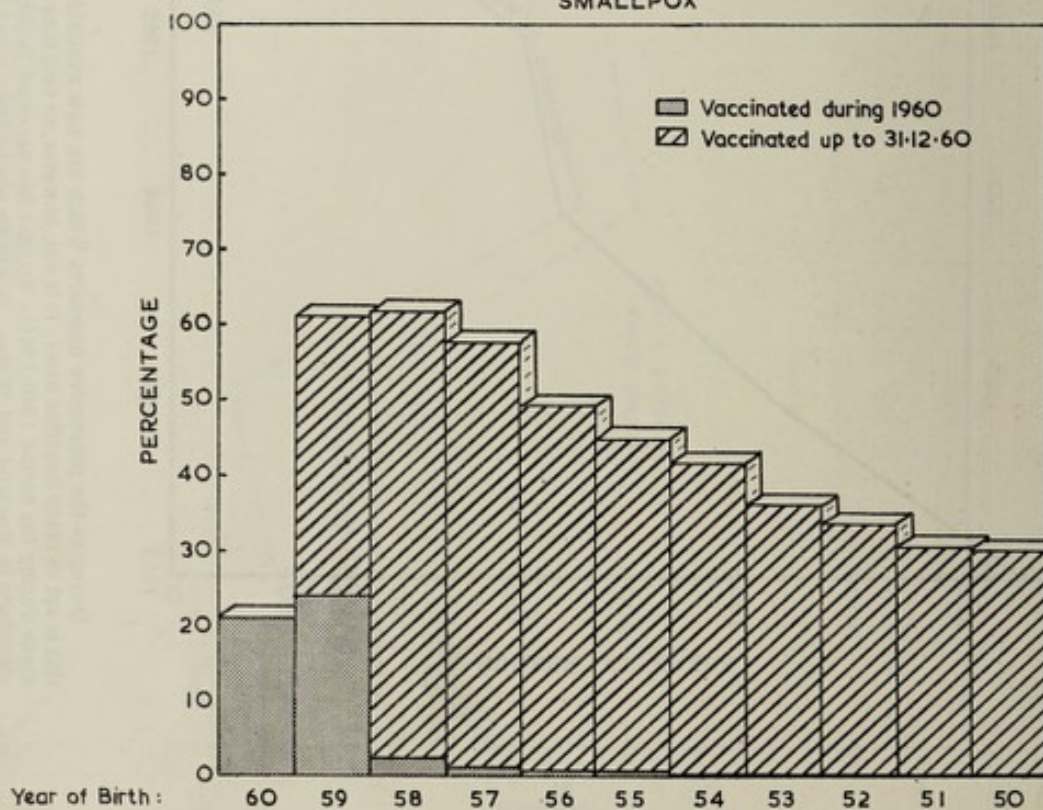
Owing to the preventive measures which are now available, cases of diphtheria have become comparatively rare, and when a case does occur, this is apt to make headline news. It is not, however, so very long ago that this was a common disease (well over 1,000 cases occurred in Warwickshire alone during the period 1940-1944). No case has occurred in this County since 1951, but the above diagram shows the numbers which have occurred elsewhere in England and Wales. It will be particularly noted that in 1958 and 1959 notifications showed a tendency to rise. Investigation by the Ministry of Health of the 1959 cases showed that the majority of these occurred in school-children, and that although a considerable number had received primary immunisation in infancy, they had not received a later re-inforcing dose. This is a salutary reminder that the disease could reappear and that both primary and re-inforcing doses should be kept at the highest possible level.

VACCINATION LEVELS OF CHILDREN

POLIOMYELITIS

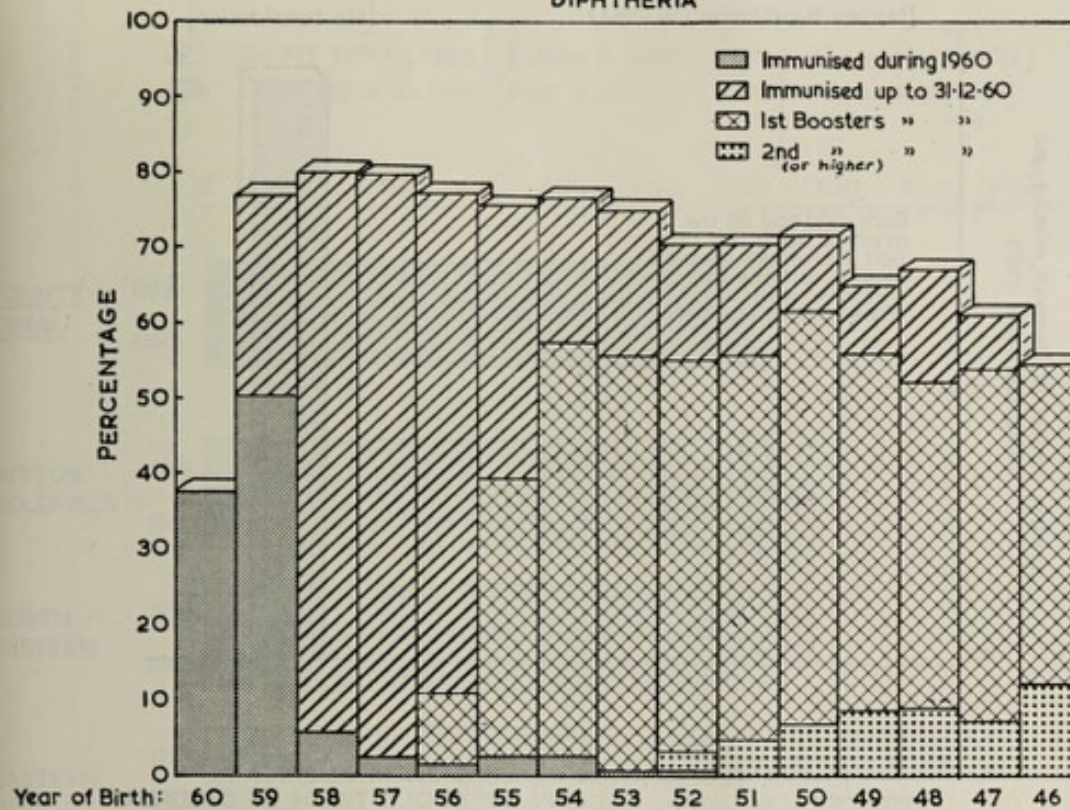


SMALLPOX

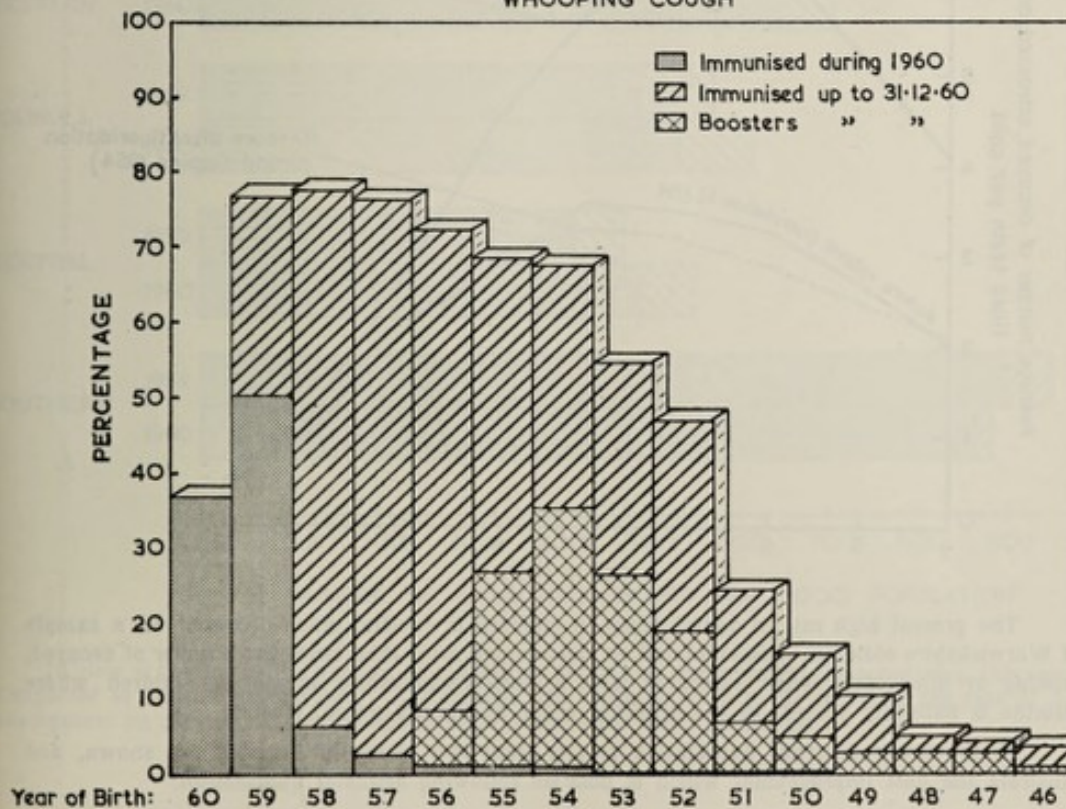


IMMUNISATION LEVELS OF CHILDREN

DIPHTHERIA

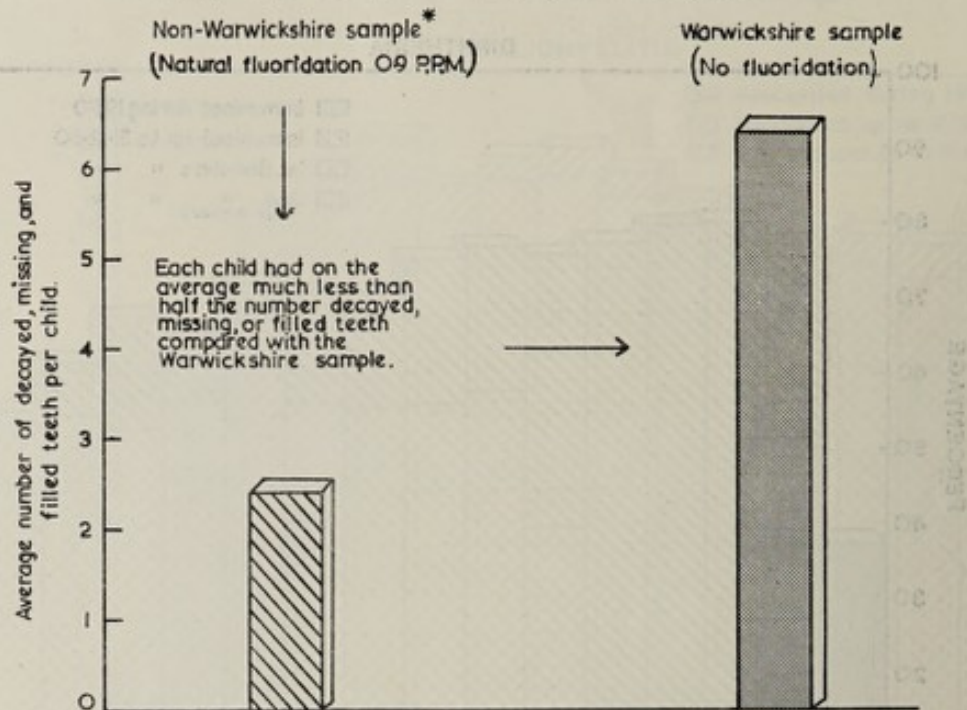


WHOOPING COUGH

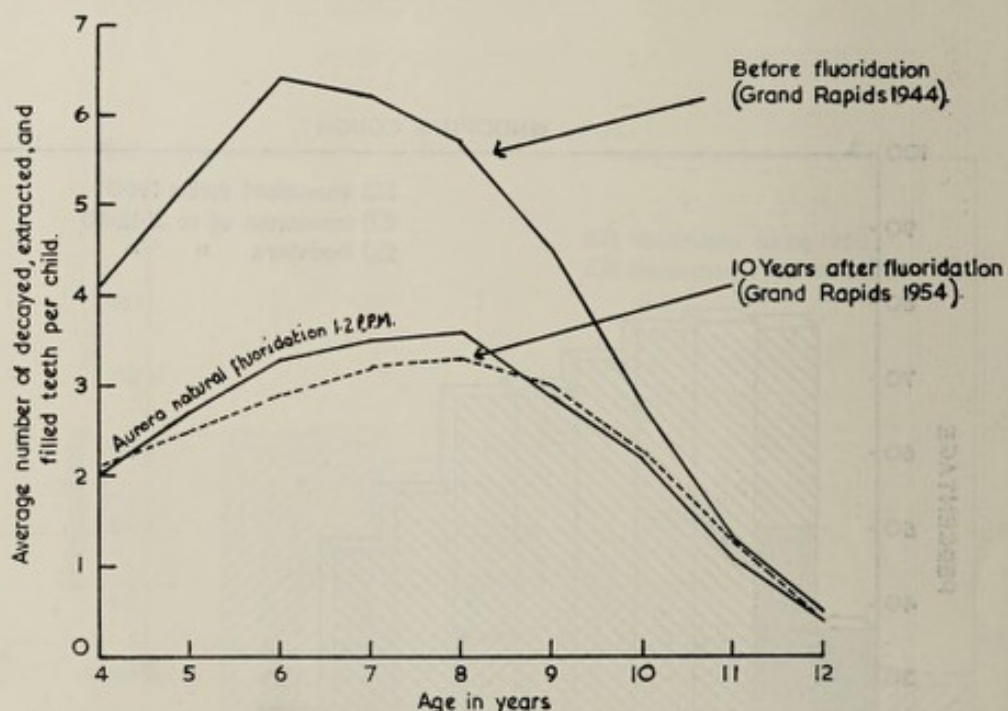


DENTAL DECAY

COMPARISON OF AVERAGE NUMBER OF DECAYED, MISSING, AND FILLED TEETH PER CHILD IN 12-14 YEAR OLD CHILDREN.



10 YEAR FLUORIDATION RESULTS FROM AMERICA † -
REDUCTION IN DENTAL DECAY IN DECIDUOUS TEETH OF CHILDREN.



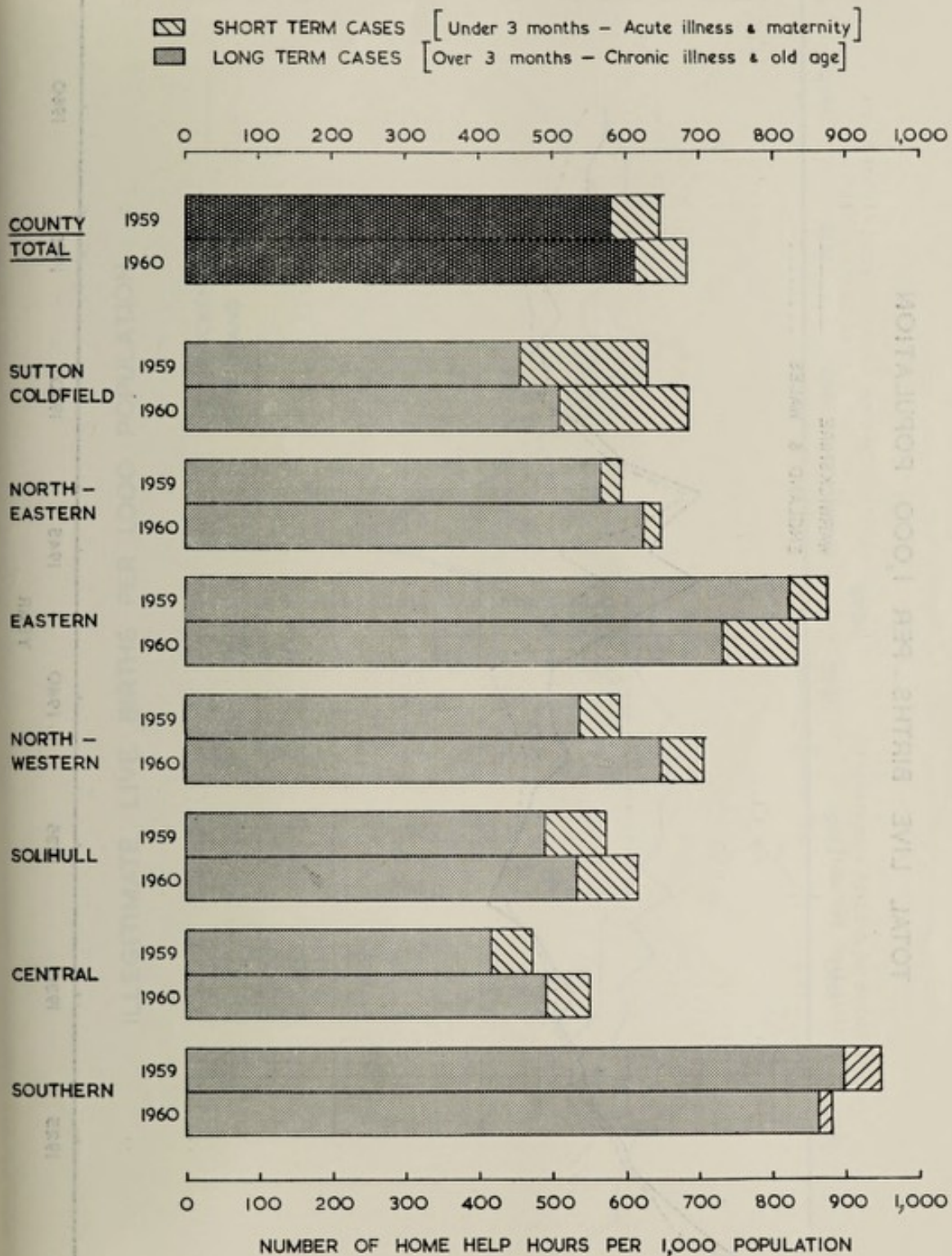
The present high rate of dental decay in children is causing much anxiety. In a sample of Warwickshire children, each child had on the average more than twice the number of decayed, missing or filled teeth when compared with a non-Warwickshire sample of children where fluorine is naturally present in the drinking water at the 0.9 p.p.m. level.

