

[Report 1962] / Medical Officer of Health, Warwickshire County Council.

Contributors

Warwickshire (England). County Council.

Publication/Creation

1962

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25 OCT 1963



Warwickshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1962

August, 1963.

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WARWICKSHIRE COUNTY COUNCIL.



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

COUNTY HEALTH DEPARTMENT,
LAKIN ROAD,
WARWICK.

WARWICKSHIRE COUNTY COUNCIL



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County Medical Officer of Health
and Principal School Medical Officer.

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LAKIN ROAD,
WARWICK.

OFFICE OF THE COUNTY MEDICAL OFFICER OF HEALTH,
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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 1962.

OPENING OF RIDGEWAY TRAINING CENTRE AND AMBULANCE DEPOT, WARWICK.

On the ninth of November 1962 the Minister of Health, the Rt. Hon. J. ENOCH POWELL, M.B.E., M.P., officially opened at a joint ceremony the Ridgeway Training Centre for mentally sub-normal children and a new Ambulance Depot in Warwick.

The Training Centre is the first purpose-built centre in the County and is one of the first of its kind in the country. Places are available for between fifty and seventy children who attend daily, and residential accommodation (for six boys and six girls) is provided.

The first children attended in June, 1962, and it has been interesting to observe the beneficial effect of the excellent building and garden.

At present children from fifty families are attending, and children from twenty-five families have been admitted to the residential section at the request of their parents. The maximum number accommodated at any one time has been six, and the longest stay has been a fortnight.

The parents have signified their approval of the Centre and have expressed their very great satisfaction that so much is being done for their children. The residential accommodation is welcomed, and it is expected that it will be used more frequently as time goes on.

People living in the neighbourhood of the Centre have taken a great interest in it and have helped the children in innumerable ways. Many of these neighbours have carried out voluntary work in the Centre and know the children individually. We are grateful for their help, interest and friendliness.

The devoted work of the Supervisor and her staff has been one of the basic reasons for the success of the Training Centre.

The Warwick County Ambulance Depot serves an area of Mid-Warwickshire with a population of over 116,000. It maintains a continuous twenty-four hourly service. The staff consists of a Superintendent and twenty-two driver-attendants, with a complement of nine vehicles. Over the years, a continually increasing service has been given to the public. The vehicles from the Warwick Depot conveyed 24,192 patients on journeys totalling 157,121 miles during the year; the figures for the County as a whole were 185,972 patients and 1,213,193 miles.

FLUORINE AND THE PREVENTION OF DENTAL CARIES.

Intensive studies in various parts of the world, including the British Isles, have proved conclusively that a certain amount of fluorine is essential in building healthy teeth.

The natural intake of fluorine has been taking place for hundreds of years with beneficial results. What is new, is the knowledge of the relationship of defective teeth to the lack of

this substance. Detailed information has been collected which shows that when the deficiency of fluorine is remedied, the oncoming generation of growing children have much better teeth.

Tea and fish contain small quantities of fluorine, but not in sufficient amounts to produce the maximum good effect. Larger quantities occur naturally in many water supplies, and all that is proposed is to make the supplies that are without it similar to the good natural supplies.

During the year, the Minister of Health announced that he was ready to approve schemes involving the addition of fluorine to water supplies where the natural content was inadequate. This announcement was particularly welcomed in Warwickshire in view of the negligible fluorine content here. It is now three years since the County Council approved the fluoridation of water supplies and all the County Districts have given their approval in principle to this measure. A complete scheme has been submitted to the Ministry of Health, and this has been given general approval.

INFECTIOUS DISEASES FROM EUROPE AND OVERSEAS.

The 1961-62 outbreak of smallpox from Karachi was limited to one case in our County. A description of the circumstances was given in my last annual report.

In March, 1963, one person returned to the County from Zermatt and was found to be suffering from typhoid fever. Immediately the disease was diagnosed she was removed to an isolation hospital. Active disinfection was carried out and all contacts were put under close surveillance until the incubation period was over. No secondary cases occurred.

In June, 1963, an Indian flew from New Delhi to London Airport and travelled to an address in this County. Two days after arrival he became ill. A clinical medical examination showed a probability of typhus fever. He was immediately removed to an isolation hospital and the diagnosis was soon confirmed by laboratory tests. Immediate disinfection of his lodgings was carried out and all contacts were placed under close surveillance. No secondary cases occurred.

These infectious cases which suddenly appear in our County are a recurrent test of the efficiency of the Public Health Service in guarding the public from a large-scale epidemic. I am pleased to be able to report that the active measures which were taken were completely successful.

Poliomyelitis. (Diagrams pages 20, 22 and Tables 3, 23, 27).

For the second year in succession, the County was free from poliomyelitis cases, although there were small outbreaks elsewhere in England and Wales (705 paralytic cases in 1961 and 212 in 1962). It is five years since mass vaccination was undertaken to build up a high level of immunity in Warwickshire children, and the intervening years have shown the benefits which have been achieved.

The primary vaccination rate in children is 80%, and the majority of these have also received a third re-inforcing dose. Fourth re-inforcing doses have been given to a large proportion of children aged five to twelve because of the greater risk of infection to which school-children are exposed. Fourth doses are only undertaken if twelve months have elapsed since the third dose. Further efforts are still required to raise the vaccination level to the 90% national standard suggested by the Ministry of Health. It is hoped that more parents will allow their children to complete the full immunisation and vaccination programme in the future, to ensure maximum protection.

The overall vaccination rate in adolescents and adults under the age of forty was nearing the Ministry of Health's suggested national average of 60% by the end of the year.

Sabin oral vaccine which is as safe and more effective than injected Salk vaccine was in general use for routine vaccinations during the year. The response to this more simple form of vaccination was not as great as expected. Persons eligible for poliomyelitis vaccination under the approved arrangements are those aged over six months and under forty years of age, and certain others at special risk.

Diphtheria and Diphtheria Immunisation. (Diagram page 23 and Tables 3, 23, 24).

Warwickshire has remained free from this very serious infectious disease for eleven years, and this has been due to the reasonably high immunity levels which have been maintained. It is by immunisation measures that the disease has become so effectively controlled; only nineteen cases with one death were notified in England and Wales during 1962.

Many young parents of today may fail to realise the great dangers that diphtheria presented some twenty years ago, especially in young children. The number of cases in England and Wales during a year was in the region of 40,000 with over 1,800 deaths. The disease was usually air-borne and obstruction of the air passages often caused suffocation and thereby necessitating tracheotomy. Cardiac paralysis was not uncommon.

It has been noted recently in other parts of the country that when immunisation levels have decreased, the number of cases have tended to rise. Parents should be aware of the danger to their children if they are not immunised.

Primary immunisation figures for the year showed a slight decrease to 9,771 compared with 11,271 last year. The decrease may be due to the tremendous increase in smallpox vaccination at the beginning of the year.

Whooping Cough and Whooping Cough Immunisation. (Diagrams pages 21, 23 and Tables 3, 23, 25).

The number of whooping cough cases dropped dramatically during the year, only 70 cases were notified compared with 249 last year. This was similar to the trend noted in England and Wales as a whole. The downward trend in notifications (with the exception of 1960) in relation to the immunisation level is clearly illustrated in the diagram on page 21.

Slightly fewer Warwickshire children completed a primary course of immunisation during the year, but more children received reinforcing doses. The dangers of this disease, especially in very young children must again be emphasised. It is essential that the reasonably high level of immunisation which has been achieved in recent years should be maintained.

Tetanus and Tetanus Immunisation. (Table 26).

Tetanus or "lockjaw" is a name with which everybody is familiar because of the frightening symptoms it produces. The disease is often fatal. The minute organism is found in soil and manure, and infection through a cut or abrasion is always a possibility.

Normal healthy children at play out of doors are always suffering from minor scratches or abrasions and it is therefore advisable that they should receive protection from this disease. Triple vaccine (diphtheria, tetanus, whooping cough) has been in use in the County for the past few years, and the majority of children who are immunised receive this combined antigen.

A total of 9,412 children received primary immunisation against tetanus during the year, whilst 6,687 received reinforcing doses.

Smallpox. (Diagram page 22, and Tables 23 and 28).

The 1961/62 smallpox outbreak resulted in a tremendous demand for vaccination during the year, and well over 110,000 people received either a primary or re-vaccination in this County alone:—

	<i>Number given</i>		<i>Number given</i>	
	<i>Primary Vaccination.</i>		<i>Re-Vaccination.</i>	
	<i>1961.</i>	<i>1962.</i>	<i>1961.</i>	<i>1962.</i>
Under 5 years ...	5,717	12,696	37	1,302
5 - 14 ...	353	14,276	172	11,555
15+ ...	494	24,438	1,149	49,895
	<hr/>	<hr/>	<hr/>	<hr/>
	6,564	51,410	1,358	62,752

These figures give some indication of the task which had to be undertaken by general practitioners, hospital and public health staff. Twelve cases of generalised vaccinia were reported, together with one case of encephalomyelitis; two-thirds of these were adults who had not previously been vaccinated. The risk of generalised vaccinia has been found to be far greater in adults who have not been vaccinated in infancy.

Although some vaccination existed throughout the country and outbreak control measures were immediately taken, a total of sixty-four cases of smallpox were notified in England and Wales, with the resulting death of twenty-four people. One case was in Warwickshire, but this fortunately was non-fatal.

The desirability of continuing the routine vaccination of young children came under review by the Ministry of Health during the year. Suggestions had been made that reliance should be placed on immediate vaccination only at each outbreak together with the ascertainment and isolation of cases, surveillance of contacts and disinfection of contaminated premises and articles. The Standing Medical Advisory Committee, however, considered that routine vaccination in early childhood should continue and stated :—

“ . . . the population of England and Wales is partly protected by vaccination, and this has aided outbreak control by reducing the possibilities of spread of the disease, and by ensuring more effective antibody responses in individuals re-vaccinated after exposure to infection. Outbreak control would hardly prove as effective in an unvaccinated population as in a partly vaccinated population. In addition to the assistance it gives to outbreak control, vaccination protects the individual from infection by smallpox in most instances for several years and can be expected to modify the severity of the disease and reduce the risk of death for a much longer period.”

The present immunisation and vaccination policy in this County allows for the primary smallpox vaccination of children at the end of the first year, re-vaccination at school entry and again at eight to nine years. It is hoped that all parents will take advantage of these prophylactic measures which are available, and allow their children to receive immunisations and vaccinations at the appropriate intervals.

Tuberculosis.

Pulmonary. (Diagram page 24, and Tables 29, 30, 32, 33 and 34).

Tuberculosis still remains a major public health problem. During the year 194 new cases were notified, a slight increase on last years figure of 181. Although the present rate is only about one-third of that found ten years ago, an intensive search to detect each case as early as possible is essential.

The major part of the increase occurred in women, particularly young women in the age group fifteen to twenty-four. The larger number of younger people having miniature X-ray examinations through the Mass Radiography Unit resulted in an increased number of notifications. The slight increase in the number of young males notified was offset by decreases amongst older men. The male rate again remained higher than the female rate.

The Mass Radiography Unit continued to give good coverage throughout the County, and the number of cases found per 1,000 X-rayed was greatest in the fifteen to twenty-four age-group, and in those over fifty-five years of age.

Bacillus Calmette-Guérin vaccination (B.C.G.) under the Contact Scheme was given to 591 contacts during the year; the majority of these were children. Under the School Leavers Scheme (children mainly thirteen years of age and over), 8,931 were offered a B.C.G. Heaf test, and 7,603 acceptances were received. The Heaf tests showed that about one in five children had a positive reaction. The majority of the remaining children were given B.C.G. (5282).

The proportions of children approaching school-leaving age who have received B.C.G. vaccination to date are as follows :—

Born 1949 (13 year olds)	—17%	received B.C.G. Vacc.
.. 1948 (14)	—29%	.. .. ..
.. 1947 (15)	—32%	.. .. ..
.. 1946 (16)	—27%	.. .. ..

Non-Pulmonary. (Tables 29 and 31).

New notifications of non-pulmonary tuberculosis were slightly lower during the year, thirty-five cases were notified compared with thirty-nine last year. As in previous years, the majority of the cases had the infection in the glands or the genito-urinary system.

Dysentery. (Table 23).

At one time Sonne Dysentery was a comparatively rare disease with a high fatality rate, but nowadays it is widely prevalent and mild in character. Notifications during 1962 showed a considerable rise throughout the country as a whole, and figures for Warwickshire were also much higher than last year. A total of 504 cases were notified compared with 120 in 1961. This was the highest number since 1956 when 709 cases were recorded.

The disease is usually highly infective, and is transmitted by direct or indirect personal contact. The highest incidence is generally found in children under five years of age, followed by children in the five to fourteen age-group.

When cases are notified they are already receiving medical treatment, but immediate investigations are made into their general hygienic conditions, and specimens are taken from members of a family for laboratory testing. A check is also made to see if any member of the household is employed in the preparation or distribution of food. Advice is given on personal and environmental hygiene, and where an outbreak is centred in a particular school or other institution, further active measures are taken including widespread disinfection.

Much can be done to prevent outbreaks of dysentery by encouraging a high standard of cleanliness in all toilet activities, and also by providing and using washing facilities. The utmost cleanliness in handling food is essential. These points are continually stressed in Health Education. The subject is under constant review with the Medical Officers of Health of the County Districts, and with general medical practitioners.

Venereal Disease. (Diagram page 26 and Table 43).

The number of gonorrhoea cases has been steadily rising throughout the country for some years now, especially in the urban areas. The rising trend in the Warwickshire figures will be seen on the diagram on page 26. The movement of population throughout the country and the fact that gonococci are now partially resistant to penicillin, are factors which are believed to have contributed to the rising incidence of the disease. Eighty-seven new male cases were treated at clinics during the year compared with sixty-four last year, and this was the highest number reported since 1949. The number of female cases, nineteen, remained the same as last year.

The almost continuous downward trend in syphilis cases since 1949 continued during the year, only four female and four male cases were reported from clinics in the County.

Population. (Diagram page 27 and Table 1).

Population figures provide an essential background to the development of the various services. In just over ten years (since the 1951 Census), the population of this County has increased by 142,490 (29%). The increases, particularly in the child population and elderly, will be noted from the following figures:—

	1951 (Census).		1962 (Estimated Population).		Increase.		% Increase.
Under 15 years	112,655	...	150,900	...	38,245	...	34%
15 - 64 ...	327,915	...	419,030	...	91,115	...	28%
65+ ...	50,170	...	63,300	...	13,130	...	26%
	<u>490,740</u>	...	<u>633,230</u>	...	<u>142,490</u>	...	<u>29%</u>

The estimated population figure for 1962 showed a further increase of 16,500 on the preceding year, and it is expected that figures will continue to rise for some time. With the exception of Southam R.D. and Shipston-on-Stour R.D. all areas in the County showed some increase in population.

The population increases since 1951 in the Delegated Boroughs and Health Areas showing the natural increase (excess of live births over deaths) and immigration is shown in the map on page 27.

Elderly People in the Community.

Thirty years ago the number of people in the County aged sixty-five and over was in the region of 28,000, today the number is about 63,000.

It used to be considered that on reaching the age of sixty-five or so a useful and active life had been completed, but social and medical changes in recent years have altered the position. Studies have shown that many older people are more physically fit than is generally supposed, and that a comparatively large proportion of those in their seventies require no medical attention or suffer from minor ailments only. The increasing demand for nursing and other care, is required for those in their late seventies, eighties and nineties, as will be noted in the district nursing cases attended in this County.

It has to be accepted that the tempo of life is slowed down with age. Nevertheless, a most useful and helpful life can be maintained if interest is kept alive, work continued within limits, and independence retained. Domiciliary health and welfare services will have to continue to expand as the number of really old people (over eighty) increases, so that assistance can be made available in the home, especially for those living alone.

Births.

Live Births. (Diagram page 28, and Tables 1, 4 and 12).

The following figures show the actual numbers of live births which have occurred in the County during the past twenty years:—

	<i>No. of Live Births.</i>
1943—1947	41,758
1948—1952	39,947
1953—1957	43,175
1958—1962	54,777

During the year 11,966 live births were recorded, an increase of just over 500 on last year's figure, and the rate of 17.76 per 1,000 of the population was one of the highest recorded since 1948. In relation to the population, the highest rates occurred in the Southam R.D. (20.99), Leamington Spa M.B. (20.45), Tamworth R.D. (19.76) and Rugby M.B. (19.61).

Stillbirths. (Tables 1, 4 and 9).

As will be noted from the summary of stillbirth rates on page 38, this rate is liable to a certain amount of yearly fluctuation, owing to the small numbers involved. Two hundred and twenty stillbirths occurred during the year giving a rate of 18.1, which was rather higher than last year (191 cases—rate 16.4) and 1960 (195 cases—17.5).

The major known causes continued to be congenital malformations, toxæmia of pregnancy and accidental ante-partum hæmorrhage.

Premature Births. (Table 8).

Babies with birth weights of 5 lbs. 8 ozs. or less are regarded as premature; 839 such babies were born during the year. One hundred and twenty of these were stillborn. These figures represent six out of every hundred born alive, and fifty-five out of every hundred born dead.

The survival rates of these babies remained high with the exception of very small babies weighing 3 lb. 4 ozs. or less.

It will be noted from the table on page 42 that prematurity is an important factor in deaths of children up to four weeks of age. Sixty-eight per cent of these deaths occurred in premature infants. As far as possible premature babies are nursed in special premature units in hospital where every facility is available to aid survival.

Congenital Malformations.

Each year many thousands of children are born in this country with varying degrees of congenital malformation. The exact incidence is unknown, but is believed to be in the region of 21 per 1,000 total births. In order to ascertain the full extent of congenital malformations in the country, the Ministry of Health has requested local authorities to institute the voluntary reporting of such cases until a general scheme can be formulated. Although notifications for 1962 are believed to be incomplete, 150 Warwickshire children born during the year were recorded as having a congenital malformation.

A great deal of publicity has recently been given to the congenital malformations which were associated with taking the drug thalidomide in early pregnancy. In Warwickshire, four such cases were notified, three were born in 1962 and one in 1960. In the country as a whole a total of 329 babies were reported with congenitally defective limbs where the mother had taken, or may have taken, thalidomide.

In such cases malformation was generally severe, and was usually an absence or deficiency of upper and/or lower limbs. Many of these children are expected to survive with unimpaired intelligence and it is therefore very important that early training with special appliances is given to enable them to make the best of their lives.

Not all mothers who took thalidomide bore children with malformations, and enquiries have shown that the period of pregnancy when the drug was taken was of more consequence than the dosage taken. The congenital malformation which sometimes occurs after maternal rubella in early pregnancy and the experience with thalidomide show that the first three months of foetal life are the most sensitive to damage in this way.

Of the one hundred and fifty congenitally malformed babies known to have been born in Warwickshire during the year, fifty (one third) were stillborn. Of the remaining one hundred babies born alive, thirty-two (again about one third) died within a month, and a further twelve died between one and six months.

Anencephaly (defective skull and brain) accounted for half the stillborn cases. One anencephalic child was born alive, but died within a few hours. Anencephaly in females was nearly three times as frequent as in males, and all the cases of dislocations of the hip occurred in females. Spina bifida was also more prevalent in females. Amongst the males, talipes and limb abnormalities were more prevalent.

Many cases are associated with genetic and environmental factors and much research is in progress.

Mortality. (Tables 1 to 3).

During the year 6,203 people died in the County. In examining these deaths by age-groups, it will be noted that about one in every three of these deaths were in persons under sixty-five years of age. In all age-groups the male loss of life was greater than the female. In many diseases the causative factors are still obscure, but some preventive measures are available which could help to considerably reduce death rates and so enable more people to enjoy a reasonable span of life. Some major causes of death are dealt with in the following paragraphs.

Coronary Disease and Angina. (Table 3).

Deaths from Coronary Disease and Angina have been increasing for many years, and the disease is the most frequent cause of death in middle-aged and elderly people. The disturbing increase in the number of cases which has been taking place, particularly in middle-aged men, has been reported in previous years. Total deaths from the disease during 1962 rose to 1,119 compared with 1,010 last year, but as will be seen from the following figures, the 1962 increase was confined to the sixty-five and over age-groups.

	<i>Males.</i>			<i>Females.</i>		
	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>
Under 45	22	26	22	2	3	3
45—64	236	241	238	44	68	57
65—74	192	200	233	122	115	136
75 & over	159	169	214	169	188	216
	609	636	707	337	374	412

Although much research has already been done to assess the many causative factors of this disease, much more information is required. Until more detailed knowledge is available, members of the general public can do much to help themselves to lessen the disease by common-sense preventive measures such as taking adequate physical exercise, avoiding over-eating (especially saturated fats), maintaining a balanced mental attitude and refraining from heavy smoking. The pathology of arterial disease develops over a number of years, therefore a healthy way of life is desirable from an early age.

Cancer—General. (Table 3).

About one in every five deaths which occurred during the year was due to cancer. A total of 1,169 deaths were recorded, 667 in men and 502 in women. Where the disease is detected in the early stage a cure can often be obtained in many forms of cancer. Thousands of people are cured of this disease each year and never suffer any recurrence.

Cancer of the Lung. (Diagram page 31 and Table 3).

Excessive cigarette smoking has been established as a major cause of lung cancer, and various studies have shown that the risk increases in relation to the number of cigarettes smoked. Lung cancer is rare among non-smokers.

On the average four or five people died every week last year in Warwickshire alone from this disease, the majority of whom were men. Lung cancer deaths rose to 250, compared with 221 the year before, and a comparison of the age and sex distribution for the last three years is given below:—

	<i>Males.</i>			<i>Females.</i>		
	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>
Under 45	5	7	8	4	3	3
45—64	101	114	118	12	14	17
65—74	57	51	62	10	10	9
75 and over	23	19	29	5	3	4
	<u>186</u>	<u>191</u>	<u>217</u>	<u>31</u>	<u>30</u>	<u>33</u>

As with coronary disease and angina, a large proportion of these deaths are unfortunately in men who are in the prime of life.

A survey of those lung cancer deaths notified in patients under sixty years of age showed that in 30% of the cases the duration of illness from first symptoms to death was only six months or less. In nearly half the cases it was twelve months or less.

About half the patients were known to have required hospitalisation for at least three weeks or more; some for periods of two to three months or even longer. In at least one third of the cases no treatment was possible, whilst in many others only exploratory or palliative treatment could be given.

The District Nurse attended about one patient in every six, usually giving general nursing care or injections in the terminal stage. A similar proportion of patients had care and after-care equipment on loan such as back-rests, cradles, commodes, air rings, invalid folding chairs, rubber sheeting and mattresses, etc. In these younger patients alone, hundreds of visits were paid by the District Nurse.

Complete information on smoking habits was not available, but at least 20% were known to have smoked twenty or more cigarettes a day.

(I should like to acknowledge the help I received from Dr. J. A. H. WATERHOUSE of the Regional Cancer Registry in compiling this paragraph).

Accidental Death and Suicide. (Table 3).

Deaths from accidents and suicide accounted for 316 deaths during the year (one in every twenty deaths). The age and sex distribution were as follows:—

	<i>Motor-Vehicle</i>		<i>Other</i>		<i>Suicide.</i>		<i>Total.</i>	
	<i>Accidents.</i>		<i>Accidents.</i>		<i>M. F.</i>			
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Under 15	9	1	10	4	—	—	19	5
15—24	34	3	6	1	3	1	43	5
25—44	17	1	15	—	8	5	40	6
45—64	15	9	15	10	20	8	50	27
65—74	4	2	8	16	2	2	14	20
75+	4	1	22	56	2	2	28	59
	<u>83</u>	<u>17</u>	<u>76</u>	<u>87</u>	<u>35</u>	<u>18</u>	<u>194</u>	<u>122</u>

It will be noted that the majority of deaths from motor-vehicle accidents occurred in men. When the numbers were related to the relevant populations, the highest death rates were in the fifteen to twenty-four age group and the sixty-five and over group. Other types of accident were more prevalent amongst the elderly.

Deaths from suicide accounted for fifty-three deaths, compared with sixty-five last year. Two-thirds of these deaths occurred in men.

Maternal Deaths. (Tables 1 and 2).

During the year there were four maternal deaths in the County, compared with one in 1961, and three in 1960. Owing to the small numbers a certain amount of yearly fluctuation is inevitable, but the overall trend during the past thirty years has shown a steady decrease, as will be seen from table 2.

Confidential enquiries are made by the Ministry of Health into all maternal deaths in England and Wales, in order to assess the proportion of avoidable factors which are present. Their third report covering the years 1958-1960 has just been published, and states that a substantial proportion of these deaths is attributable to the mother herself, either neglecting to make any arrangements for her confinement, or refusing to follow the advice offered by her doctor or midwife. It was found that toxæmia, hæmorrhage, abortion and pulmonary embolism still remain the major causes of death.

During the period of the Ministry's report, 1958-1960, a total of 928 maternal deaths were recorded in England and Wales, out of 2,322,229 registered births (0.40 per 1,000 births). The number of maternal deaths in Warwickshire during this period was nine out of 31,958 registered births (0.28 per 1,000 births). The Warwickshire rate for 1961/62 showed a further slight drop to 0.21.

Nursing Services. (Tables 14, 16, 17).

The increasing tendency for patients to be nursed entirely in the home or discharged earlier from hospital, the higher number of births and the needs of more elderly people have inevitably required an expansion in the County Nursing Services. During the past ten years, the number of the nursing staff undertaking full time work has risen from 165 in 1952 to 246 in 1962. This recruitment to the staff has been made possible, in the main, by the employment of a greater number of married women :—

		1952		1962
Married Staff	...	46 (28%)	...	107 (43%)
Others	...	119	...	139
Total	...	165	...	246

Married nurses also augment the service in the capacity of part-time staff; in 1952 the number was twenty-six but in 1962 it had risen to sixty-nine. It is expected that this trend will continue.

As new housing estates are built, many rural areas are becoming more urbanised, and the trend is for nursing staff to become more specialised. Ten years ago, 80% of the domiciliary midwifery and home nursing was undertaken by staff who were district nurse/midwives. In 1962, 60% of the district nursing work was undertaken by full-time district nurses and nearly 70% of the domiciliary midwifery by full-time midwives.

Midwifery.

Although the total number of births in the County rose by 549 during the year, the number of births at home showed a slight decrease (4,798 compared with 4,839 in 1961). The number of mothers who were discharged from maternity hospitals before the tenth day of their puerperium however rose to 2,061, compared with 1,626 last year; these mothers were all sent home to the care of the domiciliary midwives.

More emphasis is being laid on ante-natal care, and this, of course, is usually undertaken in the domiciliary field by the General Practitioner-Obstetrician and the local Health Authority midwife, with reference to the Specialist-Obstetrician when necessary. In some areas, midwives visit the doctor's ante-natal clinic, and patients are examined by the doctor and midwife together. This co-operation helps to overcome difficulties with individual patients.