In the lower diagram fluoridation results from two places in America are shown, and illustrate the vast improvement which is possible following artificial fluoridation.

Refs: * Miss J. R. Forrest, Dental Officer, Ministry of Health.

† Arnold, Dean, Jay, Knutson (1956) Effect of Fluoridated Water Supplies on Dental Caries Prevalence. Public Health Reports, 71, 652.

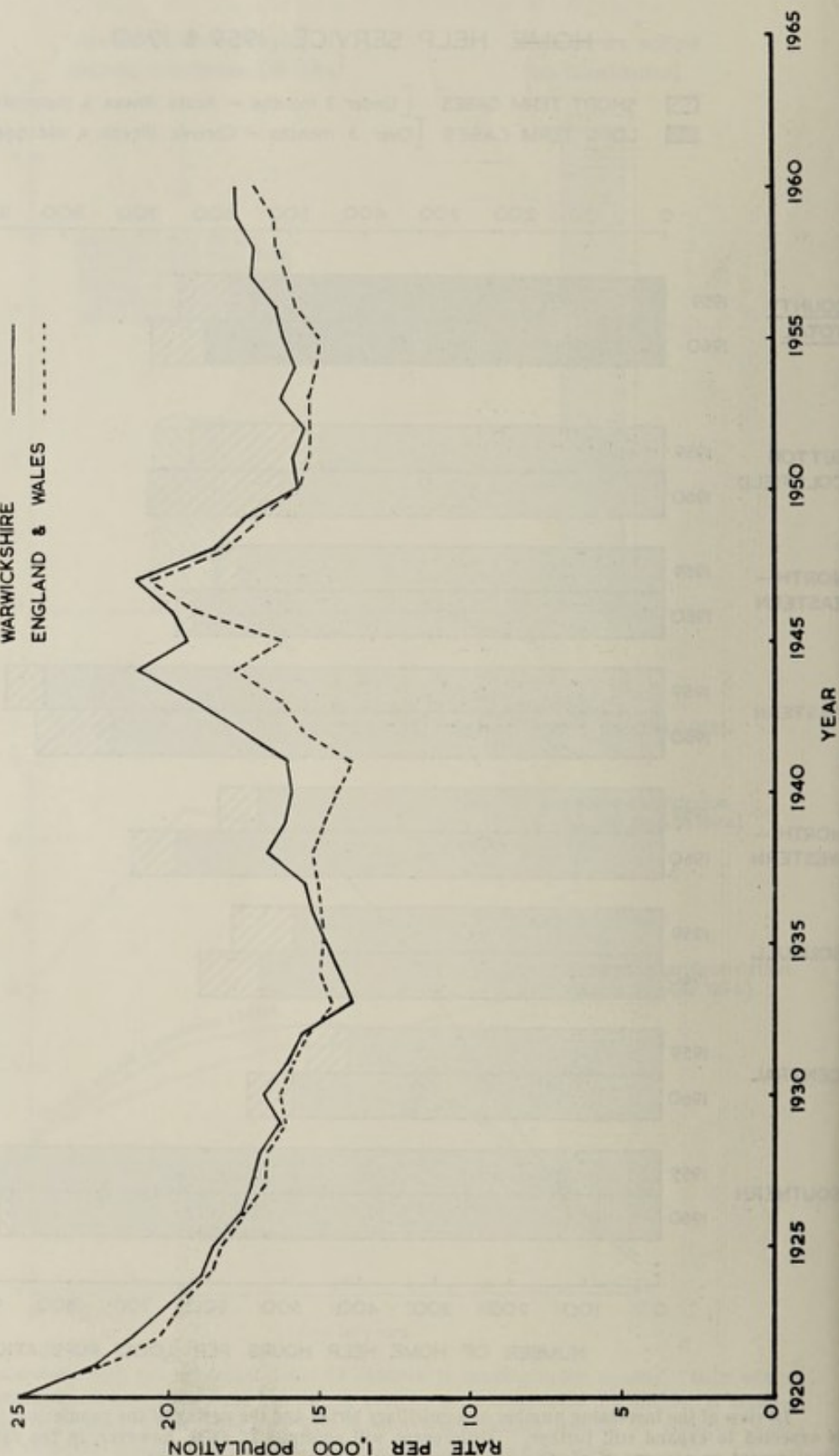
HOME HELP SERVICE 1959 & 1960



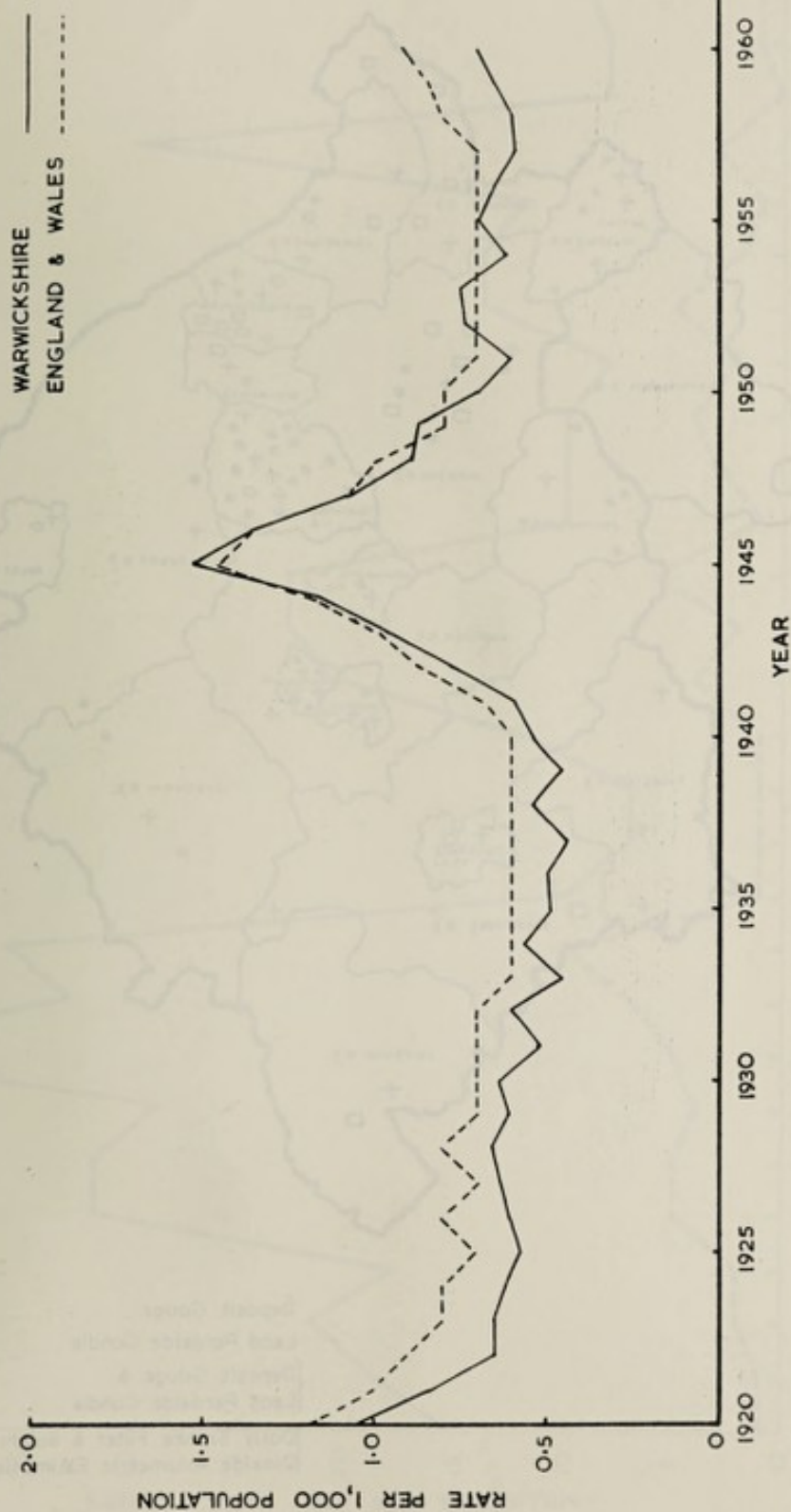
In view of the increasing number of domiciliary births and the ageing of the population, this service is expected to expand still further. Differences will continue to exist, however, in the rate of Area development on account of varying age-structures and local social conditions.

TOTAL LIVE BIRTHS PER 1,000 POPULATION

WARWICKSHIRE
ENGLAND & WALES



ILLEGITIMATE LIVE BIRTHS PER 1,000 POPULATION



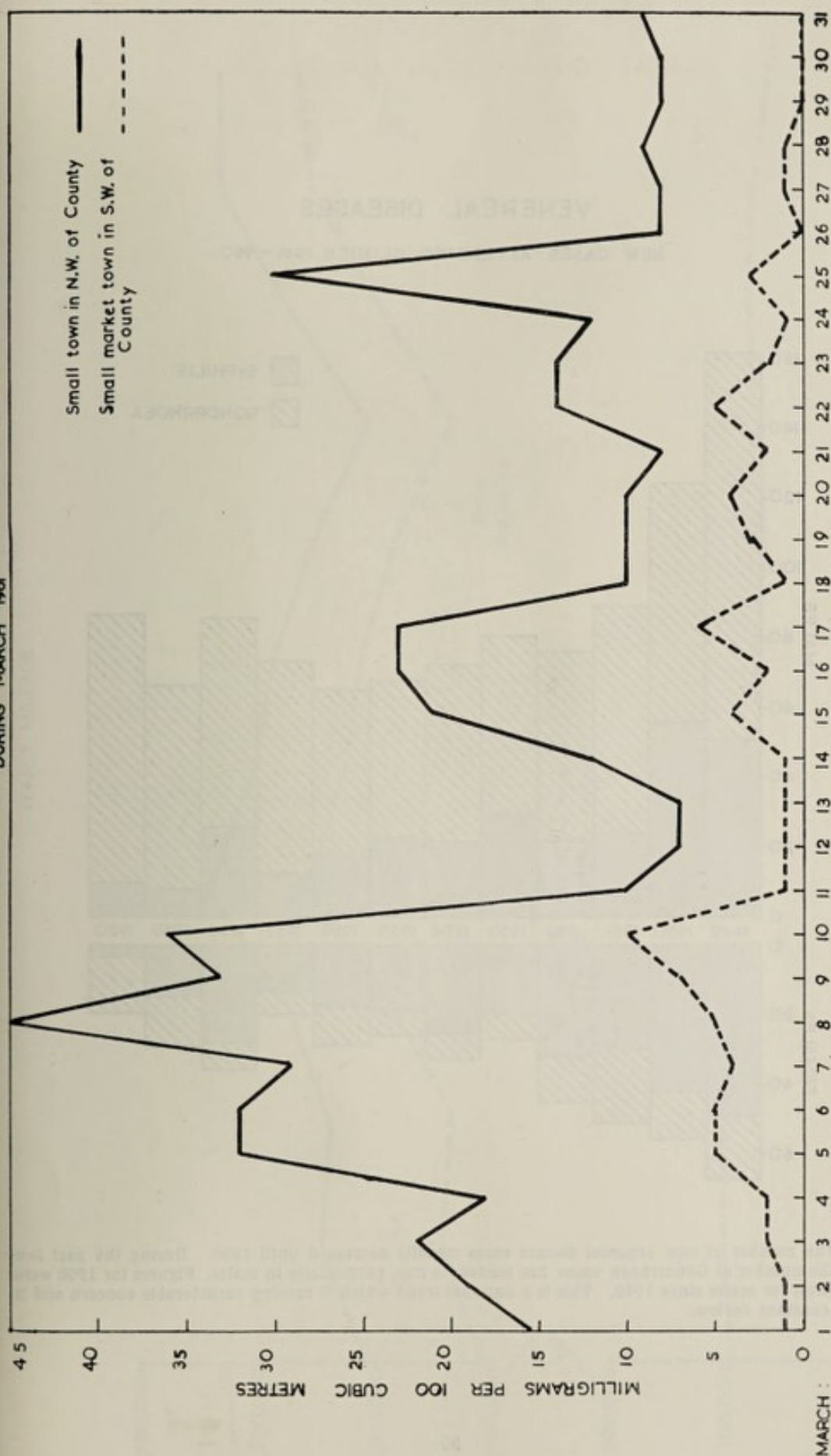
WARWICKSHIRE CLEAN AIR COUNCIL

INSTRUMENT SITES FOR MEASURING AND RECORDING ATMOSPHERIC POLLUTION



- Deposit Gauge ○
- Lead Peroxide Candle □
- { Deposit Gauge &
Lead Peroxide Candle ●
- { Daily Smoke Filter & Sulphur
Dioxide Volumetric Estimation +

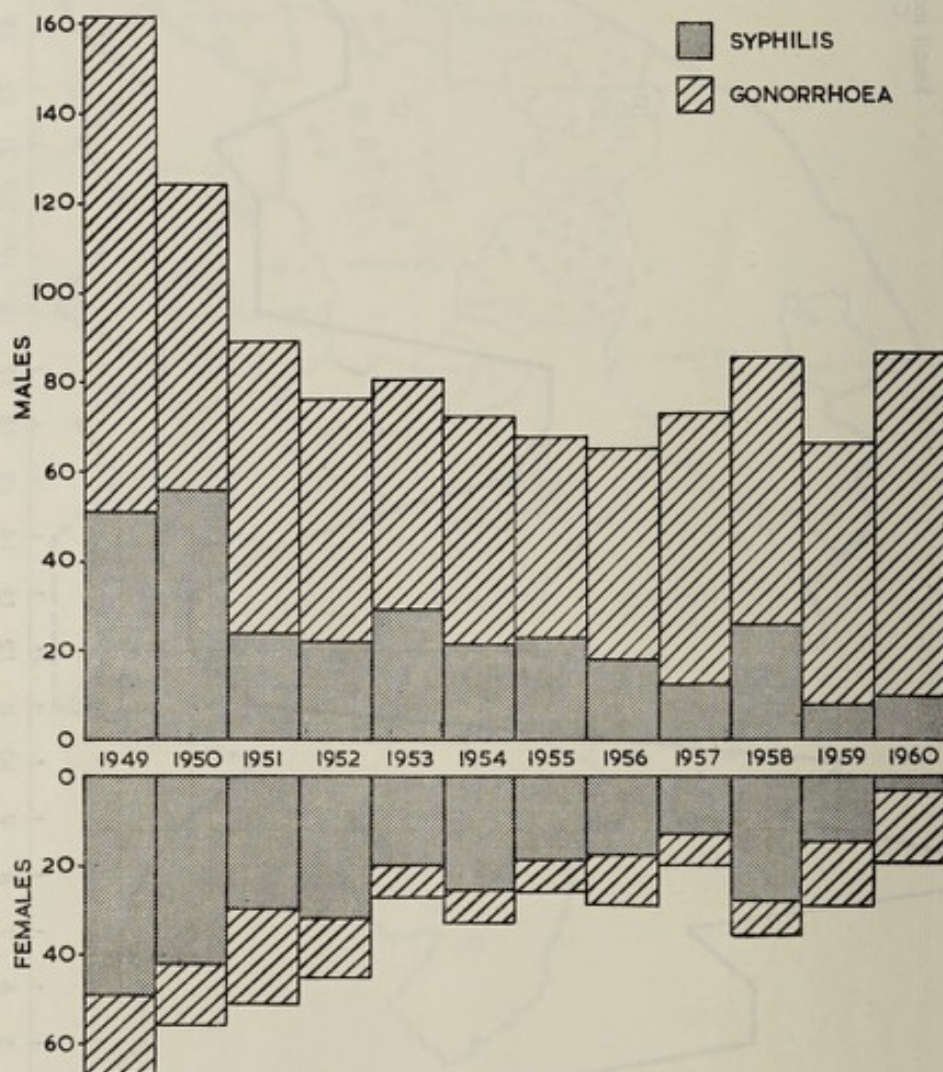
COMPARATIVE DAILY SMOKE POLLUTION IN TWO AREAS OF THE COUNTY DURING MARCH 1961



Daily readings of temperatures and wind velocities shew that the highest points of smoke pollution coincide with low temperatures, together with only light winds. The Department of Scientific and Industrial Research have stated that in their opinion domestic chimneys are responsible for over three-quarters of smoke pollution.

VENEREAL DISEASES

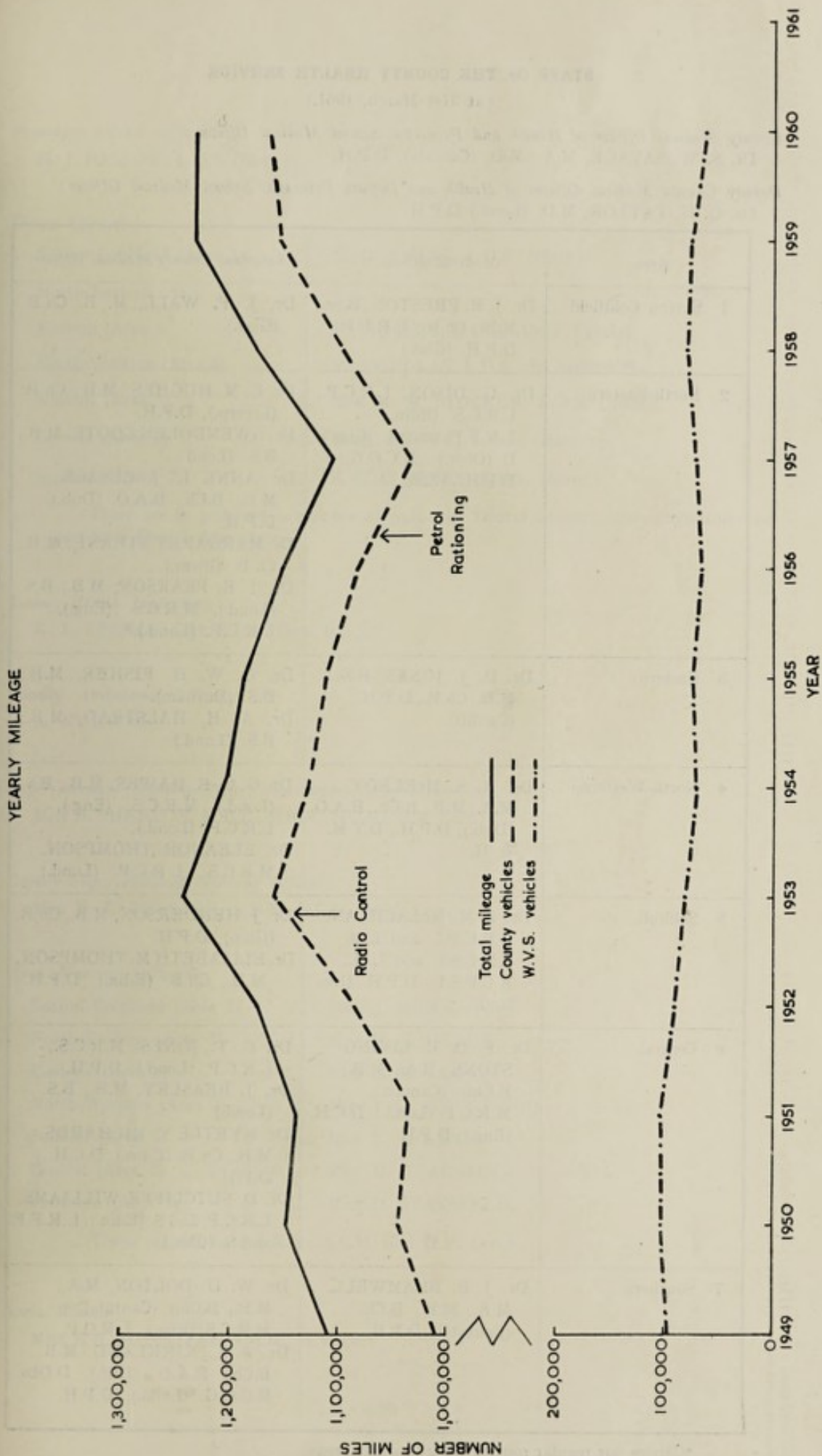
NEW CASES ATTENDING CLINICS 1949-1960



The number of new venereal disease cases steadily decreased until 1956. During the past few years the number of Gonorrhoea cases has tended to rise, particularly in males. Figures for 1960 were the highest for males since 1949. This is a national trend which is causing considerable concern and is under constant review.

COUNTY AMBULANCE SERVICE

YEARLY MILEAGE



STAFF OF THE COUNTY HEALTH SERVICE

(at 31st March, 1961.)

County Medical Officer of Health and Principal School Medical Officer:

Dr. S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

Dr. G. H. TAYLOR, M.D. (Lond.) D.P.H.

<i>Area.</i>	<i>Medical Officer.</i>	<i>Assistant County Medical Officer.</i>
1 Sutton Coldfield.	Dr. J. R. PRESTON, B.Sc., M.B., Ch.B., F.R.F.P.S., D.P.H. (Glas.)	Dr. J. P. WALL, M. B., Ch.B. (Glas.).
2 North-Eastern.	Dr. G. DISON, L.R.C.P., L.R.C.S. (Edin.) L.R.F.P. and S. (Glas.), D. (Obst.), R.C.O.G., D.P.H. (Edin.)	Dr. E. M. HUGHES, M.B., Ch.B. (Liverp.), D.P.H. Dr. GWENDOLEN COOTE, M.B., B.S. (Lond.). Dr. ANNE L. J. CUSACK, M.B., B.Ch., B.A.O. (Dub.), D.P.H. Dr. MARGARET STEANE, M.B., Ch.B. (Birm.). Dr. J. E. PEARSON, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).*
3 Eastern.	Dr. D. J. JONES, B.Sc., M.B., Ch.B., D.P.H. (Cardiff).	Dr. G. W. H. FISHER, M.B., B.S. (Durham). Dr. A. H. HALSTEAD, M.B., B.S. (Lond.)
4 North-Western.	Dr. R. S. McELROY, M.A., M.B., B.Ch., B.A.O. (Dub.), D.P.H., D.T.M. & H.	Dr. G. C. B. HAWES, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Dr. ELEANOR THOMPSON, M.R.C.S., L.R.C.P. (Lond.)
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. (Ire- land).	Dr. J. HENDERSON, M.B., Ch.B. (Glas.), D.P.H. Dr. ELIZABETH M. THOMPSON, M.B., Ch.B. (Edin.), D.P.H.
6 Central.	Dr. F. D. M. LIVING- STONE, B.A., M.B., B.Chir. (Cantab.). M.R.C.P. (Lond.), D.C.H. (Eng.), D.P.H.	Dr. C. T. JONES, M.R.C.S., L.R.C.P. (Lond.), D.P.H. Dr. J. BEASLEY, M.B., B.S. (Lond.) Dr. MYRTLE V. RICHARDS, M.B., Ch.B. (Edin.), D.C.H., D.P.H. 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. (Cantab.), D.P.H.	Dr. W. D. DOLTON, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. Dr. A. L. KIRKLAND, M.B., B.Ch., B.A.O. (Belf.), D.Obs. R.C.O.G. (Lond.), D.P.H.

*Carries out regular routine work in other areas.

Principal Dental Officer :

H. J. BASTOW, L.D.S. (Birm.).

Dental Officers :

Sutton Coldfield (Area 1)	...	N. G. EVANS, L.D.S. (Birm.).
North-Eastern (Area 2)	...	...
Eastern (Area 3)	...	P. VIGANTS, D.D.D. (Univ. Latvia).
North-Western (Area 4)	...	W. DOUGLAS, L.D.S. (St. Andrew's).
Solihull (Area 5)	...	Miss M. M. STOCKER, L.D.S. (Birm.).
Central (Area 6)	...	R. A. LEWTY, L.D.S. (Manc.).
Southern (Area 7)	...	S. C. C. JONES, L.D.S. (Manc.).

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

County Health Inspector :

K. L. SPENCE, Cert. S.I.B., Cert. R.S.I.

County Ambulance Officer :

A. K. HICKS.

Superintendent Nursing Officer and Supervisor of Midwives :

Miss B. SHENTON, M.B.E., S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent Nursing Officer :

Miss V. E. BEESTON, S.R.N., S.C.M., H.V. Cert.

Area Nursing Officers :

Sutton Coldfield (Area 1)	...	Miss J. HORN.
North-Eastern (Area 2)	...	Miss M. J. HEDGES.
Eastern (Area 3)	...	Miss E. M. LLOYD.
North-Western (Area 4)	...	Miss J. G. WEDGWOOD.
Solihull (Area 5)	...	Miss E. J. LAMB.
Central (Area 6)	...	Miss M. G. AUSTIN.
Southern (Area 7)	...	Miss D. STANSFELD.

(These officers hold S.R.N., S.C.M. and H.V. Cert.).

Social Worker :

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

Mental Welfare Officers.

County Health Department	...	H. F. ROGERS.
Sutton Coldfield (Area 1)	...	R. E. LANGLEY. *
North-Eastern (Area 2)	...	F. C. THOMPSON. *
		N. V. WHITE. *
Eastern (Area 3)	...	E. H. CORBETT. *
		J. W. E. HOWARD. *
North-Western (Area 4)	...	J. V. GREENING. *
Solihull (Area 5)	...	F. T. HATFIELD, M.B.E. *
Central (Area 6)	...	R. G. TANDY. *
		C. ROBINSON. *
Southern (Area 7)	...	J. EARLE. *

* These Officers are employed by the Welfare Committee as Area Welfare Officers and Assistants, but they also act as Mental Welfare Officers.

Mental Health Visitors.

County Health Department	...	Miss H. S. HOPKINS.
		Mrs. C. WHEELER.

Statistical Officer:

Mrs. B. WARREN, R.S.A. Cert. (Institute of Statisticians).

Chief Clerk:

L. J. ALLEN.

GENERAL STATISTICS, 1960.

TABLE 1.

No.	Area, and County Districts.	Acres.	1. Population.		2. Live Births.		3. Stillbirths.		4. Total Deaths.		5. Infant Mortality (0-1 yr.)		6. Maternal Mortality.	
			Mid-1959.	Mid-1960.	No.	Birth Rate (adjusted) (per 1000 population)	No.	Stillbirth Rate (per 1000 total births)	No.	Death Rate (adjusted) (per 1000 population)	No.	Death Rate (per 1000 live births)	No.	Death Rate (per 1000 total births)
1	Sutton Coldfield.	13,978	61,980	64,760	1,369	19.87	27	19.34	544	9.91	16	11.69	2	1.43
	Sutton Coldfield M.B.													
2	North-Eastern.													
	Nuneaton M.B.	11,757	57,090	57,660	922	15.51	25	26.40	590	12.99	32	34.71	—	—
	Bedworth U.D.	7,851	29,930	30,570	617	17.96	10	15.95	359	13.03	16	25.93	—	—
	Atherstone R.D.	21,945	24,770	24,860	376	14.52	8	20.83	247	11.83	9	23.94	—	—
	TOTALS	41,553	111,790	113,090	1,915	15.91	43	21.96	1,196	12.59	57	29.77	—	—
3	Eastern.													
	Rugby M.B.	6,992	49,390	50,400	987	19.38	18	17.91	570	12.10	21	21.28	—	—
	Rugby R.D.	80,631	22,090	22,320	403	18.06	9	21.84	180	10.16	6	14.89	—	—
	TOTALS	87,623	71,480	72,720	1,390	19.01	27	19.05	750	12.01	27	19.42	—	—
4	North-Western.													
	Meriden R.D.	61,775	54,590	56,960	1,153	18.42	17	14.53	418	11.01	20	17.35	—	—
	Tamworth R.D.	22,042	17,690	17,750	336	18.93	5	14.66	163	11.11	4	11.90	—	—
	TOTALS	83,817	72,280	74,710	1,489	19.03	22	14.56	581	10.54	24	16.12	—	—
5	Solihull.													
	Solihull M.B.	20,189	88,990	92,550	1,711	17.38	22	12.69	753	11.15	36	21.04	—	—
6	Central.													
	Leamington Spa M.B.	2,875	39,450	40,060	847	20.50	12	13.97	477	10.60	11	12.99	1	1.16
	Warwick M.B.	5,057	15,870	16,010	223	13.65	4	17.62	162	10.42	4	17.94	—	—
	Kenilworth U.D.	5,967	13,430	14,250	238	15.03	2	8.33	135	11.93	3	12.60	—	—
	Southam R.D.	62,527	15,970	15,960	265	19.75	5	18.52	145	11.35	6	22.64	—	—
	Warwick R.D.	55,365	24,550	25,580	414	16.66	9	21.28	289	10.85	7	16.91	—	—
	TOTALS	131,791	109,270	111,860	1,987	18.01	32	15.85	1,208	11.64	31	15.60	1	0.50
7	Southern.													
	Stratford-upon-Avon M.B.	6,900	15,270	15,510	261	16.49	6	22.47	196	11.50	7	26.82	—	—
	Alcester R.D.	37,524	14,140	14,820	268	17.36	5	18.32	192	11.40	7	26.12	—	—
	Shipston-on-Stour R.D.	53,339	8,040	8,040	140	18.80	1	7.09	131	12.22	2	14.29	—	—
	Stratford-upon-Avon R.D.	81,996	23,590	23,350	412	18.70	10	23.70	217	9.85	6	14.56	—	—
	TOTALS	179,759	61,040	61,720	1,081	17.86	22	19.95	736	10.73	22	20.35	—	—
	COUNTY TOTALS	558,710	576,800	591,410	10,942	17.76	195	17.51	5,768	11.41	213	19.47	3	0.27

TABLE 2. REVIEW OF BIRTH AND DEATH RATES
for the years 1929-1960.

Year.	Live Birth Rate. (per 1,000 pop.)	Death Rate. (per 1,000 pop.)	Pulmonary Tuberculosis Death Rate (per 1,000 pop.)	Cancer Death Rate (per 1,000 pop.)	Infant Mortality Rate (per 1,000 live births).	Still-births (per 1,000 total births).	Maternal Mortality (per 1,000 total births)
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
1954.	15.79	10.51	0.10	1.87	23	22	0.73
1955.	16.13	11.08	0.11	1.83	24	21	0.58
1956.	16.43	11.19	0.09	1.81	19	22	0.65
1957.	17.15	10.92	0.08	1.84	19	17	0.41
1958.	17.12	10.98	0.07	1.79	21	21	0.20
1959.	17.63	11.50	0.06	1.87	19	18	0.37
1960.	17.76	11.41	0.06	1.77	19	18	0.27

TABLE 3. MORTALITY STATISTICS, 1960. (1959 in brackets).