The domiciliary midwives, assisted by health visitors, continued to give courses in "Preparation for Motherhood" to expectant mothers and sometimes fathers. These classes were held all over the County and were available to all expectant mothers, wherever they had planned to have their confinement.

During 1963 it is hoped to start a trial of radio-telephones in the cars of midwives so that it will be possible to contact them if required urgently. These calls will be made via the radio apparatus in the ambulance stations.

In the past ten years, the proportion of domiciliary confinements in the County has risen from 33% to 40% although differences occur in the various areas, as will be seen from the diagram on page 30. The recommended maximum proportion for domiciliary confinements is 30%, but whilst births continue to increase without a corresponding increase in the number of hospital maternity beds, the proportion of domiciliary confinements will remain higher than recommended.

District Nursing.

Home nursing is provided for people of all ages in the community who need it. In recent years the proportion of elderly persons requiring nursing care has been increasing. Ten years ago, the proportion of people aged sixty-five years and over served by the District Nurse was 40%, in 1962 it was 58% of the total case load.

A representative sample of just over 1,000 district nursing cases were examined during the year and this showed that half the patients were seventy years of age or over, and nearly one in four was eighty or over. Of all the patients receiving nursing attention, two out of three were women.

The following figures give some indication of the main conditions requiring nursing care:—

Under 70 years of Age.

	<i>Male.</i>	<i>Female.</i>
Post-operative conditions	16%	10%
Respiratory infections	12%	10%
Preparation for examinations (usually barium enemata)	11%	5%
Injuries and accidents	8%	5%
Cancer (including cancer of lung)	6%	6%
Anaemia	2%	7%
Heart conditions	6%	5%
Apoplexy, stroke, etc.	5%	5%
Diabetes	2%	5%

70 years and Over

	<i>Male.</i>	<i>Female.</i>
Senile conditions	21%	19%
Heart	17%	15%
Apoplexy, stroke, etc.	14%	11%
Cancer (including cancer of lung)	9%	4%
Respiratory infections	8%	6%
Post-operative conditions	6%	3%
Injuries and accidents	1%	6%
Anaemia	3%	5%
Diabetes	0.6%	5%
Arthritis, etc.	2%	5%

The type of treatment which the nurse gave to these patients was as follows:—

	<i>Under 70 years of Age.</i>		<i>70 years and Over.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Injections	32%	37%	18%	20%
	(mainly penicillin & mersalyl).	(mainly penicillin, cytamen & insulin).	(mainly mersalyl).	(mainly insulin, mersalyl & cytamen).
Dressings	29%	19%	8%	10%
Enemas & preparations for examinations	18%	19%	11%	9%
General care and attention	21%	25%	63%	61%

In general the nursing of the elderly is very time-consuming as every effort is made to rehabilitate and encourage mobility. Many of these elderly patients live alone or with an equally elderly relative, and the following case is a typical example of the work involved with such patients and of the co-operation and co-ordination required between the various services, both statutory and voluntary.

An eighty year old lady living alone had been attended by a District Nurse for some years. In January during the bitterly cold weather, when the usual morning visit was paid, the old lady was found in a collapsed condition. She was very shocked, frozen with cold and had apparently been there for some hours. With the co-operation of neighbours, the District Nurse had to get her into bed, fill hot water bottles, give hot tea, and call the doctor. She was persuaded to enter hospital where she began to recover. After some weeks, although still bedfast, she was well enough to be allowed home. Equipment was provided by the Care and After-Care scheme (single bed, suitable mattress, backrest and commode). The Home Help and Night Sitter-up services were called upon, and voluntary organisations supplied free extra fuel and nourishment and Meals on Wheels. Arrangements were made for soiled linen to be taken to the laundry service. This old lady was then encouraged by her Doctor, District Nurse, and Home Help, to regain her mobility and independence, and she is now able to get up, dress and move around her home.

Health Visiting.

During the first few weeks of 1962, health visitors were concerned with the demands of great numbers of people for vaccination against smallpox. Extra staff were diverted to existing clinics and additional clinics were held to meet this demand. Much time was also spent in advising people and allaying their fears of the spread of this disease.

Two two-day post certificate courses were held during the year on screening tests for the ascertainment of hearing defects in young children, and twenty health visitors attended these courses. It is hoped that eventually all health visitors will receive this specialised instruction, so that any child with a hearing defect will be discovered and referred for specialist treatment at an early age.

The health visitor's chief duties are to try to prevent illness and to promote good health. She is continually in contact with many sections of the community but particularly with families where there are children and with the older generation. She is constantly concerned with teaching and maintaining health; when problems and difficulties arise she co-operates with other professional workers.

Health visitors, because of the nature of their activities, generally work in close co-operation with the family doctors. This is particularly so in some rural areas of the County where the district covered by one generalised nurse (district nurse/midwife/health visitor) more or less coincides with the area in which live the patients of one general medical practitioner or a group of practitioners; in these cases Ante-Natal and Infant Welfare Clinics are often shared. In urban areas, this is more difficult; for instance, in one town where the health visiting staff totals thirteen, there are twelve groups of practitioners and eleven single handed general medical practitioners working with their surgeries. However, where requests are made by groups of practitioners to have a health visitor based at their surgery, an endeavour is made to provide this liaison.

The health visiting service in this County is sometimes asked to follow up patients discharged from hospitals in the following categories:—

1. Midwifery patients.
2. Children of pre-school and school ages.
3. Old people who live alone or with elderly relatives.
4. Handicapped persons either physically or mentally.
5. Patients with tuberculosis.
6. Persons who need the aid of other services, e.g., Care & After-Care equipment, Home Help service, Laundry service, etc.

Paediatricians and Geriatricians particularly welcome visits by health visitors to discuss social and family problems of their patients.

Child Welfare Centres. (Table on page 44).

These centres enable mothers to seek help and advice. Defects are detected in their early stages, and prophylactic immunisation and vaccination against many of the more serious diseases of childhood are provided. At the end of the year 109 centres were in use throughout the County. About 90% of all babies under one year of age attended these centres during 1962 which gives some indication of the very good use mothers make of the facilities available.

The majority of the centres are also distribution points for welfare foods, and orange juice, cod liver oil and vitamin A & D tablets are available at cost price to expectant and nursing mothers, children up to the age of five years and one month and handicapped children. The average weekly issue figures continued to decrease during the year despite the emphasis made on the high vitamin content. Many mothers appear to prefer to obtain vitamin supplements from other sources, such as the many proprietary brands.

Illegitimacy and the Care of the Illegitimate Child and its Mother. (Diagram page 29 and Tables 4, 5, 7 and 18).

The number of illegitimate babies born during the year continued to rise, and figures for the past few years given below show that the position in Warwickshire is closely following the national trend.

	Warwickshire.		...	% of total live births Warwickshire.	...	% of total live births England & Wales.
	Illeg. live births.	Illeg. stillbirths.				
1958	345	13	...	3.5	...	4.9
1959	386	13	...	3.7	...	5.1
1960	434	10	...	4.0	...	5.4
1961	500	14	...	4.4	...	6.0
1962	547	13	...	4.6	...	6.6

A large number of these unmarried mothers come to the notice of the Social Worker and the following figures show the increase in younger girls. This increase is greater than would be accounted for by the larger numbers in the younger age-groups.

	1958	1959	1960	1961	1962
17 and under	37	41	62	93	86
18—20	79	78	116	108	147
21—25	73	68	79	88	119
26—30	42	28	36	30	46
31—40	34	45	23	38	42
41—50	4	5	5	1	5
Age unknown	4	6	1	7	2
	273	271	322	365	447

During the past five years, one hundred and fifty girls who came to the notice of the Social Worker were aged sixteen and under, and eighteen of these were still attending school when referred:—

Age of Mother.	Illegitimate maternities.				
	1958	1959	1960	1961	1962
13	—	—	—	—	1
14	—	—	2	3	4
15	4	5	11	15	13
16	12	15	18	25	22
Total	16	20	31	43	40
Known to be attending school when referred	—	1	2	8	7

The age of the putative father is often difficult to obtain. Of the eighty-three girls aged sixteen and under in 1961 and 1962, information as to the age of the putative father was only available in forty-nine cases. These were as follows:—

Age of Putative Father.					% of known total.
16 years	...	4	...	...	8%
17 "	...	14	...	...	29%
18 "	...	8	...	...	16%
19 "	...	8	...	...	16%
20 "	...	3	...	...	6%
21 and over	...	12	...	...	25%
		49	...	...	100%
Unknown	...	34			

Investigations into the problems of adolescence have recently been sponsored by the Central Council for Health Education.

The general increase in the numbers of unmarried mothers in recent years has led to difficulties in providing ante-natal and post-natal accommodation both in the County Council Hostel and outside homes. This situation will be relieved when the new hostel is opened. The staff of the Social Worker's section has been augmented.

Dental Treatment for Expectant and Nursing Mothers and Pre-school Children. (Tables 20 and 21).

During the year, a very small scale investigation of the dental condition of children of under five years of age was undertaken in Rugby and this demonstrated once again the serious condition of the children's teeth. Many of these teeth will be lost before the proper time, and probably with a good deal of suffering before extraction. The result of extracting deciduous teeth before their permanent successors are ready to erupt so often causes gross misalignment of the permanent teeth necessitating further extractions and the wearing of appliances to correct the more marked defects.

Much could be done to strengthen the structure of the teeth by adjusting the amount of fluorine in the drinking water supply to the level of one part per million. This is known to give a considerable degree of protection to the teeth without any undesirable effects. Much time has been spent in advising more suitable diets and discouraging the habit of chewing sweets between meals.

There has been a steady increase during the last five years in the number of pre-school children brought to our clinics for advice or treatment, and it is hoped that more parents will realise the wisdom of early examination and treatment. A far better introduction to dentistry is given by visiting for inspection when little or no treatment is needed than by waiting until multiple extractions under a general anaesthetic are necessary.

This year, for the first time, a smaller number of expectant and nursing mothers attended. This was probably because free treatment is available through the general practitioner service.

Problem Families.

During the year, the three workers visited sixty-eight families intensively, paid occasional supervisory visits to other families, and undertook group work at the hut encampment, near Stratford-upon-Avon. The families can roughly be divided into three categories: those problem families that have already been helped by intensive work and only need an occasional supervisory visit; those families with problems that need a fair amount of assistance over a short period and then a friendly interest kept in them; and the problem families who still need a considerable amount of visiting.

It is however rather difficult to put families into definite categories because a sudden personal or domestic crisis can completely upset the balance in a slightly unstable family and cause a complete breakdown. A family which has only been visited occasionally and helped and encouraged from time to time, will suddenly need concentrated assistance over a period before it is once more able to be independent of help. This has been particularly noticed with those families with problems—as opposed to problem families.

Many families are unable to deal with multiple difficulties and are inclined to sink under the struggle. They deteriorate and become unhappy and often aggressive because they have failed. It has been found that if such families can be helped in the early stages they are prevented from becoming wholly disheartened and depressed. Unlike the basic hard core, these families really seem to appreciate what is done for them. They still have standards and principles and in most cases wish to improve. The real problem families are apathetic and too disheartened to wish to improve.

It is of interest to note the relationship between these families; in one area thirteen such families have originated from three within two generations.

It is not easy to talk of success or failure, because, as previously mentioned, a sudden crisis will upset a family's balance, and this is one of the reasons why the workers keep a family's case open and do occasional supervisory visits over a long period. If after several months of visiting the family does not slip back, the case is closed. Out of a total of nineteen families, one worker had five definite improvements over the year. Another with a total of twenty-seven had nine and the third worker with a total of twenty-two also had nine satisfactory cases.

Our activities continued at the hut encampment, near Stratford-upon-Avon, both the individual work with the adults and the community work with the children. This has been carried out by two workers, who have become so accepted by the inhabitants that it was found they could interchange and share the varied work and problems without any difficulties being made by the families. The total number of families on the camp is slightly diminishing as they are rehoused, but these families are followed up by one of the workers in their new homes.

Home Help Service. (Diagram page 32 and Tables 38 to 41).

Care at home and in the community rather than in hospital has been increasingly encouraged during the last few years. In addition, as the population increases, and more people are passing into the older age-groups, this means that the domiciliary services must continue to expand.

During the year, 659 part-time workers were employed in the Home Help Service, a whole-time equivalent of about 210 staff. Steps are being taken to provide assistance for some of the Home Help Organisers.

A total of 3,507 people received help in the home, an increase of 578 on the previous year. Just over 1,400 of these cases (two out of five) required help for a short-term period—under three months. A large proportion of these were maternity cases or people suffering from acute illnesses. Three out of every five of the cases required help for periods of three months or longer and these were in the main people suffering from chronic illnesses or who were elderly and infirm. Well over a quarter of the elderly people also had a district nurse in attendance. When the number of cases was related to the relevant population, the figures showed that on the average two in 1,000 people under sixty-five years of age received help, compared with thirty-six in every 1,000 aged sixty-five and over.

A total of 458,118 home help hours were provided during the year, and well over three-quarters of this total was required by the elderly.

From time to time difficulties are encountered in providing help to clean filthy and verminous premises. Usually the occupants are aged and infirm, their attitude often hostile and obstructive, and the premises so dirty that home helps resign or abandon the case. During the year it was decided that where such cases occurred, some additional payment would be made to the home help.

In certain areas, with the co-operation of voluntary welfare societies, facilities exist for the laundering of old people's linen where a case is attended by a district nurse or home help, and the equipment is used by the home help under the control of the Area Medical Officer.

Care and After-Care. (Table 36).

Nearly 2,500 people required the loan of beds and bedding, bed accessories and orthopaedic accessories, etc., during the year. The demand for this service increased, 5,275 items were issued compared with 4,522 last year.

During the past seven years the amount of equipment issued has more than doubled and this gives some indication of the value of the service to the public. The increasing trend

towards early discharge of patients from hospital, in order to make the widest possible use of hospital beds for active treatment, has made it most important for sick-room and nursing equipment to be available. The nursing of the elderly in the home and the provision of items to help retain mobility and rehabilitation is also a most important aspect of the service.

Chiropody Service. (Table 45).

Most of the treatment provided under the Council's Chiropody Scheme during the past twelve months was again arranged through voluntary organisations. Of the 2,089 patients who received treatment, only 219 were treated through the direct County Scheme (in the Eastern and Southern Areas).

The number of patients treated during the year rose by about 40%, and on the average each patient received between three and four treatments compared with two or three last year. One in every three of the patients was treated in his or her own home.

Health Education.

Health education is a most important aspect of preventive medicine, and where active participation is attained, more interest is stimulated.

Each year much work is carried out by medical officers, nursing staff and other members of the County Health staff both in their day to day duties and at special group classes and talks. The present staff is however only able to devote a limited amount of time, and the services of a Health Education Officer have, therefore, been obtained to take part in direct educational work and assist in the organisation of an integrated programme of health education throughout the County.

The importance of bringing to the notice of schoolchildren the dangers of excessive smoking, particularly cigarettes, was further discussed during the year. Besides the use of talks and posters, etc., in the schools, it was considered that this subject should be dealt with in a practical and unsensational way. It was suggested that every opportunity should be made in chemistry and biology studies for children to be taught the elementary aspects of the harm caused to the lung structure by excessive smoking, and that with older children, information about the incidence of lung cancer be used in mathematical problems and graphs. The right approach is to try and obtain the children's interest and help them in every way, particularly through their studies, to see for themselves the dangers of excessive smoking.

The problems of air pollution have for some years been brought to the notice of children in some schools by their active participation (under the guidance of a teacher) in recording daily measurements of pollution. Much has been said recently about the difficulties of preventing air pollution but a more general appreciation of the medical need for clean air is needed.

Preparation for motherhood classes is a further example of the popularity of health education work when people can actively participate in a group. During the past five years, the number of women attending such classes has risen from 989 to 2,208, while total attendances have risen from 4,022 to 10,584.

Besides the many other subjects covered by Health Education mentioned in previous annual reports, there still remains a great deal of work to be done. Last year the development in one area regarding advice for the elderly was described. This was done indirectly by addressing young wives on the subjects of growing older and the useful work done by the various services. This assisted them with the care of elderly parents and relatives. Talks were also given to the residents of almshouses on "Growing Old" and "The Prevention of Accidents." The greatly increasing number of older members in the community who may already be retired, or approaching retirement age, often require practical advice on how to adjust themselves in order to enjoy a healthy retirement. The maintaining of interests and independence needs to be stressed.

Mental Health. (Tables 48, 49 and 50).

The new Junior Training Centre at Warwick replaces an old centre held in wartime nursery premises. This has now been adapted for use as a Senior Centre. A start was made during the year on the erection of a similar junior training centre at Rugby and it has also been decided to adapt a former children's home in Warwick for use as a residential hostel for the mentally subnormal.

Community Care of the Mentally Subnormal.

There were 781 mentally subnormal persons receiving community care visits by the Council's Mental Health Visitors and Mental Welfare Officers at the end of 1962, as compared with 732 the previous year. One hundred and eleven new cases were referred during the year and the majority are receiving community care visits.

Mentally Subnormal Patients awaiting Admission to Hospital.

At the end of 1962 there were sixty-three persons on the waiting list for admission to hospitals for the mentally subnormal. At the end of the previous year there were eighty, but in view of the increased facilities available at the new Junior Training Centre it was found possible to remove a number of names from the waiting list.

Guardianship of Mentally Subnormal Persons.

The only guardianship order in operation at the beginning of the year was discharged in January, 1962. No new cases were placed under guardianship during the year.

Training Centres for the Mentally Subnormal.

For the first time a holiday was organised at Weston-super-Mare for children attending the Council's Training Centres. A total of ninety children spent a week's holiday at St. Margaret's, a holiday home provided by the Somerset Association for Mental Welfare and the Weston and District Society for Mentally Handicapped and Spastic Children. The holiday was spread over a period of five weeks during May and June and each party was accompanied by three members of the staff from the Training Centre.

The Council met the cost of the transport by coach to Weston-super-Mare and also part of the accommodation charge for the children. A similar holiday is being arranged for 1963.

Care and After-Care.

Regular psychiatric out-patients clinics, provided by the Birmingham Regional Hospital Board, were again held during the year at a number of hospitals throughout the County. It is now possible to provide additional after-care facilities for patients discharged from mental hospitals. During the year 221 cases were referred to the Council's Mental Welfare Officers for after-care visits.

A weekly club for discharged patients is now held at Rugby.

Milk and Dairies Administration. (Diagram page 25 and Tables 55 to 58).

Since 1957 the whole of the County has been a "specified area" in which all milk retailed must be sold under the designations "Pasteurised," "Sterilised" or "Tuberculin Tested." In one isolated hamlet no milk retailer was available, and the Ministry of Agriculture, Fisheries and Food gave special dispensation to a farmer for the sale of milk from his Tuberculin Tested herd to several families without the necessity of bottling the milk under licence. The milk from this herd was submitted to biological examination for tuberculosis and brucellosis, and in 1962 gave negative results. In addition, routine checks were made on milk retailers and producers to ensure their compliance with the requirements of the Specified Areas Orders.

There were more than seventy "Tuberculin Tested" herds in the County from which milk was retailed in its raw state. This milk was either retailed under licence as "Tuberculin Tested" or sold in appreciable quantities "loose" to farm workers under sub-section (4) of paragraph 37 of the Food and Drugs Act, 1955. Milk from these herds was submitted to biological examination for tuberculosis and brucellosis. In addition, several wholesale producers of "Tuberculin Tested" milk were known to be retailing raw cream, and samples of milk from their herds was also submitted to biological examination. Of the total of 279 such milk samples, one was reported to be infected with tubercle bacilli, and the remainder negative. An investigation into the positive herd by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food revealed the presence of a cow with tuberculosis of the udder. This cow was slaughtered under the Tuberculosis Order. In my report for 1961 it was pointed out that although no living tubercle bacilli had been found in samples of raw milk either in 1960 or 1961, sampling would be continued.

During 1962 all milk samples submitted for biological examination were examined for brucellosis. Of the 279 samples, six were reported to be infected with brucella organisms. In addition, milk from a herd was found to be positive following the notification of a case of undulant fever in the son of a farm worker. The seven positive herds were investigated and twenty-one cows found to be secreting milk infected with brucella organisms. The farmers involved were most co-operative, and all the offending animals were either slaughtered or removed from the milking herds. Milk from one of the herds reported positive was used extensively for cream separation and the raw cream sold in a number of local shops. In the six cases where raw milk or cream was retailed, the Medical Officers of Health for the County Districts involved served pasteurisation notices, or made temporary arrangements for the supply of pasteurised milk for the retail sales until such time as the offending cows had been removed from the herds.

Eight pasteurising plants and one sterilising plant remained in operation during 1962. The licences issued in respect of these plants in January, 1961, remained effective during the year. Each licensed dairy and plant was visited at least weekly, and the arrangements for processing, storage and distribution of the milk kept under observation. The efficiency of the plants and methods during 1962 is reflected in the results obtained from the samples of milk submitted to the prescribed test to check the pasteurisation process. Of the seven-hundred-and-fifty-seven samples, only two were reported as failing the phosphatase test. In each case the unsatisfactory result indicated a slight degree of under-pasteurisation, and on biological examination for tubercle and brucella organisms, negative results were obtained. One of the two methylene blue failures was due to unsatisfactory milk from a farm which subsequently lost its licence for the production of "Tuberculin Tested" milk.

As part of the routine checking of the licensed dairies, some fifty-one specimens of washed bottles (consisting of over three-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 better methods of maintenance.

As from the 1st January, 1961, the County Council became responsible for the licensing and supervision of milk retailers (Dealers' licences) in the County area in which the County is the Food and Drugs Authority. At the beginning of 1962 two-hundred-and-eighty-seven licences for the retail sales of designated milk by dealers with premises in the County area were in force. This figure had increased to three-hundred by the end of the year. Samples of pasteurised milk from dealers' premises, vehicles and vending machines totalled one-thousand-one-hundred-and-seventy-five. One sample failed the phosphatase test and twenty-six others the methylene blue test. The phosphatase failure occurred in a sample of milk originating from a dairy outside the County. The methylene blue failures (keeping-quality) were attributable mainly to two causes—(1) imperfect storage of the milk (2) failure to retail stocks in proper rotation.

Of the five-hundred-and-seven 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. Samples of the former were submitted to both the phosphatase test and methylene blue test, and the latter to the methylene blue test only. Some of the methylene blue test failures 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 these failures proved satisfactory. The phosphatase failure occurred in a milk supplied from a dairy outside the County. The Authority in whose area the dairy is situated found no reason for the failure when the plant and records were checked. The raw "Tuberculin Tested" milks were also submitted regularly for biological examinations for tuberculosis and brucellosis, all of which gave negative results.

Occasional complaints were received during the year of glass in milk bottles, due mainly to mishandling during delivery, or at the school. In spite of rigorous inspection of bottles in the dairies, there appears to be no solution to the problem of small glass splinters being found in bottles, until all milk is retailed in non-returnable containers such as cartons. Complaints of "foreign bodies" in a number of bottles of school milk were investigated during the year.

In one case, in an apparently unopened bottle of milk "something hard rolling around in the bottle" turned out to be a piece of crayon, bearing the same name as the crayons used in the school! In others, a variety of material mysteriously appeared or was noticed after bottle-caps had been removed or pierced. These included a piece of coal in a bottle originating from a dairy which had turned over to oil-firing some three years previously.

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-and-eighty-three of these samples were taken, of which six failed to satisfy the methylene blue test and two the phosphatase test.

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 again 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.

Clean Air. Warwickshire Clean Air Council.

During the year some ninety-two sites and one hundred and forty-six instruments were again in use to record the atmospheric pollution in the geographical County of Warwick. The overall pattern of pollution recorded was similar to that in the previous four years. The siting of instruments, and type, was under review during the year with a view to increasing the number of volumetric instruments. This change will be facilitated by the use of the eight-day apparatus on a number of sites.

A great deal has been written on the relationship of atmospheric pollution and diseases affecting mankind. In this country the combination of the products of domestic fires, industrial processes, petrol and diesel engines have their effects on the population. Atmospheric pollution by smoke causing a lessening of natural lighting can lower mental and bodily processes. When climatic conditions produce fog, the combination of the fog and the pollutants produces "smog," which has a deleterious effect on the respiratory system; it is essential that greater efforts should be made towards the cleansing of the atmosphere.

Unfortunately, in Warwickshire, progress towards a clean atmosphere has received setbacks in the past year, partly on account of shortages of suitable smokeless fuel.

County Ambulance Service. (Diagram page 33 and Tables 51 to 53).

The demands for transport continued to be heavy during the year and the Ambulance Service and the W.V.S. Hospital Car Service carried 192,388 patients and covered 1,302,716 miles, an increase of 3,782 patients (2%) and 23,411 miles (1.8%) on the previous year's figures. Much of this increase is attributed to the expansion of the mental health service; the number of persons conveyed to the training centres rose by 2,957 and the mileage by 14,946. By the end of the year five depots were providing transport for this work. As these journeys are undertaken during the peak hospital treatment hours there is inevitably a considerable strain on the depots.

The miles per patient ratio for the ambulance service remained constant at 6.5.

In the National Safe Driving Competition for 1962, 136 drivers gained awards. As in previous years the awards were presented to personnel by the Mayors of the boroughs or the Chairmen of the district councils in whose areas the depot is situated.

In spite of the increased traffic on the roads and the congestion in the larger towns and cities, the standard of driving of ambulance personnel remained high. During the last month of the year and extending well into 1963, their tasks were made exceedingly difficult by the severe weather conditions but they responded willingly, and some worked very long hours under great strain.

The interest in mouth-to-mouth methods of resuscitation remained high, and talks and demonstrations were given to nineteen groups at which over 500 persons attended.