Cause of Death.	Age Group.						Total 1960 (and 1959)	Total 1958	Total 1957	Total 1956
	Under 1	1 —	5 —	15 —	45 —	65 —				
Heart and Circulatory Diseases ...	1 (—)	— (—)	— (—)	45 (49)	433 (362)	1,485 (1,518)	1,964 (1,929)	1,933	1,912	2,003
* Malignant Neoplasms ...	— (2)	2 (2)	8 (6)	83 (67)	417 (411)	534 (591)	1,044 (1,079)	1,005	1,009	971
Vascular lesions of Nervous System ...	— (—)	1 (—)	— (—)	26 (10)	119 (126)	737 (629)	883 (765)	835	809	783
Influenza ...	— (1)	2 (1)	— (—)	2 (5)	3 (24)	14 (80)	21 (111)	34	65	33
Pneumonia ...	20 (23)	1 (4)	4 (2)	5 (16)	39 (38)	290 (251)	359 (328)	302	309	250
Bronchitis ...	— (2)	1 (—)	— (—)	5 (4)	48 (62)	186 (204)	240 (273)	270	205	224
Violent Deaths ...	15 (11)	6 (7)	19 (17)	87 (78)	75 (80)	138 (148)	340 (341)	308	282	273
Respiratory Tuberculosis	— (—)	— (—)	— (—)	4 (5)	11 (17)	18 (14)	33 (36)	37	45	50
Non-Respiratory Tuberculosis ...	— (—)	— (—)	— (—)	2 (1)	1 (1)	2 (1)	5 (3)	7	4	7
Nephritis and Nephrosis ...	1 (2)	— (—)	2 (1)	11 (7)	12 (11)	16 (21)	42 (42)	31	51	45
Congenital Malformations	48 (52)	7 (5)	3 (2)	10 (8)	5 (3)	4 (—)	77 (70)	64	66	55
All other diseases ...	128 (111)	8 (8)	7 (7)	32 (49)	144 (130)	441 (436)	760 (741)	701	702	753
Totals 1960 and (1959)	213 (204)	28 (27)	43 (36)	312 (293)	1,307 (1,265)	3,865 (3,893)	5,768 (5,718)			
Total 1958	207	29	37	274	1,245	3,735		5,527		
" 1957	178	34	25	303	1,203	3,716			5,459	
" 1956	174	23	36	271	1,206	3,737				5,447

* Including Leukaemia.

TABLE 4.

CANCER DEATHS FOR THE YEARS 1956-1960

and comparison of Average Death Rates with England and Wales
for the Years 1957-59.

A. MALES.

Site.	Warwickshire Number of deaths.					Average death rate per million males, 1957-59.		
	1956	1957	1958	1959	1960	Warwick- shire (adjusted).	England and Wales.	% Warwick- shire to Eng- land and Wales.
Stomach ...	64	71	77	80	60	311	365	85%
Lung and bronchus ...	153	155	173	198	186	716	790	91%
Breast ...	—	1	2	2	1	7	3	—
Leukaemia and Aleukaemia ...	13	18	11	15	21	60	60	100%
Other ...	293	317	280	273	260	1,184	1,119	106%
TOTALS ...	523	562	543	568	528	2,278	2,337	97%

B. FEMALES.

Site.	Warwickshire Number of deaths.					Average death rate per million females, 1957-59.		
	1956	1957	1958	1959	1960	Warwick- shire (adjusted).	England and Wales.	% Warwick- shire to Eng- land and Wales.
Stomach ...	61	53	48	65	51	218	261	84%
Lung and bronchus ...	27	30	22	34	31	113	119	95%
Breast ...	103	103	119	108	114	434	374	116%
Uterus ...	34	34	44	48	50	166	171	97%
Leukaemia and Aleukaemia ...	15	3	11	19	10	43	48	90%
Other ...	208	224	218	237	260	893	943	95%
TOTALS ...	448	447	462	511	516	1,867	1,916	97%

TABLE 5.

CORONARY DISEASE & ANGINA DEATHS FOR THE YEARS 1956-60.

and comparison of Average Death Rates with England and Wales
for the Years 1957-59.

Sex.	Warwickshire Number of deaths.					Average death rate per million 1957-59.		
	1956	1957	1958	1959	1960	Warwick- shire (adjusted).	England and Wales.	% Warwick- shire to Eng- land and Wales.
Males ...	496	486	535	534	609	2,118	2,330	91%
Females ...	286	270	302	308	337	1,158	1,329	87%

TABLE 6.

LIVE BIRTHS, 1960.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> (per 1,000 pop.)
Legitimate	5,353	5,155	10,508	17.06
Illegitimate	226	208	434	0.70
TOTALS	5,579	5,363	10,942	17.76
Illegitimate live births per cent of total live births			3.97	

TABLE 7.

STILLBIRTHS, 1960.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> (per 1,000 total births)
Legitimate	98	87	185	17.30
Illegitimate	5	5	10	22.52
TOTALS	103	92	195	17.51

TABLE 8.

TOTAL LIVE & STILL BIRTHS, 1960.

	<i>Males</i>	<i>Females</i>	<i>Total.</i>
Legitimate	5,451	5,242	10,693
Illegitimate	231	213	444
TOTALS	5,682	5,455	11,137

TABLE 9.

INFANT MORTALITY—UNDER 1 YEAR, 1960.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> (per 1,000 live births).
Legitimate	115	86	201	19.13
Illegitimate	7	5	12	27.65
TOTALS	122	91	213	19.47

TABLE 10.

NEONATAL MORTALITY (UNDER 4 WKS), 1960.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> (per 1,000 live births).
Legitimate	83	69	152	14.47
Illegitimate	7	4	11	25.35
TOTALS	90	73	163	14.90

TABLE 11. EARLY NEONATAL MORTALITY (UNDER 1 WEEK), 1960.

	Males	Females	Total	Rate (per 1,000 live births)
Legitimate	70	63	133	12.66
Illegitimate	5	3	8	18.43
TOTALS	75	66	141	12.89

TABLE 12. MATERNAL MORTALITY, 1960.

Number of maternal deaths.	Mortality Rate (per 1,000 total births).
3	0.27

TABLE 13. PERINATAL MORTALITY, 1960.
(Stillbirths and Infant deaths under 1 week).

	Males	Females	Total	Rate (per 1,000 total births)
Legitimate	181	156	337	31.52
Illegitimate	12	9	21	47.30
TOTALS	193	165	358	32.15

TABLE 14. PREMATURE BIRTH RATES AND
PERCENTAGE SURVIVAL
FOR THE YEARS 1956-1960.
(From Birth Notifications).

		1956	1957	1958	1959	1960
Total notified births (live and still, adjusted)		9,172	9,785	10,268	10,642	11,181
Premature Live Births.	Number notified	599	646	667	666	683
	Rate per 1,000 total Notified Births	65	66	65	63	61
	Number of Deaths (up to 28 days)	83	88	92	84	105
	Percentage survival (up to 28 days)	86	86	86	87	85
Premature Stillbirths	Number Notified	103	98	106	95	103
	Rate per 1,000 total Notified births	11	10	10	9	9

TABLE 15. TOTAL PREMATURE BIRTHS SINGLE AND MULTIPLE, 1960.

Total notified births 11,181.

(1959 figures in brackets).

Weight Group.	Number of premature births.		of those born alive :—			
	Born dead.	Born alive.	Number died 1st day.	Number died 2-28 days.	Number survived.	% survival of live births.
3lbs. 4ozs. or less	52 (39)	84 (72)	37 (26)	23 (17)	24 (29)	29 (40)
Over 3lbs. 4ozs. and up to 4lbs. 6ozs.	29 (29)	141 (126)	11 (14)	15 (9)	115 (103)	82 (82)
Over 4lbs. 6ozs. and up to 4lbs. 15ozs.	12 (10)	123 (127)	6 (2)	7 (6)	110 (119)	89 (94)
Over 4lbs. 15ozs. and up to 5lbs. 8ozs.	10 (17)	335 (341)	2 (5)	4 (5)	329 (331)	98 (97)
TOTALS	103 (95)	683 (666)	56 (47)	49 (37)	578 (582)	85 (87)

TABLE 16. Single Births.

Weight Group.	No. of Premature Births.		of those born alive :—			
	Born dead.	Born alive.	Number died 1st day.	Number died 2-28 days.	Number survived.	% survival of live births.
3lbs. 4ozs. or less	47 (38)	52 (55)	24 (21)	13 (13)	15 (21)	29 (38)
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	23 (25)	102 (86)	9 (12)	9 (7)	84 (67)	82 (78)
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	11 (10)	89 (85)	6 (1)	6 (6)	77 (78)	87 (92)
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	9 (12)	291 (282)	2 (4)	4 (4)	285 (274)	98 (97)
TOTALS	90 (85)	534 (508)	41 (38)	32 (30)	461 (440)	86 (87)

TABLE 17. Multiple Births.

Weight Group.	No. of Premature Births.		of those born alive :—			
	Born dead.	Born alive.	Number died 1st day.	Number died 2-28 days.	Number survived.	% survival of live births.
3lbs. 4ozs. or less	5 (1)	32 (17)	13 (5)	10 (4)	9 (8)	28 (47)
Over 3lbs. 4ozs. up to 4lbs. 6ozs.	6 (4)	39 (40)	2 (2)	6 (2)	31 (36)	79 (90)
Over 4lbs. 6ozs. up to 4lbs. 15ozs.	1 (—)	34 (42)	— (1)	1 (—)	33 (41)	97 (98)
Over 4lbs. 15ozs. up to 5lbs. 8ozs.	1 (5)	44 (59)	— (1)	— (1)	44 (57)	100 (97)
TOTALS	13 (10)	149 (158)	15 (9)	17 (7)	117 (142)	79 (90)

TABLE 18.

CAUSES OF STILLBIRTH FOR THE YEARS 1957—1960.
Analysis of midwives reports on stillbirths occurring in the Administrative
County to County women.

Cause.	% of total still-births attributable to cause.			
	1960	1959	1958	1957
Congenital malformations	21.0	19.8	18.1	18.6
Toxaemia of pregnancy and accidental A.P.H.	21.0	22.5	26.4	24.8
Conditions of cord and placenta	11.3	16.1	16.7	17.4
Difficulties in labour	9.3	5.4	6.7	11.2
Haemolytic disease	3.6	3.7	3.1	3.7
Chronic ill-health of mother	1.0	0.5	0.5	3.1
No obvious cause discovered	32.8	32.0	28.5	21.2
TOTALS	100.0	100.0	100.0	100.0
Number of reports received	195	187	193	161
Number of registered stillbirths	195	189	209	166
Stillbirth rate	17.5	17.7	20.6	17.0

TABLE 19.

CAUSES OF NEO-NATAL DEATHS.
1957—1960.

Cause of death.	With prematurity.				Without prematurity.				Total.			
	1960	1959	1958	1957	1960	1959	1958	1957	1960	1959	1958	1957
Prematurity	46	36	43	37	—	—	—	—	46	36	43	37
Asphyxia, Atelectasis	21	8	14	17	9	7	4	3	30	15	18	20
Congenital malformations :												
Alone	6	9	9	8	24	22	21	21	30	31	30	28
With Asphyxia	—	1	—	3	2	2	2	—	2	3	2	3
With Pneumonia	—	2	3	1	3	—	—	—	3	2	3	1
Totals	6	12	12	12	29	24	23	21	35	36	35	32
Birth injury	7	13	7	12	6	11	15	10	13	24	22	22
Haemolytic Disease	1	5	2	1	6	3	3	2	7	8	5	3
Bronchitis and Pneumonia	10	3	7	6	1	4	5	7	11	7	12	13
Misadventure	1	—	—	1	1	1	1	1	2	1	1	2
Other	12	11	8	5	7	5	4	2	19	16	12	7
TOTALS	104	88	93	91	59	55	55	46	163	143	148	137

TABLE 20.

CAUSES OF DEATH OF INFANTS ONE MONTH TO ONE YEAR
1957—1960

Cause of Death.	With bronchitis or pneumonia.				Without bronchitis or pneumonia.				Total.			
	1960	1959	1958	1957	1960	1959	1958	1957	1960	1959	1958	1957
Bronchitis and Pneumonia	6	13	15	10	—	—	—	—	6	13	15	10
Congenital Malformations ...	5	7	5	2	13	17	15	14	18	24	20	16
Gastro Enteritis ...	—	—	1	1	2	3	4	1	2	3	5	2
Whooping Cough ...	—	—	1	—	1	—	—	—	1	—	1	—
Accident ...	—	—	1	—	11	8	6	2	11	8	7	2
Central Nervous System infections ...	—	—	—	—	1	2	6	3	1	2	6	3
Other ...	2	6	—	—	9	5	5	8	11	11	5	8
TOTALS ...	13	26	23	13	37	35	36	28	50	61	59	41

TABLE 21.

DEATHS OF CHILDREN AGED 1 TO 5 YEARS, 1960.

Cause of Death.	Male.	Female.	Total.
Congenital malformations ...	3	4	7
Accidents—Motor vehicle ...	1	3	4
Other ...	1	1	2
Bronchitis and Pneumonia ...	1	1	2
Influenza ...	—	2	2
Other Respiratory diseases ...	1	—	1
Malignant Disease ...	1	1	2
Infectious Diseases ...	1	1	2
Gastro-Enteritis ...	1	—	1
Vascular Disease of Nervous System ...	1	—	1
All other causes ...	1	3	4
TOTAL ...	12	16	28

TABLE 22. AVERAGE BIRTH AND DEATH RATES IN COUNTY DISTRICTS FOR THE FIVE YEARS 1956-1960 INCLUSIVE.

Live births.		County district.		Stillbirths.		Infant Deaths.		Neo-natal mortality rate.	Mortality rate one month to one year.	Stillbirth plus Neo-natal Mortality rate.
No.	Rate.			No.	Rate.	No.	Rate.			
5,661	18.66*	Sutton Coldfield M.B.	...	106	18.46	95	17.14	13.72	3.42†	32.18
4,521	15.46†	Nuneaton M.B.	...	109	23.57*	123	27.14*	20.51*	6.63	44.08*
2,841	17.42	Bedworth U.D.	...	50	17.50	77	27.17*	19.78*	7.39	37.28
1,953	15.17†	Atherstone R.D.	...	48	23.97	47	24.05	17.25	6.80	41.22
4,131	16.76	Rugby M.B.	...	85	20.18	66	15.85	11.90	3.95	32.08
2,008	18.26*	Rugby R.D.	...	50	24.06	37	18.41	13.40	5.01	37.46
4,973	17.45	Meriden R.D.	...	91	18.20	89	18.16	13.29	4.87	31.49
1,573	18.07	Tamworth R.D.	...	39	24.39	37	23.59	17.24	6.35	41.63
7,624	17.01	Solihull M.B.	...	105	13.87†	121	15.66†	10.34†	5.32	24.21†
4,044	20.02*	Leamington Spa M.B.	...	73	17.75	87	21.59	14.96	6.63	32.71
1,082	13.37†	Warwick M.B.	...	27	23.97	17	15.96	10.30	5.66	34.27
1,109	17.95	Kenilworth U.D.	...	9	7.97†	17	15.40	12.60	2.80	20.57†
1,299	20.38*	Southam R.D.	...	32	23.91	21	16.31	9.15†	7.16	33.06
2,086	18.25*	Warwick R.D.	...	38	18.06	39	17.99	14.61	3.38	32.67
1,170	15.07†	Stratford-upon-Avon M.B.	...	19	15.58	25	21.45	16.12	5.33	31.70
1,166	16.36	Alcester R.D.	...	24	20.06	23	19.08	14.13	4.95	34.19
672	18.17	Shipston-on-Stour R.D.	...	10	15.45	10	15.55	14.04	1.51†	29.49
2,050	18.90*	Stratford-upon-Avon R.D.	...	43	20.77	45	22.14	17.63	4.51	38.40
49,963	17.22	All County	...	958	18.89	976	19.53	14.36	5.17	33.25

* Significantly higher than the average for the whole County.

† Significantly lower than the average for the whole County.

TABLE 23.

MIDWIFERY.

NUMBER OF MIDWIVES PRACTISING AT THE END OF EACH YEAR 1956-1960.

Year.	Domiciliary.		Institutional.	
	Employed by the County Council.	In private practice.	Employed by the Hospital Management Committees.	Employed by Nursing Homes.
1960	124	7	141	9
1959	125	13	127	11
1958	110	14	119	8
1957	113	17	129	9
1956	115	18	134	12

NUMBER OF NOTIFIED BIRTHS DURING 1960 IN EACH AREA (1959 in brackets).
(adjusted to Area of residence).

Area.	Adjusted number of notified births.		% Domiciliary.		% Institutional.	
1. Sutton Coldfield ...	1,365	(1,230)	40	(37)	60	(63)
2. North-Eastern ...	1,934	(1,918)	51	(51)	49	(49)
3. Eastern ...	1,467	(1,308)	48	(48)	52	(52)
4. North-Western ...	1,492	(1,393)	50	(44)	50	(56)
5. Solihull ...	1,769	(1,736)	29	(25)	71	(75)
6. Central ...	2,063	(2,016)	37	(36)	63	(64)
7. Southern ...	1,091	(1,041)	29	(31)	71	(69)
Totals ...	11,181	(10,642)	41	(39)	59	(61)
.. 1958	10,268		38		62	
.. 1957	9,785		36		64	
.. 1956	9,172		35		65	

TABLE 24. PREPARATION FOR MOTHERHOOD CLASSES, 1960. (1959 in brackets).

Area.	Number of women who attended.		Total Attendances made.	
1. Sutton Coldfield ...	499	(438)	1,862	(1,650)
2. North-Eastern ...	240	(224)	1,337	(1,135)
3. Eastern ...	175	(228)	1,017	(1,227)
4. North-Western ...	138	(89)	510	(318)
5. Solihull ...	182	(98)	974	(558)
6. Central ...	277	(178)	1,100	(813)
7. Southern ...	174	(81)	597	(252)
Total ...	1,685	(1,336)	7,397	(5,953)

TABLE 25.

HOME NURSING.

CASES ATTENDED DURING 1960 and 1959.
(1959 figures in brackets).

Medical ...	6,346	(6,287)
Surgical ...	1,587	(1,439)
Infectious diseases ...	6	(6)
Tuberculosis ...	122	(128)
Maternal complications ...	57	(58)
Others ...	37	(52)
Total ...	8,155	(7,970)
Number of cases aged 65 and over	4,457	(4,350)
aged under 5 ...	331	(310)

A total of 263,720 visits was paid during the year compared with 253,561 in 1959.

TABLE 26.

HEALTH VISITING.

VISITS MADE DURING 1960 and 1959.
(1959 figures in brackets).

			First Visits.			Total Visits.
Expectant mothers	...	...	2,011	(1,782)	...	4,000 (3,761)
Children under 1 year	...	...	10,921	(10,472)	...	72,726 (72,053)
Children 1-5 years	...	...	—	—	...	82,821 (86,949)
Tuberculous households	...	...	—	—	...	4,964 (5,514)
Geriatric	...	...	1,011	(1,055)	...	6,456 (5,370)
Home Help	...	...	79	(75)	...	219 (165)
School Nursing :						
Personal hygiene follow-up	...	...	—	—	...	1,664 (1,415)
Other follow-up	...	...	—	—	...	5,234 (5,402)
Other	...	...	—	—	...	4,225 (7,259)
Total	...	...	...	...	...	182,309 (187,888)

TABLE 27. SCHEME FOR THE CARE OF THE ILLEGITIMATE CHILD
AND ITS MOTHER.NEW CASES NOTIFIED IN YEAR ENDED 31ST DECEMBER, 1960.
(The 1959 figures are given in brackets).

Source of notification.	Number of cases notified.			
	Requiring ante-natal or post-natal accommoda- tion, help and advice.	Requiring help and/or advice only.	Not requiring help or advice.	Total.
Moral Welfare Societies	14 (24)	8 (11)	— (4)	22 (39)
Medical Officers, Nurses and Midwives	17 (18)	35 (20)	72 (63)	124 (101)
General Practitioners	27 (25)	31 (19)	4 (2)	62 (46)
Probation Officers	5 (4)	2 (2)	1 (—)	8 (6)
Hospital Almoners and Matrons	28 (9)	23 (23)	1 (6)	52 (38)
Self-referred	8 (6)	14 (12)	2 (1)	24 (19)
Miscellaneous Sources	15 (15)	12 (7)	3 (—)	30 (22)
TOTALS	114 (101)	125 (94)	83 (76)	322 (271)
Age distribution :				
17 and under	27 (22)	22 (12)	13 (7)	62 (41)
18, 19, 20	53 (33)	42 (27)	21 (18)	116 (78)
21 to 25	25 (23)	26 (29)	28 (16)	79 (68)
26 to 30	5 (9)	21 (7)	10 (12)	36 (28)
31 to 40	3 (13)	11 (17)	9 (15)	23 (45)
41 to 50	1 (1)	2 (1)	2 (3)	5 (5)
Unknown	— (—)	1 (1)	— (5)	1 (6)

The marital state of these women was as follows :—

Single	...	264 (216)
Married	...	18 (19)
Widowed	...	4 (7)
Divorced	...	5 (3)
Separated	...	31 (21)
Not known	...	(5)

Of the 264 (216) single women 33 (27) had previously borne children [93 (69) babies.]

TABLE 28.

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 1960.	No. of att- endances.	No. of women who attended during 1960.	No. of att- endances.
1. SUTTON COLDFIELD. 49, Holland Street ... † Mere Green Clinic ... Boldmere Road ... † The Green, Minworth ... † Bannersgate Clinic ... † Falcon Lodge, Churchill Road.	A.N. & P.N. A.N. & P.N. A.N. & P.N. A.N. & P.N. A.N. & P.N. A.N. & P.N.	Alt. Tuesdays 10 a.m. Alt. Tuesdays 10 a.m. Alt. Wednesdays 10 a.m. Alt. Wednesdays 2 p.m. Alt. Fridays 10 a.m. Alt. Thursdays 10 a.m.	Dr. E. M. STOCKWIN Dr. M. V. RICHARDS Dr. E. M. STOCKWIN Dr. E. M. STOCKWIN Dr. E. M. STOCKWIN Dr. L. P. JAMES	14 — 18 — 26 33	59 — 53 — 69 38	1 — — — 1 —	1 — — — 1 —
2. NORTH-EASTERN. Child Welfare Centre, Bedworth. Riversley Park Clinic, Nuneaton. Cross St., Stockingford	A.N. & P.N. A.N. & P.N. A.N. & P.N.	Every Tuesday 9 to 11.30 a.m. 2nd, 4th & 5th Thursdays 2 p.m. 1st & 3rd Thursdays 2 p.m.	Mr. D. W. HENDRY Mr. D. W. HENDRY Mr. D. W. HENDRY	240 51 43	985 110 127	37 3 23	38 3 23
3. EASTERN. Temple Street, Rugby	A.N. & P.N.	Every Wednesday 2 p.m.	Mr. J. R. OWEN	248	587	6	6
TOTALS 1960 ...				673	2,028	71	72
TOTALS 1959 ...				640	2,215	84	89

† Combined with Toddler Clinic.

TABLE 29. DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1960.

AREA.	Expectant and Nursing Mothers.				Pre-school Children.			
	Exam- ined.	Need- ing treat- ment.	Treated. *	Made dent- ally. fil.*	Exam- ined.	Need- ing treat- ment.	Treated. *	Made dent- ally. fil.*
1. Sutton Coldfield	64	60	56	54	176	142	132	136
2. North-Eastern	49	48	42	25	78	54	54	53
3. Eastern ...	13	13	12	9	139	119	99	82
4. North-Western	39	39	50	16	99	74	71	41
5. Solihull	120	118	120	85	290	205	171	106
6. Central ...	71	63	58	38	115	73	72	43
7. Southern	34	33	24	14	40	28	25	21
Totals 1960	390	374	362	241	937	695	624	482
1959 ...	368	345	368	254	914	657	539	419
1958 ...	352	333	316	197	803	643	507	499
1957 ...	313	302	279	222	716	597	560	544
1956 ...	227	204	163	108	675	524	434	395

* Including cases carried over from previous year.

TABLE 30. FORMS OF DENTAL TREATMENT PROVIDED.

Number of				To Expectant and Nursing Mothers.	To Pre-school Children.
Extractions	...	...	...	1,279	836
Teeth filled	...	...	...	789	475
General Anaesthetics	...	...	...	113	363
Dentures—Complete	...	...	...	57	—
—Partial	...	...	...	57	—
Crowns	...	...	...	—	—
Inlays	...	...	...	—	—
Other treatments	...	...	...	753	487

REGISTRATION OF NURSING AND MATERNITY HOMES

TABLE 31. NURSING AND MATERNITY HOMES ON REGISTER,
31st DECEMBER, 1960.

Area.	Home.	No. of Beds.				
		Maternity.	Other.	Total.		
1. Sutton Coldfield.	"Roxton," 154, Birmingham Road, Sutton Coldfield.	—	17	17		
	"Highfield " Boldmere Road, Sutton Coldfield.	7	—	7		
	"Sutton Coldfield," 71, Lichfield Road, Sutton Coldfield.	—	12	12		
	"Hartopp Court," 26, Hartopp Road, Four Oaks.	—	29	29		
5. Solihull.	"Francis Way" Bentley Heath, Knowle.	30	—	30		
	"Moville " 667, Haslucks Green Road, Shirley.	—	6	6		
	"Wroxton," 3, St. Bernard's Road, Olton.	—	12	12		
6. Central.	"River Park," Blackdown, Leaming- ington Spa.	10	14	24		
	"Priory Lodge," Priory Terrace, Leamington Spa.	—	5	5		
	"Eversleigh " 2, Clarendon Place, Leamington Spa.	4	13	17		
	"Breton Lodge," 93, Holly Walk, Leamington Spa.	—	18	18		
	Royal Midland Counties Home for Incurables, Lillington Road, Leamington Spa.	—	42	42		
	"Dunara," 34, Lillington Road, Leamington Spa	—	14	14		
1960	Number of Homes 14	Number of Beds ...		51	182	233
1959	" " " 14	" " " ...		53	178	231
1958	" " " 14	" " " ...		55	168	223
1957	" " " 14	" " " ...		55	164	219
1956	" " " 12	" " " ...		57	97	154

DIPHTHERIA IMMUNISATION.

TABLE 32. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1960.

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—4	5—14	Total.	
1. Sutton Coldfield ...	861	174	—	1,035	810
2. North-Eastern ...	1,158	535	205	1,898	1,363
3. Eastern ...	1,183	142	51	1,376	708
4. North-Western ...	1,124	173	60	1,357	1,539
5. Solihull ...	1,520	341	18	1,879	1,406
6. Central ...	1,527	360	100	1,987	3,196
7. Southern ...	949	156	68	1,173	1,234
Totals 1960 ...	8,322	1,881	502	10,705	10,256
Totals 1959 ...	7,026	1,820	436	9,282	6,754
Totals 1958 ...	6,996	2,084	772	9,852	6,962
Totals 1957 ...	4,834	1,660	373	6,867	5,471
Totals 1956 ...	5,087	1,941	748	7,776	6,246

WHOOPIING COUGH IMMUNISATION.

TABLE 33. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1960.

Area.	Number of children who completed a full course of primary immunisation.			Number of children given reinforcing injection.
	Age at final injection.			
	0—4	5—14	Total.	
1. Sutton Coldfield	1,014	5	1,019	727
2. North-Eastern	1,621	95	1,716	972
3. Eastern	1,321	51	1,372	422
4. North-Western	1,303	15	1,318	695
5. Solihull	1,849	19	1,868	696
6. Central	1,865	37	1,902	1,556
7. Southern	1,091	42	1,133	87
Totals 1960	10,064	264	10,328	5,155
Totals 1959			8,793	3,515
Totals 1958			8,796	2,256
Totals 1957			6,350	1,324
Totals 1956			6,699	210

TETANUS IMMUNISATION.

TABLE 34. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1960.

Area.	Number of children who completed a full course of primary immunisation.			Number of children given reinforcing injection.
	Age at final injection.			
	0—4	5—14	Total.	
1. Sutton Coldfield	582	—	582	2
2. North-Eastern	1,011	35	1,046	95
3. Eastern	861	37	898	39
4. North-Western	678	14	692	87
5. Solihull	791	—	791	5
6. Central	1,062	12	1,074	—
7. Southern	797	25	822	79
Totals 1960	5,782	123	5,905	307

POLIOMYELITIS VACCINATION.

TABLE 35. NUMBER OF VACCINATIONS CARRIED OUT DURING 1960.

Area.	Number of persons who completed a course of two injections.					Number given third injection.
	Children born since 1943.	Young Persons born 1933-1942.	Born before 1933 but under 40 yrs.	Other Personnel	Total.	
1. Sutton Coldfield	1,702	617	2,398	211	4,928	7,087
2. North-Eastern...	2,001	958	4,043	16	7,018	12,130
3. Eastern... ..	1,544	719	4,346	59	6,668	6,167
4. North-Western	1,695	576	2,408	69	4,748	7,199
5. Solihull...	1,997	681	3,996	174	6,848	7,951
6. Central	2,971	1,584	6,060	430	11,045	9,444
7. Southern	1,365	550	2,259	39	4,213	5,425
Totals 1960 ...	13,275	5,685	25,510	998	45,468	55,403
Totals 1959 ...					58,366	97,577
Totals 1958 ...					79,422	13,659
Totals 1957 ...					21,730	—
Totals 1956 ...					3,239	—

TABLE 36.

SMALLPOX VACCINATION, 1956—1960.

Age at Date of Vaccination.	NUMBER OF PERSONS VACCINATED DURING YEAR.								
	1960.				Total 1960	Total 1959	Total 1958	Total 1957	Total 1956
	Under 1	1—4	5—14	15 or over.					
Area.									
1. Sutton Coldfield...	1,071	122	24	21	1,238	1,136	999	1,007	736
2. North-Eastern ...	227	183	49	64	523	835	715	746	429
3. Eastern ...	376	56	30	46	508	1,094	987	804	535
4. North-Western ...	590	86	21	32	729	857	845	679	543
5. Solihull ...	855	182	34	69	1,140	1,424	1,259	1,114	805
6. Central ...	689	83	49	127	948	1,393	1,215	1,240	917
7. Southern ...	525	73	46	64	708	698	755	633	581
Totals 1960 ...	4,333	785	253	423	5,794				
Totals 1959 ...	6,083	660	247	447		7,437			
Totals 1958 ...	5,604	573	185	413			6,775		
Totals 1957 ...	4,620	741	354	508				6,223	
Totals 1956 ...	3,691	379	136	340					4,546

TABLE 37.

SMALLPOX RE-VACCINATION, 1956—1960.

Age at Date of Re-Vaccination.	NUMBER OF PERSONS RE-VACCINATED DURING YEAR.								
	1960.				Total 1960	Total 1959	Total 1958	Total 1957	Total 1956
	Under 1	1—4	5—14	15 or over					
Area.									
1. Sutton Coldfield	—	5	13	216	234	186	205	192	117
2. North-Eastern ...	—	1	12	59	72	63	56	126	91
3. Eastern ...	—	3	39	193	235	218	230	250	190
4. North-Western ...	—	7	17	93	117	82	84	89	80
5. Solihull ...	—	5	21	219	245	172	134	208	131
6. Central ...	—	7	35	208	250	207	203	239	205
7. Southern ...	—	5	29	178	212	186	172	152	125
Totals 1960 ...	—	33	166	1,166	1,365				
Totals 1959 ...	—	37	155	922		1,114			
Totals 1958 ...	—	36	124	924			1,084		
Totals 1957 ...	—	35	160	1,061				1,256	
Totals 1956 ...	—	20	100	819					939

TABLE 38. NOTIFICATION OF INFECTIOUS DISEASES.—Summary of Returns of Medical Officers of Health for the year ended 31st December, 1960.
(For notification of Tuberculosis see Table 42.)