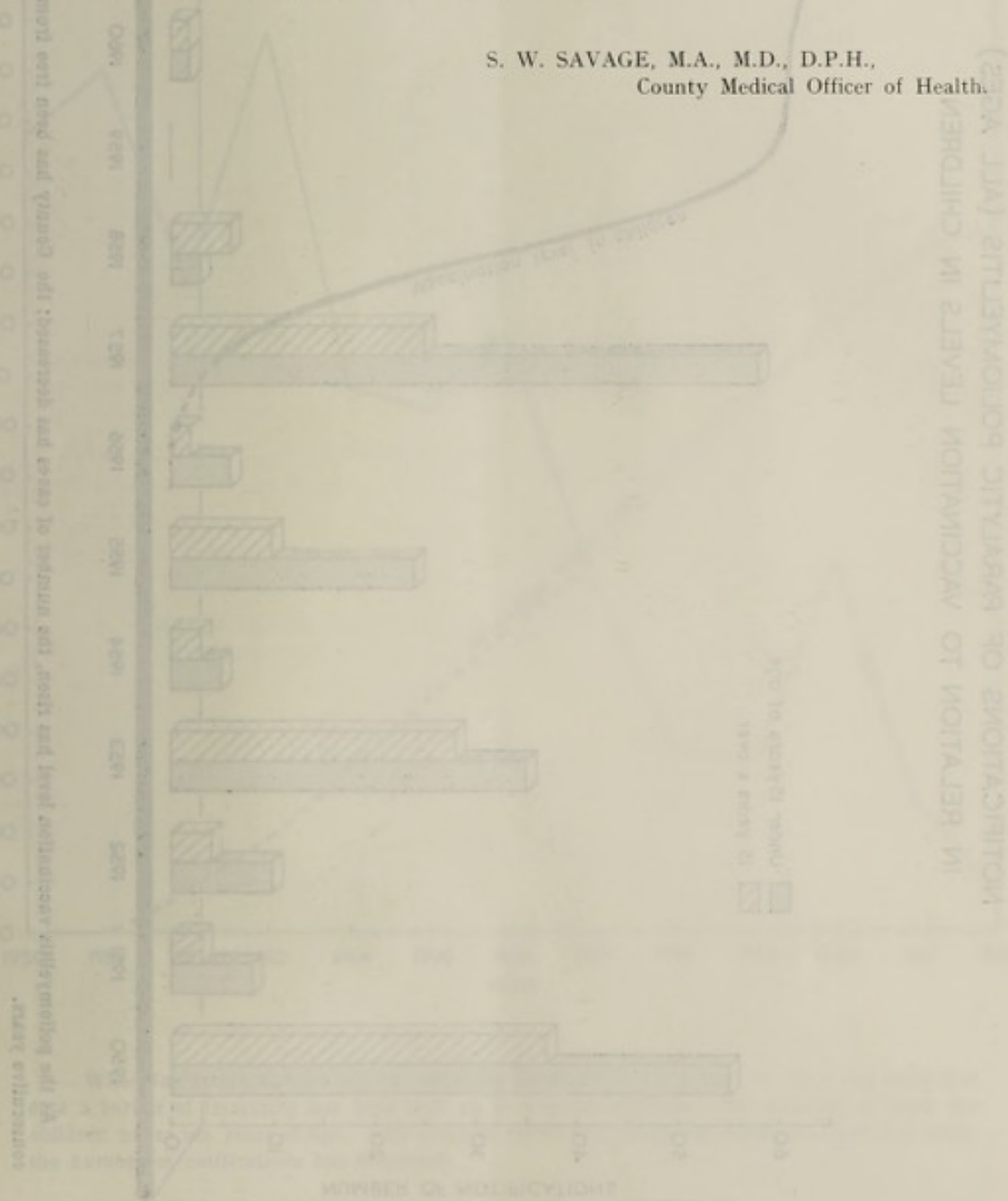
An indoor exercise and discussion on the arrangements for major incidents, involving all county services, voluntary organisations and hospital groups was held at Police Headquarters. This proved most valuable, and enabled the ambulance service scheme to be brought up-to-date with general developments.

The new 25 Kc/s channelling requirements of the Post Office made it necessary to instal new radio. Our own ten years old radio equipment was at the end of its useful life. Extensive surveys were carried out with the latest equipment of fixed and mobile frequency modulated sets, and a complete change-over was made during the early part of 1963.

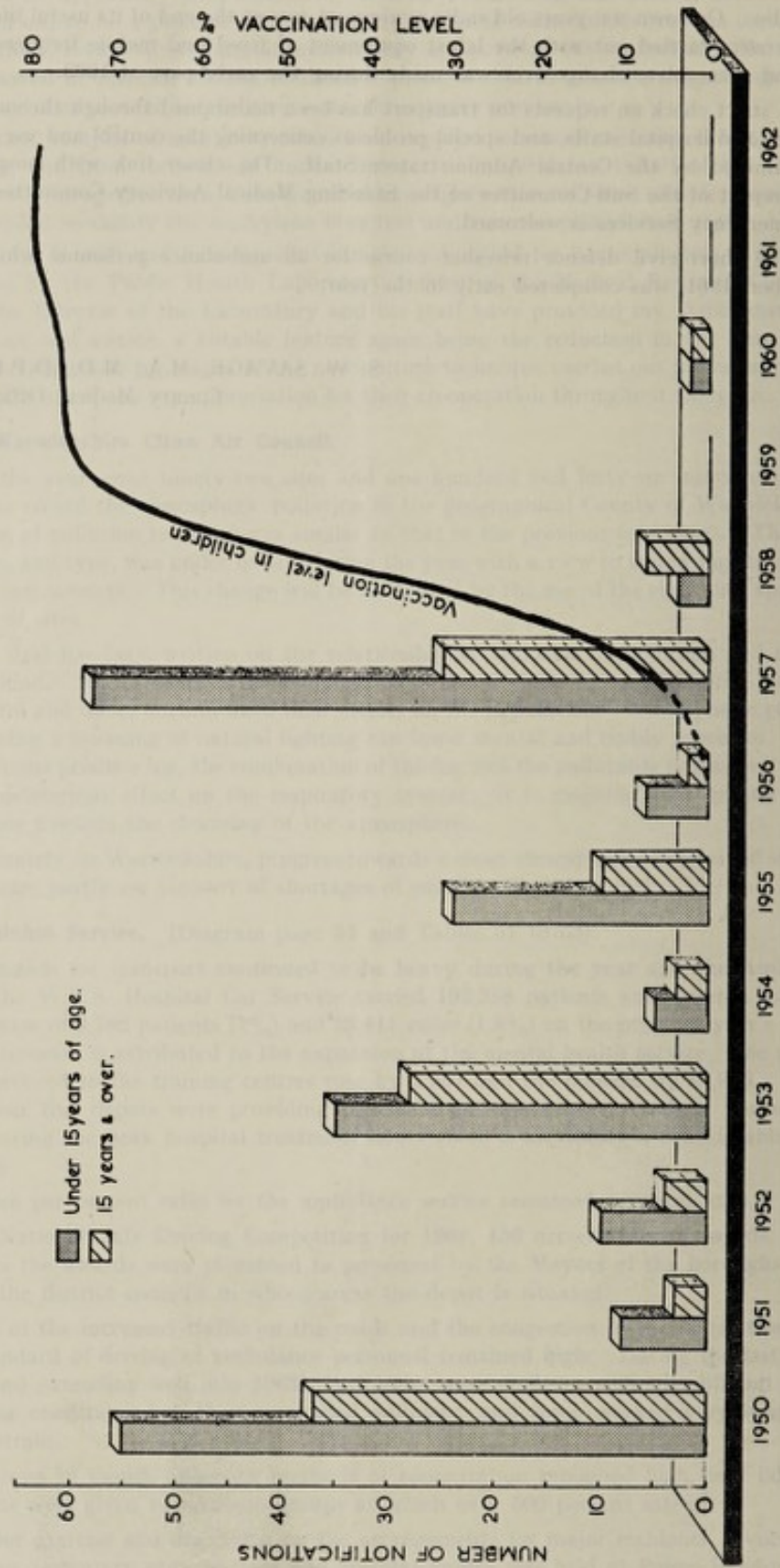
A strict check on requests for transport has been maintained through the superintendents and the local hospital staffs, and special problems concerning the control and use of the service are examined by the Central Administrative Staff. The closer link with hospitals stressed in the report of the Sub-Committee of the Standing Medical Advisory Committee on Accident and Emergency Services is welcomed.

The short civil defence refresher course for all ambulance personnel which started in December, 1961, was completed early in the year.

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

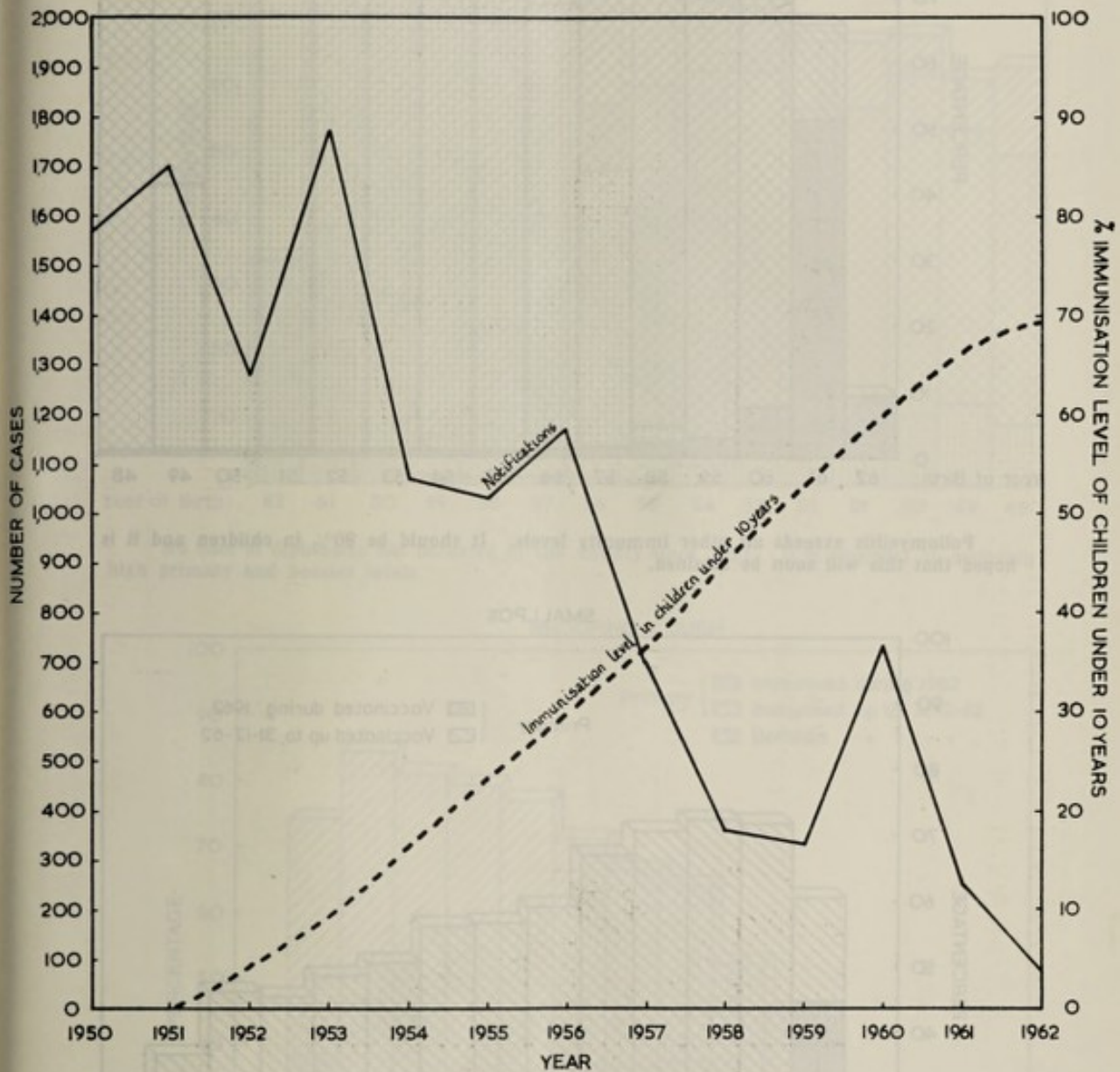


As the poliomyelitis vaccination level has risen, the number of cases has decreased; the County has been free from this disease for two consecutive years.

WHOOPIING COUGH NOTIFICATIONS (ALL AGES)

IN RELATION TO IMMUNISATION LEVELS IN CHILDREN UNDER 10 YEARS OF AGE

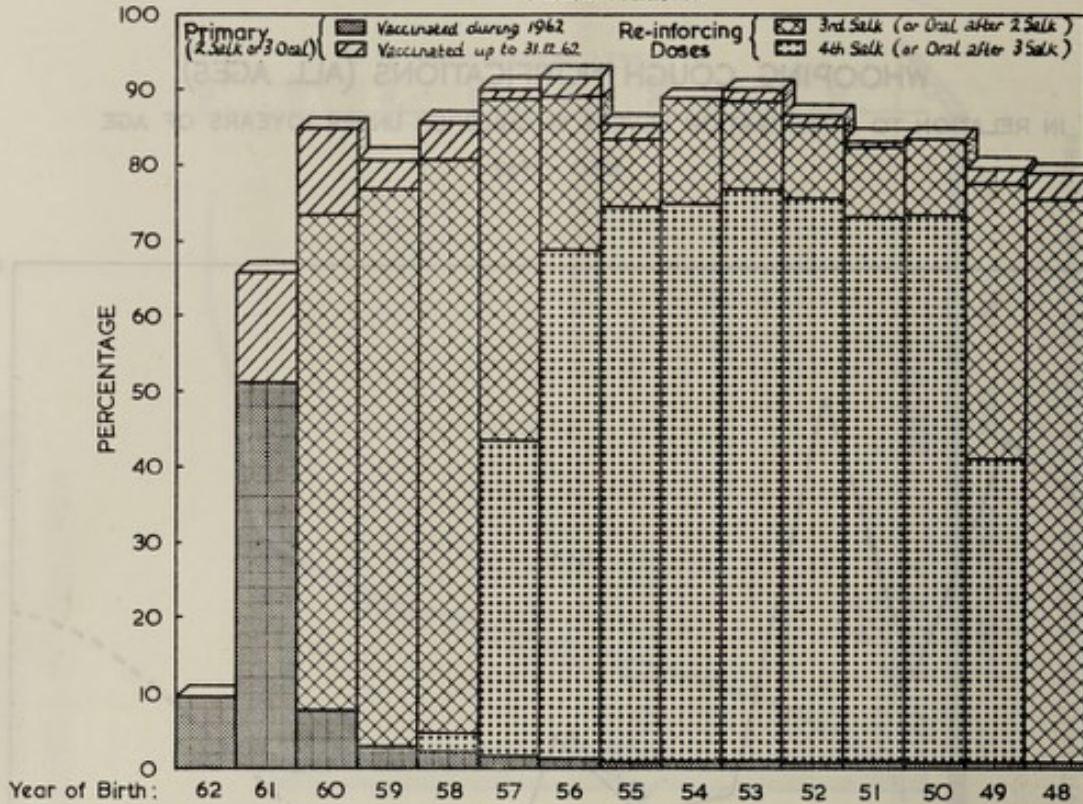
1950 - 1962



Whooping cough antigen became generally available in the County in 1951, and since that date a barrier of immunity has been built up in younger children. The majority of cases are children under ten years of age. This diagram shows that as the immunisation level has risen, the number of notifications has decreased.

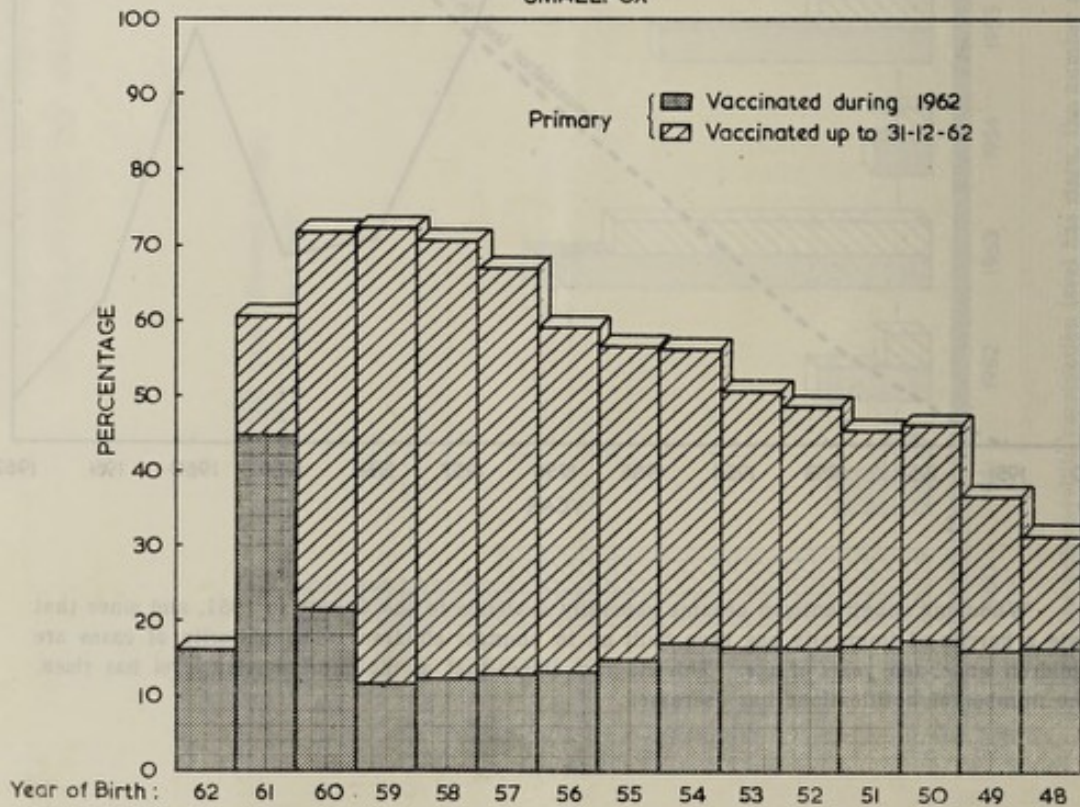
VACCINATION LEVELS OF CHILDREN

POLIOMYELITIS



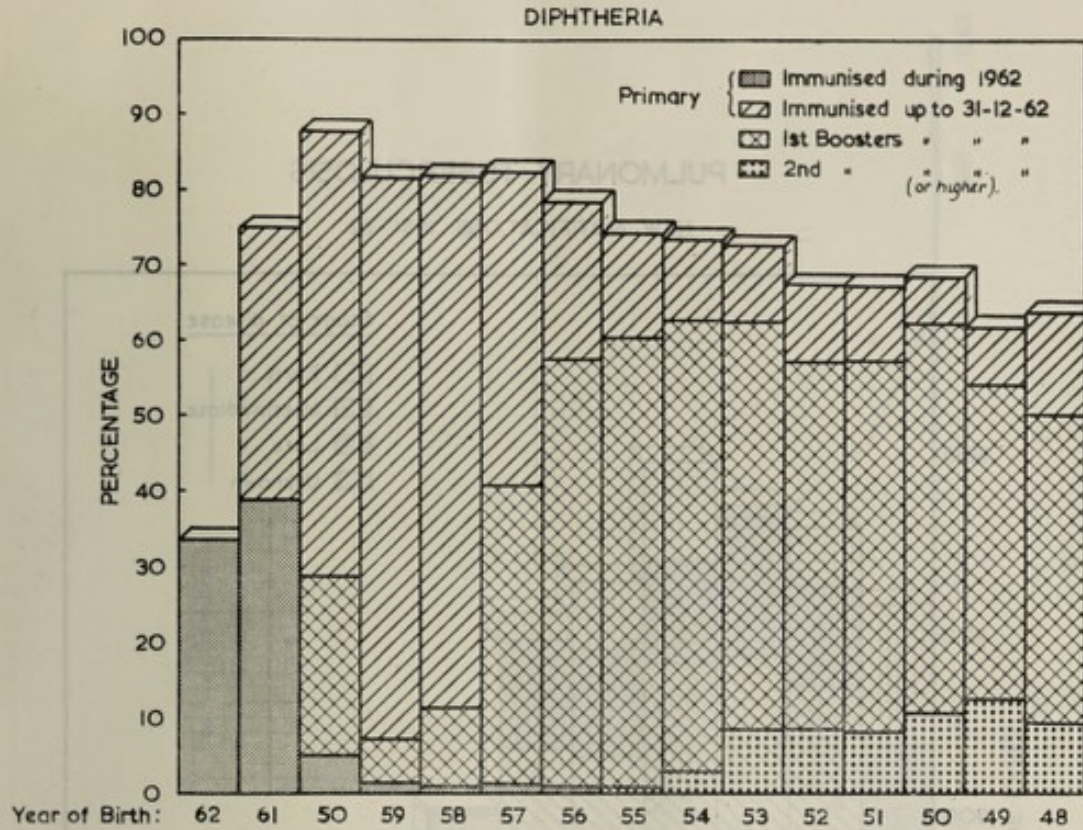
Poliomyelitis exceeds all other immunity levels. It should be 90% in children and it is hoped that this will soon be attained.

SMALLPOX

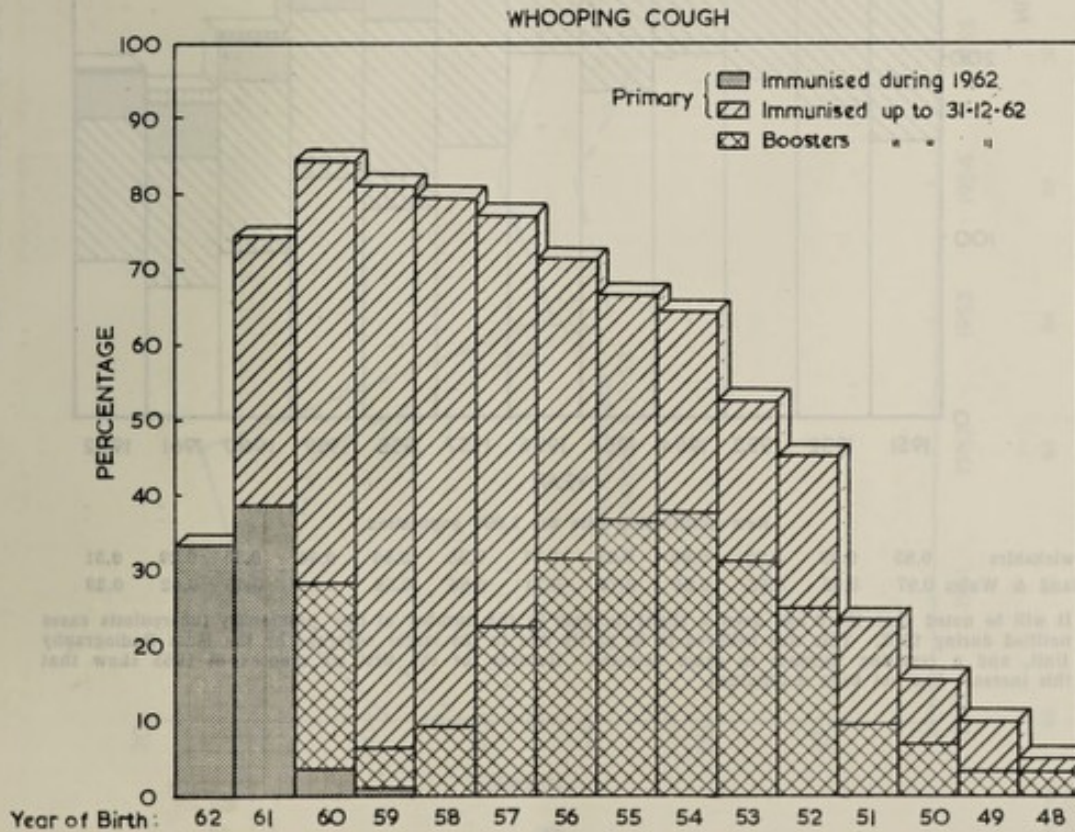


Although the 1961/62 smallpox outbreak resulted in a greatly increased demand for vaccination, this level still remains well below others. It is hoped that more parents will allow their children to receive routine vaccination.

IMMUNISATION LEVELS OF CHILDREN



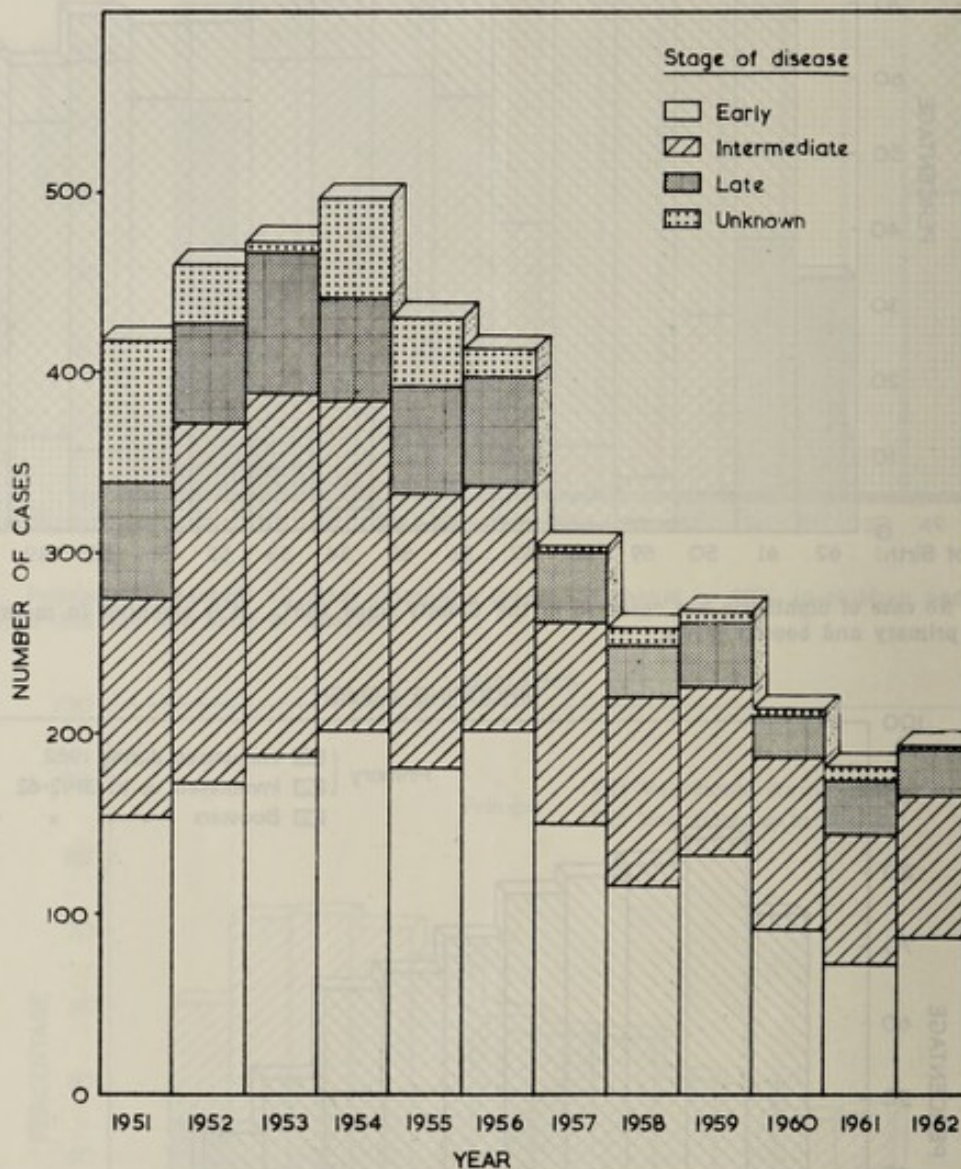
No case of diphtheria has occurred in the County since 1951. It is essential to maintain high primary and booster levels.



This diagram shows the rise in the level of whooping cough immunisation.

PULMONARY TUBERCULOSIS

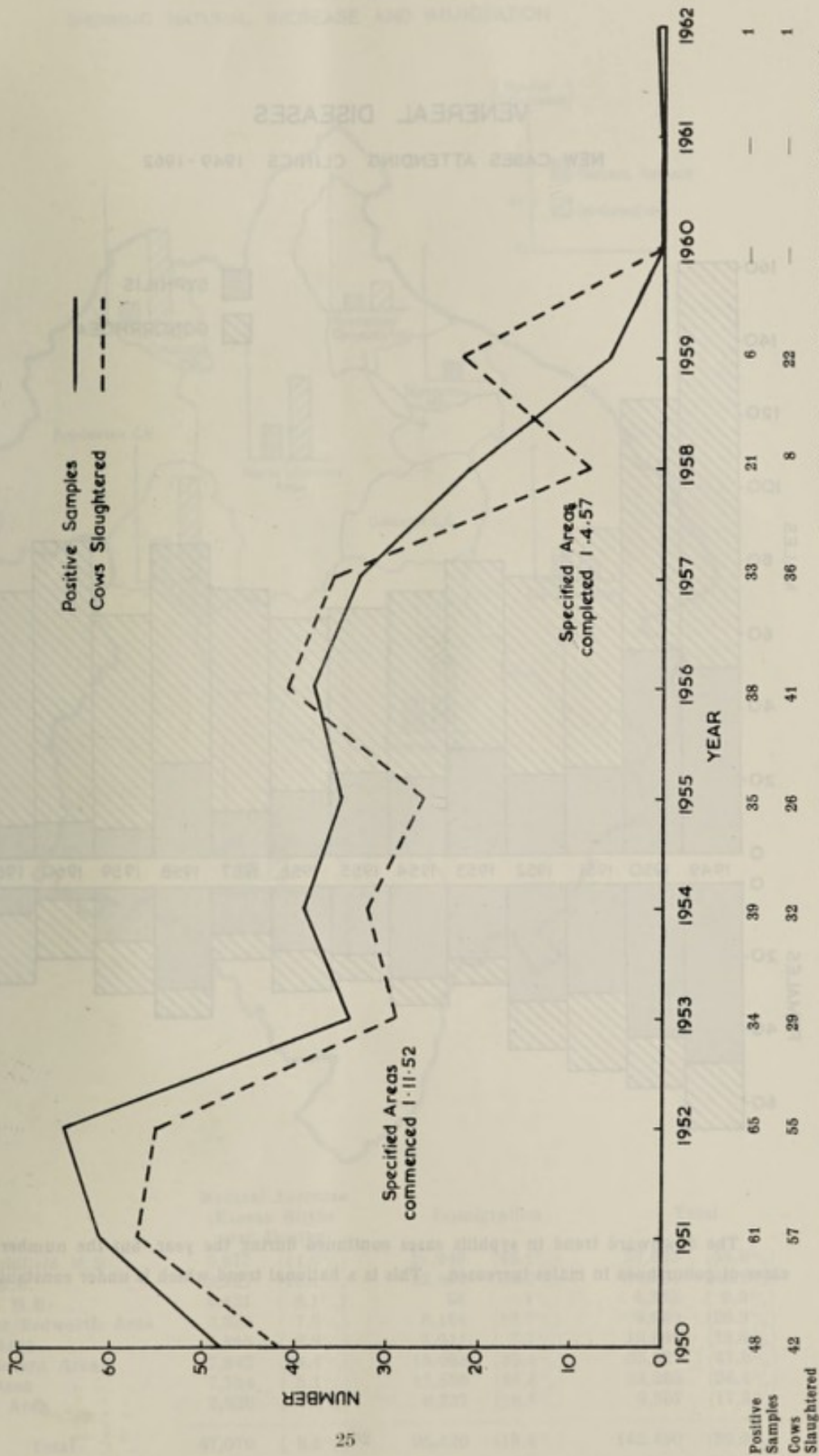
NEW NOTIFICATIONS 1951-62



	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	0.29	0.31
England & Wales	0.97	0.95	0.93	0.84	0.76	0.71	0.65	0.58	0.54	0.46	0.42	0.39

It will be noted that there has been a slight increase in the number of new pulmonary tuberculosis cases notified during 1962. This was believed to be partly due to the larger coverage by the Mass Radiography Unit, and a resulting increase in cases detected. Records for the first six months of 1963 show that this increase has not been maintained.

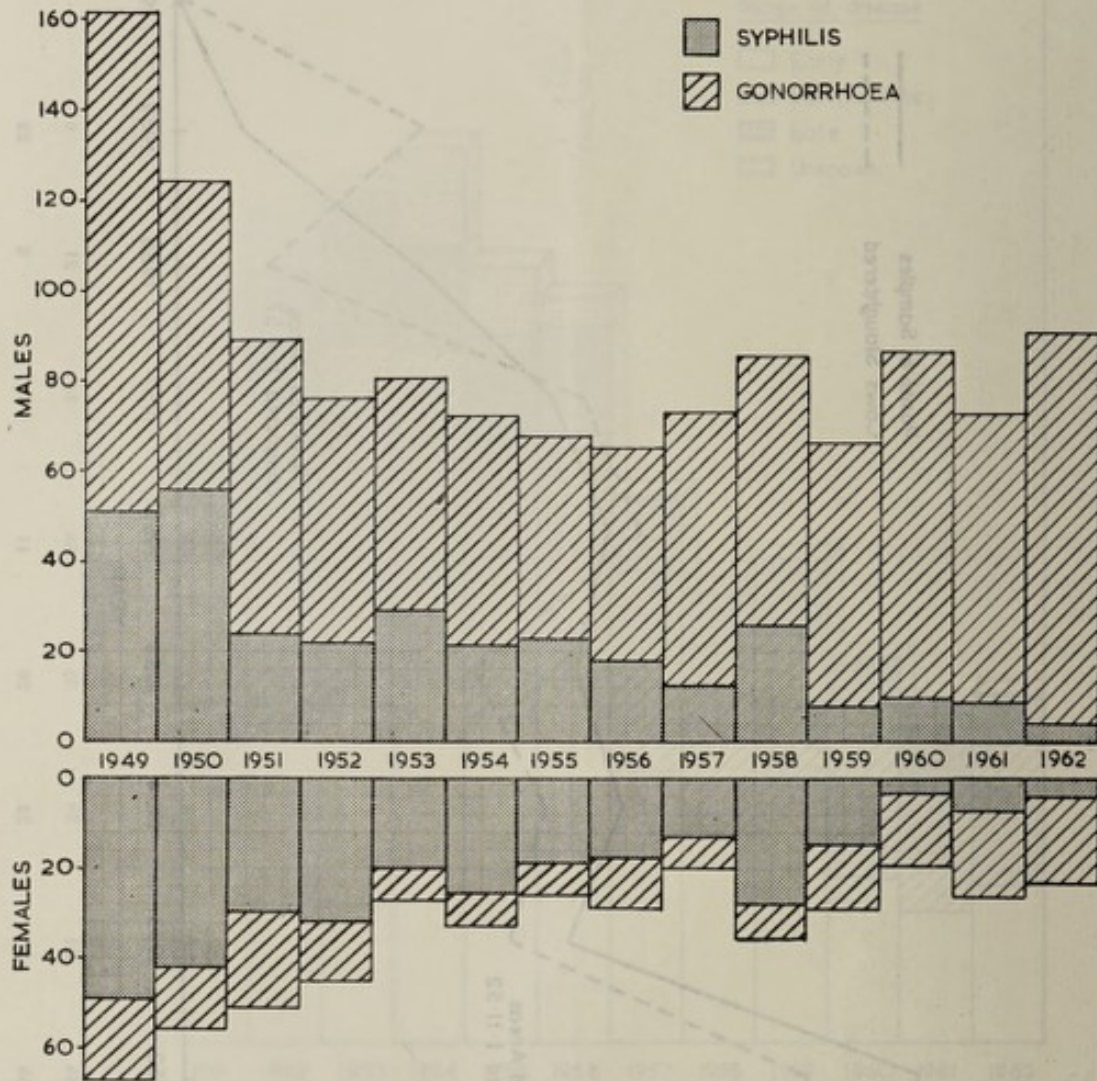
MILK SAMPLES FOUND TO CONTAIN TUBERCLE BACILLI, AND TUBERCLE INFECTED COWS SLAUGHTERED



This diagram shows the reduction in the number of milk samples found to be infected with tubercle organisms. Although no positive samples were found in 1960 and 1961, biological examinations continued during 1962 as pockets of residual infection might be present. One sample was found to be infected with tubercle bacilli, and the cow was slaughtered under the Tuberculosis Order.

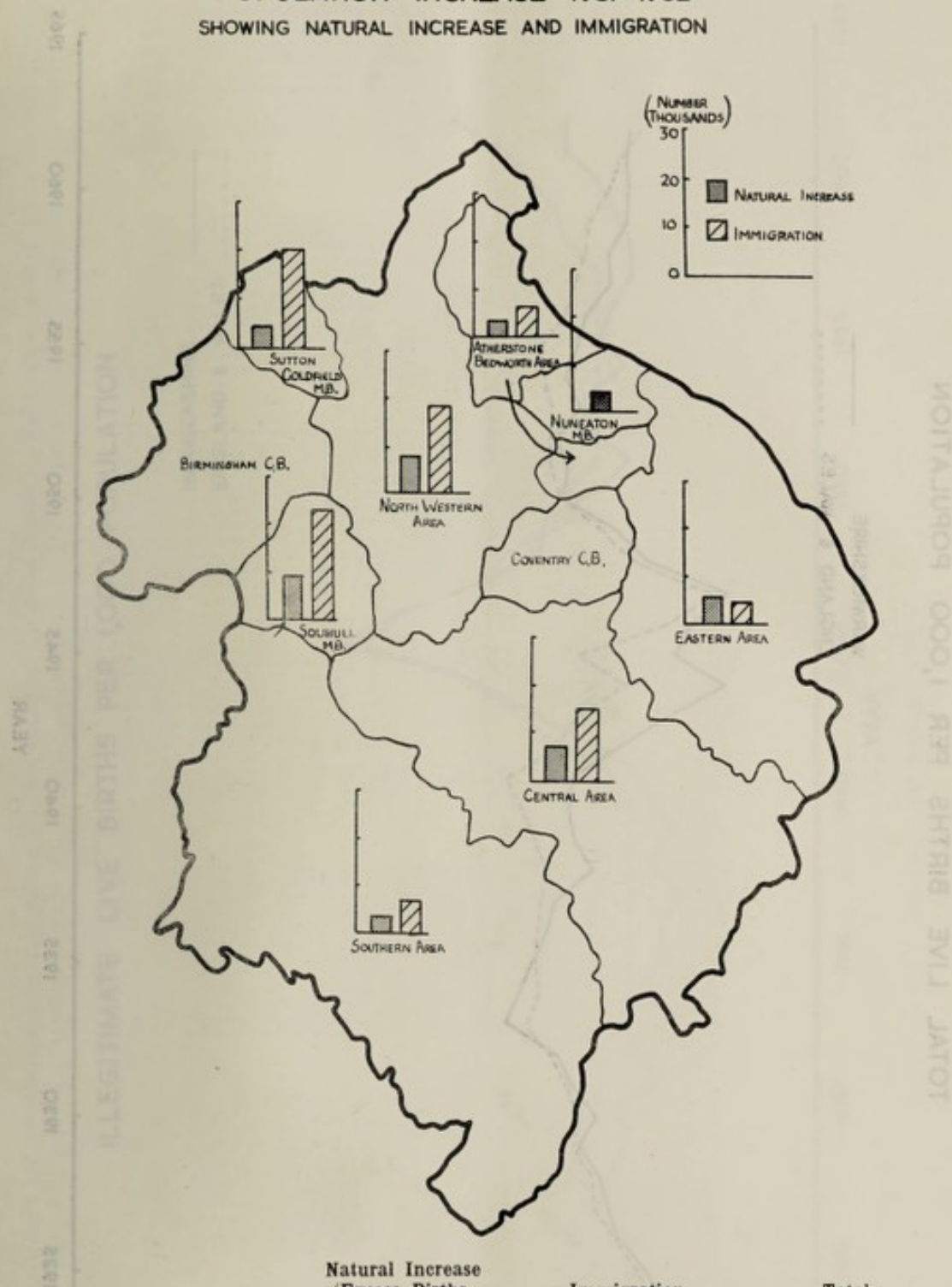
VENEREAL DISEASES

NEW CASES ATTENDING CLINICS 1949-1962



The downward trend in syphilis cases continued during the year, but the number of new cases of gonorrhoea in males increased. This is a national trend which is under constant review.

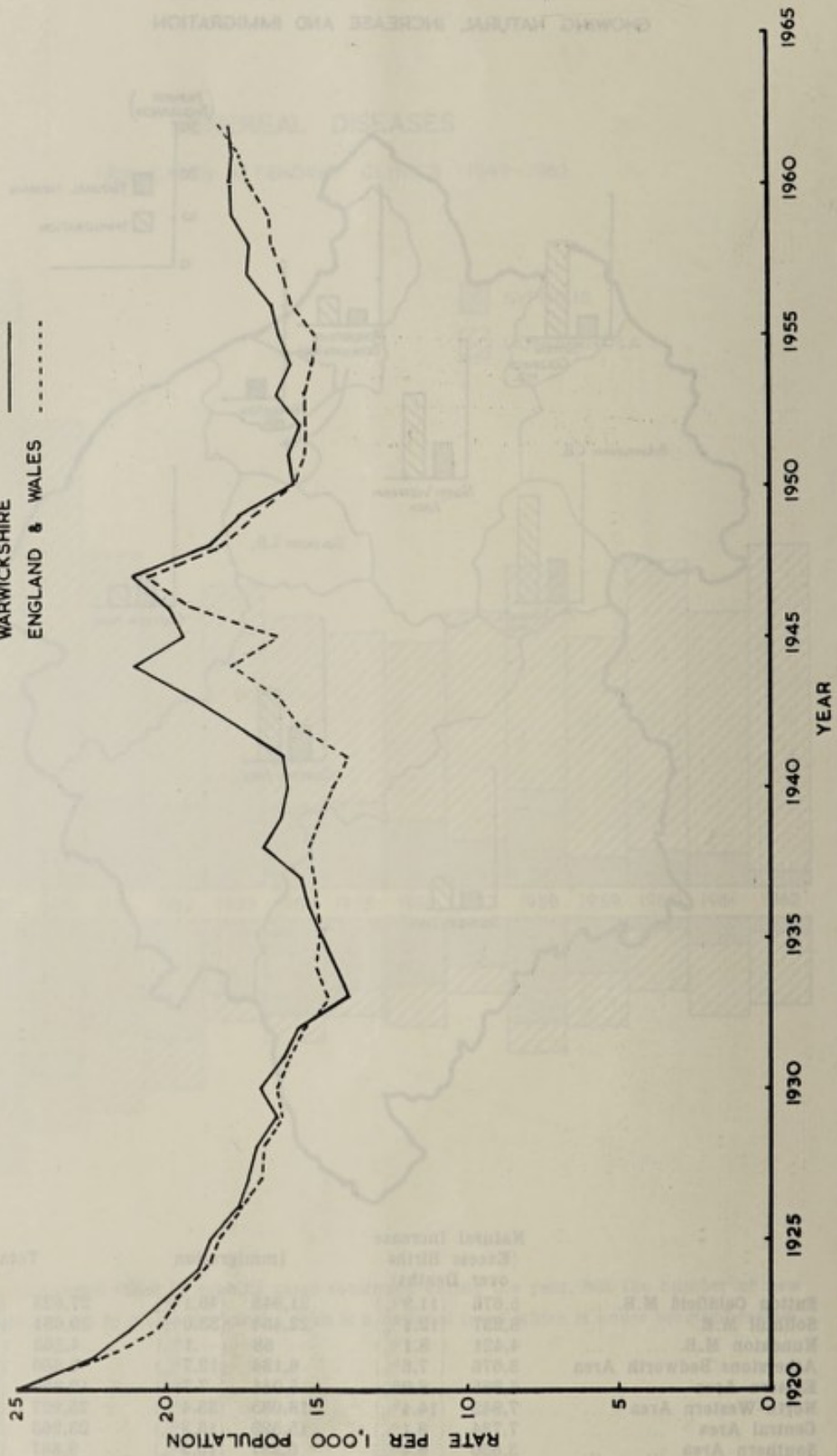
POPULATION INCREASE 1951-1962
SHOWING NATURAL INCREASE AND IMMIGRATION



	Natural Increase (Excess Births over Deaths)	Immigration	Total
Sutton Coldfield M.B. ...	5,675 (11.9%)	21,948 (46.1%)	27,623 (58.0%)
Solihull M.B. ...	8,237 (12.1%)	22,454 (33.0%)	30,691 (45.1%)
Nuneaton M.B. ...	4,421 (8.1%)	58 (-.1%)	4,363 (8.0%)
Atherstone/Bedworth Area	3,676 (7.6%)	6,184 (12.7%)	9,860 (20.3%)
Eastern Area ...	5,855 (8.9%)	5,041 (7.7%)	10,896 (16.6%)
North-Western Area ...	7,842 (14.4%)	18,085 (33.4%)	25,927 (47.8%)
Central Area ...	7,734 (8.1%)	15,529 (16.3%)	23,263 (24.4%)
Southern Area ...	3,630 (6.4%)	6,237 (10.9%)	9,867 (17.3%)
Total ...	47,070 (9.6%)	95,420 (19.4%)	142,490 (29.0%)

TOTAL LIVE BIRTHS PER 1,000 POPULATION

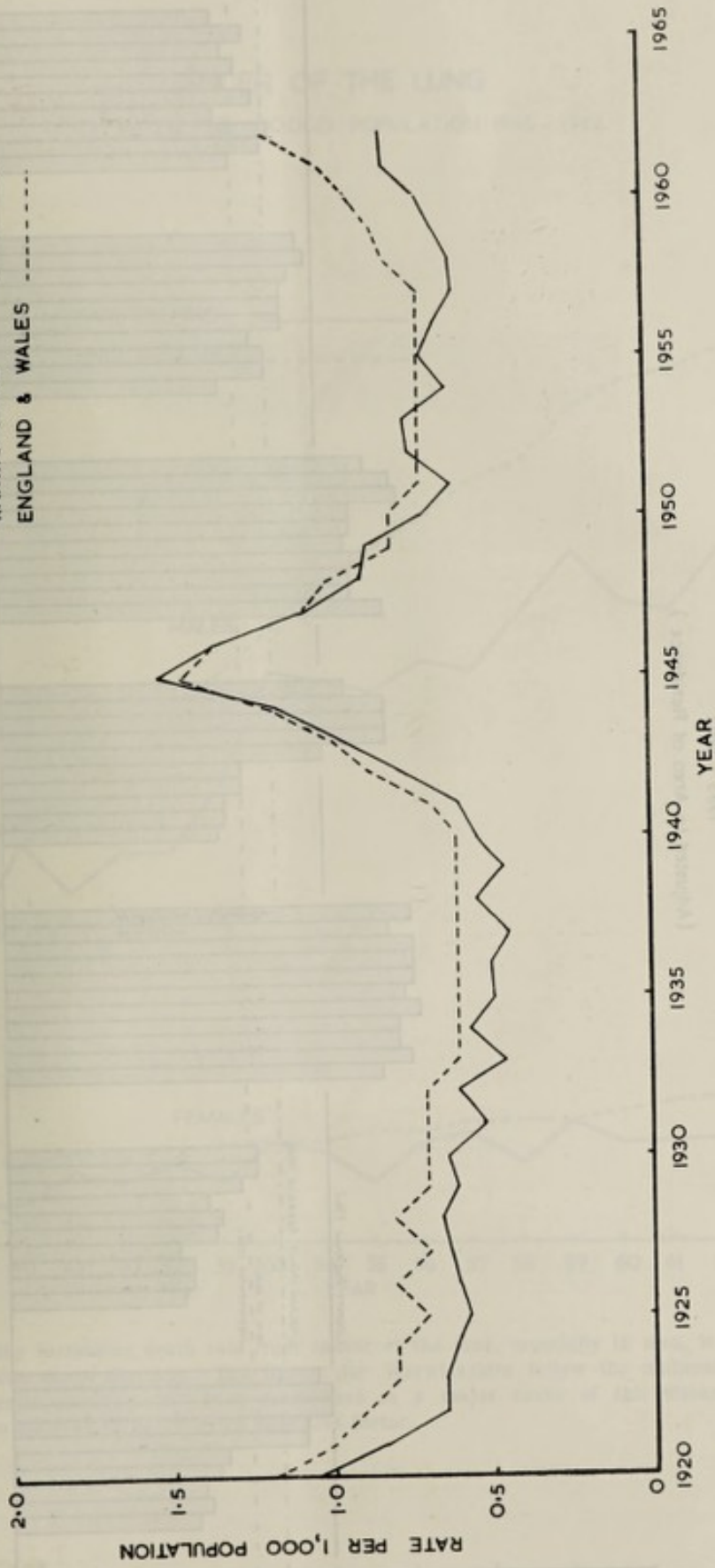
WARWICKSHIRE ———
ENGLAND & WALES - - - - -



POPULATION INCREASE 1921-1962
SHOWING NATURAL INCREASE AND IMMIGRATION

ILLEGITIMATE LIVE BIRTHS PER 1,000 POPULATION

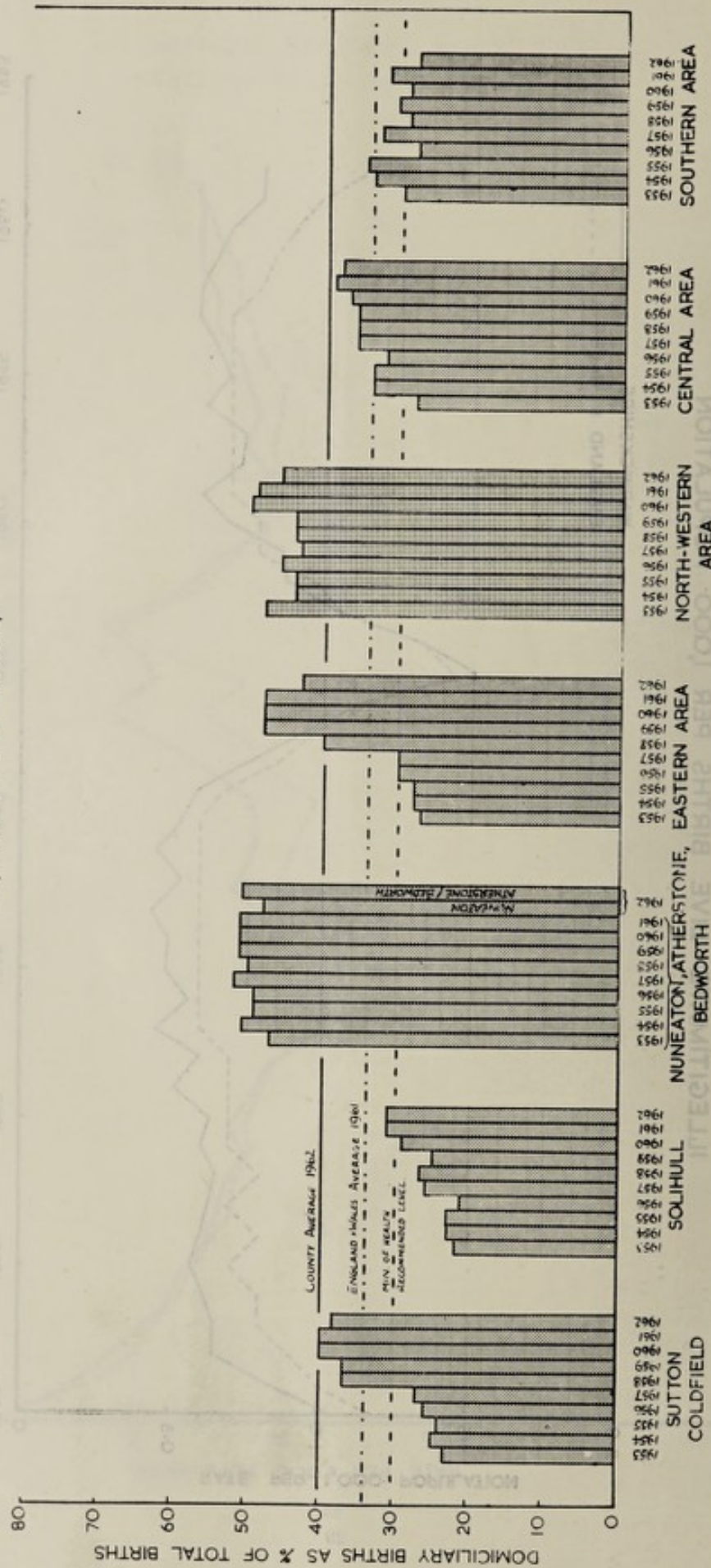
WARWICKSHIRE
ENGLAND & WALES



DOMICILIARY BIRTHS IN EACH AREA OF THE COUNTY

1953 - 1962

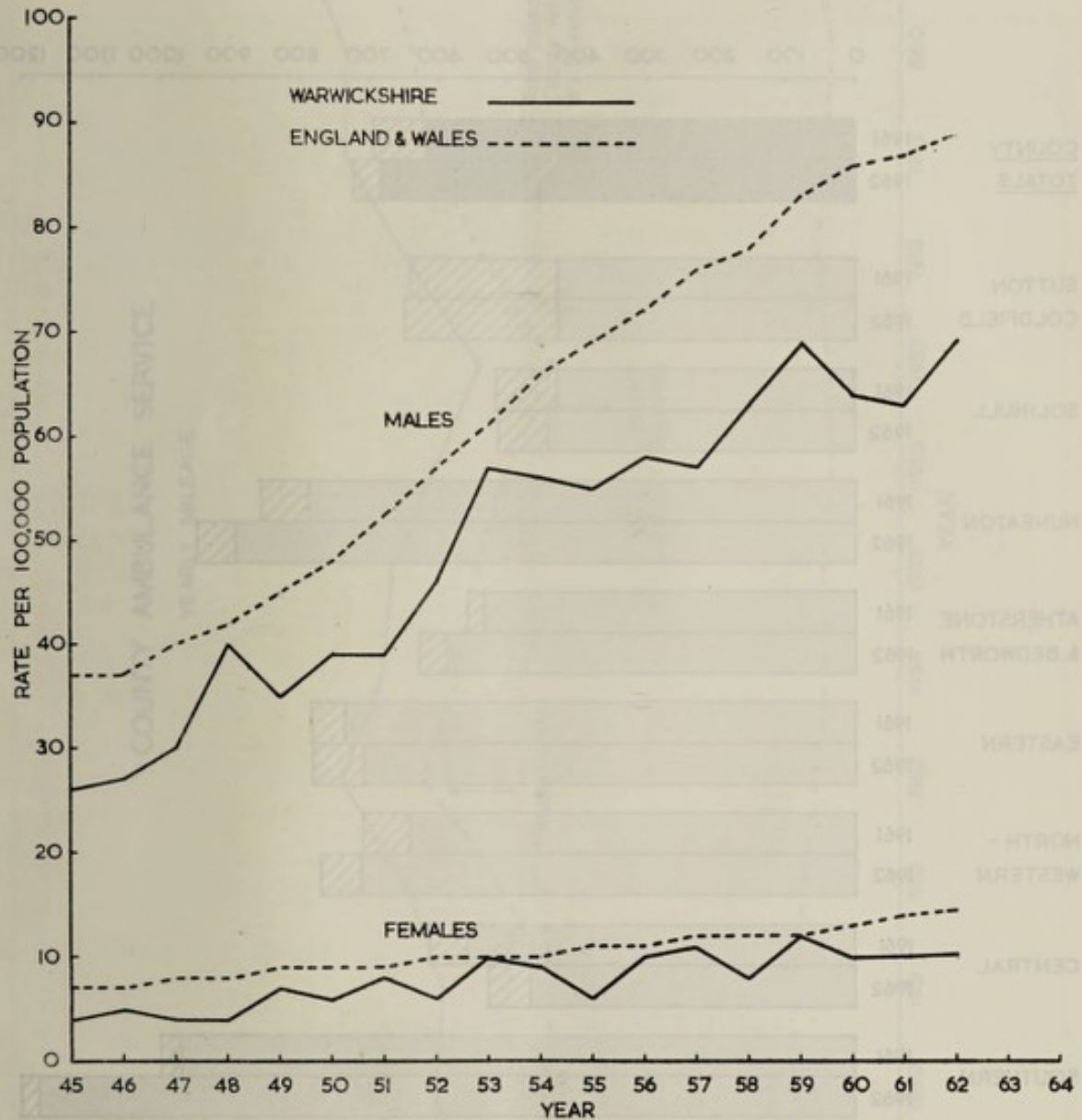
(Adjusted to Area of Residence)



During the past ten years, the County average of domiciliary births has steadily risen from 33% to 40%. The above diagram clearly shows the areas of the County which require more maternity beds if the recommended maximum domiciliary level of 30% is not to be exceeded. The Regional Hospital Board is aware of this need.