Area, and County Districts.	Estimated Population Mid-1960.	Scarlet Fev.	Whooping Cough.	Diphtheria.	Measles (excluding Rubella).	Acute Pneumonia.	Meningococcal Infection.	Acute Poliomyelitis.		Acute Encephalitis.		Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.	Malaria.		
								Paralytic.	Non-Paralytic.	Infective.	Post-Infectious.									Contracted in this country.	Contracted abroad.	Induced in institutions.
1. SUTTON COLDFIELD. Sutton Coldfield M.B.	64,760	25	36	—	30	6	—	—	—	—	—	2	—	3	—	1	—	1	4	—	—	—
2. NORTH-EASTERN. Nuneaton M.B. ...	57,660	13	133	—	6	14	—	—	—	—	—	11	1	3	—	—	—	1	3	—	—	—
Bedworth U.D. ...	30,570	13	110	—	92	10	—	—	—	—	—	71	—	—	—	—	—	28	4	—	—	—
Atherstone R.D. ...	24,860	13	3	—	2	17	—	—	—	—	—	1	—	—	—	—	—	10	—	—	—	—
Totals ...	113,090	39	246	—	100	41	—	—	—	—	—	83	1	3	—	—	—	39	7	—	—	—
3. EASTERN. Rugby M.B. ...	50,400	10	38	—	11	12	—	1	—	—	—	10	—	3	—	—	1	6	7	—	—	—
Rugby R.D. ...	22,320	10	20	—	7	1	—	—	—	—	—	3	—	1	—	—	—	—	3	—	—	—
Totals ...	72,720	20	58	—	18	13	—	1	—	—	—	13	—	4	—	—	1	6	10	—	—	—
4. NORTH-WESTERN. Meriden R.D. ...	56,960	35	71	—	21	23	1	—	—	—	—	48	3	67	—	—	—	17	4	—	—	—
Tamworth R.D. ...	17,750	9	8	—	171	5	—	—	—	—	—	4	—	—	—	—	—	—	2	—	—	—
Totals ...	74,710	44	79	—	192	28	1	—	—	—	—	52	3	67	—	—	—	17	6	—	—	—
5. SOLIHULL. Solihull M.B. ...	92,550	84	47	—	71	35	1	—	—	—	—	13	2	1	—	—	—	8	4	—	1	—
6. CENTRAL. Leamington Spa M.B.	40,060	49	37	—	7	20	1	3	—	—	—	14	1	7	—	1	—	—	—	—	—	—
Warwick M.B. ...	16,010	13	33	—	10	5	—	—	—	—	—	9	—	—	—	—	—	2	2	—	—	—
Kenilworth U.D. ...	14,250	1	17	—	68	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Southam R.D. ...	15,960	—	53	—	1	5	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—
Warwick R.D. ...	25,580	25	60	—	5	15	—	—	—	—	—	17	—	—	—	—	—	22	—	—	—	—
Totals ...	111,860	88	200	—	91	46	1	3	—	—	—	43	1	7	—	1	—	25	2	—	—	—
7. SOUTHERN. S'ford-upon-Avon M.B.	15,510	9	9	—	14	3	1	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—
Alcester R.D. ...	14,820	9	48	—	—	33	—	—	—	—	—	3	1	1	—	—	—	—	1	—	—	—
Shipston-on-Stour R.D.	8,040	1	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
S'ford-on-Avon R.D.	23,350	11	10	—	10	1	—	—	—	—	—	—	—	2	—	—	1	1	—	—	—	—
Totals ...	61,720	30	69	—	27	37	1	—	—	—	—	3	1	6	—	—	1	1	1	—	—	—
COUNTY TOTALS	591,410	330	735	—	529	206	4	4	—	—	—	209	8	91	—	2	2	97	34	—	1	—
1959	576,800	520	337	—	8,224	468	9	—	—	—	3	274	15	121	—	—	—	129	34	—	1	—
1958	563,000	432	360	—	2,261	386	14	9	3	2	2	294	30	141	—	2	1	52	36	—	5	—

TABLE 39. NUMBER OF DEATHS FROM INFECTIOUS DISEASES, 1951-60.

DISEASE.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.
Diphtheria ...	3	—	—	—	—	—	—	—	—	—
Measles ...	3	1	2	—	1	—	2	—	1	—
Whooping cough ...	7	—	1	5	4	—	—	1	—	1
Poliomyelitis and Polio-Encephalitis.	—	2	11	2	3	—	8	1	—	2
Pneumonia ...	253	190	259	241	309	250	309	302	328	359
Tuberculosis (Pulmonary).	103	69	69	52	55	50	45	37	36	33
Tuberculosis (Other forms).	23	11	7	6	13	7	4	7	3	5

TABLE 40. POLIOMYELITIS NOTIFICATIONS 1960 and 1959. (1959 figures in brackets.)

Area.	PARALYTIC.							NON-PARALYTIC.			
	Age in years.			Total.	Died.	Residual paralysis.	No residual paralysis or unknown.	Age in years.			Total.
	0-4	5-14	15 and over.					0-4	5-14	15 and over.	
1. Sutton Coldfield.	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
2. North-Eastern.	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
3. Eastern.	1 (—)	— (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)
4. North-Western.	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
5. Solihull.	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
6. Central	1 (—)	— (—)	2 (—)	3 (—)	1 (—)	2 (—)	— (—)	— (—)	— (—)	— (—)	— (—)
7. Southern	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
TOTALS ...	2 (—)	— (—)	2 (—)	4 (—)	1 (—)	3 (—)	— (—)	— (—)	— (—)	— (—)	— (—)

TABLE 41. CHEST CLINICS AND STAFF

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.	Dr. A. O. BECH.	Dr. E. M. CALVEY (ii) and (v)	(i) School Clinic, Sutton Coldfield.
2. North-Eastern.		Dr. J. MOKRZYCKA-PARAFJANOWICZ (ii)	(ii) Riversley Park, Nuneaton.
3. Eastern.		Dr. W. E. ZUNDEL (ii)	(iii) St. Cross Hospital, Rugby.
4. North-Western.		(iv) and (v) Dr. R. B. ILLING (iii)	(iv) 2, Park Road, Coleshill. (v) St. Editha's Hospital, Tamworth.
5. Solihull.	Dr. P. G. ARBLASTER.	Dr. L. E. BURKEMAN † Dr. ROSEMARY DAVIES	(vi) Lode Lane, Solihull.
6. Central.			(vii) Warneford Hospital, Leamington Spa.
7. Southern.			(viii) Health Department, Arden Street, Stratford-upon-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 42.

TUBERCULOSIS, 1960.

Area.	County Districts.	PRIMARY NOTIFICATIONS.								OTHER NOTIFICATIONS.								NO. OF DEFINITE CASES ON CLINIC REGISTER AT THE END OF 1960.								DEATHS.								MORTALITY RATES. (Per 1,000 population)				
		Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.				Other Forms.				Pulmonary.	Other forms.	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.	M.	F.	Ch.	Total.					
1. SUTTON COLD-FIELD.	Sutton Coldfield M.B.	12	3	1	16	—	2	—	2	15	4	1	20	—	—	—	—	187	144	20	351	13	18	9	40	1	—	—	1	—	—	—	0.02	—	—			
2. NORTH-EASTERN	Nuneaton M.B.	14	11	—	25	1	2	—	3	4	3	—	7	—	2	—	2	126	126	19	271	18	23	8	49	7	3	—	10	—	2	—	2	0.17	0.04	0.21		
	Bedworth U.D.	10	6	1	17	1	3	1	5	2	5	—	7	—	—	—	—	180	138	45	363	11	30	7	48	1	2	—	3	1	—	—	1	0.10	0.03	0.13		
	Atherstone R.D.	5	4	2	11	1	1	1	3	—	—	—	—	—	—	—	—	70	43	6	119	12	10	4	26	2	—	—	2	1	—	—	1	0.08	0.04	0.12		
	TOTALS	29	21	3	53	3	6	2	11	6	8	—	14	—	2	—	2	376	307	70	753	41	63	19	123	10	5	—	15	2	2	—	4	0.13	0.04	0.17		
3. EASTERN.	Rugby M.B.	20	15	2	37	2	6	—	8	13	10	—	23	—	1	—	1	224	152	20	396	14	15	4	33	4	—	—	4	—	—	—	—	0.08	—	0.08		
	Rugby R.D.	5	4	1	10	2	1	—	3	2	2	—	4	—	—	—	—	71	35	13	119	5	8	1	14	—	—	—	—	—	—	—	—	—	—	—		
	TOTALS	25	19	3	47	4	7	—	11	15	12	—	27	—	1	—	1	295	187	33	515	19	23	5	47	4	—	—	4	—	—	—	—	—	0.06	—	0.06	
4. NORTH-WEST-ERN.	Meriden R.D.	8	8	3	19	1	3	—	4	9	10	—	19	—	—	1	1	161	129	18	308	17	19	11	47	—	1	—	1	—	—	—	—	0.02	—	0.02		
	Tamworth R.D.	2	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	36	22	3	61	3	2	6	11	1	—	—	1	—	—	—	—	0.06	—	0.06		
	TOTALS	10	9	3	22	1	3	—	4	9	10	—	19	—	—	1	1	197	151	21	369	20	21	17	58	1	1	—	2	—	—	—	—	—	0.03	—	0.03	
5. SOLIHULL.	Solihull M.B.	12	4	1	17	—	3	—	3	15	17	1	33	1	1	—	2	185	177	12	374	11	12	3	26	2	—	—	2	—	—	—	—	0.02	—	0.02		
6. CENTRAL.	Leamington Spa M.B.	16	3	1	20	1	2	—	3	5	7	—	12	1	1	—	2	170	102	15	287	4	8	2	14	2	1	—	3	—	—	—	—	0.08	—	0.08		
	Warwick M.B.	6	2	—	8	2	1	—	3	1	1	—	2	—	—	—	—	66	42	10	118	6	7	—	13	1	—	—	1	—	—	—	—	—	0.06	—	0.06	
	Kenilworth U.D.	3	3	1	7	—	—	—	—	—	—	1	2	—	—	—	—	42	28	2	72	2	1	2	5	—	—	—	1	—	—	—	—	—	0.07	—	0.07	
	Southam R.D.	1	3	1	5	—	2	—	2	—	2	—	2	—	1	—	—	1	21	44	1	66	6	8	—	14	—	—	—	—	—	—	—	—	—	0.08	—	0.08
	Warwick R.D.	2	4	—	6	2	1	—	3	2	2	—	4	—	—	—	—	104	51	3	158	4	11	1	16	1	1	—	2	—	—	—	—	—	—	0.08	—	0.08
	TOTALS	28	15	3	46	5	6	—	11	8	13	1	22	1	2	—	3	403	267	31	701	22	35	5	62	5	2	—	7	—	—	—	—	—	0.06	—	0.06	
7. SOUTHERN.	S'tford-upon-Avon M.B.	4	—	—	4	—	1	—	1	2	—	—	2	—	—	—	—	44	30	1	75	4	4	2	10	—	—	—	—	—	—	—	—	—	—	—		
	Alcester R.D.	2	—	1	3	—	—	—	—	2	1	—	3	—	—	—	—	39	28	5	72	1	6	—	7	1	—	—	1	1	—	—	1	0.07	0.07	0.14		
	Shipston-on-Stour R.D.	1	—	—	1	—	—	—	—	2	—	—	2	—	—	—	—	22	11	1	34	1	1	—	2	1	—	—	1	—	—	—	—	—	0.12	—	0.12	
	Stratford-on-Avon R.D.	4	2	—	6	—	—	—	—	3	1	—	4	—	—	—	—	58	45	6	109	8	3	3	14	—	—	—	—	—	—	—	—	—	—	—		
	TOTALS	11	2	1	14	—	1	—	1	9	2	—	11	—	—	—	—	163	114	13	290	14	14	5	33	2	—	—	2	1	—	—	1	0.03	0.02	0.03		
	COUNTY TOTALS	127	73	15	215	13	28	2	43	77	66	3	146	2	6	1	9	1806	1347	200	3353	140	186	63	389	25	8	—	33	3	2	—	5	0.06	0.01	0.07		
	TOTALS FOR 1959	160	81	27	268	12	26	11	49	87	86	10	183	2	6	1	9	1818	1389	238	3444	138	176	83	397	24	12	—	36	1	2	—	3	0.06	0.01	0.07		
	TOTALS FOR 1958	141	91	27	259	22	16	12	50	87	85	9	181	4	7	2	13	1753	1362	251	3366	138	170	114	422	29	8	—	37	1	4	2	7	0.06	0.01	0.07		
	TOTALS FOR 1957	168	104	32	304	16	22	12	50	90	82	13	185	8	6	1	15	1780	1325	270	3375	151	179	104	434	34	11	—	45	1	3	—	4	0.08	0.01	0.09		
	TOTALS FOR 1956	223	131	61	415	21	21	10	52	81	80	5	166	5	5	2	12	1716	1284	285	3285	148	183	141	472	41	9	—	50	4	3	—	7	0.09	0.01	0.11		

TABLE 43. NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1959 and 1960.
BY AGE, SEX & STAGE OF DISEASE (1959 figures in brackets).

	Males.										Females.											
	Early.			Inter.			Late.			Total class- ified.	Total unclass- ified.	Early.			Inter.			Late.			Total class- ified.	Total unclass- ified.
	T. B.—		T. B.+	T. B.—		T. B.+	T. B.—		T. B.+			T. B.—		T. B.+	T. B.—		T. B.+	T. B.—		T. B.+		
	T. B.—	T. B.+	T. B.—	T. B.+	T. B.—	T. B.+	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 ...	5 (14)	— (—)	1 (1)	— (—)	— (—)	— (—)	6 (15)	— (—)	8 (16)	— (1)	— (—)	1 (2)	— (—)	— (—)	— (—)	9 (13)	— (—)					
15 to 24 ...	5 (10)	4 (3)	7 (3)	2 (6)	— (1)	1 (4)	19 (27)	— (1)	9 (19)	1 (—)	— (—)	7 (3)	5 (6)	— (—)	— (1)	22 (29)	1 (—)					
25 to 34 ...	6 (13)	2 (—)	4 (7)	8 (6)	— (—)	4 (3)	24 (29)	— (—)	10 (15)	1 (2)	— (—)	5 (7)	8 (1)	— (—)	1 (4)	25 (29)	— (—)					
35 to 44 ...	5 (12)	2 (3)	5 (6)	8 (14)	— (—)	3 (5)	23 (40)	— (1)	3 (5)	3 (2)	1 (—)	1 (5)	1 (—)	— (—)	2 (—)	10 (12)	— (1)					
45 to 54 ...	8 (7)	4 (3)	3 (3)	8 (6)	1 (1)	1 (7)	25 (27)	1 (—)	3 (1)	— (1)	— (—)	1 (—)	— (1)	— (—)	3 (—)	7 (3)	1 (—)					
55 to 64 ...	3 (1)	4 (3)	3 (5)	10 (3)	1 (—)	1 (5)	22 (17)	— (—)	— (—)	— (1)	— (—)	2 (—)	2 (1)	— (—)	— (—)	4 (2)	— (—)					
65 and over	2 (2)	2 (3)	1 (2)	4 (4)	1 (—)	2 (4)	12 (15)	1 (2)	— (—)	1 (2)	— (—)	— (—)	— (2)	— (—)	1 (1)	2 (5)	1 (—)					
Total ...	34 (59)	18 (15)	24 (27)	40 (39)	3 (2)	12 (28)	131 (170)	2 (4)	33 (50)	6 (9)	— (—)	17 (17)	16 (11)	— (—)	7 (6)	79 (93)	3 (1)					

TABLE 44.

MASS RADIOGRAPHY SURVEYS IN WARWICKSHIRE 1960. *

Resident Area of Persons examined.	Number of Miniature examinations divided into age groups (Based on an analysis of 10% sample of all record cards for the year).							Total.	Resulting notified cases of Tuberculosis divided into Age Groups. (Information obtained from Chest Clinics six months after referral).							
	14 yrs.	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 54 yrs.	55 to 64 yrs.	65 yrs. and over.		14 yrs.	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 54 yrs.	55 to 64 yrs.	65 yrs. and over.	Total.
Leamington Spa M.B.	10	1,320	1,480	1,250	920	520	90	5,590	—	2 (2)	3 (1)	1 (1)	—	—	—	6 (4)
Nuneaton M.B.	170	2,250	2,400	2,050	1,530	1,020	390	9,810	—	1	3 (2)	—	—	—	—	6 (3)
Rugby M.B.	10	1,260	1,000	1,130	820	520	120	4,920	—	2 (1)	—	—	2 (2)	—	—	4 (3)
Solihull M.B.	10	350	300	450	160	30	60	1,360	—	—	—	—	—	—	—	—
Stratford-upon-Avon M.B.	—	30	30	40	40	—	—	140	—	—	—	—	—	—	—	—
Warwick M.B.	40	900	720	680	590	280	110	3,320	—	1	—	1 (1)	—	—	—	3 (2)
Bedworth U.D.	—	550	250	190	200	100	10	1,300	—	1	3 (1)	1 (1)	1	—	—	6 (2)
Kenilworth U.D.	10	320	340	360	260	190	50	1,530	—	—	—	—	—	—	—	—
Alcester R.D.	—	110	90	50	150	10	—	410	—	—	—	—	—	—	—	—
Atherstone R.D.	—	70	160	160	100	30	30	550	—	—	—	—	—	—	—	—
Meriden R.D.	10	260	320	220	170	50	20	1,050	—	—	1 (1)	—	—	—	—	1 (1)
Rugby R.D.	—	360	190	200	120	60	10	940	—	2 (1)	—	—	1	—	—	3 (1)
Shipston-on-Stour R.D.	10	200	160	100	110	30	10	620	—	—	—	—	—	—	—	—
Souham R.D.	—	340	310	180	20	20	—	870	—	—	—	—	—	—	—	—
Stratford-upon-Avon R.D.	10	540	160	150	100	10	—	970	—	—	—	—	—	—	—	2 (1)
Tamworth R.D.	—	110	160	180	140	250	—	840	—	—	—	—	2 (1)	—	—	1 (1)
Warwick R.D.	—	190	320	450	350	400	310	2,020	—	—	1 (1)	—	—	—	—	—
TOTALS	280	9,160	8,450	7,840	5,780	3,520	1,210	36,240	—	9 (4)	11 (6)	3 (3)	6 (2)	3 (3)	—	32 (18)
								Number of notified cases per 1,000 X-rayed.	—	0.98	1.30	0.38	1.04	0.85	—	0.88

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

Figures in brackets are T.B. + (Included in totals).