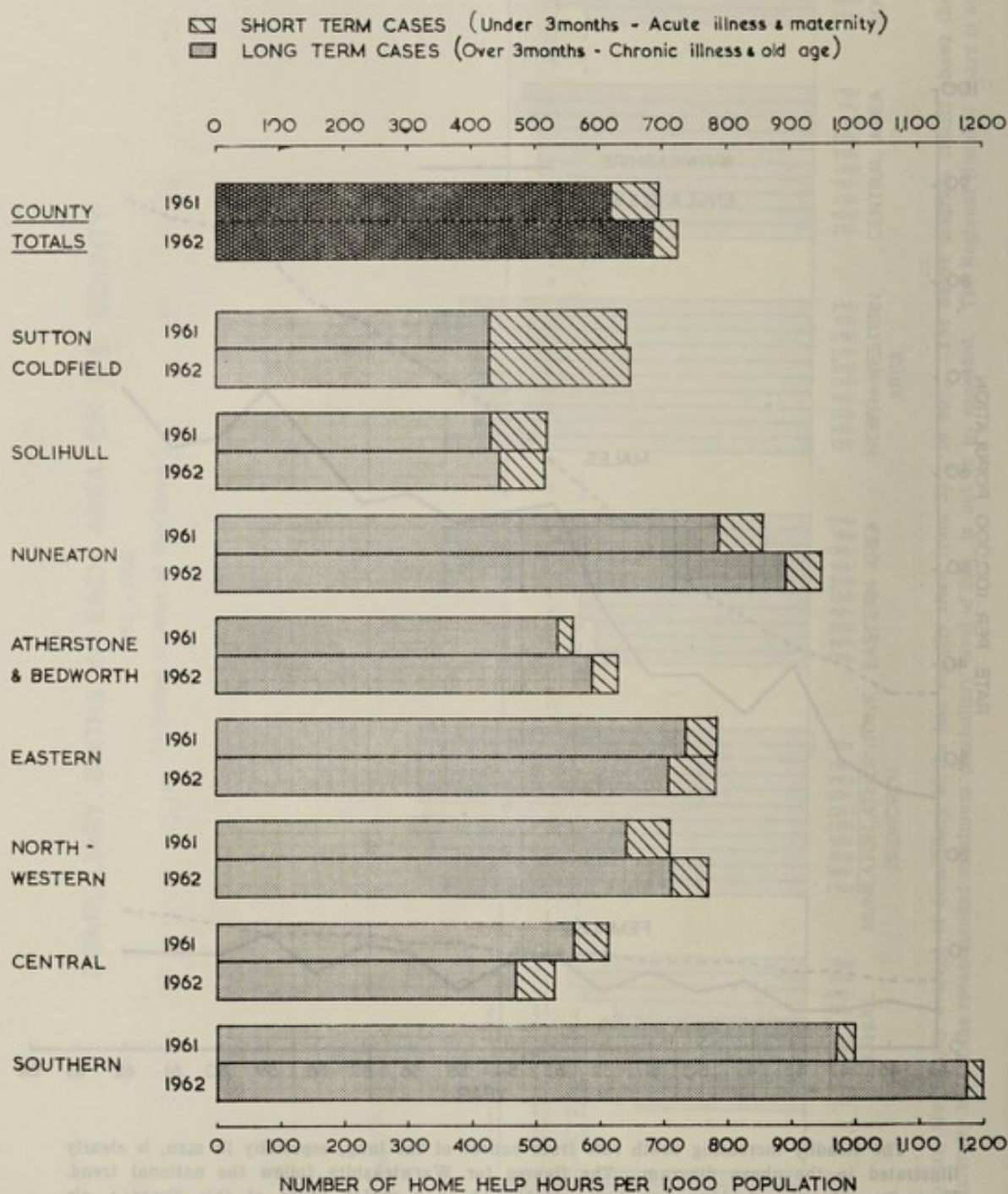
CANCER OF THE LUNG

DEATH RATES PER 100,000 POPULATION 1945 - 1962.



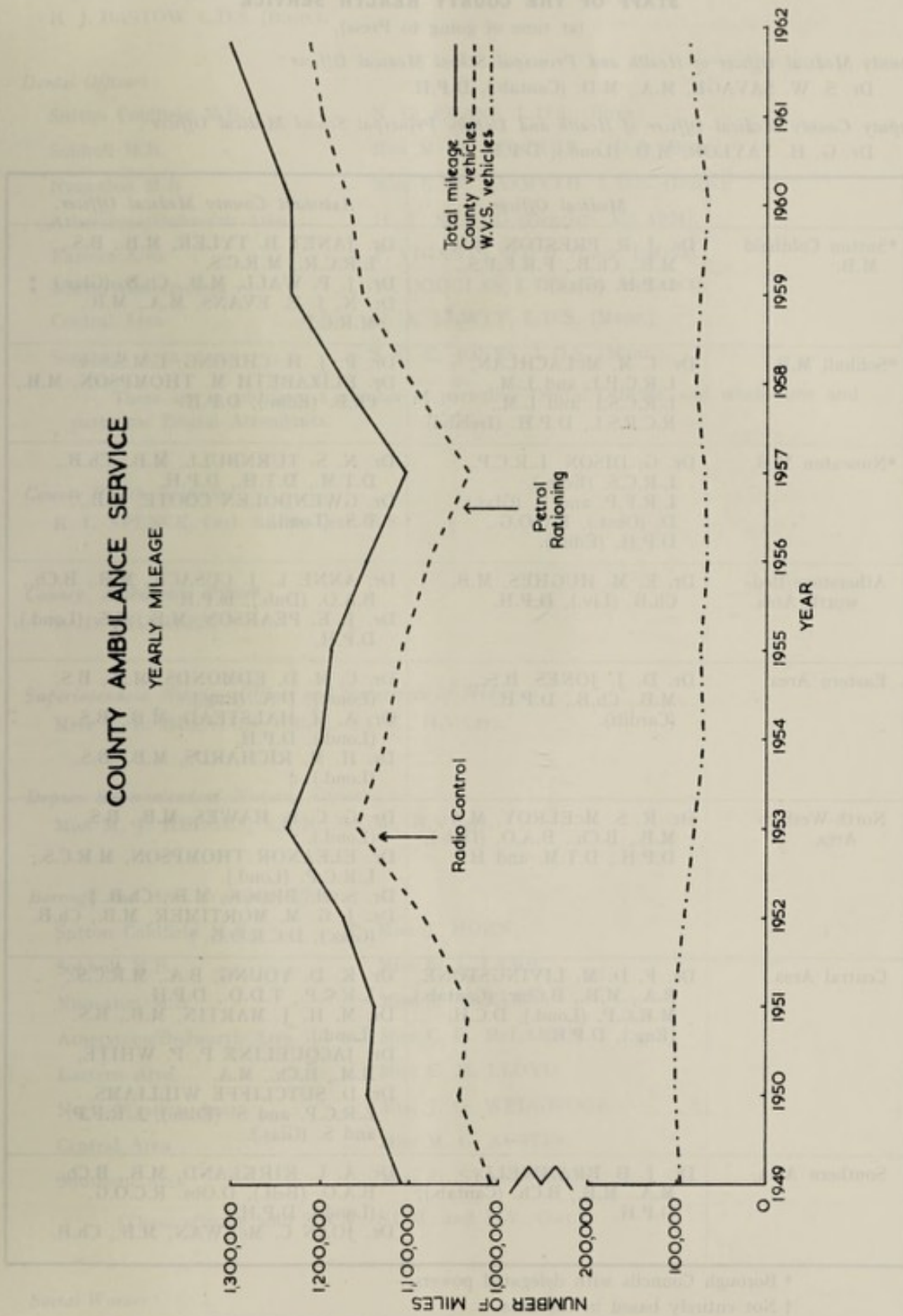
The steadily increasing death rate from cancer of the lung, especially in men, is clearly illustrated in the above diagram. The figures for Warwickshire follow the national trend. Excessive cigarette smoking has been established as a major cause of this disease; air pollution is also believed to be an extra causative factor.

HOME HELP SERVICE 1961 & 1962



A continuous expansion of this service is expected while birth rates remain high, population increases continue and more people pass into the older age-groups. The rate of development throughout the County will differ on account of varying local social conditions.

COUNTY AMBULANCE SERVICE YEARLY MILEAGE



STAFF OF THE COUNTY HEALTH SERVICE

(at time of going to Press).

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>Medical Officer.</i>	<i>Assistant County Medical Officer.</i>
*Sutton Coldfield M.B.	Dr. J. R. PRESTON, B.Sc., M.B., Ch.B., F.R.F.P.S., D.P.H. (Glas.).	Dr. JANET B. TYLER, M.B., B.S., L.R.C.R., M.R.C.S. Dr. J. P. WALL, M.B., Ch.B. (Glas.). ‡ Dr. N. J. B. EVANS, M.A., M.B., M.R.C.P.
*Solihull M.B.	Dr. I. M. McLACHLAN, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., R.C.P.S.I., D.P.H. (Ireland).	Dr. P. J. H. CHEONG, L.M.S.S.A. Dr. ELIZABETH M. THOMPSON, M.B., Ch.B. (Edin.), D.P.H.
*Nuneaton M.B.	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. N. S. TURNBULL, M.B., Ch.B., D.T.M., D.T.H., D.P.H. Dr. GWENDOLEN COOTE, M.B., B.S. (Lond.).
Atherstone/Bedworth Area.	Dr. E. M. HUGHES, M.B., Ch.B. (Liv.), D.P.H.	Dr. ANNE L. J. CUSACK, M.B., B.Ch., B.A.O. (Dub.), D.P.H. Dr. J. E. PEARSON, M.B., B.S. (Lond.), D.P.H.
Eastern Area.	Dr. D. J. JONES, B.Sc., M.B., Ch.B., D.P.H. (Cardiff).	Dr. C. M. D. EDMONDS, M.B., B.S. (Lond.), D.A. (Eng.). Dr. A. H. HALSTEAD, M.B., B.S. (Lond.), D.P.H. Dr. H. M. RICHARDS, M.B., B.S. (Lond.). †
North-Western Area.	Dr. R. S. McELROY, M.A., M.B., B.Ch., B.A.O. (Dub.), D.P.H., D.T.M. and H.	Dr. G. C. B. HAWES, M.B., B.S. (Lond.). Dr. ELEANOR THOMPSON, M.R.C.S., L.R.C.P. (Lond.). Dr. S. H. BROCK, M.B., Ch.B. ‡ Dr. J. G. M. MORTIMER, M.B., Ch.B. (Glas.), D.C.R.O.G. †
Central Area.	Dr. F. D. M. LIVINGSTONE, B.A., M.B., B.Chir. (Cantab.), M.R.C.P. (Lond.), D.C.H. (Eng.), D.P.H.	Dr. K. D. YOUNG, B.A., M.R.C.S., L.R.C.P., T.D.D., D.P.H. Dr. M. H. J. MARTIN, M.B., B.S. (Lond.). Dr. JACQUELINE P. P. WHITE, B.M., B.Ch., M.A. Dr. D. SUTCLIFFE WILLIAMS, L.R.C.P. and S. (Edin.), L.R.F.P. and S. (Glas.).
Southern Area.	Dr. J. B. BRAMWELL, M.A., M.B., B.Ch. (Cantab.), D.P.H.	Dr. A. L. KIRKLAND, M.B., B.Ch., B.A.O. (Belf.), D.Obs. R.C.O.G. (Lond.), D.P.H. Dr. JOAN C. McEWAN, M.B., Ch.B.

* Borough Councils with delegated powers.

† Not entirely based in the area.

‡ Attending D.P.H. Course.

Principal Dental Officer :

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

Dental Officers :

Sutton Coldfield M.B.	...	...	N. G. EVANS, L.D.S. (Birm.).
Solihull M.B.	...	...	Miss M. M. STOCKER, L.D.S. (Birm.).
Nuneaton M.B.	...	...	Miss E. B. NASMYTH, L.D.S. (Durh.).
Atherstone/Bedworth Area	...	...	H. T. MOULD (Dentists Act 1921).
Eastern Area	...	...	P. VIGANTS, D.D.D. (Univ. Latvia).
North-Western Area	...	...	W. DOUGLAS, L.D.S. (St. Andrew's).
Central Area	...	...	R. A. LEWTY, L.D.S. (Manc.).
Southern Area	...	...	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 :

R. D. CHARLES.

Superintendent Nursing Officer and Supervisor of Midwives :

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

Deputy Superintendent Nursing Officer :

Miss M. J. HEDGES, S.R.N., S.C.M., H.V.Cert.

Borough and Area Nursing Officers :

Sutton Coldfield M.B.	...	...	Miss J. HORN.
Solihull M.B.	...	...	Miss E. J. LAMB.
Nuneaton M.B.	...	...	Miss A. VARLEY.
Atherstone/Bedworth Area	...	...	Miss C. G. McLAREN.
Eastern Area	...	...	Miss E. M. LLOYD.
North-Western Area	...	...	Miss J. G. WEDGWOOD.
Central Area	...	...	Miss M. G. AUSTIN.
Southern Area	...	...	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 M.B.	... ..	R. E. LANGLEY.*
	... ..	M. O'DONNELL.†
Solihull M.B.	... ..	F. YOUNG.†
	... ..	G. R. WILSON.*
Nuneaton M.B.	... ..	P. C. MORGAN.†
	... ..	F. C. THOMPSON.*
Atherstone/Bedworth Area	...	N. V. WHITE.
Eastern Area	... ..	K. G. CODLING.
	... ..	E. H. CORBETT.*
	... ..	J. W. E. HOWARD.*
North-Western Area	... ..	P. M. OVERTON. (Also carries out duties in Southern Area).
	... ..	J. V. GREENING.*
Central Area	... ..	C. ROBINSON.
	... ..	R. G. TANDY.*
Southern Area	... ..	J. EARLE.*

† These officers carry out Health and Welfare duties.

* These officers are employed by the Welfare Committee as Social Welfare Officers, but also act as Mental Welfare Officers.

Mental Health Visitors.

County Health Department ... Miss H. S. HOPKINS.

Statistical Officer:

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

Chief Clerk:

L. J. ALLEN.

TABLE 1.

GENERAL STATISTICS, 1962.

	Population.		Live Births.		Total Deaths.		No. Still-births.	No. Infant Deaths.	No. Maternal Deaths.	
	Aces.	Mid-1961	Mid-1962	No.	Birth Rate (adjusted) (Per 1,000 pop.)	No.				Death Rate (adjusted) (Per 1,000 pop.)
SUTTON COLDFIELD M.B.	13,978	72,720	75,220	1,485	17.96	627	10.51	24	15	—
SOLIHULL M.B. ...	20,189	96,080	98,670	1,843	17.19	790	11.21	29	34	—
NUNEATON M.B. ...	11,757	57,550	58,770	1,013	16.72	571	12.25	22	15	1
ATHERSTONE/BEDWORTH AREA.										
Bedworth U.D. ...	7,851	32,610	33,380	657	17.32	416	13.58	15	13	—
Atherstone R.D. ...	21,945	24,830	25,070	435	16.66	282	13.39	13	10	1
TOTALS ...	29,796	57,440	58,450	1,092	17.19	698	13.61	28	23	1
EASTERN AREA.										
Rugby M.B. ...	6,992	52,560	53,510	1,093	19.61	569	12.01	21	21	—
Rugby R.D. ...	80,631	22,570	23,100	392	16.97	184	10.04	8	8	1
TOTALS ...	87,623	75,130	76,610	1,485	18.99	753	11.75	29	29	1
NORTH-WESTERN AREA.										
Meriden R.D. ...	61,775	57,750	60,430	1,171	17.05	427	10.75	24	22	—
Tamworth R.D. ...	22,042	19,030	19,690	397	19.76	178	11.30	8	11	—
TOTALS ...	83,817	76,780	80,120	1,568	18.20	605	10.46	32	33	—
CENTRAL AREA.										
Leamington Spa M.B. ...	2,875	42,500	42,950	934	20.45	539	12.05	10	17	—
Warwick M.B. ...	5,057	16,140	16,300	280	16.84	205	12.58	6	5	1
Kenilworth U.D. ...	5,967	14,490	15,330	259	15.03	161	13.65	4	3	—
Southam R.D. ...	62,527	16,460	16,450	332	20.99	155	11.12	6	10	—
Warwick R.D. ...	55,365	26,310	27,540	510	18.52	321	11.19	10	7	—
TOTALS ...	131,791	115,900	118,570	2,315	18.93	1,381	12.58	36	42	1
SOUTHERN AREA.										
Stratford-upon-Avon M.B. ...	6,900	16,290	16,700	260	14.79	207	12.03	3	1	—
Alcester R.D. ...	37,524	15,290	16,350	300	17.25	181	10.41	4	2	—
Shipston-on-Stour R.D. ...	53,339	8,910	8,710	152	18.85	155	11.93	5	—	—
Stratford-on-Avon R.D. ...	81,996	24,640	25,060	453	18.44	235	7.22	8	10	—
TOTALS ...	179,759	65,130	66,820	1,165	17.43	778	9.78	20	13	—
COUNTY TOTALS ...	558,710	616,730	633,230	11,966	17.76	6,203	11.66	220	204	4

TABLE 2. REVIEW OF BIRTH AND DEATH RATES
for the years 1931-1962.

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)
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
1961.	17.63	11.51	0.04	1.76	17	16	0.09
1962.	17.76	11.66	0.04	1.84	17	18	0.33

TABLE 3.

CAUSES OF DEATH BY AGE AND SEX, 1962.

Cause.	Sex	Age at Death.									Total Deaths.				
		0—	1—	5—	15—	25—	45—	65—	75+	1962	1961	1960	1959	1958	
1 Tuberculosis—Respiratory	M	—	—	—	—	3	7	10	10	22	19	25	24	29	
	F	—	—	—	—	1	—	3	10	6	3	8	12	8	
2 Tuberculosis—Other forms	M	—	—	—	1	—	1	1	—	3	1	3	1	3	
	F	—	—	—	—	—	1	—	—	1	2	2	2	4	
3 Syphilitic Disease	M	—	—	—	—	—	1	2	2	5	9	5	7	9	
	F	—	—	—	—	—	1	—	3	4	2	5	2	4	
4 Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough	M	—	1	—	—	—	—	—	—	1	1	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	1	—	1	
6 Meningococcal Infections	M	—	—	—	—	1	—	—	—	1	—	—	1	1	
	F	—	—	—	—	—	—	—	—	—	3	—	—	3	
7 Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	1	—	1	
	F	—	—	—	—	—	—	—	—	—	—	1	—	—	
8 Measles	M	—	—	—	—	—	—	—	—	—	2	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	1	—	
9 Other Infective/Parasitic Diseases	M	1	2	—	2	1	2	3	3	14	7	5	6	7	
	F	—	—	—	—	1	2	1	3	7	6	5	4	4	
10 Malignant Neoplasm—Stomach	M	—	—	—	—	7	31	29	26	93	84	60	80	77	
	F	—	—	—	—	5	11	17	25	58	57	51	65	48	
11 Malignant Neoplasm—Bronchus	M	—	—	—	—	8	118	62	29	217	191	186	198	173	
	F	—	—	—	—	3	17	9	4	33	30	31	34	22	
12 Malignant Neoplasm—Breast	M	—	—	—	—	—	—	—	—	—	—	1	2	2	
	F	—	—	—	—	10	58	23	17	108	113	114	108	119	
13 Malignant Neoplasm—Uterus	F	—	—	—	—	4	21	16	11	52	41	50	48	44	
	M	—	1	2	4	18	107	93	117	342	278	260	273	280	
14 Malignant Neoplasm—Others	F	—	2	—	2	12	66	70	83	235	258	260	237	218	
	M	—	1	—	2	1	5	5	5	15	19	21	15	11	
15 Leukaemia/Aleukaemia	F	—	—	—	1	5	4	2	4	16	14	10	19	11	
	M	—	—	—	—	2	3	2	9	16	14	14	11	12	
16 Diabetes	F	—	—	—	—	1	7	7	18	33	29	24	20	21	
	M	—	—	—	—	10	75	88	165	338	342	370	321	372	
17 Vascular Lesions—Nervous System	F	—	—	1	—	4	76	129	304	505	477	513	444	463	
	M	—	—	—	—	22	238	233	214	707	636	609	534	535	
18 Coronary Disease and Angina	F	—	—	—	—	3	57	136	216	412	374	337	308	302	
	M	—	—	—	—	—	6	11	23	49	53	45	69	73	
19 Hypertension/Heart Disease	F	—	—	—	—	—	5	21	48	74	65	75	70	61	
	M	—	1	—	—	7	52	67	161	288	270	274	296	311	
20 Other Heart Diseases	F	1	—	—	—	8	43	52	270	383	401	368	416	403	
	M	—	—	—	2	5	23	35	67	132	109	123	116	123	
21 Other Circulatory Disease	F	—	1	—	—	4	16	32	94	147	152	133	129	125	
	M	—	1	—	—	2	4	4	12	23	67	9	63	20	
22 Influenza	F	—	—	—	—	—	—	4	4	19	27	38	12	48	
	M	14	5	—	3	3	25	41	119	210	166	161	166	160	
23 Pneumonia	F	9	3	—	1	3	11	36	165	228	209	198	162	142	
	M	—	1	1	—	3	44	75	89	213	185	166	196	201	
24 Bronchitis	F	—	—	—	—	2	17	18	47	84	83	74	77	69	
	M	—	1	1	—	4	12	12	14	44	47	45	55	48	
25 Other Respiratory Diseases	F	1	—	—	—	—	4	3	6	14	18	20	20	17	
	M	—	—	—	—	2	5	13	15	35	30	38	37	34	
26 Ulcer—Stomach/Duodenum	F	—	—	—	—	—	3	7	14	24	14	20	21	9	
	M	4	2	—	—	1	2	2	6	17	18	16	11	13	
27 Gastritis/Enteritis/Diarrhoea	F	3	1	—	—	1	3	3	10	21	19	16	17	12	
	M	—	—	—	1	6	8	2	1	18	17	22	25	13	
28 Nephritis/Nephrosis	F	—	—	—	—	2	7	3	5	17	16	20	17	18	
	M	—	—	—	—	—	1	6	19	26	34	42	43	34	
29 Hyperplasia of Prostate	M	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Pregnancy/Childbirth/Abortion	F	—	—	—	2	2	—	—	—	4	1	3	4	2	
	M	28	3	2	1	2	3	—	—	39	29	37	37	35	
31 Congenital Malformations	F	21	2	3	1	5	1	—	—	33	35	40	33	29	
	M	69	4	3	5	18	47	35	55	236	241	219	213	225	
32 Other Defined and Ill-Defined Diseases	F	44	—	3	6	9	51	44	105	262	252	283	268	244	
	M	—	4	5	34	17	15	4	4	83	77	81	81	66	
33 Motor Vehicle Accidents	F	—	—	1	3	1	9	2	1	17	29	50	18	25	
	M	5	3	2	6	15	8	22	76	69	71	65	86		
34 Other Accidents	F	3	1	—	1	—	10	16	56	87	88	86	100	75	
	M	—	—	—	3	8	20	2	2	35	37	30	40	33	
35 Suicide	F	—	—	—	1	5	8	2	2	18	28	29	20	19	
	M	1	—	1	—	1	—	—	—	3	1	1	5	3	
36 Homicide	F	—	—	—	1	—	—	—	—	1	3	1	3	1	
	M	122	30	17	64	167	870	845	1,177	3,292	3,053	2,940	2,991	2,990	
All Causes	F	82	10	8	19	91	513	647	1,541	2,911	2,860	2,828	2,727	2,537	

TABLE 4. LIVE AND STILLBIRTHS, 1962.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate (per 1,000 Pop.)</i>
LIVE BIRTHS—Legitimate	5,934	5,485	11,419	16.95
Illegitimate	291	256	547	0.81
Total	6,225	5,741	11,966	17.76
Illegitimate live births % of total live births : 4.57				
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate (per 1,000 total births)</i>
STILLBIRTHS—Legitimate	101	106	207	17.80
Illegitimate	7	6	13	23.21
Total	108	112	220	18.05
	<i>Males</i>	<i>Females</i>	<i>Total</i>	
TOTAL BIRTHS—Legitimate	6,035	5,591	11,626	
Illegitimate	298	262	560	
Grand Total	6,333	5,853	12,186	

TABLE 5. INFANT MORTALITY, 1962.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate (per 1,000 live births)</i>
UNDER 1 YEAR—Legitimate	116	78	194	16.99
Illegitimate	6	4	10	18.28
Total	122	82	204	17.05
UNDER 4 WKS.—Legitimate	72	54	126	11.03
Illegitimate	5	3	8	14.63
Total	77	57	134	11.20
EARLY NEO-NATAL (Under 1 Wk.)—Legitimate	67	50	117	10.25
Illegitimate	4	2	6	10.97
Total	71	52	123	10.28

TABLE 6.