In addition to the above, certain Warwickshire County Residents were examined in Birmingham by the Birmingham Mass Radiography Service. No information is available as to the total number of such examinations, but 12 tuberculosis cases were notified as a result. (Figures kindly supplied by Dr. L. A. McDowell of the Birmingham Mass Radiography Service).

TABLE 45. PULMONARY TUBERCULOSIS.—New notification rates by County District for the 5 years 1956-1960.

<i>County District.</i>	1956		1957		1958		1959		1960	
	<i>No.</i>	<i>Rate per 1,000 pop.</i>	<i>No.</i>	<i>Rate per 1,000 pop.</i>	<i>No.</i>	<i>Rate per 1,000 pop.</i>	<i>No.</i>	<i>Rate per 1,000 pop.</i>	<i>No.</i>	<i>Rate per 1,000 pop.</i>
Sutton Coldfield M.B.	25	0.48	26	0.47	22	0.37	25	0.40	16	0.25
Nuneaton M.B. ...	42	0.75	24	0.42	23	0.41	37	0.65	25	0.43
Bedworth U.D. ...	53	1.90	34	1.18	32	1.09	16	0.53	17	0.56
Atherstone R.D. ...	10	0.41	8	0.33	8	0.32	13	0.52	11	0.44
Rugby M.B. ...	50	1.06	32	0.67	15	0.31	35	0.71	37	0.73
Rugby R.D. ...	13	0.59	19	0.86	10	0.45	11	0.50	10	0.45
Meriden R.D. ...	23	0.49	18	0.36	32	0.61	13	0.24	19	0.33
Tamworth R.D. ...	6	0.35	8	0.44	7	0.40	7	0.40	3	0.17
Solihull M.B. ...	42	0.53	40	0.49	22	0.26	23	0.26	17	0.18
Leamington Spa M.B.	54	1.41	27	0.69	34	0.87	30	0.76	20	0.50
Warwick M.B. ...	13	0.83	13	0.82	12	0.75	10	0.63	8	0.50
Kenilworth U.D. ...	9	0.74	4	0.32	5	0.38	9	0.67	7	0.49
Southam R.D. ...	13	0.86	6	0.39	2	0.12	6	0.38	5	0.31
Warwick R.D. ...	35	1.57	14	0.61	7	0.30	12	0.49	6	0.23
Stratford-upon-Avon M.B. ...	7	0.47	8	0.53	7	0.46	6	0.39	4	0.26
Alcester R.D. ...	9	0.66	7	0.51	3	0.22	5	0.35	3	0.20
Shipston-on-Stour R.D.	4	0.50	1	0.12	5	0.63	2	0.25	1	0.12
Stratford-on-Avon R.D.	7	0.31	15	0.65	13	0.56	8	0.34	6	0.26
All County ...	415	0.77	304	0.55	259	0.46	268	0.46	215	0.36

Comparison of rates based on cases numbering less than 20 should be regarded with caution.

TABLE 46. NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS, 1960.
(Primary notifications and posthumous notifications).

ANALYSIS BY SITE.

<i>Site.</i>	1960.			<i>Total 1959</i>	<i>Total 1958</i>
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>		
Glands—Mainly					
Cervical ...	2	12	14	19	17
Meninges ...	—	2	2	4	5
Bones and Joints	6	5	11	9	11
Abdomen ...	1	2	3	1	6
Genito-Urinary ...	4	7	11	15	12
Misc. ...	—	4	4	1	4
TOTAL ...	13	32	45	49	55

TABLE 47.

B.C.G. VACCINATION, 1960.

CONTACT SCHEME.

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

<i>Area.</i>	<i>Number skin tested.</i>	<i>Number found negative.</i>	<i>Number given B.C.G. vaccination.</i>
1. Sutton Coldfield	71	60	56
2. North-Eastern	179	153	199
3. Eastern	90	75	63
4. North-Western	51	50	53
5. Solihull	121	107	130
6. Central	100	100	158
7. Southern	64	61	73
TOTAL	676	606	732

TABLE 48.

B.C.G. VACCINATION, 1960.

SCHOOL CHILDREN AND STUDENT SCHEME.

<i>Area.</i>	<i>Number skin tested.</i>	<i>Number found negative.</i>	<i>Number given B.C.G. vaccination.</i>
1. Sutton Coldfield	53	50	50
2. North-Eastern	1,287	991	991
3. Eastern	799	586	586
4. North-Western	489	342	295
5. Solihull	61	55	55
6. Central	1,216	954	877
7. Southern	867	639	639
TOTAL	4,772	3,617	3,493

TABLE 49.

TUBERCULOSIS CASES ASSISTED DURING 1960.

<i>Area.</i>	<i>Free Extra Rations.</i>				<i>Bedding, Clothing, etc.</i>			
	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
1. Sutton Coldfield	8	3	2	13	1	1	—	2
2. North-Eastern	33	10	—	43	—	—	—	—
3. Eastern	14	4	—	18	4	—	—	4
4. North-Western	22	6	1	29	9	3	—	12
5. Solihull	8	4	—	12	2	1	—	3
6. Central	44	15	—	59	6	2	3	11
7. Southern	14	6	1	21	8	3	—	11
TOTALS 1960	143	48	4	195	30	10	3	43
TOTALS 1959	130	51	4	185	29	13	2	44
TOTALS 1958	136	66	10	212	73	69	5	147
TOTALS 1957	164	77	9	250	47	23	5	75
TOTALS 1956	207	98	11	316	50	31	3	84

CARE AND AFTER-CARE.

TABLE 50.

LOAN SCHEME.

	Items issued in 1960.							Total items issued in					Items still on loan 31st Dec. 1960
	County Area Number.							1960	1959	1958	1957	1956	
	1	2	3	4	5	6	7						
Beds and Bedding.													
Beds, Hospital and other types	14	11	20	7	22	47	21	142	127	130	101	112	68
Beds, Cot, Adult	1	—	—	—	—	4	1	6	5	4	6	9	3
Mattress, Dunlopillo	21	15	39	19	27	97	34	252	231	267	245	243	138
Mattress, other types	1	1	—	—	2	1	—	5	1	2	4	4	7
Pillows	—	—	—	2	9	2	7	20	41	58	48	66	50
Pillows, Dunlopillo & foam	—	2	2	4	2	12	5	27	2	8	3	8	13
Blankets	—	2	5	39	—	22	23	91	60	92	87	81	135
Sheets	—	8	16	6	15	30	16	91	82	130	143	102	31
Pillow Cases	—	8	8	10	4	5	12	47	60	66	101	92	62
Pillow Cases, Plastic	—	—	—	—	—	5	—	5	3	36	7	4	29
Sheeting, Rubber, and Plastic, yds.	16	22	108	32	54	292	48	572	470	452	378	392	224
Mattress Covers	4	—	5	—	1	8	3	21	14	19	15	23	—
Bed Side Rails	1	—	4	—	8	20	5	38	23	20	22	12	2
Bed Accessories.													
Back Rests	13	8	37	31	24	113	17	243	209	215	188	156	122
Bed Pans	35	17	89	45	54	107	43	390	328	236	215	178	205
Bed Boards	2	—	2	—	6	6	—	16	22	23	38	11	2
Bed Blocks	—	1	1	—	—	1	—	3	6	4	3	5	7
Bed Tables	4	—	4	2	1	2	2	15	19	14	22	12	8
Bed Cradles	8	1	20	4	14	19	6	72	50	61	58	47	32
Bottles, Hot Water	—	—	—	—	—	—	—	—	—	1	—	—	—
Bottles, Urine	5	5	20	13	14	59	16	132	87	98	93	73	76
Poles, Lifting	7	3	5	—	5	11	5	36	43	34	25	30	38
Pressure Point Pad Units	6	2	1	1	3	24	1	38	24	7	—	—	11
Sheets, Draw	—	68	3	1	49	64	4	189	123	193	113	45	70
Syringe, Urethral	—	—	—	—	—	—	—	—	—	—	—	9	—
Back Rest Wedge	—	—	—	—	—	—	—	—	—	—	—	—	—
Covers	5	3	9	11	7	29	5	69	86	37	—	—	47
Alarm, Enuresis	7	—	—	2	5	30	5	49	3	—	—	—	26
Orthopaedic Accessories.													
Carriage, Spinal	—	—	1	—	—	—	—	1	4	1	3	2	1
Chairs, Invalid & Self-propelling	29	44	49	28	33	64	48	295	301	243	229	151	226
Chairs, Push, twin	1	—	—	—	—	—	—	1	2	1	—	—	—
Crutches—pairs	—	1	1	—	—	25	2	29	14	12	4	20	28
Crutches—Elbow— Single	16	—	2	—	2	8	6	34	22	20	8	—	31
Splints	—	—	1	—	—	1	—	2	1	—	—	—	3
Sticks, Walking & Tripod	7	5	16	13	17	52	31	141	107	98	76	45	150
Chairs, Bed use	—	—	—	—	—	1	—	1	—	—	—	—	1
Chairs, Working	—	—	—	—	—	—	—	—	2	1	—	1	3
Walking Aids	—	—	5	—	7	1	2	15	12	4	3	2	18
Miscellaneous.													
Air Rings	12	9	24	19	9	38	9	120	102	107	115	103	55
Cushions, Dunlopillo	3	1	5	5	8	27	20	69	59	64	43	37	59
Commodore & Chairs, Sanitary	46	37	44	33	60	84	41	345	305	282	181	120	252
Fireguards	—	32	—	2	—	2	1	37	9	10	11	18	40
Fires, Electric	—	—	—	—	—	—	—	—	1	—	—	—	1
Fires, Calor Gas	—	—	—	—	—	—	—	—	—	1	—	—	—
Towels	—	—	—	—	—	—	3	3	6	6	4	2	3
Sandbags	—	1	—	—	—	—	—	1	3	—	—	—	1
Cups, Feeding	—	—	1	—	—	2	—	3	6	1	3	1	6
Heaters, Valor, Con- vector	—	—	—	—	—	—	—	—	—	—	1	1	—
Dishes, Kidney	—	—	—	—	—	—	—	—	1	2	1	1	2
Pails, c/w Lids	—	—	—	—	—	—	—	—	1	—	—	—	1
Hoists	3	2	1	2	—	3	2	13	15	10	8	1	11
Slings	6	5	2	4	—	8	6	31	34	18	17	2	22
Bath, Zinc	—	—	—	—	—	—	—	—	—	—	—	1	—
Liquidiser, "Kenwood"	—	—	—	—	—	—	—	—	—	1	1	—	—
Closet, Elsan	—	—	—	—	—	—	—	—	—	1	—	—	1
Mugs, Sputum	—	—	—	—	—	5	—	5	2	—	—	—	2
Bath Seat	—	—	—	—	1	—	—	1	—	—	—	—	—
Totals	273	314	550	335	463	1331	450	3716	3128	3090	2623	2222	2323

**TABLE 51. NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES
1960.**

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 ...	2	4	10	21	—	—	12	25
2. North-Eastern ...	10	17	17	37	1	4	28	58
3. Eastern ...	2	6	16	40	1	4	19	50
4. North-Western ...	5	9	13	30	1	4	19	43
5. Solihull ...	3	6	16	32	—	—	19	38
6. Central ...	6	12	12	27	—	—	18	39
7. Southern ...	2	3	5	9	—	—	7	12
Totals 1960 ...	30	57	89	196	3	12	122	265
1959 ...	32	69	80	183	4	14	116	266
1958 ...	31	66	82	178	3	17	116	261
1957 ...	27	65	89	229	2	8	118	302
1956 ...	47	125	85	213	9	26	141	364
Average stay in weeks :								
1960 ...	1.9		2.2		4.0		2.2	
1959 ...	2.2		2.3		3.5		2.3	
1958 ...	2.1		2.2		5.7		2.3	
1957 ...	2.4		2.6		4.0		2.6	
1956 ...	2.6		2.5		2.9		2.6	

**TABLE 52. HOME HELP SERVICE.
DEVELOPMENT SINCE 1956.**

			Area.							County Total.
			Sutton Coldfield	North Eastern	Eastern	North Western	Solihull	Central	Southern	
Home Helps employed at 31st Dec.	Whole-time	1956	1	—	—	—	1	—	—	2
		1957	1	—	—	—	1	—	—	2
		1958	—	—	—	—	—	—	—	—
		1959	—	—	—	—	—	—	—	—
		1960	—	—	—	—	—	—	—	—
	Part-time	1956	38	90	44	56	30	62	51	371
		1957	42	88	58	83	36	69	53	429
		1958	46	92	60	78	48	66	75	465
		1959	45	89	63	89	47	72	61	466
		1960	46	87	62	97	59	97	64	512
Cases attended	Maternity	1956	93	29	25	31	128	48	28	382
		1957	103	23	31	48	132	63	27	427
		1958	139	26	48	45	166	80	41	545
		1959	156	32	65	60	172	77	43	605
		1960	204	39	63	71	164	105	23	669
	T.B.	1956	5	2	6	5	5	3	2	28
		1957	3	2	6	5	4	1	2	23
		1958	2	2	4	7	2	2	3	22
		1959	2	3	3	4	2	1	2	17
		1960	2	3	2	5	2	3	2	19
	Others	1956	232	251	183	109	123	281	238	1417
		1957	244	253	245	150	158	334	244	1628
		1958	246	249	307	159	181	353	277	1772
		1959	282	278	320	193	238	377	254	1942
		1960	285	307	336	216	187	415	279	2025
	Total Cases	1956	330	282	214	145	256	332	268	1827
		1957	350	278	282	203	294	398	273	2078
		1958	387	277	359	211	349	435	321	2339
		1959	440	313	388	257	412	455	299	2564
		1960	491	349	401	292	353	523	304	2713

One Home Help Organiser is employed in each Area.

HOME HELP SERVICE (contd.)
SIZE OF SERVICE IN 1960.

TABLE 53.

Area and Total Population	Number of Home Help Hours provided for persons			Calculated number of Home Help Hours per 1,000 population		
	Aged under 65	Aged 65 and over	Total	Aged under 65	Aged 65 and over	Total
1. Sutton Coldfield (64,760)	19,052	25,249	44,301	334	3,237	684
2. North-Eastern ... (113,090)	8,153	65,090	73,243	79	6,621	648
3. Eastern ... (72,720)	14,396	46,437	60,833	220	6,405	836
4. North-Western (74,710)	11,665	40,988	52,653	172	6,100	705
5. Solihull ... (92,550)	9,095	48,024	57,119	108	5,717	617
6. Central ... (111,860)	7,081	54,518	61,599	72	4,279	551
7. Southern ... (61,720)	5,817	48,482	54,299	108	6,329	880
TOTAL ... (591,410)	75,259	328,788	404,047	142	5,443	683

TABLE 54. SHORT-TERM CASES HELPED IN 1960.

Area.	Number of cases.		Estimated number per 10,000 relevant population.	
	Aged under 65.	Aged 65 and over.	Aged under 65.	Aged 65 and over.
1. Sutton Coldfield ...	283	37	50	47
2. North-Eastern ...	61	31	6	32
3. Eastern ...	82	65	13	90
4. North-Western ...	95	23	14	34
5. Solihull ...	217	25	26	30
6. Central ...	147	42	15	33
7. Southern ...	36	16	7	21
TOTAL ...	921	239	17	40

TABLE 55. LONG-TERM CASES HELPED IN 1960.

Area.	Number of cases.		Estimated number per 10,000 relevant population.	
	Aged under 65.	Aged 65 and over.	Aged under 65.	Aged 65 and over.
1. Sutton Coldfield ...	42	129	7	165
2. North-Eastern ...	34	223	3	227
3. Eastern ...	4	250	1	345
4. North-Western ...	32	142	5	211
5. Solihull ...	9	102	1	121
6. Central ...	30	304	3	239
7. Southern ...	27	225	5	294
TOTAL ...	178	1,375	3	228

NIGHT "SITTER-UP" SERVICE.
CASES HELPED DURING 1960.

TABLE 56.

Area.	Number of Cases.		Total hours provided.
	Short- term.	Long- term.	
2. North-Eastern ...	1	—	72
3. Eastern ...	5	2	4,110
6. Central ...	9	1	1,533
TOTAL ...	15	3	5,715

VENEREAL DISEASES.