MATERNAL MORTALITY, 1962.

<i>Number of Maternal deaths.</i>	<i>Mortality Rate (per 1,000 total births).</i>
4	0.33

TABLE 7.

PERINATAL MORTALITY, 1962.

(Stillbirths and Infant deaths under 1 week).

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate (per 1,000 total births)</i>
Legitimate	168	156	324	27.87
Illegitimate	11	8	19	33.93
TOTALS	179	164	343	28.15

TABLE 8.

TOTAL PREMATURE BIRTHS SINGLE AND MULTIPLE, 1962.

Total notified births 12,170.

(1961 figures in brackets).

<i>Weight Group.</i>	<i>Number of premature births.</i>		<i>of those born alive:—</i>			
	<i>Born dead.</i>	<i>Born alive.</i>	<i>Number died 1st day.</i>	<i>Number died 2-28 days.</i>	<i>Number survived.</i>	<i>% survival of live births.</i>
3lbs. 4ozs. or less	57 (55)	75 (61)	32 (28)	18 (16)	25 (17)	33 (28)
Over 3lbs. 4ozs. and up to 4lbs. 6ozs.	36 (28)	112 (124)	8 (12)	9 (8)	95 (104)	85 (84)
Over 4lbs. 6ozs. and up to 4lbs. 15ozs.	11 (7)	173 (160)	7 (5)	4 (8)	162 (147)	94 (92)
Over 4lbs. 15ozs. and up to 5lbs. 8ozs.	16 (19)	359 (356)	4 (4)	10 (7)	345 (345)	96 (97)
TOTALS	120 (109)	719 (701)	51 (49)	41 (39)	627 (613)	87 (87)

TABLE 9. CAUSES OF STILLBIRTH FOR THE YEARS 1959—1962.
Analysis of midwives reports on stillbirths occurring in the Administrative
County to County women.

Cause.	% of total still-births attributable to cause.			
	1962	1961	1960	1959
Congenital malformations	23.4	19.3	21.0	19.8
Toxaemia of pregnancy and accidental A.P.H.	18.2	21.4	21.0	22.5
Conditions of cord and placenta	17.2	14.9	11.3	16.1
Difficulties in labour	5.8	6.4	9.3	5.4
Haemolytic disease	4.3	4.3	3.6	3.7
Chronic ill-health of mother	0.5	0.5	1.0	0.5
No obvious cause discovered	30.6	33.2	32.8	32.0
TOTALS	100.0	100.0	100.0	100.0
Number of reports received	209	187	195	187
Number of registered stillbirths	220	191	195	189
Stillbirth rate	18.1	16.4	17.5	17.7

TABLE 10. CAUSES OF NEO-NATAL DEATHS,
1959—1962.

Cause of death.	With prematurity.				Without prematurity.				Total.			
	1962	1961	1960	1959	1962	1961	1960	1959	1962	1961	1960	1959
Prematurity	36	30	46	36	—	—	—	—	36	30	46	36
Asphyxia, Atelectasis	22	23	21	8	8	6	9	7	30	29	30	15
Congenital malformations :												
Alone	10	7	6	9	15	22	24	22	25	29	30	31
With Asphyxia	1	—	—	1	2	—	2	2	3	—	2	3
With Pneumonia	—	—	—	2	1	2	3	—	1	2	3	2
Totals	11	7	6	12	18	24	29	24	29	31	35	36
Birth injury	6	13	7	13	10	15	6	11	16	28	13	24
Haemolytic Disease	1	1	1	5	2	3	6	3	3	4	7	8
Bronchitis and Pneumonia	4	2	10	3	1	2	1	4	5	4	11	7
Misadventure	—	—	1	—	—	—	1	1	—	—	2	1
Other	11	11	12	11	4	3	7	5	15	14	19	16
TOTALS	91	87	104	88	43	53	59	55	134	140	163	143

TABLE 11. CAUSES OF DEATH OF INFANTS ONE MONTH TO ONE YEAR
1959—1962

Cause of Death.	With bronchitis or pneumonia.				Without bronchitis or pneumonia.				Total.			
	1962	1961	1960	1959	1962	1961	1960	1959	1962	1961	1960	1959
Bronchitis and Pneumonia	15	14	6	13	—	—	—	—	15	14	6	13
Congenital Malformations ...	3	4	5	7	22	12	13	17	25	16	18	24
Gastro Enteritis ...	—	1	—	—	7	3	2	3	7	4	2	3
Whooping Cough ...	—	—	—	—	—	1	1	—	—	1	1	—
Misadventure ...	2	—	—	—	8	8	11	8	10	8	11	8
Central Nervous System in- fections ...	—	—	—	—	4	4	1	2	4	4	1	2
Other ...	—	3	2	6	9	9	9	5	9	12	11	11
TOTALS ...	20	22	13	26	50	37	37	35	70	59	50	61

TABLE 12 AVERAGE BIRTH AND DEATH RATES IN COUNTY DISTRICTS FOR
THE FIVE YEARS 1958-1962 INCLUSIVE.

Live births.		County district.	Stillbirths.		Infant Deaths.		Neo-natal mortality rate.	Mortality rate one month to one year.	Stillbirth plus Neo- natal Mor- tality rate.
No.	Rate.		No.	Rate.	No.	Rate.			
6,720	18.97*	Sutton Coldfield M.B. ...	118	17.26	96	14.46†	10.68†	3.87	27.49
8,542	17.30	Solihull M.B. ...	124	14.32†	145	17.01	11.54	5.39	25.73†
4,765	16.07†	Nuneaton M.B. ...	100	20.59	117	24.88*	18.75*	6.09	38.64*
3,083	17.61	Bedworth U.D. ...	54	17.23	73	23.92	17.09	6.49	34.11
1,953	15.08†	Atherstone R.D. ...	49	24.38	44	22.48	12.46	10.24	36.46
4,668	17.92	Rugby M.B. ...	91	19.26	85	17.92	13.66	4.28	32.78
2,030	18.06	Rugby R.D. ...	51	24.38	36	17.77	12.83	4.93	37.00
5,545	17.82	Meriden R.D. ...	99	17.57	91	16.36	11.30	5.05	28.70
1,753	18.90*	Tamworth R.D. ...	41	23.40	42	24.11	16.76	7.42	39.02
4,310	20.21*	Leamington Spa M.B. ...	72	16.50	92	21.41	13.97	7.42	30.12
1,189	14.51†	Warwick M.B. ...	27	22.46	21	16.95	12.59	5.05	34.54
1,194	15.33†	Kenilworth U.D. ...	11	8.79	15	13.23	9.81	3.35	18.26†
1,351	19.59*	Southam R.D. ...	31	22.81	30	21.71	12.70	8.18	35.46
2,348	19.01*	Warwick R.D. ...	41	17.34	44	18.51	13.99	4.68	30.98
1,236	15.15†	Stratford-upon-Avon M.B. ...	17	13.44	23	18.82	14.67	4.05	27.93
1,319	17.09	Alcester R.D. ...	27	20.72	23	18.21	12.80	5.31	21.95†
672	17.45	Shipston-on-Stour R.D. ...	8	10.78	6	9.36	7.84	1.49	19.12
2,099	18.27	Stratford-upon-Avon R.D. ...	43	20.39	44	21.16	16.73	4.29	36.41
54,777	17.58	All County ...	1,004	18.05	1,027	18.84	13.37	5.46	31.05

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

CHILD WELFARE CENTRES.

Where held.		C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	No. of new cases who attended during 1962 and at their 1st attendance were under 1 year.	Total number of children who attended during the year.	Number of attendances made by children under 1.	Total number of attendances
SUTTON COLDFIELD M.B.							
Bannersgate	Reay Nadin Drive	C.	Every Friday ... Alt. Fri. (Toddlers) 10 a.m.	123	405	1,481	1,958
Boldmere	Boldmere Road	C.	Every Wednesday— all day	235	790	2,117	3,079
Falcon Lodge	Churchill Road	C.	Every Tuesday 2 p.m. & every Thursday 10 a.m. & 2 p.m.	235	1,154	2,740	3,995
Four Oaks	Mere Green Road	C.	Every Monday & Wednesday 2 p.m. Every Tuesday & Friday 10 a.m.	384	1,639	4,331	6,436
Minworth	Kingsbury Close, Kingsbury Road	C.	Alternate Tuesdays	16	82	190	377
Sutton Coldfield	49, Holland Street	C.	Every Monday and Wednesday	179	752	2,100	3,305
Walmley	Walmley Road	C.	Every Thursday	113	350	1,091	1,494
TOTAL				1,285	5,172	14,059	20,644
SOLIHULL M.B.							
Bentley Heath	Community Hall	C.	Alternate Tuesdays	59	94	324	462
Dorridge	St. Phillip's Church Room	C.	Every Friday	84	179	828	1,259
Hobs Moat	St. Mary's Church Hall	C.	Every Wednesday and Friday	284	577	3,392	3,752
Hockley Heath	King George VI Memorial Hall	C.	Alternate Tuesdays	34	49	212	362
Knowle	Village Hall	C.	Every Thursday	151	221	1,113	1,520
Olton	Congregational Church Hall	C.	Every Monday	134	300	1,217	1,751
Sheldon	Wagon Lane	C.	Every Tues. & Wed.	97	274	1,333	1,600
Shirley	Clinic Building, Halifax Road	V.	Every Tuesday, Wed- nesday and Friday	429	1,007	4,942	5,812
Shirley (Cole Green)	Youth Hut	C.	Every Mon. & Thurs.	212	447	2,500	2,895
Solihull	Drury Lane	V.	Every Monday & Wednesday	262	617	2,534	3,237
TOTAL				1,746	3,765	18,395	22,650
NUNEATON M.B.							
Nuneaton	Riversley Park Clinic (Coton Road)	C.	Every Monday, Tues- day and Wednesday	392	986	3,919	5,192
Nuneaton	Ramsden Avenue, Camp Hill	C.	Every Tuesday and Thursday	218	600	2,022	2,850
Stockingford	Cross Street Clinic	C.	Every Monday and Wednesday	146	470	1,812	2,943
Weddington	St. James Parish Hall	C.	Every Tuesday	80	211	1,225	1,779
TOTAL				836	2,267	8,978	12,764
ATHERSTONE AND BEDWORTH AREA.							
Ansley	St. John's Hall	C.	Every Wednesday	93	186	849	1,364
Atherstone	Station Street	C.	Every Wednesday	130	290	1,935	2,553
Baddesley Ensor	Liberal Club	C.	Alternate Fridays	60	151	282	467
Bedworth	Newtown Road	C.	Every Monday, Tuesday, and Thursday	475	698	3,869	4,876
Bulkington	St. James Parish Hall	V.	Every Weds. & Thurs.	140	374	1,998	2,795
Dordon	Village Hall	C.	2nd & 4th Thursday	103	178	608	805
Polesworth	Memorial Hall	V.	Alternate Tuesdays	85	118	932	1,247
TOTAL				1,086	1,995	10,473	14,107
EASTERN AREA.							
Bilton	County Clinic	C.	Every Monday & Wednesday	228	682	2,597	3,757
Binley	Village Hall	C.	2nd & 4th Wednesday	23	87	360	669
Bramcote	Bramcote Camp	C.	1st & 3rd Tuesday	13	36	97	180
Brinklow	Church Rooms	V.	1st & 3rd Wednesday	33	189	544	934
Clifton-on-Dunsmore	Townsend Memorial Hall	C.	2nd Thursday	21	75	194	363
Dunchurch	W.I. Hall	C.	2nd & 4th Thursday	39	156	373	708
Hillmorton	St. George's Hall	C.	Every Monday ... 9-30 a.m.	75	183	850	995
Long Lawford	Memorial Hall	C.	Every Tuesday	81	270	1,304	2,050
Newbold	Church House	C.	1st & 3rd Friday	36	132	398	582
New Bilton	Methodist Church Hall, Lawford Rd.	C.	Every Wednesday	150	389	2,292	3,185
Rokeby	Rokeby County (P) School	C.	1st & 3rd Saturday 9-30 a.m.	33	127	338	563
Rugby	Temple St.	V.	Every Tuesday and Friday	362	861	4,133	5,223
Stretton-on- Dunsmore	Village Hall	C.	1st & 3rd Thursday	55	180	501	726
Wolston	Village Hall	C.	2nd & 4th Thursday	30	101	308	541
Wolvey	Village Hall, Sharpe Street	C.	2nd & 4th Tuesday	35	134	362	722
TOTAL				1,214	3,602	14,651	21,198

HILD WELFARE CENTRES—(continued).

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	No. of new cases who attended during 1962 and at their 1st attendance were under 1 year.	Total number of children who attended during the year.	Number of attendances made by children under 1.	Total number of attendances.
NORTH-WESTERN AREA.						
Amington ...	C.	The Band Room	Alternate Wednesdays	36	125	687
Arley ...	V.	Miners' Welfare Hall	Alternate Tuesdays ...	51	120	492
Balsall Common ...	C.	Women's Institute	1st & 3rd Wednesdays ...	48	137	476
Castle Bromwich ...	C.	Hurst Lane ...	Every Tues. & Thurs. ...	175	527	1,493
Coleshill ...	V.	Town Hall ...	Every Monday ...	134	295	1,388
Eastern Green ...	C.	Parish Room ...	2nd & 4th Friday ...	110	207	814
Fillongley ...	C.	Village Hall ...	1st Friday ...	7	40	121
Hampton-in-Arden	C.	Women's Institute	1st & 3rd Thursdays ...	15	48	115
Hurley ...	C.	Village Hall ...	2nd & 4th Monday ...	54	116	305
Keresley ...	C.	Welfare Centre Hut	Every Thursday ...	106	251	1,283
Kingsbury ...	V.	Methodist School Room	Alternate Tuesdays ...	54	123	533
Kingshurst Estate	C.	Church Hall ...	Every Monday & Friday	180	512	1,739
Marston Green ...	C.	Free Church Hall	Every Friday ...	75	213	472
Meriden ...	C.	Village Hall ...	2nd & 4th Mondays ...	29	103	518
Nether Whitacre ...	C.	Methodist School Room	3rd Friday ...	27	64	195
Newton Regis ...	V.	The Institute ...	Alternate Wednesdays	17	60	174
Water Orton ...	V.	Church Hall ...	Alternate Wednesdays...	53	196	662
Wilnecote ...	V.	Parish Hall ...	Alternate Mondays ...	110	271	925
TOTAL ...				1,281	3,408	12,392
CENTRAL AREA.						
Baginton ...	C.	Village Hall ...	4th Monday ...	10	31	63
Barford ...	C.	Village Memorial Hall	3rd Wednesdays (10 a.m.)	18	62	175
Bishops Itchington	C.	Memorial Hall ...	2nd & 4th Wednesdays	28	72	333
Bishops Tachbrook	C.	Victory Club ...	2nd & 4th Tuesdays ...	16	68	203
Burton Green ...	C.	Village Hall ...	2nd Wednesday ...	17	57	120
Cubbington ...	C.	Methodist Sunday School	Alternate Tuesdays ...	37	104	303
Fenny Compton ...	V.	Village Hall ...	3rd Tuesday ...	21	58	145
Finham ...	V.	The Hostel... ..	2nd Monday and every Tuesday	103	296	1,773
Gaydon ...	C.	R.A.F. Station ...	2nd & 4th Thursday ...	48	96	438
Harbury ...	C.	Village Hall ...	4th Wednesday ...	24	56	175
Hatton ...	V.	Village Hall ...	1st Wednesday ...	13	38	71
Kenilworth ...	C.	Station Road ...	Every Tuesday & Thursday	283	507	2,328
Lapworth ...	C.	Village Hall ...	3rd Wednesday ...	18	47	105
Leamington ...	C.	4, Holly Walk	Every Thursday & Friday	483	996	4,873
Leamington ...	C.	Community Centre, Kingsway	Every Wednesday ...	142	328	1,006
Lillington ...	C.	Crown Way ...	Every Thursday and Friday	203	546	2,301
Long Itchington ...	C.	Village Hall ...	1st & 3rd Wednesday	40	100	325
Napton ...	C.	Village Hall ...	1st Tuesday ...	14	53	76
Radford Semele ...	C.	Village Hall ...	2nd & 4th Tuesdays ...	10	54	168
Southam ...	V.	C.W.C. Hut ...	Alternate Tuesdays ...	70	126	674
Stockton ...	C.	Village Hall ...	3rd Thursday ...	17	39	115
Stoneleigh ...	V.	Institute ...	3rd Monday ...	13	31	66
*Warwick ...	C.	Cape Road ...	Every Monday, Tues- day, Friday	217	401	2,753
*Warwick ...	V.	F.A.P. Lakin Road	Every Tuesday and Wednesday	23	249	429
*Warwick (West) ...	V.	Race Course ...	Every Thursday ...	23	104	240
Whitnash ...	C.	W.I. Hut ...	Every Friday ...	104	270	1,496
TOTAL ...				1,995	4,789	20,754
						27,489

CHILD WELFARE CENTRES—(continued).

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	No. of new cases who attended during 1962 and at their 1st attendance were under 1 year.	Total number of children who attended during the year.	Number of attendances made by children under 1.	Total number of attendances.
SOUTHERN AREA.						
Alcester ... Church Hall ...	V.	Alternate Fridays ...	63	193	727	1,111
Alderminster ... Village Hall ... (Caravan)	C.	4th Wednesday ...	9	22	50	97
Aston Cantlow ... Working Men's Club (Caravan)	C.	1st Monday ...	18	46	128	229
Bearley ... W.I. Hut (Caravan)	C.	4th Monday ...	9	31	49	84
Bidford-on-Avon ... Welfare Hut ...	C.	Every Tuesday ...	33	104	478	694
Brailes ... Village Hall ... (Caravan)	C.	3rd Wednesday ...	11	27	64	108
Clifford Chambers Jubilee Hall ... (Caravan)	C.	2nd Wednesday (10 a.m.)	9	18	63	95
Earlswood ... Village Hall ...	V.	2nd & 4th Monday ...	25	65	235	328
*Ettington Park ... Hut (Caravan) ...	C.	4th Tuesday, (10 a.m.)	3	29	30	79
Henley-in-Arden ... Public Hall ...	V.	Alternate Mondays ...	49	133	546	719
Hillcrest ... Hillcrest Trailer Park (Caravan)	C.	1st Thursday a.m. ...	19	68	119	280
Ilmington ... Village Hall ... (Caravan)	C.	2nd Wednesday ...	5	16	60	84
Kineton ... Village Hall ...	V.	Alternate Fridays ...	39	128	377	881
Long Compton ... Village Hall ... (Caravan)	C.	4th Tuesday ...	6	26	53	134
†Newbold-on-Stour By "White Hart" (Caravan)	C.	2nd Wednesday, 3-30 p.m.	15	27	65	91
Quinton ... W.I. (Caravan) ...	C.	2nd Monday ...	16	39	97	138
Salford Priors ... Village Hall ...	C.	3rd Monday ...	15	42	135	203
Snitterfield ... Village Hall ... (Caravan)	C.	3rd Wednesday, (10 a.m.)	16	46	115	158
Stratford-upon-Avon Area Health Dept., Arden Street	C.	Every Tuesday and Wednesday	214	437	2,314	2,729
Studley ... Baptist Hall ... (Caravan)	C.	Every Thursday ...	91	242	1,266	1,591
Tanworth-in-Arden Village Hall ... (Caravan)	C.	1st Wednesday ...	24	67	164	286
†Tysoe ... Village Hall ... (Caravan)	C.	2nd Tuesday ...	20	26	75	93
Welford-on-Avon Memorial Hall ... (Caravan)	C.	4th Wednesday, (10 a.m.)	25	70	149	250
Wellesbourne ... Conservative Club (Caravan)	C.	2nd & 4th Thursday ...	98	230	803	1,081
Wootton Wawen Wootton Hall ... (Caravan)	C.	Alternate Fridays ...	47	131	534	898
TOTAL ...			879	2,263	8,696	12,441
COUNTY TOTAL ...			10,322	27,261	108,398	148,468

C ... County.
V ... Voluntary.

† Centres opened in 1962.
* Centres closed in 1962.

TABLE 13. PREPARATION FOR MOTHERHOOD CLASSES, 1962. (1961 in brackets).

	Number of women who attended.	Total Attendances made.
Sutton Coldfield M.B. ...	523 (488)	2,161 (1,990)
Solihull M.B. ...	402 (214)	1,951 (1,295)
Nuneaton M.B. ...	179 (159)	1,242 (888)
Atherstone/Bedworth Area ...	188 (139)	807 (661)
Eastern Area ...	186 (237)	882 (1,171)
North-Western Area ...	169 (163)	877 (756)
Central Area ...	330 (345)	1,773 (1,634)
Southern Area ...	231 (241)	891 (1,290)
Total ...	2,208 (1,986)	10,584 (9,685)

TABLE 14.

MIDWIFERY.

NUMBER OF MIDWIVES PRACTISING AT THE END OF EACH YEAR 1958-1962.

Year.	Domiciliary.		Institutional.	
	Employed by the County Council.	In private practice.	Employed by the Hospital Management Committees.	Employed by Nursing Homes.
1962	138	14	153	5
1961	136	15	155	7
1960	124	7	141	9
1959	125	13	127	11
1958	110	14	119	8

TABLE 15.

NUMBER OF NOTIFIED BIRTHS DURING 1962 IN EACH AREA

(1961 in brackets) (adjusted to Area of residence).

	Adjusted number of notified births.		% Domiciliary.		% Institutional.	
Sutton Coldfield M.B. ...	1,507	(1,499)	38	(40)	63	(60)
Solihull M.B. ...	1,912	(1,954)	31	(31)	69	(69)
Nuneaton M.B. ...	1,031	(2,081)	48	(51)	52	(49)
Atherstone/Bedworth Area...	1,130	(1,348)	51	(48)	49	(52)
Eastern Area ...	1,491	(1,509)	43	(49)	57	(51)
North-Western Area...	1,559	(2,326)	46	(39)	54	(61)
Central Area ...	2,371	(1,117)	38	(32)	62	(68)
Southern Area ...	1,169	(11,834)	28	(41)	72	(59)
Total ...	12,170	(11,834)	40	(41)	60	(59)
.. 1960 ...	11,181		41		59	
.. 1959 ...	10,462		39		61	
.. 1958 ...	10,268		38		62	

TABLE 16.

HOME NURSING.

CASES ATTENDED DURING 1962 and 1961.

(1961 figures in brackets).

Medical ...	6,389	(6,348)
Surgical ...	1,576	(1,630)
Infectious diseases ...	6	(12)
Tuberculosis ...	84	(103)
Maternal complications ...	58	(53)
Others ...	47	(28)
Total ...	8,160	(8,174)
Number of cases aged 65 and over	4,769	(4,696)
aged under 5 ...	310	(315)

A total of 261,719 visits was paid during the year compared with 261,964 in 1961.

TABLE 17.

HEALTH VISITING.

VISITS MADE DURING 1962 and 1961.
(1961 figures in brackets).

	<i>First Visits.</i>		<i>Total Visits.</i>	
Expectant mothers	1,887	(1,889)	3,354	(3,463)
Children under 1 year	11,825	(11,317)	71,290	(75,570)
Children 1-5 years	—	—	74,344	(82,080)
Tuberculous households	—	—	2,918	(3,803)
Geriatric	1,484	(1,092)	6,071	(6,752)
School Nursing :				
Personal hygiene follow-up	—	—	1,051	(1,569)
Other follow-up	—	—	5,037	(5,296)
Other	—	—	5,392	(6,428)
Total			169,457	(184,961)

TABLE 18. SCHEME FOR THE CARE OF THE ILLEGITIMATE CHILD
AND ITS MOTHER.NEW CASES NOTIFIED IN YEAR ENDED 31ST DECEMBER, 1962.
(The 1961 figures are given in brackets).

<i>Source of notification.</i>	<i>Number of cases notified.</i>			
	<i>Requiring ante-natal or post-natal accommodation, help, and advice.</i>	<i>Requiring help and/or advice only</i>	<i>Not requiring help or advice.</i>	<i>Total.</i>
Moral Welfare Societies	16 (6)	8 (4)	9 (2)	33 (12)
Medical Officers, Nurses and Midwives	23 (18)	45 (28)	126 (110)	194 (156)
General Practitioners	31 (33)	19 (25)	1 (6)	51 (64)
Probation Officers	7 (3)	6 (3)	2 (1)	15 (7)
Hospital Almoners and Matrons ...	37 (16)	59 (22)	6 (20)	102 (58)
Self-referred	4 (7)	14 (7)	— (5)	18 (19)
Miscellaneous Sources	18 (25)	13 (14)	3 (10)	34 (49)
TOTALS	136 (108)	164 (103)	147 (154)	447 (365)
<i>Age distribution :</i>				
17 and under	37 (33)	28 (28)	21 (32)	86 (93)
18 to 20	57 (38)	56 (33)	34 (37)	147 (108)
21 to 25	25 (23)	48 (28)	46 (37)	119 (88)
26 to 30	13 (4)	14 (8)	19 (18)	46 (30)
31 to 40	3 (10)	14 (6)	25 (22)	42 (38)
41 to 50	1 (—)	3 (—)	1 (1)	5 (1)
Unknown	— (—)	1 (—)	1 (7)	2 (7)

The marital state of these women was as follows :—

Single	379	(307)
Married	16	(17)
Widowed	6	(3)
Divorced	7	(4)
Separated	30	(23)
Not known	9	(11)

Of the 379 (307) single women 54 (20) had previously borne children 92 (43) babies.

TABLE 19.

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 1962.	No. of at- tendances.	No. of women who attended during 1962.	No. of at- tendances.
SUTTON COLDFIELD M.B. †49, Holland Street ... Boldmere Road ... †Kingsbury Rd. Minworth. †Banners Gate 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.	Alt. Tuesdays 10 a.m. Every Wednesday 10 a.m. Alt. Tuesdays 2 p.m. Alt. Fridays 10 a.m. Every Thursday 10 a.m.	Dr. J. B. TYLER, Dr. E. M. STOCKWIN Dr. J. P. WALL Dr. J. P. WALL Dr. J. B. TYLER	7 14 — 18 48	18 21 — 38 51	1 — — — —	1 — — — —
NUNEATON M.B. Riversley Park Clinic, Nuneaton Cross Street, Stockingford	A.N. & P.N. A.N. & P.N.	2nd, 4th & 5th Thursdays 2 p.m. 1st & 3rd Thursdays 2 p.m.	Mr. D. W. HENDRY Mr. D. W. HENDRY	37 43	67 93	2 18	2 18
ATHERSTONE/BEDWORTH AREA. Child Welfare Centre, Bedworth.	A.N. & P.N.	Every Tuesday 9-30 a.m.	Mr. D. W. HENDRY	192	851	30	32
EASTERN AREA. Temple Street, Rugby	A.N. & P.N.	Every Wednesday 2 p.m.	Mr. J. R. OWEN	252	477	2	2
			TOTALS 1962 ...	611	1,616	53	55
			TOTALS 1961 ..	686	1,747	60	72

† Combined with Toddler Clinic.

TABLE 20. DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1962.

	<i>Expectant and Nursing Mothers.</i>				<i>Pre-school Children.</i>			
	<i>Exam-ined.</i>	<i>Need-ing treat-ment.</i>	<i>Treated.</i> *	<i>Made dent-ally. fit.*</i>	<i>Exam-ined.</i>	<i>Need-ing treat-ment.</i>	<i>Treated.</i> *	<i>Made dent-ally. fit.*</i>
Sutton Coldfield M.B. ...	85	78	70	65	286	198	181	172
Solihull M.B. ...	22	21	25	24	202	140	100	90
Nuneaton M.B. Atherstone/Bedworth Area	9	9	8	7	51	38	35	37
Eastern Area ...	14	14	17	16	39	29	26	24
North-Western Area ...	8	8	8	6	173	133	105	98
Central Area ...	26	26	24	17	77	53	58	41
Southern Area ...	67	67	67	51	123	54	44	34
Totals 1962	21	21	23	18	55	44	46	30
1961 ...	252	244	242	204	1,006	689	595	526
1960 ...	395	382	351	234	965	697	576	466
1959 ...	390	374	362	241	937	695	624	482
1958 ...	368	345	368	254	914	657	539	419
	352	333	316	197	803	643	507	499

* Including cases carried over from previous year.

TABLE 21. FORMS OF DENTAL TREATMENT PROVIDED.

<i>Number of</i>	<i>To Expectant and Nursing Mothers.</i>	<i>To Pre-school Children.</i>
Extractions ...	549	706
Teeth filled ...	519	650
General Anaesthetics ...	79	324
Dentures—Complete ...	32	—
—Partial ...	41	—
Crowns ...	—	—
Inlays ...	—	—
Other treatments ...	474	458

REGISTRATION OF NURSING AND MATERNITY HOMES

TABLE 22 NURSING AND MATERNITY HOMES ON REGISTER,
31st DECEMBER, 1962.

	<i>Home.</i>	<i>No. of Beds.</i>			
		<i>Maternity.</i>	<i>Other.</i>	<i>Total.</i>	
Sutton Coldfield M.B.	"Roxton," 154, Birmingham Road, Sutton Coldfield.	—	17	17	
	"Sutton Coldfield," 71, Lichfield Road, Sutton Coldfield.	—	12	12	
	"Hartopp Court," 26, Hartopp Road, Four Oaks.	—	29	29	
Solihull M.B.	"Francis Way" Bentley Heath, Knowle.	30	—	30	
	"Moville" 667, Haslucks Green Road, Shirley.	—	6	6	
	"Wroxton," 3, St. Bernard's Road, Olton.	—	12	12	
Central Area	"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	
1962 Number of Homes	12	Number of Beds ...	44	182	226
1961	12	44	182	226
1960	13	51	182	233
1959	14	53	178	231
1958	14	55	168	223

TABLE 23. NOTIFICATION OF INFECTIOUS DISEASES.—Summary of Returns of Medical Officers of Health for the year ended 31st December, 1962.
(For notification of Tuberculosis see Table 29.)

	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles (excluding Rubella).	Acute Pneumonia (Primary or Influenza)	Meningococcal Infection.	Acute Poliomyelitis.		Acute Encephalitis.		Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning	Erysipelas.	Malaria.			
	1	2	3	4	5	6	Paralytic.	Non-Paralytic.	Infective.	Post-Infected.										7	8	9
SUTTON COLDFIELD M.B.	73	3	—	355	7	2	—	—	—	—	12	—	—	—	—	—	5	—	—			
SOLIHULL M.B. ...	21	32	—	63	34	—	—	—	—	—	7	6	1	1	—	—	—	5	—			
NUNEATON M.B. ...	7	5	—	296	18	—	—	—	—	—	6	—	1	—	1	—	—	—	—			
ATHERSTONE/BEDWORTH AREA.																						
Bedworth U.D....	4	3	—	448	8	—	—	—	—	—	87	—	—	—	—	—	35	1	—			
Atherstone R.D. ...	12	3	—	45	4	1	—	—	—	—	1	—	1	—	—	—	1	—	—			
Totals ...	16	6	—	493	12	1	—	—	—	—	88	—	1	—	—	—	36	1	—			
EASTERN AREA.																						
Rugby M.B. ...	50	4	—	371	18	2	—	—	—	—	90	—	2	—	—	—	9	1	—			
Rugby R.D. ...	12	—	—	68	2	—	—	—	—	—	72	—	—	—	—	—	9	—	—			
Totals ...	62	4	—	439	20	2	—	—	—	—	162	—	2	—	—	—	18	1	—			
NORTH-WESTERN AREA.																						
Meriden R.D. ...	15	11	—	93	17	1	—	—	—	—	158	22	79	—	—	—	9	6	—			
Tamworth R.D. ...	3	—	—	64	5	—	—	—	—	—	—	—	1	—	—	—	—	—	—			
Totals ...	18	11	—	157	22	1	—	—	—	—	158	22	80	—	—	—	9	6	—			
CENTRAL AREA.																						
Leamington Spa M.B. ...	7	3	—	10	4	—	—	—	—	—	2	—	6	—	—	—	—	—	—			
Warwick M.B. ...	1	3	—	14	3	—	—	—	—	—	15	—	—	—	—	—	—	—	—			
Kenilworth U.D. ...	1	—	—	6	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—			
Southam R.D. ...	—	—	—	75	3	—	—	—	—	—	30	—	—	—	—	—	—	1	—			
Warwick R.D. ...	5	3	—	10	6	1	—	—	—	—	16	—	1	—	—	—	5	—	—			
Totals ...	14	9	—	115	16	1	—	—	—	—	63	—	7	—	—	—	1	5	1			
SOUTHERN AREA.																						
Stratford-upon-Avon M.B.	—	—	—	93	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—			
Alcester R.D. ...	—	—	—	35	15	—	—	—	—	—	7	—	1	—	—	—	—	—	—			
Shipston-on-Stour R.D.	1	—	—	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Stratford-on-Avon R.D.	—	—	—	74	2	—	—	—	—	—	1	—	1	—	—	—	—	—	—			
Totals ...	1	—	—	219	17	—	—	—	—	—	8	—	5	—	—	—	—	—	—			
COUNTY TOTALS	212	70	—	2,137	146	7	—	—	—	—	504	28	97	1	1	1	73	14	—			
1961 ...	265	249	—	13,513	271	4	—	—	1	1	120	22	128	—	11	—	44	28	—			
1960 ...	330	735	—	529	206	4	4	—	—	—	209	8	91	—	2	2	97	34	—			

* Contracted abroad.

DIPHTHERIA IMMUNISATION.

TABLE 24. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1962.

	<i>Number of children who completed a full course of primary immunisation.</i>				<i>Number of children given reinforcing injection.</i>
	<i>Age at final injection.</i>				
	<i>Under 1.</i>	<i>1—4</i>	<i>5—14</i>	<i>Total.</i>	
Sutton Coldfield M.B.	734	405	37	1,176	1,457
Solihull M.B. ...	1,058	246	20	1,324	1,247
Nuneaton M.B. ...	620	132	77	829	540
Atherstone/Bedworth Area	688	110	98	896	948
Eastern Area ...	1,176	49	12	1,237	1,266
North-Western Area	727	401	144	1,272	1,915
Central Area ...	1,525	221	106	1,852	3,061
Southern Area ...	976	117	92	1,185	2,391
Total 1962 ...	7,504	1,681	586	9,771	12,825
Total 1961 ...	7,992	2,365	914	11,271	11,072
Total 1960 ...	8,322	1,881	502	10,705	10,256
Total 1959 ...	7,026	1,820	436	9,282	6,754
Total 1958 ...	6,996	2,084	772	9,852	6,962

WHOOPIING COUGH IMMUNISATION.

TABLE 25. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1962.

	<i>Number of children who completed a full course of primary immunisation.</i>			<i>Number of children given reinforcing injection.</i>
	<i>Age at final injection.</i>			
	<i>0—4</i>	<i>5—14</i>	<i>Total.</i>	
Sutton Coldfield M.B. ...	1,018	19	1,037	894
Solihull M.B. ...	1,302	20	1,322	957
Nuneaton M.B. ...	729	47	776	414
Atherstone/Bedworth Area ...	785	43	828	943
Eastern Area ...	1,224	12	1,236	1,062
North-Western Area ...	1,116	23	1,139	690
Central Area ...	1,734	64	1,798	2,308
Southern Area ...	1,035	15	1,050	1,030
Total 1962 ...	8,943	243	9,186	8,298
Total 1961 ...	10,029	605	10,634	5,741
Total 1960 ...	10,064	264	10,328	5,155
Total 1959 ...			8,793	3,515
Total 1958 ...			8,796	2,256

TETANUS IMMUNISATION.

TABLE 26. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1962.

	<i>Number of children who completed a full course of primary immunisation.</i>			<i>Number of children given reinforcing injection.</i>
	<i>Age at final injection.</i>			
	<i>0-4</i>	<i>5-14</i>	<i>Total.</i>	
Sutton Coldfield M.B. ...	725	19	744	595
Solihull M.B. ...	1,283	35	1,318	845
Nuneaton M.B. ...	744	50	794	281
Atherstone/Bedworth Area ...	788	102	890	935
Eastern Area ...	1,285	83	1,368	1,062
North-Western Area ...	1,142	59	1,201	699
Central Area ...	1,755	142	1,897	1,129
Southern Area ...	1,114	86	1,200	1,141
Total 1962 ...	8,836	576	9,412	6,687
Total 1961 ...	9,424	552	9,976	2,417
Total 1960 ...	5,782	123	5,905	307

POLIOMYELITIS VACCINATION.

TABLE 27. NUMBER OF VACCINATIONS CARRIED OUT DURING 1962.

	<i>Number of persons who completed a primary course of vaccination. (Two Salk injections or three Oral doses).</i>				<i>Number given third re-inforcing dose.*</i>	<i>Number given fourth re-inforcing dose.*</i>
	<i>Children and Young Persons born since 1943.</i>	<i>Young Persons born 1933-1942.</i>	<i>All Other Persons.</i>	<i>Total.</i>		
Sutton Coldfield M.B. ...	1,611	377	1,567	3,555	3,995	1,044
Solihull M.B. ...	1,496	228	641	2,365	5,202	1,762
Nuneaton M.B. ...	859	72	353	1,284	2,701	786
Atherstone/Bedworth Area ...	847	100	218	1,165	1,763	840
Eastern Area ...	1,061	193	290	1,544	2,160	3,369
North-Western Area ...	1,453	260	833	2,546	4,193	1,717
Central Area ...	1,429	120	198	1,747	3,216	1,475
Southern Area ...	1,067	128	340	1,535	3,228	1,130
Total 1962 ...	9,823	1,478	4,440	15,741	26,458	12,123
Total 1961 ...	14,762	3,868	14,473	33,106	39,765	45,242
Total 1960 ...				45,468	55,403	—
Total 1959 ...				58,366	97,577	—
Total 1958 ...				79,422	13,659	—

* After primary course of Salk.

TABLE 28.

SMALLPOX VACCINATION.

	NUMBER OF PERSONS VACCINATED DURING THE YEAR					Number of Persons Re- vaccinated
	Age					
	Under 1	1—4	5—14	15 and over	Total	
Sutton Coldfield M.B. ...	1,017	591	731	1,326	3,665	11,410
Solihull M.B. ...	1,225	1,153	2,054	4,385	8,817	14,810
Nuneaton M.B. ...	307	613	1,478	2,094	4,492	2,015
Atherstone/Bedworth Area ...	28	852	1,876	2,605	5,361	1,340
Eastern Area ...	354	938	1,385	3,278	5,955	9,936
North-Western Area ...	819	1,001	2,576	3,805	8,201	7,596
Central Area ...	882	1,436	2,139	3,939	8,396	8,740
Southern Area ...	704	776	2,037	3,006	6,523	6,905
Total 1962 ...	5,336	7,360	14,276	24,438	51,410	62,752
Total 1961 ...	3,658	2,059	353	494	6,564	1,358
Total 1960 ...	4,333	785	253	423	5,794	1,365
Total 1959 ...	6,083	660	247	447	7,437	1,114
Total 1958 ...	5,604	573	185	413	6,775	1,084

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.

	<i>Chest Physicians.</i>	<i>Assistant *Chest Physicians.</i>	<i>Chest Clinics.</i>
Sutton Coldfield. M.B. Nuneaton M.B. Atherstone/Bed- worth Area. Eastern Area. North-Western Area	} Dr. A. O. BECH.	Dr. E. M. CALVEY (ii) and (v)	(i) School Clinic, Sutton Coldfield.
		Dr. J. MOKRZYCKA- PARAFJANOWICZ (ii)	(ii) Riversley Park, Nuneaton.
		Dr. W. E. ZUNDEL (ii) (iv) and (v)	(iii) St. Cross Hospital, Rugby.
		Dr. R. B. ILLING (iii)	(iv) 2, Park Road, Coleshill.
			(v) St. Editha's Hospital, Tamworth.
Solihull M.B. Central Area Southern Area.	} Dr. P. G. ARBLASTER.	Dr. L. E. BURKEMAN	(vi) Lode Lane, Solihull.
		† Dr. ROSEMARY DAVIES	(vii) Warneford Hospital, Leamington Spa.
			(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 & Tamworth Chest Clinics but the County Council pays a small proportion of his salary as he sees Warwickshire patients.

TABLE 29.

TUBERCULOSIS, 1962.

	PRIMARY NOTIFICATIONS.						OTHER NOTIFICATIONS.						NO. OF CASES ON CLINIC REGISTER AT END OF 1962.						DEATHS.				MORTALITY RATES (per 1,000 population)									
	Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Pulmonary.			Other Forms.	Total	Pulmonary.	Other Forms.	Total						
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total		
SUTTON COLDFIELD M.B. ...	14	6	20	—	—	—	8	5	13	—	—	—	212	166	378	14	25	39	1	—	—	1	—	—	—	—	—	—	—	0.01	—	0.01
SOLIHULL M.B. ...	11	10	21	1	1	2	12	17	29	1	1	2	193	179	372	11	14	25	3	1	—	4	1	—	—	—	—	—	1	0.04	0.01	0.05
NUNEATON M.B. ...	10	7	17	4	2	6	4	5	9	—	—	—	124	102	226	25	25	50	4	1	—	5	—	—	—	—	—	—	0.09	—	0.09	
ATHERSTONE/BEDWORTH AREA.	9	8	17	2	1	3	3	4	7	—	—	—	177	158	335	17	23	40	1	—	—	1	—	—	—	—	—	—	0.03	—	0.03	
Bedworth U.D. ...	4	4	8	—	1	1	1	—	1	—	—	64	40	104	11	14	25	1	—	—	1	—	—	—	—	—	—	—	0.04	0.04	0.08	
Atherstone R.D. ...	13	12	25	2	2	4	4	4	8	1	1	2	241	198	439	28	37	65	2	—	—	2	1	—	—	—	—	—	0.03	0.02	0.05	
TOTALS ...	22	15	37	3	2	5	6	6	12	—	—	—	224	154	378	18	21	39	—	—	—	1	—	—	—	—	—	—	0.02	—	0.02	
EASTERN AREA.	5	1	6	1	—	1	—	6	6	—	—	78	40	118	4	7	11	—	—	—	—	—	—	—	—	—	—	—	0.04	0.04	0.04	
Rugby M.B. ...	27	16	43	4	2	6	6	12	18	—	—	—	302	194	496	22	28	50	—	—	—	1	1	—	—	—	—	—	0.01	0.01	0.02	
Rugby R.D. ...	14	5	19	1	2	3	15	12	27	—	—	—	189	143	332	17	31	48	3	1	—	4	—	—	—	—	—	—	0.07	0.02	0.09	
TOTALS ...	—	1	1	—	—	—	1	—	1	—	—	33	22	55	8	5	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
NORTH-WESTERN AREA.	14	6	20	1	2	3	16	12	28	—	—	—	222	165	387	25	36	61	3	1	—	4	—	—	—	—	—	—	0.05	0.01	0.06	
Meriden R.D. ...	8	5	13	5	3	8	1	2	3	1	—	—	141	93	234	5	9	14	2	1	—	3	—	—	—	—	—	—	0.07	—	0.07	
Tamworth R.D. ...	2	2	4	1	—	1	1	—	1	—	—	53	31	84	7	3	10	1	—	—	—	1	—	—	—	—	—	—	0.06	—	0.06	
TOTALS ...	4	2	6	1	—	1	—	4	4	—	—	37	28	65	3	1	4	1	—	—	—	1	—	—	—	—	—	—	0.06	—	0.06	
CENTRAL AREA.	3	1	4	—	—	—	2	1	3	—	—	22	29	51	8	5	13	1	—	—	—	1	—	—	—	—	—	—	0.06	—	0.06	
Leamington Spa M.B. ...	3	5	8	—	1	1	1	1	2	—	—	95	46	141	4	9	13	1	1	—	2	—	—	—	—	—	—	—	0.07	—	0.07	
Warwick M.B. ...	20	15	35	7	4	11	5	8	13	1	—	—	348	227	575	27	27	54	6	2	—	8	—	—	—	—	—	—	0.07	—	0.07	
Kenilworth U.D. ...	7	6	13	1	2	3	5	2	7	—	—	—	156	111	267	13	22	35	3	—	—	3	—	—	—	—	—	—	0.04	—	0.04	
Southern R.D. ...	2	1	3	—	—	—	1	—	1	—	—	—	41	31	72	4	4	8	2	—	—	2	—	—	—	—	—	—	0.12	—	0.12	
Warwick R.D. ...	3	—	3	—	1	1	2	1	3	—	—	37	29	66	—	7	7	1	—	—	—	1	—	—	—	—	—	—	0.06	—	0.06	
TOTALS ...	1	1	2	—	—	—	1	—	1	—	—	22	10	32	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Southern R.D. ...	1	4	5	1	1	2	1	1	2	—	—	56	41	97	8	8	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Stratford-on-Avon R.D. ...	7	6	13	1	2	3	5	2	7	—	—	—	156	111	267	13	22	35	3	—	—	3	—	—	—	—	—	—	—	0.04	—	0.04
TOTALS ...	116	78	194	20	15	35	60	65	125	3	5	8	1798	1342	3140	165	214	379	22	6	—	28	3	1	—	—	—	—	0.04	0.01	0.05	
Southern Area.	113	68	181	16	23	39	69	79	148	6	8	14	1847	1379	3226	164	220	384	19	3	—	22	1	2	—	—	—	—	0.04	0.01	0.05	
Stratford-upon-Avon M.B. ...	133	82	215	13	30	43	78	68	146	2	7	9	1914	1439	3353	164	225	389	25	8	—	33	3	2	—	—	—	—	0.06	0.01	0.07	
Alcester R.D. ...	175	93	268	16	33	49	92	91	183	2	7	9	1953	1491	3444	193	254	397	24	12	—	36	1	2	—	—	—	—	0.06	0.01	0.07	
Shipston-on-Stour R.D. ...	154	105	259	28	22	50	91	90	181	4	9	13	1864	1402	3266	202	220	422	29	8	—	37	1	4	—	—	—	—	0.06	0.01	0.07	
Stratford-upon-Avon R.D. ...	7	6	13	1	2	3	5	2	7	—	—	—	156	111	267	13	22	35	3	—	—	3	—	—	—	—	—	—	0.04	—	0.04	
TOTALS ...	116	78	194	20	15	35	60	65	125	3	5	8	1798	1342	3140	165	214	379	22	6	—	28	3	1	—	—	—	—	0.04	0.01	0.05	
County Totals	113	68	181	16	23	39	69	79	148	6	8	14	1847	1379	3226	164	220	384	19	3	—	22	1	2	—	—	—	—	0.04	0.01	0.05	
1961 ...	133	82	215	13	30	43	78	68	146	2	7	9	1914	1439	3353	164	225	389	25	8	—	33	3	2	—	—	—	—	0.06	0.01	0.07	
1960 ...	175	93	268	16	33	49	92	91	183	2	7	9	1953	1491	3444	193	254	397	24	12	—	36	1	2	—	—	—	—	0.06	0.01	0.07	
1959 ...	154	105	259	28	22	50	91	90	181	4	9	13	1864	1402	3266	202	220	422	29	8	—	37	1	4	—	—	—	—	0.06	0.01	0.07	
1958 ...	7	6	13	1	2	3	5	2	7	—	—	—	156	111	267	13	22	35	3	—	—	3	—	—	—	—	—	—	0.04	—	0.04	

TABLE 30. NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1961 and 1962.
BY AGE, SEX & STAGE OF DISEASE (1961 figures in brackets).

	Males.										Females.																			
	Early.					Inter.					Total unclassified.					Early.					Inter.					Total classified.				
	T. B. -		T. B. +		Late.	T. B. -		T. B. +		Late.	T. B. -		T. B. +		Total unclassified.	T. B. -		T. B. +		Late.	T. B. -		T. B. +		Total classified.					
	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 ...	7 (7)	2 (-)	1 (-)	1 (-)	1 (-)	10 (7)	-	-	-	-	8 (8)	-	-	-	-	-	-	-	-	-	-	-	8 (10)	-	-					
15 to 24 ...	5 (4)	2 (4)	2 (3)	7 (7)	2 (-)	18 (18)	-	-	2 (-)	-	12 (8)	2 (1)	4 (2)	4 (2)	1 (-)	23 (14)	-	-	-	-	-	-	23 (14)	-	-					
25 to 34 ...	7 (2)	1 (2)	3 (3)	-	3 (1)	14 (13)	-	-	3 (1)	-	9 (6)	-	3 (1)	2 (2)	-	13 (19)	-	-	-	-	-	-	13 (19)	-	-					
35 to 44 ...	5 (-)	1 (2)	8 (6)	5 (4)	1 (2)	21 (18)	-	-	1 (4)	-	4 (2)	3 (2)	1 (3)	2 (4)	-	10 (11)	-	-	-	-	-	-	10 (11)	-	2					
45 to 54 ...	6 (4)	-	1 (4)	12 (5)	1 (-)	23 (20)	-	-	3 (2)	-	1 (2)	1 (1)	3 (-)	1 (-)	-	7 (6)	-	-	-	-	-	-	7 (6)	-	-					
55 to 64 ...	3 (4)	1 (4)	4 (3)	6 (6)	-	17 (25)	-	-	3 (5)	-	-	-	2 (2)	3 (1)	-	10 (3)	-	-	-	-	-	-	10 (3)	-	-					
65 and over	-	-	2 (1)	3 (5)	1 (-)	11 (11)	-	-	3 (5)	-	-	2 (-)	2 (-)	-	-	7 (1)	-	-	-	-	-	-	7 (1)	-	2					
Total ...	33 (21)	9 (17)	21 (20)	33 (31)	3 (6)	114 (112)	2 (1)	-	15 (17)	-	34 (27)	11 (7)	13 (12)	12 (10)	2 (1)	78 (64)	-	-	-	-	-	-	78 (64)	-	4					

TABLE 31. NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS, 1962.
(Primary notifications and posthumous notifications).
ANALYSIS BY SITE.

Site.	1962.		Total.	Total 1961	Total 1960
	Male.	Female.			
Glands—Mainly					
Cervical ...	6	10	16	16	14
Meninges ...	2	-	2	-	2
Bones and Joints	1	1	2	6	11
Abdomen ...	1	1	2	2	3
Genito-Urinary	9	3	12	14	11
Misc. ...	2	-	2	1	4
TOTAL ...	21	15	36	39	45

TABLE 32.

MASS RADIOGRAPHY SURVEYS IN WARWICKSHIRE 1962. *

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)							Resulting notified cases of tuberculosis divided into age groups. (Information obtained from Chest Clinics six months after referral).										
	14 yrs. and under		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.			
Solihull M.B.	20	380	330	370	300	130	10	1,520						1 (1)				
Nuneaton M.B.	30	1,790	820	1,050	840	420	100	5,050						3 (1)				
Atherstone R.D.	100	570	450	440	490	190	70	2,310						2 (1)				
Bedworth U.D.	20	430	300	210	290	150	20	1,420			1 (1)			15 (5)				
Rugby M.B.	10	3,360	2,230	2,660	2,110	1,490	140	12,000			4 (2)			2				
Rugby R.D.	10	900	360	500	270	200	20	2,260										
Merriden R.D.	10	460	300	300	360	70	20	1,520			1			2				
Tamworth R.D.		90	40	40	10	10		190										
Leamington Spa M.B.	120	280	220	280	220	120	30	1,270			1 (1)			2 (2)				
Warwick M.B.	10	100	110		60	20	20	300					1 (1)	1 (1)				
Kenilworth U.D.	20	120	130	140	130	30	10	580										
Southern R.D.	120	40	30	10				200										
Warwick R.D.	140	240	590	560	550	300	260	2,640						1				
Stratford-upon-Avon M.B.		10	20	40	40	10	10	130										
Alcester R.D.	180	360	250	290	240	170	30	1,520										
Shipston-on-Stour R.D.	40	80	150	180	70	120	30	670										
Stratford-on-Avon R.D.	20	100	60	150	70	90	30	520						1				
Total	850	9,310	6,380	7,220	6,050	3,510	780	34,100			10 (5)	4 (1)	6 (2)	3 (1)	4 (1)	1 (1)	28 (11)	
						Number of notified cases per 1,000 X-rayed.						1.07	0.63	0.83	0.50	1.14	1.28	0.82

* 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 11 tuberculosis cases were notified as a result. (Figures kindly supplied by Dr. L. A. McDowell of the Birmingham Mass Radiography Service.)

TABLE 33.

B.C.G. VACCINATION, 1962.

CONTACT SCHEME.

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

	<i>Number skin tested.</i>	<i>Number found negative.</i>	<i>Number given B. C. G. vaccination.</i>
Sutton Coldfield M.B.	72	66	66
Solihull M.B.	58	58	58
Nuneaton M.B.	45	32	46
Atherstone/Bedworth Area ...	82	42	52
Eastern Area	112	90	73
North-Western Area	51	51	70
Central Area	88	87	119
Southern Area	115	110	107
Total 1962	623	536	591
Total 1961	622	570	683
Total 1960	676	606	732

TABLE 34.

B.C.G. VACCINATION, 1962.

SCHOOL CHILDREN AND STUDENT SCHEME.