TABLE 57. NEW CASES DEALT WITH AT CLINICS DURING THE YEAR ENDED 31ST DECEMBER, 1960.

Clinic.	Syphilis.		Gonorrhoea.		Total V.D.		Not Venereal Disease.	
	M.	F.	M.	F.	M.	F.	M.	F.
Warneford Hospital	4	1	14	1	18	2	60	30
Coventry and Warwickshire Hospital	3	2	18	1	21	3	64	21
General Hospital, Birmingham	2	—	17	9	19	9	110	27
Hospital of St. Cross, Rugby	1	—	17	3	18	3	31	11
Nuneaton V.D. Clinic	—	—	10	2	10	2	51	10
TOTALS 1960	10	3	76	16	86	19	316	99
Totals for year 1959	8	15	58	14	66	29	232	77
1958	26	28	59	8	85	36	232	61
1957	12	13	61	7	73	20	215	79
1956	18	18	47	11	65	29	240	90

TABLE 58. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1960.

	Causes of Disability.				Total.
	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	23	2	—	75	100
(b) Treatment (medical, surgical or optical)	42	12	—	63	117
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	18	11	—	39	68

TABLE 59. NEW CLAIMS FOR NATIONAL INSURANCE SICKNESS BENEFIT 1956-1960.

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

	Total number of new claims received				
	1956	1957	1958	1959	1960
March Quarter	15,284	12,849	15,881	21,590	15,920
June Quarter... ..	9,952	9,166	9,990	10,042	10,961
September Quarter	8,518	12,005	8,199	8,866	9,360
December Quarter	10,207	20,570	12,257	12,227	13,382
Total	43,961	54,590	46,327	52,725	49,623

UPTAKE OF VITAMIN PRODUCTS.

TABLE 60. AVERAGE WEEKLY ISSUE DURING 1959 and 1960.

Area and District.	Orange Juice.		Cod Liver Oil.		Vitamin A and D Tablets.	
	Av. weekly issue 1960	1959	Av. weekly issue 1960	1959	Av. weekly issue 1960	1959
1. SUTTON COLDFIELD M.B. ...	597	601	73	71	61	57
2. NORTH-EASTERN. Nuneaton M.B. } Bedworth U.D. } Atherstone R.D. }	783	840	98	104	85	87
3. EASTERN. Rugby M.B. ... } Rugby R.D. ... }	749	756	79	85	81	75
4. NORTH-WESTERN. Meriden R.D. } Tamworth R.D. }	656	628	83	75	56	44
5. SOLIHULL M.B. ...	1,121	1,153	107	100	103	100
6. CENTRAL. Leamington Spa M.B. } Warwick M.B. ... } Kenilworth U.D. } Southam R.D. ... } Warwick R.D. ... }	1,040	1,149	110	113	106	105
7. SOUTHERN. Stratford-upon-Avon M.B. ... } Alcester R.D. ... } Shipston-on-Stour R.D. } Stratford-on-Avon R.D. }	549	558	55	55	48	47

MENTAL HEALTH.

TABLE 61. ADMISSIONS TO MENTAL HOSPITALS ARRANGED BY MENTAL WELFARE OFFICERS.

Admission arrangements.	<i>Number of Patients.</i>
Compulsory powers under Lunacy Acts, 1890/1930... ..	216
Compulsory powers under Mental Health Act, 1959	37
Informal Basis	214
Total ...	467

TABLE 62. NEW CASES REPORTED AS MENTALLY SUB-NORMAL DURING 1960.

<i>Action taken.</i>	<i>Number of Cases.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Admitted to Hospitals	1	3	4
Receiving Community Care Visits ...	35	40	75
No action necessary	—	5	5
Remaining under investigation at end of year	3	2	5
Total ...	39	50	89

Table 63. NUMBER OF PATIENTS ASCERTAINED AS MENTALLY SUBNORMAL AT 31.12.60.
(excluding those maintained in or on licence from hospitals)

<i>Category.</i>	<i>Total Ascertained.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under Guardianship	14	13	27
Receiving Community Care Visits ...	327	351	678
Total ...	341	364	705

COUNTY AMBULANCE SERVICE.
TABLE 64. DETAILS OF DEPOTS AND MILEAGE, 1960.

Depot.	Staff.		Vehicles.				Total Mileage 1960.	Total Mileage 1959.
	S/L.	D/Att	Ambs.	Cars.	Car- Version	Dual- Purpose		
1. SUTTON COLDFIELD Supt. E. TOWERS	3	16	2	2	1	1	95,961	93,921
2. NUNEATON. Bedworth Supt. : J. P. MELVIN DORDON Supt. : S. BURNETT	3	18	3	2	—	3	143,200	135,880
	1	6	2	1	—	2	65,465	60,910
	3	17	2	2	—	4	157,182	153,310
3. RUGBY. Supt. : A. J. BURTON	3	16	5	1	1	1	128,600	131,990
4. COLESHILL Supt. : J. H. BOTTRILL	3	14	4	—	2	—	106,634	114,738
5. SOLIHULL Supt. : M. ROSS	3	18	7	—	2	1	144,869	147,414
6. WARWICK Supt. : G. D. WHITING	3	18	7	—	2	1	158,483	157,968
7. STRATFORD-ON-AVON Supt. : E. T. SAUL	3	16	5	1	1	—	168,608	161,856
RESERVE VEHICLES	—	—	1	—	—	—	—	—
COUNTY TOTALS ...	25	139	38	9	9	13	1,169,002	1,157,987

Bedworth—Day-time Service only.

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

TABLE 65. ANALYSIS OF TYPE OF CASE CARRIED—1960.
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.
<i>Emergency.</i>				
Accident	5,797	49,729	—	—
Maternity	2,380	32,202	—	—
Others	6,412	81,225	—	—
Total	14,589	163,156	—	—
<i>Non-emergency.</i>				
Hospital Sick	154,436	946,678	3,983	59,854
Maternity	3,129	15,080	—	—
Infectious Diseases	281	4,092	—	—
School children	1,900	13,536	486	6,184
Other	2,347	10,857	—	—
Total	162,093	990,243	4,469	66,038
<i>Non-Patient carrying journeys</i>	—	15,603	—	1,644
Total	176,682	1,169,002	4,469	67,682

TABLE 66. AMBULANCE SERVICE. VEHICLE STATE (at time of going to press).

MAKE OF VEHICLE.	YEAR OF MANUFACTURE.											Totals.
	1948	1949	1950	1951	1952	1956	1957	1958	1959	1960	1961	
	AMBULANCES.											
BEDFORD (P) ...	—	—	2	5	1	—	—	—	—	2	9	19
MORRIS (P) ...	1	1	1	1	—	—	6	—	—	—	—	10
MORRIS (D) ...	—	—	—	—	—	—	4	—	5	—	—	9
TOTALS ...	1	1	3	6	1	—	10	—	5	2	9	38
	DUAL PURPOSE VEHICLES.											
BEDFORD (P) ...	—	—	1	1	1	—	—	—	—	—	—	3
MORRIS CARVERSION (P) ...	—	—	—	—	—	—	—	—	6	3	—	9
DENNIS (D) ...	—	—	—	—	—	1	—	—	—	—	—	1
MORRIS (D) ...	—	—	—	—	—	—	5	4	—	—	—	9
TOTALS ...	—	—	1	1	1	1	5	4	6	3	—	22
	CARS.											
MORRIS TRAVELLER (P) ...	—	—	—	—	—	—	—	—	—	2	—	2
AUSTIN (D) ...	—	—	—	—	—	—	4	3	—	—	—	7
TOTALS ...	—	—	—	—	—	—	4	3	—	2	—	9
TOTAL NUMBER OF VEHICLES:												
Ambulances ...						29	Petrol	9	Diesel	=	38	
Dual Purpose Vehicles ...						3	Petrol	10	Diesel	=	13	
Car Versions ...						9	Petrol	—	Diesel	=	9	
Cars ...						2	Petrol	7	Diesel	=	9	
Totals ...						43	Petrol	26	Diesel	=	69	

2 additional dual purpose vehicles (Bedford-P) of the 1960/61 vehicle-programme are still awaited from the body builders.

TABLE 67. HEALTH DEPARTMENT VEHICLES.

Type.	Reg. No.	Use.	Driver.
Ford Pilot Saloon Car Morris Van, Personal Carrier	KUE 114 5407 NX	Caravan towing Caravan towing	E. W. BECKETT (Transport Depot).
Austin Omnivan	VAC 409	Portable Centre † Equipment	Miss E. D. TAYLOR.
Morris Van	PNX 940	Welfare Foods †	J. A. R. BOAG.
Morris Van	NX 5864	Stores Deliveries †	J. OWENS (Transport Depot).

† The work of these vans can be interchanged.

FOOD AND DRUGS ACT, 1955.

SECTION 31.

TABLE 68. TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES TAKEN FOR BIOLOGICAL EXAMINATION DURING THE YEAR 1960.

NO. OF SAMPLES.

Area.	County District in which sample was taken.	Past- eurised.		Tuberculin Tested. (Past.)		Tuberculin Tested.		Non- designated.	
		Total.	Number Positive.	Total.	Number Positive.	Total.	Number Positive.	Total.	Number Positive.
1. Sutton Coldfield.	Sutton Coldfield M.B.	3	0	—	—	39	0	8	0
2. North-Eastern.	Nuneaton M.B.	—	—	—	—	20	0	23	0
	Bedworth U.D.	—	—	—	—	10	0	5	0
	Atherstone R.D.	—	—	—	—	21	0	13	0
3. Eastern.	Rugby M.B.	2	0	—	—	20	0	—	—
	Rugby R.D.	2	0	—	—	37	0	31	0
4. North-Western.	Meriden R.D.	3	0	3	0	13	0	23	0
	Tamworth R.D.	6	0	6	0	10	0	12	0
5. Solihull.	Solihull M.B.	—	—	—	—	—	—	4	0
6. Central.	Leamington Spa M.B.	—	—	—	—	—	—	—	—
	Warwick M.B.	4	0	—	—	4	0	—	—
	Kenilworth U.D.	—	—	—	—	5	0	2	0
	Southam R.D.	—	—	—	—	36	0	27	0
	Warwick R.D.	—	—	—	—	26	0	8	0
7. Southern.	Stratford-upon-Avon M.B.	4	0	4	0	10	0	—	—
	Alcester R.D.	4	0	4	0	1	0	5	0
	Shipston-on-Stour R.D.	—	—	—	—	29	0	6	0
	Stratford-on-Avon R.D.	—	—	4	0	27	0	10	0
TOTALS ...		28	0	21	0	308	0	177	0
Total of 534 samples.									

1960 ... No Positive Results.

1959 ... 0.5% Positive Results

1958 ... 2.7% " "

1957 ... 2.8% " "

1956 ... 2.8% " "

TABLE 69.

SAMPLES FROM LICENSED PASTEURISING AND STERILISING PLANTS.

Code No. of Dairy.	No. of Milk Samples :—		No. of Fail- ures.	Test failed :—			
	Past- eurised.	Steri- lised.		Pasteurised.			Sterilised.
				Meth : Blue	Phosph :	M.B. and Phosph :	Turbidity.
3/4/2	52	—	1	0	1	0	—
4/1/1	107	—	0	0	0	0	—
4/1/1	—	50	0	—	—	—	0
4/1/2	104	—	0	0	0	0	—
4/3/1	103	—	0	0	0	0	—
6/18/2	52	—	2	2	0	0	—
7/7/1	106	—	1	1	0	0	—
7/8/2	155	—	0	0	0	0	—
7/16/1	105	—	0	0	0	0	—
TOTALS	784	50	4	3	1	0	0

Phosphatase Test : For efficiency of pasteurising process.

Methylene Blue Test : Keeping quality test. Indicates extent of contamination during cooling or bottling and storage temperature of the milk.

Turbidity Test : For efficiency of sterilising process.

Failures : 0.5% compared with 0.7% in 1959.

TABLE 70.

SAMPLES TAKEN UNDER MILK IN SCHOOLS SCHEME.

Designation of Milk Supplied.	Number of :—				Test failed :—			
	Schools.	Suppliers	Samples.	Unsatis- factory Samples.	Phosph : Test.	Meth. Blue $\frac{1}{2}$ -hr. for Pasteurised Milk.	Meth Blue $4\frac{1}{2}/5\frac{1}{2}$ -hr. for T.T. Milk.	Meth. Blue and Phosph.
Pasteurised ...	506	57	950	17*	0	14	—	3
" Tuberculin Tested " ...	3	3	11	0	—	—	0	—

* Total Failures : 1.8% of all school milk samples as compared with 2.4% in 1959.

**BRIEF DETAILS OF COUNTY HEALTH SERVICES AVAILABLE
TO THE GENERAL PUBLIC**
(at time of going to Press).

BOROUGH AND AREA OFFICES :

BOROUGH COUNCILS WITH DELEGATED POWERS :—

			<i>Borough Medical Officer.</i>			<i>Telephone No.</i>
Sutton Coldfield	...	...	Dr. J. R. PRESTON, The Council House, Sutton Coldfield.	...	...	Sutton Coldfield 4401.
Nuneaton	...	...	Dr. G. DISON, ... The Council House, Nuneaton.	...	...	Nuneaton 2201.
Solihull	...	...	Dr. I. M. McLACHLAN, ... 69, New Road, Solihull.	...	...	Solihull 3041

COUNTY AREAS :—

			<i>Area Medical Officer</i>			<i>Telephone No.</i>
<i>Atherstone/Bedworth :</i>						
Bedworth U. D.	...		Dr. E. M. HUGHES, ... Council Offices, Bedworth.	...	...	Bedworth 3061.
Atherstone R. D.						
<i>Eastern :</i>						
Rugby M. B.	...		Dr. D. J. JONES, ... The Lawn, Newbold Road, Rugby.	...	...	Rugby 3374
„ R.D.						
<i>North-Western :</i>						
Meriden R. D.	...		Dr. R. S. McELROY, ... 2, Park Road, Coleshill.	...	...	Coleshill 2331
Tamworth R.D.						
<i>Central :</i>						
Leamington M.B.	...		Dr. F. D. M. LIVINGSTONE, ... 38, Holly Walk, Leamington Spa.	...	...	Leamington Spa 2998
Warwick M.B.						
Kenilworth U. D.						
Southam R.D.						
Warwick R.D.						
<i>Southern :</i>						
Stratford-upon-Avon M.B.			Dr. J. B. BRAMWELL, ... Health Department	...	...	Stratford-upon-Avon 3239.
Alcester R.D.						
Shipston-on-Stour R.D.			Arden Street,			
Stratford-on-Avon R.D.			Stratford-upon-Avon.			

Ambulances.	Usually ordered by medical practitioner or hospital. In " <i>emergencies</i> " 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 48.
Child Minders.	Persons having the care of more than two children under five, for reward, must apply to the County Medical Officer of Health or to the appropriate Borough Medical Officer for Registration.
Child Welfare Centres.	The addresses and times of all such centres are shown on page 45.
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, or to the appropriate Borough Medical Officer. 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 " <i>Nursing Service.</i> "
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 nurses 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 3/9d. per hour, but this may be remitted, wholly or partially according to means. Application should be made to the Borough or Area Medical Officer (address on page 71).
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 Borough or Area Medical Officer (address on page 71). 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, or to the appropriate Borough Medical Officer, 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—" <i>Nursing Service.</i> "
Occupational Therapy.	A scheme exists 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. Enquiries should be addressed to the local District Nurse, the Health Visitor at the nearest Welfare Centre, or to the Borough or Area Medical Officer (address on page 71).

Private Nursing and Maternity Homes.	Persons desiring to open private nursing and/or maternity homes must first apply for registration to the 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 55). 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 55).
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 Borough or Area Medical Officer (address on page 71).
Vaccination and Immunisation.	Parents who desire their children to be immunised against Diphtheria and/or vaccinated against Smallpox, Whooping Cough, Tetanus, Poliomyelitis and Tuberculosis, should apply to their family doctor, their nearest Welfare Centre (address on page 45) or to the Borough or Area Medical Officer (address on page 71). Vaccination against Poliomyelitis is available also to expectant mothers and to all persons up to 40 years of age. Applications should be made as for children.
Welfare Foods.	(National Dried Milk, orange juice and cod liver oil). The principal distribution points are the child welfare centres listed on page 43. Information about other distribution points may be obtained from the Borough or Area Medical Officer (address on page 71).
General County Health Services.	General queries not covered by the above should be referred to the County Medical Officer of Health, Shire Hall, Warwick.