	<i>Number skin tested.</i>	<i>Number found negative.</i>	<i>Number given B. C. G. vaccination.</i>
Sutton Coldfield M.B.	22	19	19
Solihull M.B.	1,619	1,379	1,368
Nuneaton M.B.	650	554	554
Atherstone/Bedworth Area ...	1,236	1,170	984
Eastern Area	377	199	198
North-Western Area	641	457	423
Central Area	1,280	1,009	1,007
Southern Area	1,154	744	729
Total 1962	6,979	5,531	5,282
Total 1961	4,006	3,194	3,159
Total 1960	4,772	3,617	3,493

TABLE 35.

TUBERCULOSIS CASES ASSISTED DURING 1962.

	<i>Free Extra Rations.</i>				<i>Bedding, Clothing, etc.</i>			
	<i>Men.</i>	<i>Women.</i>	<i>Child- ren.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Child- ren.</i>	<i>Total.</i>
Sutton Coldfield M.B. ...	2	2	2	6	—	1	—	1
Solihull M.B.	5	3	—	8	3	—	—	3
Nuneaton M.B.	11	2	—	13	—	—	—	—
Atherstone/Bedworth Area	16	9	—	25	—	—	—	—
Eastern Area	8	4	—	12	3	—	—	3
North-Western Area ...	15	5	1	21	1	1	2	4
Central Area	27	11	1	39	7	5	2	14
Southern Area	8	6	—	14	5	2	—	7
Total 1962	92	42	4	138	19	9	4	32
Total 1961	114	40	3	157	20	5	3	28
Total 1960	143	48	4	195	30	10	3	43
Total 1959	130	51	4	185	29	13	2	44
Total 1958	136	66	10	212	73	69	5	147

CARE AND AFTER-CARE.

LOAN SCHEME.

TABLE 36.

	ITEMS ISSUED IN 1962.								TOTAL ISSUES.			Items still on loan at 31st Dec., 1962.
	Sutton Cold-field M. B.	Soihull M. B.	Nuncaton M. B.	Atherstone and Bedworth Area	Eastern Area	North-Western Area	Central Area	South-eastern Area	1962	1961	1960	
Beds and Bedding.												
Beds, Hospital and other types	21	12	5	31	19	7	58	26	179	135	142	171
Beds, Cot, Adult	—	—	—	—	—	—	—	1	1	8	6	8
Beds, Side Rails	—	3	—	5	2	—	16	4	30	30	38	19
Blankets	14	18	—	35	2	12	6	34	121	49	91	146
Mattresses, Dunlopillo	33	22	8	47	34	16	99	36	295	243	252	246
" Other types	—	—	—	1	—	1	3	1	6	3	5	6
" Covers	—	—	—	—	—	—	—	—	—	—	21	—
Pillows, Staff	—	4	—	—	2	—	—	—	6	15	20	49
" Foam & Dunlopillo	4	8	—	15	—	4	11	7	49	25	27	29
" Cases, Staff	4	10	—	17	4	—	—	21	58	43	47	74
" Plastic	—	2	—	—	—	—	5	—	7	2	5	32
Sheets, Staff	4	14	—	48	—	12	19	36	133	85	91	89
Sheeting, Rubber & Plastic, Yds.	24	72	14	40	102	52	286	42	632	614	572	535
Bed Accessories.												
Air Rings	38	22	4	5	37	25	38	7	176	157	120	123
Alarms, Enuresis	29	27	22	5	6	46	54	62	251	152	49	212
Back Rests	59	45	18	14	40	36	106	25	343	285	243	253
" Covers	—	16	1	—	1	4	9	2	33	61	69	57
Bed Blocks, Prs.	—	—	—	3	—	1	—	—	4	9	13	9
" Boards	5	2	—	—	2	1	8	2	20	24	16	23
" Cradles	29	20	5	6	21	11	37	10	139	121	72	116
" Pans	84	103	21	43	74	61	191	54	631	565	390	506
" Tables	7	4	—	1	2	4	4	—	22	14	15	20
Bottles, Urine	14	23	9	7	29	26	73	15	196	141	132	165
Cushions, Dunlopillo	7	12	2	5	2	11	4	10	53	36	69	56
Poles, Lifting	7	3	—	6	5	6	20	9	56	48	36	77
Pressure Pad Units	3	3	1	10	—	4	21	1	43	29	38	14
Sheets, Draw	—	151	38	15	—	—	40	60	304	291	189	257
Orthopaedic Accessories.												
Carriage, Spinal	—	—	—	1	—	—	1	—	2	5	1	4
Chairs, Invalid Folding and Self-Propelling	50	73	27	61	48	59	108	81	507	415	295	606
Chairs, Push, Twin	1	1	—	—	—	—	—	—	2	2	1	2
" Feeding	—	—	—	—	—	—	1	—	1	1	—	—
" Bed	1	—	—	—	—	—	—	—	1	—	1	2
" Working	—	—	—	—	—	—	1	—	1	—	—	3
Crutches, Pairs	12	1	2	3	—	1	2	1	22	22	29	39
" Elbow, Single	—	6	—	5	—	2	13	8	34	38	34	85
Hoists	3	4	—	2	3	2	9	6	29	29	13	33
Slings	—	6	1	4	6	5	19	8	49	64	31	67
Splints	—	—	—	—	—	—	—	—	—	1	2	4
Sticks, Walking, Tripod and Quadruped	15	21	22	30	18	36	77	34	253	234	141	363
Walking Aids	—	14	1	2	8	1	1	2	29	25	15	51
Miscellaneous.												
Commodore, all types	66	96	26	40	54	56	129	49	516	467	345	561
Cups, Feeding	—	2	—	—	—	1	7	—	10	4	3	9
Dish, Kidney	—	—	—	—	—	2	—	—	2	—	—	4
Fireguards	—	—	11	7	—	2	1	—	21	25	37	91
Fires, Electric	—	—	—	—	—	—	—	—	—	—	—	1
Mugs, Sputum	—	—	—	—	2	1	1	—	4	2	5	4
Pails, E.I. c/w lid	—	—	—	—	—	—	—	—	—	—	—	1
Seats, Bath	—	1	3	—	—	—	—	—	4	1	1	5
" Toilet, Inflatable	—	—	—	—	—	—	—	—	—	1	—	1
Sandbags	—	—	—	—	—	—	—	—	—	1	1	1
Towels	—	—	—	—	—	—	—	—	—	—	3	—
TOTAL	534	821	241	514	523	510	1478	654	5275	4522	3726	5229

TABLE 37. NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES
1962.

	<i>Men.</i>		<i>Women.</i>		<i>Pre-School Children.</i>		<i>Total.</i>	
	<i>No. of Cases.</i>	<i>Total Weeks.</i>	<i>No. of Cases.</i>	<i>Total Weeks.</i>	<i>No. of Cases</i>	<i>Total Weeks.</i>	<i>No. of Cases.</i>	<i>Total Weeks.</i>
Sutton Coldfield M.B.	3	6	10	21	1	4	14	31
Solihull M.B. ...	3	6	14	29	5	7	22	42
Nuneaton M.B. ...	5	11	5	9	—	—	10	20
Atherstone/Bedworth Area ...	4	8	6	11	—	—	10	19
Eastern Area ...	—	—	2	4	—	—	2	4
North-Western Area ...	5	11	6	12	—	—	11	23
Central Area ...	5	9	12	25	—	—	17	34
Southern Area ...	1	2	5	9	—	—	6	11
Totals 1962 ...	26	53	60	120	6	11	92	184
.. 1961 ...	21	42	62	141	—	—	83	183
.. 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
Average stay in weeks :								
1962 ...	2.0		2.0		1.8		2.0	
1961 ...	2.0		2.3		—		2.2	
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	

TABLE 38. HOME HELP SERVICE.
DEVELOPMENT SINCE 1958.

			<i>Sutton Coldfield M.B.</i>	<i>Solihull M.B.</i>	<i>Nuneaton M.B.</i>	<i>Atherstone Bedworth Area</i>	<i>Eastern Area</i>	<i>North-Western Area</i>	<i>Central Area</i>	<i>Southern Area</i>	<i>County Total</i>
Home Helps employed at 31st Dec.	Whole-time	1958	—	—	—	—	—	—	—	—	—
		1959	—	—	—	—	—	—	—	—	—
		1960	—	—	—	—	—	—	—	—	—
		1961	—	—	—	—	—	—	—	—	—
		1962	—	—	—	—	—	—	—	—	—
	Part-time	1958	46	48	92	60	78	66	75	465	
		1959	45	47	89	63	89	72	61	466	
		1960	46	59	87	62	97	97	64	512	
		1961	52	60	64	60	97	121	75	578	
		1962	59	68	68	71	106	113	93	659	
Cases attended	Maternity	1958	139	166	26	48	45	80	41	545	
		1959	156	172	32	65	60	77	43	605	
		1960	204	164	39	63	71	105	23	669	
		1961	194	147	32	67	84	118	44	704	
		1962	212	123	28	96	74	113	25	691	
	T.B.	1958	2	2	2	4	7	2	3	22	
		1959	2	2	3	3	4	1	2	17	
		1960	2	2	3	2	5	3	2	19	
		1961	—	2	3	2	4	4	1	18	
		1962	—	—	1	3	4	4	3	16	
	Others	1958	246	181	249	307	159	353	277	1,772	
		1959	282	238	278	320	193	377	254	1,942	
		1960	285	187	307	336	216	415	279	2,025	
		1961	311	169	218	385	222	455	315	2,207	
		1962	556	185	257	405	268	508	398	2,800	
	Total Cases	1958	387	349	277	359	211	435	321	2,339	
		1959	440	412	313	388	257	455	299	2,564	
		1960	491	353	349	401	292	423	304	2,713	
		1961	505	318	253	454	310	577	360	2,929	
		1962	768	308	286	505	346	624	424	3,507	

One Home Help Organiser is employed in each Area.

HOME HELP SERVICE (contd).

TABLE 39.

SIZE OF SERVICE IN 1962.

	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
Sutton Coldfield M.B. (Pop. 75,220)	13,170	35,961	49,131	199	3,964	653
Solihull M.B. ... (Pop. 98,670)	10,093	41,011	51,104	113	4,587	518
Nuneaton M.B. ... (Pop. 58,770)	6,478	49,348	55,826	121	9,510	950
Atherstone/Bedworth Area (Pop. 58,450)	6,316	30,719	37,035	118	6,161	634
Eastern Area ... (Pop. 76,610)	9,170	50,633	59,803	133	6,636	781
North-Western Area (Pop. 80,120)	12,089	49,767	61,856	166	6,909	772
Central Area ... (Pop. 118,570)	9,718	53,214	62,932	92	3,947	531
Southern Area ... (Pop. 66,820)	12,410	68,021	80,431	212	8,203	1,204
Total ... (Pop. 633,230)	79,444	378,674	458,118	140	5,851	723

TABLE 40.

SHORT-TERM CASES HELPED IN 1962.

	Number of cases.		Estimated number per 10,000 relevant population.	
	Aged under 65.	Aged 65 and over.	Aged under 65.	Aged 65 and over.
Sutton Coldfield M.B. ...	282	250	43	276
Solihull M.B. ...	173	8	19	9
Nuneaton M.B. ...	47	39	9	75
Atherstone/Bedworth Area	38	33	7	66
Eastern Area ...	127	23	18	30
North-Western Area ...	97	36	13	50
Central Area ...	161	44	15	33
Southern Area ...	45	7	8	8
TOTAL ...	970	440	17	68

TABLE 41.

LONG-TERM CASES HELPED IN 1962.

	Number of cases.		Estimated number per 10,000 relevant population.	
	Aged under 65.	Aged 65 and over.	Aged under 65.	Aged 65 and over.
Sutton Coldfield M.B. ...	4	232	1	256
Solihull M.B. ...	20	107	2	120
Nuneaton M.B. ...	17	183	3	353
Atherstone/Bedworth Area	25	150	5	301
Eastern Area ...	23	332	3	435
North-Western Area ...	31	182	4	253
Central Area ...	46	373	4	277
Southern Area ...	53	319	9	385
TOTAL ...	219	1,878	4	290

NIGHT "SITTER-UP" SERVICE.
CASES HELPED DURING 1962.

TABLE 42.

	Number of Cases.		Total hours provided.
	Short-term.	Long-term.	
Nuneaton M.B.	4	—	243
Atherstone/Bedworth Area	4	—	254
Eastern Area	9	1	1,365
North-Western Area	2	—	16
Central Area	9	2	953
Total	28	3	2,831

VENEREAL DISEASES.

TABLE 43. NEW CASES DEALT WITH AT CLINICS DURING THE YEAR ENDED 31ST DECEMBER, 1962.

Clinic.	Syphilis.		Gonorrhoea.		Total V.D.		Not Venereal Disease.	
	M.	F.	M.	F.	M.	F.	M.	F.
Warneford Hospital	1	3	14	4	15	7	61	40
Coventry and Warwickshire Hospital	2	—	30	8	32	8	93	27
General Hospital, Birmingham	—	1	20	2	20	3	92	13
Hospital of St. Cross, Rugby	—	—	17	3	17	3	41	12
Nuneaton V.D. Clinic	1	—	6	2	7	2	46	6
TOTALS 1962	4	4	87	19	91	23	333	98
Totals for year 1961	9	7	64	19	73	26	366	102
1960	10	3	76	16	86	19	316	99
1959	8	15	58	14	66	29	232	77
1958	26	28	59	8	85	36	232	61

TABLE 44. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1962.

	Causes of Disability.				Total.
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.	
Number of cases registered during the year in respect of which section F(1) of Form B.D.S. recommends:—					
(a) No treatment	32	8	—	61	101
(b) Treatment (medical, surgical or optical)	65	13	—	60	138
Total	97	21	—	121	239

TABLE 45.

CHIROPODY SCHEME, 1962.

	<i>Patients treated under County Scheme</i>				<i>Total patients treated.</i>	<i>Total treatments given.</i>
	<i>By direct arrangements with Chiropodists.</i>		<i>Through Voluntary Organisations.</i>			
	<i>At Surgery or Clinic.</i>	<i>At Home.</i>	<i>At Surgery or Clinic.</i>	<i>At Home.</i>		
Sutton Coldfield M.B.	—	—	340	146	486	1,286
Solihull M.B.	—	—	129	42	171	487
Nuneaton M.B.	—	—	201	37	238	960
Atherstone/Bedworth Area	—	—	65	52	117	491
Eastern Area	26	25	—	—	51	51
North-Western Area	—	—	287	154	441	1,838
Central Area	—	—	111	148	259	800
Southern Area	168	—	108	50	326	997
Total 1962	194	25	1,241	629	2,089	6,910
Total 1961	88	—	1,091	311	1,490	3,849

TABLE 46.

NEW CLAIMS FOR NATIONAL INSURANCE
SICKNESS BENEFIT, 1958-1962.

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

	<i>Total number of new claims received.</i>				
	1958	1959	1960	1961	1962
March Quarter	15,881	21,590	15,920	21,548	19,999
June Quarter	9,990	10,042	10,961	10,664	12,227
September Quarter	8,199	8,866	9,360	9,038	8,784
December Quarter	12,257	12,227	13,382	14,005	14,710
Total	46,327	52,725	49,623	55,255	55,720

TABLE 47.

UPTAKE OF VITAMIN PRODUCTS.
AVERAGE WEEKLY ISSUE DURING 1961 and 1962.

	<i>Orange Juice.</i>		<i>Cod Liver Oil.</i>		<i>Vitamin A and D Tablets.</i>	
	<i>Av. weekly issue</i>		<i>Av. weekly issue</i>		<i>Av. weekly issue</i>	
	1962	1961	1962	1961	1962	1961
Sutton Coldfield M.B.	382	431	40	59	41	53
Solihull M.B.	548	764	48	82	60	90
Nuneaton M.B.	151	257	22	38	24	34
Atherstone/Bedworth Area	144	230	18	31	23	30
Eastern Area	300	480	33	61	36	60
North-Western Area	326	445	42	62	35	44
Central Area	466	717	40	82	57	86
Southern Area	225	367	23	38	24	39

MENTAL HEALTH.

TABLE 48. ADMISSIONS TO MENTAL HOSPITALS ARRANGED BY MENTAL WELFARE OFFICERS.

Admission arrangements.	<i>Number of Patients.</i>
Compulsory powers under Mental Health Act, 1959	280
Informal Basis	303
Total ...	583

TABLE 49. NEW CASES REPORTED AS MENTALLY SUB-NORMAL DURING 1962.

<i>Action taken.</i>	<i>Number of Cases.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Admitted to Hospitals	2	5	7
Receiving Community Care Visits ...	50	38	88
No action necessary	—	1	1
Remaining under investigation at end of year	2	—	2
Total ...	54	44	98

Table 50. NUMBER OF PATIENTS ASCERTAINED AS MENTALLY SUBNORMAL AT 31.12.62.

(excluding those maintained in or on leave of absence from hospitals)

<i>Category.</i>	<i>Total Ascertained.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under Guardianship	—	—	—
Receiving Community Care Visits ...	388	393	781
Total ...	388	393	781

COUNTY AMBULANCE SERVICE.

TABLE 51. DETAILS OF DEPOTS AND MILEAGE, 1962

Depot.	Staff.		Vehicles.				Total Mileage 1962.	Total Mileage 1961.
	S/L.	D/Att	Ambss.	Cars.	Car- Version	Dual- Purpose		
SUTTON COLDFIELD (Supt. E. TOWERS)	3	15	3	2	—	1	97,903	102,545
SOLIHULL (Supt. M. ROSS)	3	19	6	—	2	1	156,207	159,930
NUNEATON (Supt. J. P. MELVIN)	3	19	4	2	—	3	133,034	146,929
BEDWORTH.* (Supt. J. P. MELVIN)	1	6	2	1	—	2	62,354	64,384
DORDON (Supt. S. BURNETT)	3	19	3	2	—	4	158,324	157,339
RUGBY (Supt. A. J. BURTON)	3	17	5	1	1	2	150,937	141,742
COLESHILL (Supt. J. H. BOTTRILL)	3	16	4	—	2	1	122,960	116,601
WARWICK (Supt. G. D. WHITING)	3	19	6	—	2	2	157,121	153,104
STRATFORD-ON-AVON (Supt. E. T. SAUL)	3	16	5	1	2	—	174,353	158,575
COUNTY TOTALS	25	146	38	9	9	16	1,213,193	1,201,149

* Sub-depot of Nuneaton. Day-time service only.

TABLE 52. ANALYSIS OF TYPE OF CASE CARRIED—1962.
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	5,748	48,520	—	—
Maternity	2,563	34,373	—	—
Others	8,190	93,052	—	—
Total	16,501	175,945	—	—
<i>Non-emergency.</i>				
Hospital Sick	154,902	932,043	5,574	77,794
Maternity	3,831	19,482	—	—
Infectious Diseases	244	3,523	—	—
School children	2,846	13,718	842	10,022
Other	7,648	47,213	—	—
Total	169,471	1,015,979	6,416	87,816
<i>Non-Patient carrying journeys</i>	—	21,269	—	1,707
Total	185,972	1,213,193	6,416	89,523

TABLE 53. AMBULANCE SERVICE. VEHICLE STATE (at time of going to press).

MAKE OF VEHICLE.	YEAR OF MANUFACTURE.							Totals.
	1956	1957	1958	1959	1960	1961	1962	
AMBULANCES.								
BEDFORD (P)	—	—	—	—	2	17	4	23
MORRIS (P)	—	6	—	—	—	—	—	6
MORRIS (D)	—	4	—	5	—	—	—	9
TOTALS	—	10	—	5	2	17	4	38
DUAL PURPOSE VEHICLES.								
BEDFORD (P)	—	—	—	—	—	3	3	6
MORRIS CARVERSION (P)	—	—	—	6	3	—	—	9
DENNIS (D)	1	—	—	—	—	—	—	1
MORRIS (D)	—	5	4	—	—	—	—	9
TOTALS	1	5	4	6	3	3	3	25
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 6 Petrol 10 Diesel = 16								
Car Versions 9 Petrol — Diesel = 9								
Cars 2 Petrol 7 Diesel = 9								
Totals 46 Petrol 26 Diesel = 72								

TABLE 54. 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).
Ford Popular	UAC 352	Staff Car	General.

† The work of these vans can be interchanged

FOOD AND DRUGS ACT, 1955.

SECTION 31.

TABLE 55. TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES TAKEN FOR BIOLOGICAL EXAMINATION DURING THE YEAR 1962.
NO. OF SAMPLES.

<i>District in which sample was taken.</i>	<i>Number of Samples.</i>	<i>Positive Results.</i>
SUTTON COLDFIELD M.B.	32	0
SOLIHULL M.B.	—	—
NUNEATON M.B.	27	1
ATHERSTONE/BEDWORTH AREA.		
Bedworth U.D.	6	0
Atherstone R.D.	15	0
EASTERN AREA.		
Rugby M.B.	20	0
Rugby R.D.	43	0
NORTH-WESTERN AREA.		
Meriden R.D.	11	0
Tamworth R.D.	7	0
CENTRAL AREA.		
*Leamington Spa M.B.	—	—
Warwick M.B.	6	0
Kenilworth U.D.	4	0
Southam R.D.	25	0
Warwick R.D.	30	0
SOUTHERN AREA.		
Stratford-upon-Avon M.B. ...	6	0
Alcester R.D.	1	0
Shipston-on-Stour R.D.	22	0
Stratford-on-Avon R.D.	24	0
Total	279	1

In addition, where the phosphatase test failed on pasteurised milk, biological examinations were also made, and these were all negative.

* Samples for this area are taken at source in the Warwick Rural District.

TABLE 56. SAMPLES TAKEN UNDER MILK IN SCHOOLS SCHEME, 1962.

<i>Designation of Milk Supplied.</i>	<i>Number of:—</i>				<i>Test failed.</i>		
	<i>Schools.</i>	<i>Suppliers</i>	<i>Samples.</i>	<i>Unsatisfactory Samples.</i>	<i>Phosph. Test.</i>	<i>Meth. Blue</i>	<i>Meth. Blue and Phosph.</i>
Pasteurised ...	504	59	927	8*	0	7	1
"Tuberculin Tested" ...	3	3	8	0	—	0	—

* Total Failures : 0.85% of all school milk samples as compared with 3.9% in 1961.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1960.

TABLE 57. MILK SAMPLES FROM LICENSED RETAILERS, 1962.

District in which sample was taken.	No. of Samples.			Tests failed.		
	Pasteurised	Tuberculin Tested.	Sterilised.	Meth Blue.	Phos.	Turbidity.
SUTTON COLDFIELD M.B. ...	(Food & Drugs Acts Authority)					
NUNEATON M.B. ...	(Food & Drugs Acts Authority)					
SOLIHULL M.B. ...	(Food & Drugs Acts Authority)					
ATHERSTONE/BEDWORTH AREA.						
Bedworth U.D. ...	95	3	48	2	0	0
Atherstone R.D. ...	93	—	28	4	1	0
EASTERN AREA.						
Rugby M.B. ...	(Food & Drugs Acts Authority)					
Rugby R.D. ...	87	—	4	3	0	0
NORTH-WESTERN AREA.						
Meriden R.D. ...	221	6	88	3	0	0
Tamworth R.D. ...	49	5	13	1	0	0
CENTRAL AREA.						
Leamington Spa M.B. ...	(Food & Drugs Acts Authority)					
Warwick M.B. ...	80	6	5	4	0	0
Kenilworth U.D. ...	43	—	—	1	0	—
Southam R.D. ...	73	5	—	0	0	—
Warwick R.D. ...	87	10	4	6	0	0
SOUTHERN AREA.						
Stratford-upon-Avon M.B. ...	85	—	1	1	0	0
Alcester R.D. ...	65	—	10	0	0	0
Shipston-on-Stour R.D. ...	40	4	—	3	0	—
Stratford-on-Avon R.D. ...	157	—	12	4	0	0
Total ...	1,175	39	213	32	1	0

Total Samples—1,427.

TABLE 58.

MILK SAMPLES FROM LICENSED PASTEURISING AND STERILISING PLANTS, 1962.

Code No. of Dairy.	No. of Samples:—		No. of Failures.	Test failed:—			
	Pasteurised.	Sterilised.		Pasteurised.			Sterilised.
				Meth Blue	Phosph	M.B. and Phosph	Turbidity.
3/4/2	50	—	0	0	0	0	—
4/1/1	103	—	1	0	1	0	—
4/1/1	—	47	0	—	—	—	0
4/1/2	104	—	1	1	0	0	—
4/3/1	104	—	0	0	0	0	—
6/18/2	50	—	0	0	0	0	—
7/7/1	101	—	1	0	1	0	—
7/8/2	143	—	0	0	0	0	—
7/16/1	102	—	1	1	0	0	—
TOTAL	757	47	4	2	2	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 2.9% in 1961.

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

BOROUGH AND AREA OFFICES :

BOROUGH COUNCILS WITH DELAGATED POWERS :—		<i>Borough Medical Officer.</i>	<i>Telephone No.</i>
Sutton Coldfield M.B.	...	Dr. J. R. PRESTON, The Council House, Sutton Coldfield.	Sutton Coldfield 4401.
Nuneaton M.B.	...	Dr. G. DISON, The Council House, Nuneaton.	Nuneaton 2201.
Solihull M.B.	...	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
Rugby 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 27284
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 "emergencies" only, members of the public may call for an ambulance and any telephone exchange will connect them to the nearest ambulance depot.
Ante-natal and Post-natal Clinics.	The addresses and times of all such clinics are given on page 49.
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 44.
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, Lakin Road, 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 "Nursing Service."
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 4/3d. 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 70).
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 70). 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 of Health, Lakin Road, Warwick, or to the appropriate Borough Medical Officer, and a certificate of pregnancy signed by the patient's doctor must be enclosed.
Mental Health.	Mental Welfare Officers and Social Workers are appointed to cover all districts to assist with arrangements for admission to hospitals and to supervise and advise upon the well-being of the mentally disordered in their own homes. Enquiries should be made of the family doctor, the Mental Welfare Officer, the Borough or Area Medical Officer or the County Medical Officer of Health, Lakin Road, Warwick.
Midwives.	Are appointed to cover all districts for the conduct of home confinements. Addresses and telephone numbers are shown in telephone directories under the heading—"Nursing Service."

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 70).
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, Lakin Road, 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, Lakin Road, 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.
<i>Extra Nourishment for T.B. patients.</i>	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).
<i>Garden Shelters for T.B. patients.</i>	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 70).
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 44) or to the Borough or Area Medical Officer (address on page 70). 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 44. Information about other distribution points may be obtained from the Borough or Area Medical Officer (address on page 70).
General County Health Services.	General queries not covered by the above should be referred to the County Medical Officer of Health, Lakin Road, Warwick.



Section 1. The following provisions shall be in full force and effect from and after the date of the passage of this act, to-wit: That the Board of Health of the County of Los Angeles be and they are hereby authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 2. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 3. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 4. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 5. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 6. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 7. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 8. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.

Section 9. The Board of Health of the County of Los Angeles is authorized to make and publish a list of the names of the persons who are entitled to the benefits of the provisions of this act, and to cause the same to be printed and distributed to the persons so named.



